RELATIONSHIPS AMONG WORK EMPOWERMENT, ORGANIZATIONAL TRUST, STAFF NURSES’ WORK SATISFACTION AND ORGANIZATIONAL COMMITMENT

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Abstract

RESEARCH SUBJECT: Relationships among Work Empowerment, Organizational Trust, Staff Nurses’ Work Satisfaction and Organizational Commitment

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Nurse managers must address high staff nurse satisfaction and organizational commitment to increase patient satisfaction and nurse retention. Work empowerment and organizational trust have been linked with work satisfaction and organizational commitment. The purpose of this study is to evaluate relationships among work satisfaction and organizational commitment with work empowerment and organizational trust of staff nurses. This is a replication of Spence Laschinger, Finegan and Shamian’s (2001) study. The theoretical framework is Kanter’s Theory of Organizational Empowerment. The sample will include 500 staff nurses working in a large, not-for-profit, private hospital in the Southeast. Data will be collected using the Conditions for Work Effectiveness Questionnaire, Job Activities Scale, Organizational Relationships Scale, Interpersonal Trust at Work Scale, Organizational Commitment Questionnaire, and a Demographic Questionnaire. Findings will provide insight regarding the impact of the relationship among work empowerment, organizational trust, work satisfaction and organizational commitment.
Chapter I

Introduction

Introduction

Healthcare systems face many challenging issues. Some of today’s most critical issues are retention of nurses, patient safety, and nurse work satisfaction. Empowerment of nurses has been linked to each of these key factors.

Poor nurse work satisfaction is associated with high levels of nurse turnover, an expensive problem. The cost of turnover for one nurse is approximately $82,000 to $88,000 (Jones, 2008). The costs include lost productivity, vacancy costs, recruitment and hiring, and training costs for the replacement nurse. There is currently a nursing shortage that is expected to continue and grow; this amplifies the issue of nurse turnover as there are fewer nurses available to immediately fill vacancies. Improving the work satisfaction level of nurses would help to improve retention rates. Retention of current nurses prevents the expensive and problematic issue of turnover.

Safe, quality patient care is the primary goal of most organizations. Patient care errors can be extremely devastating and costly. According to the Institute of Medicine (2000), each year there are 44,000 to 98,000 deaths due to errors in patient care. This is a critical problem facing healthcare that needs to be addressed. Patients now have greater access to hospital data and are choosing healthcare organizations based on ratings of
safety and satisfaction. These ratings will affect an organization and its competitiveness with surrounding organizations.

Improving empowerment of frontline staff nurses may help in bringing about a positive change in the healthcare system. Empowerment affects nurse work satisfaction levels, improves retention of nurses, and improves the quality of patient care (Nedd, 2006; Spence Laschinger, 2008; Spence Laschinger, Finegan, & Shamian, 2001b).

Background

Empowerment is a concept that was derived from research conducted in a large commercial organization by Kanter (1977). Findings from Kanter’s study have since been studied and applied in other business industries. Empowerment has also been explored within the realm of nursing, and found to have a positive influence on job satisfaction, organizational trust, and organizational commitment (Spence Laschinger & Finegan, 2005; Spence Laschinger et al., 2001b).

More recent research into empowerment and its consequences delineated empowerment into two parts by identifying psychological empowerment, creating two distinct yet connected variables; structural and psychological empowerment. Psychological empowerment has been described as the outcome of structural empowerment or the intervening variable between structural empowerment and nurse outcomes (Spence Laschinger, Finegan, Shamian, & Wilk, 2001). High levels of structural empowerment have been related to increased perceptions of psychological empowerment which have been shown to impact job strain and job satisfaction (Spence Laschinger, Finegan & Shamian, 2001a; Spence Laschinger et al., 2001).
Most nurses are only moderately satisfied with their work (Donahue, Piazza, Griffin, Dykes, & Fitzpatrick, 2008; Ning, Zhong, Libo, & Qiujie, 2009). Poor perceptions of empowerment and work satisfaction lead to decreased organizational commitment or poor rates of nurse retention (Nedd, 2006; Spence Laschinger & Finegan, 2005). Empowerment and its impact on job satisfaction and turnover are consistent even through different cultures with levels of empowerment correlating with improved job satisfaction and decreased turnover (Cai & Zhou, 2009).

Perceptions of empowerment have been linked to many different nurse outcomes. A low level of perceived empowerment has been linked with intent to leave the profession of nursing (Zurmehly, Martin, & Fitzpatrick, 2009). The long-term impact of empowerment is important: Aspects of the effects of empowerment have been examined, yet further research is still needed. One longitudinal study found that empowerment had an effect on burnout even after a three-year length of time (Spence Laschinger, Finegan, Shamian, & Wilk, 2003).

Intervening variables that may have a negating or confounding affect on empowerment are a concern with the research relating to empowerment. Although more research still needs to be conducted regarding the relationship among personality characteristics, empowerment, and job satisfaction the existing research is clear. The current research indicates that unlike empowerment, personality characteristics do not have a significant influence on job satisfaction (Manojlovich & Spence Laschinger, 2002).

Empowerment has been shown to have a positive effect on many different key hospital measures. Patient satisfaction and quality of care are important variables that
have been linked to empowerment. Research relating empowerment to patient care quality and satisfaction indicate that higher levels of empowerment are connected to better patient care quality and improved patient satisfaction (Donahue et al., 2008; Spence Laschinger, 2008).

Spence Laschinger et al.’s (2001b) study examined the relationship among nurses’ perceptions of empowerment, organizational trust, work satisfaction, and organizational commitment. Findings indicated that empowerment improves organizational trust, work satisfaction, and organizational commitment for staff nurses. Further study, based on Spence Laschinger et al.’s study, will validate findings from previous research.

**Problem**

A low level of nurse satisfaction leads to nurse turnover which is costly to organizations and leads to decreased patient safety and satisfaction (Jones & Gates, 2007; Veterans Health Administration, 2002). Empowerment of nurses has been shown to improve perceptions of nurse satisfaction. Increased levels of empowerment and therefore nurse satisfaction may in turn cause an increase in nurse retention and improved patient care quality (Spence Laschinger et al., 2001b).

**Purpose**

The purpose of this study is to evaluate a model from Kanter’s theory demonstrating an association between work satisfaction and organizational commitment with work empowerment and organizational trust of staff nurses. This is a replication of Spence Laschinger et al.’s (2001b) study.
Research Questions

The study has two hypotheses. The first hypothesis is that staff nurse empowerment will have a direct effect on work satisfaction and affective commitment. The second hypothesis is that staff nurse empowerment will have an indirect effect on work satisfaction and affective commitment through nurse perceptions of organizational trust.

Theoretical Framework

The framework for the study is Kanter’s (1977) Theory of Organizational Empowerment. Kanter’s theory projected that the factors of empowerment structures may have the capability to explain individual responses to the organization; even more than personal characteristics of the workers. There are four structures that Kanter argued as critical to empowerment; access to information, having support, being provided opportunity for growth and learning, and access and control over resources. Kanter also identified the importance of formal power which originates in job characteristics and informal power which is established with organizational alliances.

Definitions of Terms

Conceptual.

Demographic characteristics identified by Spence Laschinger et al. (2001b) will be utilized to identify other possible confounding factors in relation to the study variables. These demographic characteristics are age, gender, work status, degree, area of specialty, years of nursing experience, and years on the current unit.
Operational.

Demographic characteristics of the sample will be measured by a survey developed by Spence Laschinger et al. (2001b). This survey will request that participant’s identify age, gender, work status, degree, area of specialty, years of nursing experience, and years on the current unit.

Conceptual.

According to Kanter (1977) structural empowerment is having access to information, receiving support, having access to resources necessary to do the work, and having opportunity for self development with work. These structures are facilitated by formal power and influenced by informal power. The consequences of structural empowerment are an increase in perceptions of autonomy, self-efficacy, and greater organizational commitment.

Operational.

Structural empowerment will be measured by three scales. The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) measures perceptions of access to structures of work empowerment by four subscales: access to opportunity, information, support, and resources for nurses. It is a 16-item questionnaire that uses a 5-point Likert scale. The Job Activities Scale (JAS) measures the perceptions of staff nurses regarding formal power within the work environment. The JAS scale measures perceptions of flexibility, recognition, discretion, and visibility within the job. It is a 12-item instrument that uses a 5-point Likert scale. The Organizational Relationships Scale (ORS) measures perceptions staff nurses have of informal power in the work environment. The ORS measures perceptions of peer networking, sponsor support, political alliances, and
subordinate relationships. It is an 18-item instrument that uses a 5-point Likert scale (Spence Laschinger et al., 2001b).

*Conceptual.*

Organizational trust is identified as “a feeling of confidence and support in an employer; it is the belief that an employer will be straightforward and follow through on commitments” (Gilbert & Tang, 1998, p.322). Spence Laschinger et al. (2001b) noted its importance in relation to the restructuring of organizations into a more horizontal structure and also the possible impact of trust on nurse turnover.

*Operational.*

Organizational trust will be measured by the Interpersonal Trust at Work Scale. The scale consists of four subscales; faith in the intentions of peers, faith in the intentions of managers, confidence in the actions of peers, and confidence in the actions of managers. The instrument contains 12-items and uses a 5-point Likert scale (Spence Laschinger et al., 2001b).

*Conceptual.*

Nurse work satisfaction is how content or happy a nurse is with his/her job. The importance of nurse work satisfaction is identified by Spence Laschinger et al. (2001b) as it is closely linked with nurse turnover.

*Operational.*

Nurse work satisfaction measures the level of satisfaction nurses experience with work. The instrument contains 1-item and is measured on a 5-point Likert scale (Spence Laschinger et al., 2001b).
**Conceptual.**

Organizational commitment is the attachment employees have to their organization (Buchanan, 1974). Affective commitment is defined as an individual’s “emotional attachment to the organization” (Kibeom, Allen, Meyer, & Rhee, 2001, p. 597). Continuance commitment is “based on the costs the employee associates with leaving the organization” (Allen & Meyer, 1990, p. 1). Spence Laschinger et al. (2001b) identified organizational commitment as important as it may affect a nurse’s willingness to leave the organization. Affective commitment is a positive outcome as the nurse desires to stay, continuance commitment is not necessarily positive as it may signify that the nurse cannot afford to leave.

**Operational.**

Organizational commitment is measured by the Organizational Commitment Questionnaire (OCQ) consisting of two subscales from Meyer, Allen, and Smith’s (1993) OCQ. The subscales measure affective and continuance organizational commitment. The OCQ is a 12-item instrument that uses a seven-point Likert scale.

**Assumptions**

Nurses will have different perceptions of levels of empowerment. Empowerment may affect levels of organizational trust and work satisfaction. Empowerment and organizational trust may impact organizational commitment. There will be some variation in perceptions regarding the variables among nurses.
Limitations

The study will utilize a cross-sectional design, so caution should be used when looking at the findings. Surveying nurses from only one location may cause bias to the results; however, the sample will be representative of the local population.

Summary

Nurse turnover is costly to organizations. Nurse perceptions of satisfaction affect turnover. Improving levels of nurse satisfaction will be critical to retaining nurses. Empowerment is a fundamental factor in improving nurse satisfaction (Spence Laschinger et al., 2001a). The purpose of this study is to determine the relationships among workplace empowerment, organizational trust, nurse work satisfaction, and organizational commitment. This study is a replication of Spence Laschinger et al.’s (2001b) study. Kanter’s (1977) Theory of Organizational Empowerment is the theoretical framework. Findings from this study will provide insight into the interaction of empowerment, trust, satisfaction, and commitment of nurses in organizations. Identifying these interactions may allow for addressing the root variable and therefore improving nurse retention, quality of patient care, and satisfaction of both patients and nurses.
Chapter II

Review of Literature

Introduction

Many staff nurses experience dissatisfaction with their jobs, leading to turnover. Workplace empowerment has emerged as an important factor in creating a healthy workplace that promotes excellent patient care and increases the ability to retain staff nurses due to increased nurse satisfaction levels. The body of research regarding staff nurse empowerment provides good insight into the importance of this phenomenon. Empowerment of staff nurses and its effect on work satisfaction, turnover, burnout, and patient care have all been studied. The purpose of this study is to evaluate relationships among work satisfaction and organizational commitment with work empowerment and organizational trust of staff nurses. This is a replication of Spence Laschinger et al.’s (2001b) study. The literature review consists of selected studies focusing on empowerment and staff nurse job strain, turnover, work satisfaction, and patient satisfaction.

Theoretical Framework

Kanter’s (1977) Theory of Organizational Empowerment is the theoretical framework for this study. The theory was conceived through Kanter’s work in the 1970s at Industrial Supply Corporation (Indsco), a pseudonym for a large company comprised
of more than 50,000 employees. Kanter developed her theory from surveys, observations, and interviews conducted at Indsco looking at the work experiences of two categories of employees: clerical/service and corporate executives/managers/technical personnel. After her time spent at Indsco, Kanter declared that “people are capable of more than their organizational positions ever give them the tools or the time or the opportunity to demonstrate” (Kanter, 1993, p. 10).

Kanter (1977) proposed that the factors of empowerment structures have the potential to explain much of the individual responses to the organization, more so even than personal characteristics of the workers. The structures that Kanter argued are critical to empowerment are access to information, having support, being provided opportunity for growth and learning, and access and control over resources. Access to information that is necessary to accomplish the job and information regarding the organization and its status or development is an essential part of Kanter’s theory. Being supported in the job by the organization is a key structure of empowerment. Opportunity is a crucial element of empowerment as it relates to challenges in the job, learning or skill improvement, rewards, and mobility or promotion possibilities within the organization. Having both access and control over resources necessary to the job plays a part in the structure of empowerment. Also critical to the empowerment structure is formal and informal power: including visibility, relevance, and approval of high status personnel. Formal power originates in job characteristics while informal power is established with organizational alliances.

Kanter’s (1977) Theory of Organizational Empowerment proposes that access to the structures of empowerment leads to more productive employees, improved
organizational commitment, and enhanced organizational outcomes. Creating a structure of empowerment may break a downward cycle of organizational behavior and create a positive feedback loop where empowerment leads to improved commitment or other positive behaviors which in turn circles back to increase empowerment. This framework is appropriate for this study as the concepts addressed by Kanter are the basis on which this study is founded.

Job Strain and Nurse Turnover

Empowerment may decrease job strain and enhance job satisfaction, critical pieces to ensuring effective and committed nurses. A study was conducted by Spence Laschinger et al. (2001) that looked at the relationship among structural empowerment, psychological empowerment, job strain, and work satisfaction in nurses. The purpose of this study was to test a model linking structural empowerment to psychological empowerment to job strain; both psychological empowerment and job strain were then linked to work satisfaction. The theoretical framework was Kanter’s theory of organizational empowerment.

The study by Spence Laschinger et al. (2001) took place in Ontario with nurses from urban tertiary care hospitals. The sample consisted of 194 male and 210 female nurses from the registry of the College of Nurses of Ontario. Demographic data were collected from the nurses to include age, length of time in nursing, education level, specialty area, work status, and length of time in the current workplace.

Spence Laschinger et al. (2001) hypothesized that structural empowerment would have a positive, direct effect on psychological empowerment which would have a positive, direct effect on work satisfaction. Psychological empowerment would also have
a negative effect on job strain which would impact work satisfaction. Several instruments were used in the study to measure structural empowerment, psychological empowerment, and work satisfaction.

Structural empowerment was measured through components of the Conditions for Work Effectiveness Questionnaire (CWEQ) which evaluates perceptions of opportunity, information, support, and resources. Components of the Job Activities Scale (JAS) were used to measure formal power. Informal power was measured through portions of the Organizational Relationships Scale (ORS). Three items were used from each scale, which has been determined to be sufficient to capture the concept being measured. The items were put through a second-order confirmatory factor analysis ($\chi^2 = 279$, df = 129, CFI = .992, IFI = .992, RMSEA = .054) showing a good fit for structural empowerment (Spence Laschinger et al., 2001).

Spreitzer’s Psychological Empowerment Scale is a 12-item tool that uses a 5-point Likert scale. It was used to measure four components of psychological empowerment: meaningful work, competence, autonomy, and impact. Convergent and divergent validity was established in a study by Spreitzer (1995) examining management and nonmanagement personnel. The proposed factor structure was validated by previous data ($\chi^2 = 117$, df = 49, CFI = .996, IFI = .996, RMSEA = .059).

The global measure of work satisfaction, a 4-item scale, was used to analyze satisfaction with work. Confirmatory factor analysis showed a good fit for the hypothesized factor structure ($\chi^2 = 8.17$, df = 2, CFI = .987, IFI = .987, RMSEA = .091). A modification of the Job Content Questionnaire, an 11-item tool, was used. It uses a 5-point Likert scale to measure psychological demands and decision latitude which
includes intellectual discretion and authority over decisions. The data were used to create a job strain index with score ranges from 0 (best) to 100 (worst). This measures the level of job strain, those jobs that are high in psychological demands and low in decision latitude (Spence Laschinger et al., 2001).

The study results from Spence Laschinger et al. (2001) indicated moderate empowerment from the CWEQ. The six elements of the CWEQ all had results fairly near the midpoint; opportunity (M = 3.48-4.00, SD = .92-1.02), information (M = 2.36-2.86, SD = .89-1.04), support (M = 2.57-2.69, SD = 1.00-1.04), resources (M = 2.69-3.06, SD = .88-1.00), informal power (M = 3.48-3.95, SD = .83-1.03), and formal power (M = 1.90-2.83, SD = .94-1.05). Results for the psychological empowerment tool subscales showed the highest to lowest ratings as follows; confidence (M = 4.21-4.44, SD = .63-.72), meaning (M = 4.06-4.21, SD = .79-.83), autonomy (M = 3.16-3.71, SD = .92-1.01), and impact (M = 2.21-2.63, SD = .92-1.06). The ranges of results from the global measure of work satisfaction showed moderate levels of satisfaction (M = 2.33-3.21, SD = .97-1.36). Results from the study showed job strain (M = 24, SD = 11.9) on the 0 (best) to 100 (worst) scale.

Results from the data using full-information, maximum-likelihood estimation criteria indicated a strong fit with the model ($\chi^2 = 1140$, df = 545, $\chi^2$/df = 2.09, CFI = .986, IFI = .986, RMSEA = .052). Structural empowerment had a positive, direct effect on psychological empowerment ($\beta = .85$). Psychological empowerment had a positive, direct effect on job satisfaction ($\beta = .79$) and a negative, direct effect on job strain ($\beta = -.57$). Psychological empowerment was the only study element to directly predict job satisfaction as job strain was unable to predict levels of job satisfaction. Job strain had a
negative, non-significant direct effect on job satisfaction ($\beta = -.06$). The total amount of variance explained by the model was 58% (Spence Laschinger et al., 2001).

Spence Laschinger et al. (2001) concluded that empowerment of nurses in the workplace is critical as it increases perceptions of personal empowerment, decreasing job strain and improving work satisfaction. Empowerment decreases job strain by allowing nurses to have some control over work decisions. Every effort should be made to increase the level of empowerment in order to benefit from its cascading effects of decreased job strain, improved nurse satisfaction and therefore patient satisfaction. Future research should include an intervention study so the attitudes and behaviors of the control and empowered test group could be compared. A longitudinal study with new graduates would provide valuable information regarding their experiences with empowerment and the resulting emotional and physical variations. Most empowerment research has been conducted on nurses. Studying other health professionals and the impact of empowerment could provide more insight. Another area for future research is the impact personality traits may have on perceptions of empowerment.

Job strain may affect employee performance and wellbeing; this in turn may affect patient satisfaction. Empowerment may decrease job strain and increase job satisfaction, ensuring effective and committed nurses, and satisfied patients. A study was conducted by Spence Laschinger et al. (2001a) examining the links among structural empowerment, psychological empowerment, job strain, and job satisfaction in nurses. The purpose of this study was to test a model showing the relationships among structural empowerment and psychological empowerment, job strain, and work satisfaction. The theoretical framework was Kanter’s theory of organizational empowerment.
The study by Spence Laschinger et al. (2001a) took place in Ontario with nurses from urban tertiary care hospitals. The sample consisted of 404 nurses. The inclusion criterion was registry with the College of Nurses of Ontario. Most of the nurses were diploma prepared (85%) compared with degree prepared (15%). The respondents worked in medical/surgical (36%), critical care (33%), psychiatric (21.5%), and maternal child (9%) areas. The nurses surveyed worked part time (42%) and full time (58%).

Demographic data were collected on age (M = 40, SD = 8.07), length of time in nursing (M = 16, SD = 8.5), and length of time in the current workplace (M = 8, SD = 5.8).

A model was tested hypothesizing that there would be a link from work empowerment to job strain and work satisfaction. Structural empowerment would directly impact psychological empowerment which would positively influence work satisfaction and negatively impact job strain. Job strain was hypothesized to have a negative impact on work satisfaction.

The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) was used to measure structural empowerment through different components such as perceptions of opportunity, information, support, and resources. An overall empowerment score is produced by combining the results from the subscales with a range from 4-20. The CWEQ-II also measures formal and informal power. The scale uses a 5-point Likert scale. Alpha reliabilities ranged from .79 to .82 for the subscales. Three items from each subscale were used and then put through a second-order confirmatory factor analysis ($\chi^2 = 279$, df = 129, CFI = .992, IFI = .992, RMSEA = .054) showing a good fit for structural empowerment (Spence Laschinger et al., 2001).
Spreitzer’s Psychological Empowerment Scale was used to measure four components of psychological empowerment: meaningful work, competence, autonomy, and impact. It is a 12-item tool that uses a 5-point Likert scale. Convergent and divergent validity was established in a study that examined management and nonmanagement personnel. Confirmatory factor analysis further validated the factor structure ($\chi^2 = 117$, $df = 49$, CFI = .996, IFI = .996, RMSEA = .059). In this study alpha reliabilities ranged from .87 to .92 (Spence Laschinger et al., 2001).

A global measure of work satisfaction was used. It contains four items on a 5-point Likert scale. It has shown acceptable internal consistency reliability ($r = .83$). Alpha reliability was .82 for this study. A modification of the Job Content Questionnaire was used to measure psychological demands and decision latitude which includes intellectual discretion and authority over decisions. It is an 11-item tool that uses a 5-point Likert scale. A job strain score is constructed using a 0 (best) to 10 (worst) scale and then is used to create a job strain index with score ranges from 0 (best) to 100 (worst). This provides a continuous measure of job strain, those jobs that are high in psychological demands and low in decision latitude (Spence Laschinger et al., 2001).

The study results indicated moderate empowerment from the CWEQ-II ($M = 11.38$, $SD = 2.28$). The six elements of the CWEQ-II all had results fairly near the midpoint; opportunity ($M = 3.29$, $SD = .76$), information ($M = 2.53$, $SD = .83$), support ($M = 2.55$, $SD = .83$), resources ($M = 3$, $SD = .71$), informal power ($M = 3.46$, $SD = .83-1.03$), and formal power ($M = 2.51$, $SD = .67$). The global empowerment score was also near the midpoint ($M = 3.05$, $SD = .98$). Results for the psychological empowerment tool had a total score above midpoint ($M = 3.42$, $SD = .56$), with subscales from the highest to
lowest ratings as follows; confidence (M = 4.33, SD = .6), meaning (M = 4.13, SD = .76), autonomy (M = 3.51, SD = .85), and impact (M = 2.36, SD = .91). The results from the global measure of work satisfaction indicated moderate levels of satisfaction (M = 2.79, SD = .89). Results from the study showed job strain index (M = 29.47, SD = 11.85) on the 0 (best) to 100 (worst) scale (Spence Laschinger et al., 2001).

The data using goodness-of-fit statistics indicated the original hypothesized model was not a good fit ($\chi^2 = 74.8$, df = 2, CFI = .79, IFI = .79), however, modification indices showed that fit would improve if a direct link from structural empowerment to work satisfaction was added. Using the new model revealed a good fit ($\chi^2 = 17.9$, df = 1, CFI = .95, IFI = .95). Structural empowerment had a positive, direct effect on psychological empowerment ($\beta = .46$). Psychological empowerment had a positive, direct effect on job satisfaction ($\beta = .30$) and a negative, direct effect on job strain ($\beta = -.45$). Structural empowerment had a positive, direct effect on job satisfaction ($\beta = .38$). Job strain had a negative, although non-significant direct effect on job satisfaction ($\beta = -.06$). The non-significant link between job strain and job satisfaction indicated that job strain was not a factor in predicting job satisfaction once psychological empowerment was taken into account. The total amount of variance explained by the model was 38% (Spence Laschinger et al., 2001).

Spence Laschinger et al. (2001a) concluded that empowerment, specifically structural leading to psychological empowerment, impacts the amount of job strain and also work satisfaction perceived by staff nurses. Effort should be made to increase the level of structural and psychological empowerment as it results in decreased job strain, improved nurse health and satisfaction, and may increase patient satisfaction.
Burnout in nursing is a common and devastating problem in today’s healthcare settings. Empowerment is a method that may reduce nurse burnout, therefore improving retention. A study was conducted by Spence Laschinger et al. (2003) to examine what impact empowerment would have after a three year period on nurse burnout. The purpose of this study was to examine perceptions of work empowerment and determine if these could predict, in three years time, burnout. The hypothesized model proposed by Spence Laschinger et al. was that at Time 1, increased structural empowerment would lead to increased psychological empowerment which at Time 2 (three years later) would decrease nurse burnout. The theoretical framework was Kanter’s theory of organizational empowerment and Spreitzer’s theory of psychological empowerment.

The longitudinal study by Spence Laschinger et al. (2003) took place in Ontario with staff nurses working in urban tertiary care hospitals. Inclusion criteria were registration with the College of Nurses of Ontario and participation in the first survey. The first sample at Time 1 consisted of 412 nurses while the second sample at Time 2 consisted of 192 nurses. Most of the nurses were diploma prepared (78%) with a smaller number of nurses being degree prepared (22%). The respondents worked in medical/surgical (34%), critical care (36%), psychiatric (18.5%), and maternal child (11.5%) areas. The nurses worked either part time (42%) or full time (58%). The average age of respondents was 40 years old, with 16 years of nursing experience, and 8 years in the current workplace.

The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) was used to measure structural empowerment. It contains 18-items and uses a 5-point Likert scale to examine the subscales of structural empowerment: opportunity, information, support, resources, formal power, and informal power. A prior study by Spence Laschinger et al.
(2001) established that construct validity revealed a good fit with the hypothesized factor structure ($\chi^2 = 279$, df = 129, CFI = .992, IFI = .992, RMSEA = .054). Acceptable fit indices were found in this study ($\chi^2 = 12.5$, df = 8, CFI = .97, IFI = .97, RMSEA = .054). Alpha reliability for this study was .77 with a range for the subscales from .60 to .81.

Spreitzer’s (1995) Psychological Empowerment Scale (PES) was used to measure four components of psychological empowerment; meaningful work, competence, autonomy, and impact. It is a 12-item tool that uses a 5-point Likert scale. Spreitzer established convergent and divergent validity in a study of management and nonmanagement personnel. Acceptable fit indices were found for this study ($\chi^2 = 4.63$, df = 1, CFI = .97, IFI = .97, RMSEA = .14). In this study alpha reliability was .87 with a range from .85 to .94 for the subscales.

The Emotional Exhaustion subscale from the Maslach Burnout Inventory-General Survey (MBI) was used to measure burnout. It is a 5-item survey that uses a 7-point scale. Confirmatory factor analysis showed a good fit for the hypothesized factor structure ($\chi^2 = 2.81$, df = 4, CFI = .99, IFI = .987, RMSEA = .001). Alpha reliability for this study was .91 (Spence Laschinger et al., 2003).

The study results from Spence Laschinger et al. (2003) for Time 1 showed a range of values for the subscales of structural empowerment with informal support ($M = 11.46$, $SD = 2.12$) and opportunity ($M = 11.09$, $SD = 2.45$) ranking highest, followed by the rest of the subscales; information ($M = 7.34$, $SD = 2.47$), support ($M = 7.67$, $SD = 2.40$), resources ($M = 8.77$, $SD = 2.27$), and formal power ($M = 7.16$, $SD = 2.09$). Results for Time 1 for the psychological empowerment structures showed variations with confidence ($M = 13.13$, $SD = 1.76$) ranking the highest followed by meaning ($M = 12.34$, $SD = ...
2.30), autonomy (M = 10.63, SD = 2.53), and impact (M = 6.90, SD = 2.81). Burnout as measured at Time 2 had a range of results (M = 2.78-3.78, SD = 1.50-1.77).

Results from Spence Laschinger et al.’s (2003) data analysis indicated a good fit with the hypothesized model ($\chi^2 = 198.68$, df = 85, IFI = .90, CFI = .90, RMSEA = .08). No significant difference was noted with any of the demographic variables in relation to the hypothesized model. At Time 1, structural empowerment perceptions had a significant direct effect on psychological empowerment ($\beta = .44$). Psychological empowerment had a negative effect on burnout at Time 2 ($\beta = -.28$). Structural empowerment at Time 1 had an indirect effect on burnout at Time 2 through psychological empowerment at Time 1 (-.105). Perceptions of work empowerment at Time 1 predicted significant proportions of burnout at Time 2 ($R^2 = .107$).

Spence Laschinger et al. (2003) concluded that nurses’ perceptions of access to structural empowerment factors influence psychological empowerment and eventually, after time, burnout. Nurses with higher perceptions of empowerment had lower levels of burnout 3 years later. Managers should improve nurse empowerment by putting effort into improving the factors that comprise structural empowerment; this will lead to an improved working environment and less nurse burnout, leading to improved patient care. Improving empowerment and decreasing burnout is a measure that will improve not only nurse retention, but also nurse recruitment to the organization. Future research should look at the mediating effect that personality characteristics, especially hardiness may have on the relationship between empowerment and burnout.

Employee turnover is an expensive, difficult, and pervasive problem in healthcare today. Examining what factors need to be present to retain employees is a critical piece
in addressing the issue of nurse turnover. A study was conducted by Nedd (2006) that examined nurses’ intent to stay and perceptions of empowerment. The purpose of this study was to analyze perceptions of structural empowerment including formal and informal power and the association with nurses’ intent to stay in the organization. One research question was proposed: Do perceptions of formal power, informal power, and access to work empowerment have an effect on nurses’ intent to stay on the job? The theoretical framework was Kanter’s theory of organizational empowerment.

The study by Nedd (2006) took place in Florida with licensed registered nurses. The inclusion criterion was registered nurse licensure with the state of Florida. The population was comprised of 147,320 nurses. The final sample was chosen by random sampling and consisted of 206 nurses. Most of the participants were female (93%) with an age range of 23 to 68 years (M = 46.63, SD = 10.45). Most of the nurses had associate degrees (40%) followed closely by baccalaureate degrees (36%), with a small number having a diploma (15%) or a master’s degree (9%). The majority of respondents worked in medical/surgical or critical care with a small percentage working in multiple different areas and specialties. The average nurse had 20.14 years of nursing experience (SD = 11.60) and 7.87 years in their current position (SD = 7.99).

The Job Activities Scale (JAS) was used to measure perceptions of formal power by staff nurses within the work environment. Items of the JAS scale measure perceptions of job flexibility, recognition, and visibility within the work environment. It is a 9-item questionnaire that uses a 5-point Likert scale. Internal consistency is acceptable with an alpha coefficient of .81. The Organizational Relationships Scale (ORS) was used to measure perceptions of informal power by staff nurses in the work environment. Items
measure perceptions of peer networking, political alliances, and subordinate relationships. The ORS is an 18-item instrument that uses a 5-point Likert scale. The alpha coefficient is acceptable at .92 (Nedd, 2006).

The Conditions for Work Effectiveness Questionnaire (CWEQ) was used to measure nurse structural empowerment. It is a 31-item questionnaire that uses a 5-point Likert scale. It measures the four structures of structural empowerment: opportunity, information, support, and resources. An overall empowerment score is calculated from the subscales. Cronbach alpha reliability for this study was .96 overall and ranged from .85 to .94 for the subscales (Nedd, 2006). Four items developed by Kim, Price, Mueller, and Watson (1996) were used to measure intent to stay on the job. Cronbach alpha was acceptable at .86.

Nedd (2006) found results that indicated the nurses from the study perceived a moderate amount of both formal power (M = 3.15, SD = .71) and informal power (M = 3.39, SD = .76). The findings from the CWEQ indicated that the work setting was perceived as being moderately empowering by the nurses (M = 12.95, SD = 3.14). All of the subscale results ranged slightly above the scales midpoint from most empowering to least; opportunity (M = 3.44, SD = .84), support (M = 3.22, SD = .98), information (M = 3.17, SD = .95), and resources (M = 3.10, SD = .90). Intent to stay was slightly above midpoint of the scale as reported by the nurses in the study (M = 3.48, SD = 1.19).

Correlations between intent to stay and all variables of empowerment were examined. There was a significant (P < .01) positive correlation between intent to stay and each empowerment variable: formal power (.43), informal power (.31), overall empowerment (.52), opportunity subscale (.48), information subscale (.39), support subscale (.47), and
resources subscale (.45). No significant correlations were found between intent to stay and demographic variables (Nedd, 2006).

The perception of access to empowerment is related to nurses’ intent to stay on the job. This phenomenon shows the importance of having hospital leaders bring about positive change by improving work empowerment structures. Administration should endeavor to improve each element of empowerment: opportunity, support, information, resources, formal and informal power in order to improve nurse retention rates.

Intent to leave the current position or the field of nursing completely may be altered by improving empowerment and therefore satisfaction with the job of nursing. Zurmehly et al. (2009) conducted a study that examined empowerment and its effect on the intent of nurses to vacate either their current position or the profession of nursing altogether. The purpose of this study was to explore the association between empowerment and the intent to leave the current position and the intent to leave the nursing profession. The theoretical framework was Kanter’s theory of organizational empowerment.

The study by Zurmehly et al. (2009) took place in west central Ohio with nurses registered with the state nurse registry. Criteria for inclusion were a current RN license for Ohio and residence in the study area. The sample consisted of 1231 nurses. Demographic data included age (M = 46.6), gender (95.8% female), and years of practice (M = 8.83). Most of the nurses had received their associate’s degree (45.3%) and worked full-time (63.2%).

Four research questions were proposed in this study. Zurmehly et al. (2009) wanted to identify the relationship for nurses between empowerment and the reported intent to
leave the current position and in another question intent to leave the profession. They also wanted to identify the organizational or individual characteristics that were the best indicators of empowerment and intent to leave the current position and the last research question, indicators for empowerment and intent to leave the profession.

Zurmehly et al. (2009) used the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) to measure the perception nurses had of their access to the six parts of structural empowerment: access to opportunity, information, support, resources, formal power, and informal power. The questionnaire uses a 5-point Likert scale. A total empowerment score is also measured by adding together each element for a score from 6 to 30, higher scores indicating higher perceptions of structural empowerment. Cronbach’s alpha reliability coefficients ranged from .81 to .91 in previous studies and .808 to .875 in this study.

The RN Vermont survey was adapted to measure the nurses’ intent and reasons for leaving the current position. The survey used a 4-point Likert scale where 4 was very unlikely and 1 was very likely. Three options were given for reasons to leave the current position: situation, dissatisfaction with job, or career advancement. Job satisfaction was measured by a 1-item question using a 4-point Likert scale where 4 was very satisfied and 1 was very dissatisfied. Cronbach’s alpha reliability coefficients ranged from .723 to .893 for this survey (Zurmehly et al., 2009).

Intent to leave the current position was also examined by using questions adopted from a study by McCarthy and colleagues at University College Cork (McCarthy, 2002; McCarthy, Tyrrell, & Lehane, 2007) asking if the participants expected to leave within the next six to twelve months, and by surveying other perceptions of intent to leave and
organizational factors. Intent to leave the nursing profession was measured on a 4-point Likert scale where the lower the score means greater intent to leave the profession. The survey included a question asking if the participant had rated their intent to leave the current position as somewhat or very likely on the 4-point scale how likely they were to leave the profession. Cronbach’s alpha reliability coefficient was .762. The survey was reviewed by an expert panel. Job satisfaction was examined on a 4-point Likert scale where the higher the score the more satisfied. This item had a Cronbach’s alpha reliability coefficient range of .762 to .774.

The results from the CWEQ-II Questionnaire conducted by Zumehly et al. (2009) indicated that overall empowerment of the work setting was perceived by the nurses only as moderately empowering (M = 18.85, SD = 3.25). All six of the results for the elements of the CWEQ-II were near the midpoint; opportunity (M = 3.45, SD = .84), information (M = 3.30, SD = .85), support (M = 3.35, SD = .75), resources (M = 3.22, SD = .79), informal power (M = 2.48, SD = .78), and formal power (M = 2.50, SD = .86). Intent to leave the current position was moderate (M = 2.97, SD = .75) and each of the listed options ranged near each other; career advancement (M = 2.64, SD .66), situational (M = 3.21, SD .72), and dissatisfaction with job (M = 3.07, SD 1.52). Other results for the survey were intent to leave the nursing profession (M = 3.00, SD = 1.33) and job satisfaction (M = 2.40, SD = .69, and M= 3.20, SD = .79).

The findings as related to the proposed research questions by Zumehly et al. (2009) demonstrated a significant relationship between perceived empowerment and intent to leave the current nursing position (r = .45, P < .001). A significant difference was found by analysis of variance regarding total empowerment and the four possible responses to
intent to leave current position ($F = 80.08, P < .001$) with a significant difference in the scores for empowerment between the responses very likely and very unlikely to leave within one year ($P < .000$). Higher empowerment scores were associated with a decrease in the intent to leave position. Empowerment was also significantly related to intent to leave the profession ($r = .73, P < .05$). Comparison between the four possible responses of intent to leave profession and total empowerment was significant ($F = 75.99, P < .001$). There was a significant difference in levels of empowerment between the nurses that had intent to leave the profession, and those intending to remain in nursing ($P < .000$). Using logistic regression, the best predictive individual factors for leaving the current position were job satisfaction and advancement ($P < .001$). Job satisfaction was selected by more participants as the reason for intent to leave the current position than career advancement. Regression analysis to detect which individual or organizational factors were the best predictors of intent to leave the nursing profession found that satisfaction with the job and career advancement were significant predictors ($P < .001$) with more responses for job satisfaction than career advancement.

Conclusions from the study by Zurmehly et al. (2009) were that empowerment impacts the intent of nurses to leave their current position, and for some the nursing profession. High levels of empowerment decrease nurses’ intent to leave their current position or even the profession all together. Effort should be put forth to improve empowerment in the nursing workforce to improve long-term outcomes of nurse retention.
Work Satisfaction

High staff nurse satisfaction and organizational commitment lead to an increase in nurse retention and also patient satisfaction. Spence Laschinger et al. (2001b) conducted a study looking at empowerment and organizational trust and the link with work satisfaction and organizational commitment. The purpose of this study was to evaluate relationships among work satisfaction and organizational commitment with work empowerment and organizational trust of staff nurses. The theoretical framework was Kanter’s theory of organizational empowerment.

The study took place in Ontario Canada with nurses who worked in urban tertiary care hospitals. The initial sample was 300 male and 300 female nurses; the final sample consisted of 195 male and 217 female nurses. The criterion for inclusion in the study was registry with the College of Nurses of Ontario. Spence Laschinger et al. (2001b) collected demographic data for information on age (M = 40.4, SD = 7.98), gender (male = 47%, female = 53%), years on current unit (M = 8.0, SD = 5.8), years of nursing experience (M = 15.6, SD = 8.3), and work status (full-time = 58%, part-time = 42%). Of the nurses studied 85% had their diplomas in nursing while 15% were degree trained. The nurses worked in four specialty areas: medical-surgical, critical care, maternal-child, and psychiatry.

Spence Laschinger et al. (2001b) used The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) to measure perception of access to work empowerment structures by subscales: access to opportunity, information, support, and resources for nurses. The questionnaire uses a 5-point Likert scale where 1 is less access and 5 is more access. Internal consistency was determined to be adequate from previous studies.
Consistencies for each subscale were determined as opportunity .73 to .91, information .73 to .98, support .73 to .92, and resources .66 to .91. The corresponding Global Empowerment Scale has acceptable consistency with a coefficient of .81.

The Job Activities Scale (JAS) was used to measure perceptions of formal power by staff nurses within the work environment. Items of the JAS scale look at perceptions of flexibility within the job, recognition, discretion, and visibility. It is a 12-item questionnaire that uses a 5-point Likert scale. Internal consistency is acceptable with a Cronbach alpha coefficient range from .69 to .79. Validity has been determined by expert panel (Spence Laschinger et al., 2001b).

The Organizational Relationships Scale (ORS) was used to measure perceptions of informal power by staff nurses in the work environment; such as perceptions of peer networking, sponsor support, political alliances, and subordinate relationships. The ORS is an 18-item instrument that utilizes a 5-point Likert scale. Reliability coefficients are acceptable at .83 to .89. Content validity was verified by pilot testing. The Interpersonal Trust at Work Scale was also used in this study. It consists of a 12-item instrument with four subscales measuring faith in the intentions of and confidence in the actions of peers and then also managers. The instrument uses a 5-point Likert scale. Reliability coefficients are .70 to .85 (Spence Laschinger et al., 2001b).

Spence Laschinger et al. (2001b) used one other instrument in the study, the Organizational Commitment Questionnaire (OCQ) consisting of two subscales that measure affective and continuance organizational commitment. The OCQ uses a 7-point Likert scale where 1 is low commitment and 7 is high commitment. Reliability has been reported acceptable at .82 to .93.
The study results indicated that for the CWEQ-II the work setting was perceived as being only moderately empowering by the nurses (M = 11.04, SD = 2.23). All of the subscale results ranged around the scales midpoint; however, the subscale of opportunity was the most empowering factor (M = 2.98, SD = .66). The rest of the subscales had very similar results with access to information (M = 2.67, SD = .74), support (M = 2.68, SD = .72), and resources (M = 2.7, SD = .61). Corresponding with the CWEQ-II and showing moderate empowerment was the global empowerment score (M = 3.02, SD = .95). The study results also indicated that the nurses felt their jobs did not have a high level of formal power (M = 2.39, SD = .50) but the nurses did perceive their jobs as having a moderate amount of informal power (M = 3.59, SD = .64). Nurses from the survey had more trust in their peers (M = 3.79, SD = .73) than in management (M = 2.66, SD = .73). Confidence in the nurses’ peers (M = 3.77, SD = .81) was higher than their confidence in management (M = 2.59, SD = .88). The nurses surveyed felt more continuance commitment (M = 4.38, SD = 1.25) than affective commitment (M = 3.77, SD = 1.16). Overall the nurses were not especially satisfied with their jobs (M = 2.78, SD = .90) with 60 percent of the nurses responding less than 3 on a 5 point scale (Spence Laschinger et al., 2001b).

The first testing of the model proposed by Spence Laschinger et al. (2001b) and based on Kanter’s theory linked work empowerment and organizational trust with job satisfaction as the outcome variable. This had 15 variances and covariances, 12 free parameters, and 3 degrees of freedom. This model testing showed that access to empowerment had the largest impact, both direct and indirect ($X^2 = 13.8$, GFI = .987, AGFI = .934, RMSEA = .095) with the amount of explained variance at 40 percent. The
model also found that high levels of empowerment were associated with higher levels of job satisfaction ($\beta = .46$) and also trust in management (.141). The findings when the model was tested with affective commitment as the outcome variable were ($X^2 = 23.6$, $GFI = .98$, $AGFI = .89$, $RMSEA = .13$) with the amount of explained variance at 28 percent. Empowerment had a direct impact on affective commitment (.31) and an indirect influence on trust in management (.16). The findings suggest that affective commitment is also impacted by the amount of trust in management. With continuance commitment as the outcome variable the model was not a good fit. Empowerment and trust in management were not able to accurately predict continuance commitment levels ($X^2 = 9.3$, $GFI = .99$, $AGFI = .952$, $RMSEA = .071$) with only 4 percent of the variance explained. Other findings from this model were the lack of association between empowerment and continuance commitment ($\beta = -.04$) and the strong association between empowerment and trust ($\beta = .51$). Trust and continuance commitment had a significant and negative association ($\beta = -.18$).

Spence Laschinger et al. (2001b) concluded that staff nurses' empowerment affects their trust in management and in due course their job satisfaction and affective commitment. Increasing empowerment of staff nurses will lead to increased satisfaction, retention, and ultimately increased patient satisfaction. Future areas of research are to test the model with a control and intervention group to study the actual cause-and-effect of empowerment. Empowerment may also be studied in a longitudinal study with new nursing graduates or in a non-nursing field.

Job satisfaction is an important entity in today’s healthcare environment. While both psychological and structural empowerment have been shown to improve job satisfaction
the impact of personality characteristics on job satisfaction has not been well studied. Identifying the impact that personality traits may have on nurses’ job satisfaction may play a key role in improving work satisfaction. A study was conducted by Manojlovich and Spence Laschinger (2002) to examine what determines work satisfaction by looking at both workplace and personal factors. The purpose of this study was to examine personal and workplace factors and the impact they have on job satisfaction of staff nurses. The theoretical framework was Kanter’s theory of structural empowerment and Spreitzer’s theory of psychological empowerment.

The study by Manojlovich and Spence Laschinger (2002) took place in Ontario with nurses working in urban tertiary care hospitals. The inclusion criterion was registration with the College of Nurses of Ontario. The final sample consisted of 347 nurses. Most of the nurses were diploma prepared (85%) with degree prepared nurses in the minority (15%). The respondents worked in medical/surgical (36%), critical care (33%), psychiatric (21.5%), and maternal child (9%) areas. The nurses worked either part time (42%) or full time (58%). The average age of respondents was 40 years old (SD = 8.07), with 16 years in nursing (SD = 8.5), and 8 years in the current workplace (SD = 5.8).

Two hypotheses were proposed by Manojlovich and Spence Laschinger (2002). The first hypothesis was that beyond structural and psychological empowerment, mastery and achievement needs would explain additional variance in job satisfaction. The second hypothesis was that the effect on job satisfaction that structural and psychological empowerment had would be mediated by mastery and achievement needs.

The Conditions for Work Effectiveness Questionnaire (CWEQ) was used to measure nurse structural empowerment. It uses a 5-point Likert scale to examine the subscales of
structural empowerment: opportunity, information, support, and resources. An overall empowerment score is calculated from the subscales, giving a range from 4 to 20. Formal and informal power were also included in the tool. Alpha reliability for this study was .95. In previous studies the CWEQ has been found to have test-retest reliability (.61-.81) and (.71-.91) acceptable internal consistency (Manojlovich & Spence Laschinger, 2002).

Spreitzer’s Psychological Empowerment Scale was used to measure four components of psychological empowerment; meaningful work, competence, autonomy, and impact. It is a 12-item tool that uses a 5-point Likert scale. Convergent and divergent validity was established by Spreitzer in a study of management and nonmanagement personnel. In this study alpha reliability was .88. Prior acceptable reliabilities ranged from .62 to .72 (Manojlovich & Spence Laschinger, 2002).

A scale developed by Pearlin and Schooler (1978) was used to measure mastery. It is a 10-item instrument that uses a 5-point Likert scale. An overall mastery score was created by summing all items. Alpha reliability for this study was .80. Achievement was measured using a modification of the Personality Research Form-Achievement Scale. It has 16-items and uses a 5-point Likert scale. Alpha reliability for this study was .61. Job satisfaction was measured by Laschinger’s (1996) adaption of Hackman and Oldham’s Job Diagnostic Survey. It has shown acceptable internal consistency reliability (r = .83). Alpha reliability was .81 for this study.

The study results indicated that together structural and psychological empowerment accounted for 38% of the variance in job satisfaction (adjusted R² = .38), structural empowerment alone was 29.5% of the variance (R² = .29, F (1, 403) = 164.9, P = .001),
and psychological empowerment was 7.2% of the variance (F change = 45.39, df = 1,402, \(P = .001\)). There was no significant increase noted when mastery and achievement needs were included in the analysis (R² = .376, F change (2400) = .57, \(P = .56\)). Structural empowerment was a significant predictor of job satisfaction (\(\beta = .39\)) as was psychological empowerment (\(\beta = .33\)). Neither mastery (\(\beta = -.002, P = .97\)) nor achievement needs (\(\beta = .02, P = .749\)) were predictors of job satisfaction. Thus, the first proposed hypothesis was not supported (Manojlovich & Spence Laschinger, 2002).

The second hypothesis proposed by Manojlovich and Spence Laschinger (2002) was also not supported by the study results. Neither mastery (\(\beta = .104\)) nor its interaction term (\(\beta = .522, t = 1.139, P = .255\)) were found to be significant mediators in the relationship between empowerment and job satisfaction. The results when examining achievement needs as mediator for empowerment and job satisfaction were similar with no significant impact.

Manojlovich and Spence Laschinger (2002) explored correlations among variables; structural empowerment (r = .54) and psychological empowerment (r = .47) were moderately correlated with job satisfaction. A weak relationship was found among mastery needs and structural empowerment (r = .12), psychological empowerment (r = .25), and job satisfaction (r = .14). A weak relationship was found among achievement needs and psychological empowerment (r = .32) and mastery needs (r = .22). All subscales from the CWEQ were evenly correlated with job satisfaction (r = .36-.51). Three of the four subscales for psychological empowerment; meaning (r = .39), autonomy (r = .41), and impact (r = .37), were all significantly correlated with job satisfaction. The subscale for confidence (r = .16) was not significantly correlated with
job satisfaction. There was a weak, yet significant correlation between mastery needs and three of the subscales for structural empowerment; opportunity (r = .11), support (r = .13), and resources (r = .09). Perceived impact was correlated significantly with all structural empowerment subscales (r = .31-.46) as was meaning (r = .15-.30), and autonomy (r = .27-.42). Competence was not related significantly to any subscale of structural empowerment (r = .04-.09).

Manojlovich and Spence Laschinger (2002) concluded that perceptions of empowerment, structural and psychological, rather than personal characteristics impact nurse work satisfaction. Creating positive workplace conditions and improving empowerment of nurses will improve job satisfaction of staff nurses. Hospital leaders should attempt to enhance empowerment of their nurses to increase nurse satisfaction and retention. Increased nurse satisfaction may lead to increased patient satisfaction, and ultimately improved patient outcomes. Future research should be done to see if other personal characteristics may impact job satisfaction.

Staff nurse satisfaction increases organizational commitment or retention. Spence Laschinger and Finegan (2005) conducted a study that examined empowerment and its effect on organizational trust, interactional justice, respect, job satisfaction, and organizational commitment. The purpose of this study was to investigate a model that links the empowerment of nurses to organizational trust, interactional justice, respect and eventually, job satisfaction and organizational commitment. The theoretical framework was Kanter’s theory of organizational empowerment.

The study by Spence Laschinger and Finegan (2005) took place in Ontario, Canada in urban teaching hospitals. The participants were staff nurses who worked in either
medical-surgical or intensive care units. The sample consisted of 273 nurses most of whom worked in medical/surgical areas (70%) the rest worked in critical care areas (30%). Most nurses worked full time (59.7%) with less working part time (40.3%). More nurses held diploma (63%) than baccalaureate degrees (37%). Demographic data also included an average age of 33 years, 9 years of nursing experience, and 2 years on the current unit.

The proposed relationship model was that structural empowerment would predict levels of trust and interactional justice. Interactional justice would lead to respect which would enhance trust. Trust would predict job satisfaction leading to organizational commitment.

Spence Laschinger and Finegan (2005) used the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) to measure the perception nurses have of their access to the six structural empowerment elements: access to opportunity, information, support, resources, and formal and informal power. The questionnaire is a 19-item scale that uses a 5-point Likert scale. High scores indicate higher perceptions of structural empowerment. A total empowerment score is also measured by adding each element for a total score of 6 to 30. Cronbach’s alpha reliability coefficients ranged from .79 to .82 in previous studies and .72 to .90 in this study. The Global Empowerment Scale; a 2-item scale was used for validation of the CWEQ-II.

The Justice Scale was used to measure interactional justice in a 9-item questionnaire that uses a 7-point Likert scale. There are two elements of interactional justice: informational justice and interpersonal justice. Internal consistency reliability from previous studies was .81 to .91, for this study .95 to .99. Respect was measured by the 3-
item Esteem Scale. It is used to measure the perceptions nurses have of the respect given to them by both managers and peers. The instrument utilizes a 7-point Likert scale. Reliability coefficients are acceptable at .76 in a previous study and .77 in this study.

The Trust in Management Scale, a 17-item instrument that uses a 7-point Likert scale, was also used in the study. It measures four parts related to trust in management: reliability, openness/honesty, competence, and concern. Previous studies have determined the predictive validity of the scale. Reliability from previous studies was acceptable at greater than .70, and as .89 to .97 for this study. Two subscales from the Pressure Management Indicator were used to measure job satisfaction and organizational commitment. The items were measured on a 6-point Likert scale. The subscale for job satisfaction looks at employees and how satisfied they are with their work in such areas as tasks and functions. It is used to predict degree of control in the workplace, organizational commitment, and positive organizational climate. Internal consistency reliability is acceptable at .89 for previous studies and .88 for this study. The subscale for organizational commitment looks at the attachment of employees to their organization and how much they believe their quality of life is improved by their work. Internal consistency has been found to be acceptable .84 to .88 in previous studies and .69 for this study (Spence Laschinger & Finegan, 2005).

The CWEQ-II results indicated overall empowerment of the work setting was perceived by the nurses only as somewhat empowering (M = 17.80, SD = 3.28). All six of the subscale results ranged near the scales midpoint; opportunity (M = 3.97, SD = .79), information (M = 2.71, SD = .85), support (M = 2.64, SD = .85), resources (M = 2.77, SD = .75), informal power (M = 3.30, SD = .76), and formal power (M = 2.40, SD = .86).
Interactional justice was also moderate with interpersonal justice ($M = 4.30, SD = 1.40$) being higher than informational justice ($M = 3.90, SD = 1.50$). The nurses in the study did not identify high levels of respect ($M = 4.39, SD = 1.18$) or trust in management ($M = 3.24, SD = 1.17$). The four subscales of trust elicited similar levels; reliability ($M = 3.21, SD = 1.22$), openness/honesty ($M = 3.07, SD = 1.24$), competency ($M = 3.67, SD = 1.24$), and concern ($M = 3.00, SD = 1.26$). Job satisfaction ($M = 3.99, SD = .83$) and organizational commitment ($M = 3.84, SD = .72$) also received only moderate ratings from the nurses in the study (Spence Laschinger & Finegan, 2005).

Testing of the hypothesized model by Spence Laschinger and Finegan (2005) showed a poor fit of the data ($\chi^2 = 156.01$ (df = 9), CFI = .74, IFI = .742, RMSEA = .24). However, the basic relationships in the hypothesized model were supported in the hypothesized direction. Modification analysis showed that structural empowerment should directly lead to each of the other parts, and that interactional justice should also have a path to connect to trust. The analysis of the new model showed an improved fit ($\chi^2 = 27.79$ (df = 5), CFI = .96, IFI = .961, RMSEA = .14). The new model accounted for 44% of the total variance within the data. Structural empowerment had a positive, direct effect on interactional justice ($\beta = .42$) which had a direct effect on both trust ($\beta = .27$) and respect ($\beta = .49$). Respect had a direct effect on trust ($\beta = .13$), which had a direct effect on job satisfaction ($\beta = .16$), which had a direct effect on the end result of organizational commitment ($\beta = .54$). Structural empowerment had a direct effect on each variable: respect ($\beta = .24$), trust ($\beta = .25$), job satisfaction ($\beta = .52$), and organizational commitment ($\beta = .18$). Empowerment also had an indirect effect on trust
through interactional justice and respect. The effect of empowerment in total on organizational commitment (.50) was strong.

Spence Laschinger and Finegan (2005) concluded that empowerment impacts the perceptions staff nurses have of feeling respected, trust in management, and feelings of interactional justice, which all work together to impact their job satisfaction and ultimately their organizational commitment. Improving structural empowerment may help to decrease intent to turnover for staff nurses. It is critical for management to concentrate on empowering nurses and increasing trust and respect in the workplace in order to increase nurse retention.

Satisfaction of staff nurses leads to a decrease in nurse turnover which in turn leads to improved patient satisfaction. Cai and Zhou (2009) conducted a study looking at structural empowerment and its effect on job satisfaction and turnover of staff nurses in China. The purpose of this study was to analyze perceived levels of structural empowerment in the workplace and to identify the relationships among job satisfaction, perceptions of empowerment, and turnover intention by Chinese staff nurses. The theoretical framework was Kanter’s theory of organizational empowerment.

The study took place in a major city in central China with nurses who worked in two teaching hospitals, representative of other hospitals in the area. The sample consisted of 189 direct-care nurses who were on duty for a specific day. Cai and Zhou (2009) collected demographic data including age (M= 30.45, SD = 7.27), years of nursing experience (M = 19.64, SD = 9.6), and years in current department (M = 8.12, SD = 8.09). All of the participants were female, and the majority worked in either medical-surgical or critical care units.
Cai and Zhou (2009) proposed two research questions: to identify the level of structural empowerment that is perceived by Chinese nurses and to identify the relationships among structural empowerment, job satisfaction, and turnover intention.

The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) was used to measure the perception of nurses’ access to the four work empowerment structures: access to opportunity, information, support, and resources. The questionnaire uses a 5-point Likert scale. High scores indicate higher perceptions of structural empowerment. Cronbach’s alpha reliability coefficients ranged from .76 to .85 for the four structures of work empowerment in this study and .76 to .85 in previous studies. The Global Empowerment Scale; a 2-item scale used for validation, had positive correlation with the CWEQ-II \( (r = .55) \). This supports the validity of the CWEQ-II (Cai & Zhou, 2009).

The Job Activities Scale (JAS) is a 12-item questionnaire that uses a 5-point Likert scale to measure perceptions of formal power within the work environment. The JAS scale was used in this study to assess perceptions of flexibility within the job, recognition, discretion, and visibility. Internal consistency is determined as a Cronbach’s alpha coefficient of .71 to .86 in previous studied and in this study as .80. The Organizational Relationships Scale (ORS) is an 18-item instrument that uses a 5-point Likert scale. This study utilized the ORS to measure perceptions of informal power in the work environment; such as perceptions of peer networking, sponsor support, political alliances, and subordinate relationships. Reliability coefficients are acceptable at .85 to .90 in previous studies and .89 in this study. The CWEQ-II, JAS, and ORS were translated to Chinese from English and a pilot study was conducted to verify understanding and clarity. Construct validity for the three instruments was calculated by confirmatory factor
analysis which found that the questionnaires had good construct validity; equal to the originals in English (Cai & Zhou, 2009).

The Global Job Satisfaction Questionnaire, a 5-item instrument that uses a 7-point Likert scale, was used in the study to measure perceptions of job satisfaction. Internal consistency was found to be .82 in this study. The Michigan Organizational Assessment Questionnaire’s 3-item turnover intention scale was used to measure the intention of the nurse participants to turnover. It uses a 5-item Likert scale and has been used widely in previous research. Cronbach’s alpha reliability coefficient was .86 for this study (Cai & Zhou, 2009).

The CWEQ-II results indicated overall empowerment of the work setting was perceived only as moderate by the nurses (M = 12.63, SD = 2.67). All four of the subscale results ranged around the scales midpoint, presented greatest to least; resources (M = 3.56, SD = .74), opportunity (M = 3.43, SD = .70), support (M = 3.17, SD = .92), and information (M = 3.08, SD = 1.36). The Global Empowerment Scale corresponded with the CWEQ-II also showing moderate empowerment (M = 3.23, SD = .84). Findings from the JAS in relation to formal power were moderate (M = 2.98, SD = .93) but the nurses did perceive their jobs as having more informal power (M = 3.39, SD = .65). The nurses from the study had a moderate level of both job satisfaction (M = 4.32, SD = 1.17) and turnover intention (M = 3.39, SD = .82). There was a positive relationship found between structural empowerment and perceived job satisfaction (r = .56, P = .01). Structural empowerment and turnover intention were also related (r = -.31, P = .01). Turnover intention and the JAS (r = -.27, P = .05) were negatively correlated (Cai & Zhou, 2009).
Cai and Zhou (2009) concluded that for staff nurses in China structural empowerment affects their job satisfaction and turnover intention. As empowerment is viewed by the nurses as being at only a moderate level there is room to increase the empowerment of staff nurses which will lead to increased satisfaction and decreased turnover. Turnover intention decreases as access to formal power increases, so improving access to formal power may also help retain nurses. Future areas of research would be to study the relationships among empowerment, job satisfaction, and turnover in a more diverse and larger group. The methods of assessing empowerment should be examined for cultural sensitivity. Studies should also be done to look at the strategies that management may employ to create a perception of empowerment by staff nurses in order to attract and retain nurses.

The healthcare environment is changing; there are fewer nurses to care for more acutely ill patients. The turnover of staff nurses has also increased, amplifying the problem. Improving nurse job satisfaction is a method to improve retention and recruitment. Empowerment may increase job satisfaction, therefore improving the nursing workforce. A study was conducted by Ning et al. (2009) that looked at the relationship among demographics, structural empowerment, and job satisfaction. The purpose of this study was to examine the relationships among structural empowerment, demographics, and job satisfaction. The authors proposed research questions: to determine the level of structural empowerment and job satisfaction, and also to determine the relationships among structural empowerment, demographics, and job satisfaction of Chinese nurses. The theoretical framework was Kanter’s theory of organizational empowerment.
The study by Ning et al. (2009) took place in Harbin, China with registered nurses from six different hospitals. The sample consisted of 598 nurses. Inclusion criteria were full-time employment, employment as a staff nurse at the current hospital for a minimum of one year, and good health. All of the nurses surveyed were female with an average age 30.77 years (range 19-54) and an average of 10.7 years in the current job (range 1-38). Most (60.7%) of the sample were married. The majority of nurses sampled were permanently employed (85.1%), while only a small number were temporarily employed (14.9%). Education from a technical school was least common (18%), undergraduate degrees were also less common (34.8%) than junior college degrees (47.2%). The objective of work was categorized as: love nursing (58.7%), satisfy parents’ expectations (12.4%), or survival need (28.9%).

Ning et al. (2009) measured structural empowerment with the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) which evaluates perceptions of opportunity, information, support, resources, formal power, and informal power. It contains 19 items and uses a 5-point Likert scale where 1 is none and 5 is a lot. A total empowerment score is created by summing the results from the subscales. Cronbach alpha for prior studies have been found to range from .79 to .82, for this study the range was .65 to .86. A pilot study was conducted to verify adequate translation. A two item global empowerment score was used to correlate with the CWEQ-II ($r = .56$), showing adequate construct validity. The Chinese version of the Minnesota Satisfaction Questionnaire (MSQ) was used to measure job satisfaction. The questionnaire contains 20 items and uses a 5-point Likert scale where 1 is strongly disagree and 5 is strongly agree. Cronbach alpha reliability for this study was .94.
Ning et al. (2009) study results from the CWEQ-II indicated the nurses perceived a moderate level of empowerment (M = 19.14, SD = 4.35). The six elements of the CWEQ-II all had results near the midpoint; opportunity (M = 2.97, SD = .87), information (M = 3.02, SD = .95), support (M = 3.19, SD = .89), resources (M = 2.96, SD = .85), informal power (M = 3.07, SD = .75), and formal power (M = 3.14, SD = .88). The five lowest scoring items on the MSQ questionnaire were workload and compensation (M = 3.17, SD = 1.25), professional promotion (M = 3.37, SD = 1.15), work responsibility (M = 3.45, SD = 1.19), work environment (M = 3.47, SD = 1.19), and organizational policies (M = 3.74, SD = 1.02).

Results found by Ning et al. (2009) showed that 11.5% of variance in structural empowerment was explained by a combination of age and work objectives. The combination of education level and work objectives explained 16.8% of the variance in job satisfaction. Structural empowerment and job satisfaction were significantly positively correlated (r = .547, P < .01).

Ning et al. (2009) concluded that a work environment that is empowering leads to increased job satisfaction. Strategies that improve structural empowerment should be implemented to increase staff nurse job satisfaction as nurses who are satisfied may provide higher-quality care. High levels of empowerment lead to greater work satisfaction in Chinese nurses. Future research should be done in a longitudinal study with a more diverse sample. Instruments should be developed to study empowerment and satisfaction that are more culturally sensitive. Another area of future research is to study the relationships among structural empowerment, job strain, organizational commitment, and leadership.
Patient Care and Satisfaction

Empowerment of nurses and the resulting supportive professional environment may influence the level of work satisfaction of nurses which in turn may impact the level of patient satisfaction. A study was conducted by Spence Laschinger (2008) that looked at empowerment, nurse job satisfaction, and nurses’ perceptions of patient quality of care. The purpose of this study was to test a nursing worklife model from Leiter and Laschinger (2006) linking structural empowerment to Lake’s (2002) 5-factor professional work environment model and work quality outcomes. Spence Laschinger (2008) posed one research question, hypothesizing that structural empowerment would increase the perception nurses have of the leadership ability of their manager, which would positively affect staffing, nurse/physician collaboration, and the decisional involvement of nurses. Decisional involvement would influence the use of a model for nursing care, affecting staffing, job satisfaction, and patient satisfaction. The study proposed that the Magnet characteristics provide the basis for empowerment in the workplace. The theoretical framework was Leiter and Laschinger’s Nursing Worklife Model.

The study by Spence Laschinger (2008) took place in Ontario Canada with nurses from urban tertiary care hospitals. The sample consisted of 234 nurses from the registry of nurses of Ontario. Demographic data included working status, full time (72%) or part time (25%). The majority of respondents had nursing diplomas (69%) with less nurses having degrees (29%). Nurses worked in medical/surgical (45%), critical care (32%), maternal child (21%), or psychiatric areas (2%). The average age of the participants was 42 years (SD = 9.4), with 17 years of nursing experience (SD = 10.3), and had been working in the same workplace for 13 years (SD = 8.95).
The Conditions for Work Effectiveness Questionnaire-II (CWEQ)-II was used to measure nurse empowerment. It uses 19-items on a 5-point Likert scale to examine the six parts of structural empowerment: opportunity, information, support, resources, formal power, and informal power. An overall empowerment score is calculated from the six subscales. Confirmatory factor analysis established construct validity for the CWEQ-II (RMSEA = .054). Cronbach’s alpha for the CWEQ-II overall empowerment was .88, with ranges for the subscales from .68 to .87 (Spence Laschinger, 2008).

The Professional Environment Scale (NWI-PES) by Lake (2002) consists of 5-sub scales and was used to measure the Magnet hospital characteristics. It uses a 4-point Likert scale. Construct validity was determined by prior study. Acceptable alpha reliabilities were determined for this study ranging from .81 to .87.

A global measure of work satisfaction was used to identify levels of job satisfaction. It is a 4-item, 5-point tool with acceptable internal consistency reliability (r = .83), and an alpha reliability coefficient of .77 (Spence Laschinger, 2008). Quality of patient care on the nursing units as perceived by the nurses was measured by a 1-item questionnaire developed by Aiken and Patrician (2000). It uses a 4-point scale where 4 indicates excellent quality.

Spence Laschinger’s (2008) findings indicated moderate empowerment from the CWEQ-II overall empowerment measurement (M = 19.14, SD = 3.33). Findings for the six elements of the CWEQ-II in order of greatest to least empowering were opportunity (M = 4.05, SD = .75), informal power (M = 3.56, SD = .67), information (M = 3.05, SD = .86), resources (M = 2.98, SD = .79), support (M = 2.96, SD = .95), and formal power (M = 2.57, SD = .83).
The NWI-PES results indicated that the nurses found their workplaces to be somewhat supportive of professional practice ($M = 2.63, \ SD = .48$). Results for the subscales in order of greatest to least supportive were nurse-physician collaboration ($M = 2.99, \ SD = .68$), nursing foundation for care ($M = 2.84, \ SD = .47$), leadership ($M = 2.51, \ SD = .74$), participation in organization ($M = 2.46, \ SD = .55$), and adequacy of staffing ($M = 2.38, \ SD = .69$). The other two measurement instruments used in the study showed that job satisfaction was moderate ($M=3.33, \ SD = .84$) and nurses’ perceptions of quality of care provided ($M=3.45, \ SD = .59$) was high (Spence Laschinger, 2008).

The original hypothesized model was adjusted to improve the goodness-of-fit by including a direct link from structural empowerment to job satisfaction. The final model showed a relatively good fit ($\chi^2 = 17.9, df = 11, CFI = .95, IFI = .95, RMSEA = .17$). The model showed that structural empowerment had a direct, positive effect on leadership which affected collaboration and participation which both influenced the nursing foundation of care. Nursing foundation of care and leadership both had a positive effect on adequate staffing which along with structural empowerment had a positive influence on job satisfaction. When looking at the quality of care model similar results were found ($\chi^2 = 91, df = 11, CFI = .90, IFI = .90, RMSEA = .17$). The model showed structural empowerment with a positive effect on leadership which impacted collaboration and participation which both influenced the nursing foundation of care. Nursing foundation of care and leadership both had a positive effect on staffing adequacy along with which structural empowerment had a positive influence on the quality of nursing care. Magnet characteristics mediated the effect structural empowerment had on nurses’ perceptions of patient care quality (Spence Laschinger, 2008).
Spence Laschinger (2008) concluded that an empowering workplace was essential to establishing professional practice environments where nurses have positive perceptions of the care they provide and increased satisfaction with their jobs. Leaders play a vital role in bringing about positive changes in workplace empowerment; and therefore, increasing the satisfaction of nurses and the quality of care for patients.

Empowerment of nurses may influence job satisfaction and also patient satisfaction, important issues in today’s healthcare field. Intent to leave the current position or the field of nursing completely may be altered by improving empowerment and therefore satisfaction with the job of nursing. A study was conducted by Donahue et al. (2008) that looked at nurse empowerment and patient satisfaction. The purpose of this study was to examine the relationship between patient satisfaction and empowerment perceptions of nurses. Donahue et al. posed one research question, hypothesizing that there would be a positive link between the perception of empowerment by nurses and satisfaction of patients. The theoretical framework was Kanter’s theory of structural power in organizations as adapted by Spence Laschinger (2001).

The study by Donahue et al. (2008) took place in the northeastern United States at a single community hospital. All active registered nurses for the hospital who had been employed at least 6 months before the patient data collection period were included. The sample consisted of 259 nurses. Most of the nurses surveyed were female (97%) with an average age of 44.05 years (SD = 10.31). The average length of nursing experience was 19.71 years (SD = 11.79) and the average length of time at the current place of employment was 10.917 years (SD = 10.28). Most of the respondents did not hold certification (60.1%) and were not currently enrolled in school (81.5%). The sample of
patients consisted of 622 inpatients, 679 ambulatory surgery patients, and 305 patients from the emergency department. All of the patients in the sample completed the Press Ganey patient satisfaction survey. Demographic questions on age, gender, and perceived health status were included in the patient satisfaction survey.

Donahue et al. (2008) used the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) to measure nurse empowerment. It uses 19-items on a 5-point Likert scale to examine the six parts of structural empowerment: opportunity, information, support, resources, formal power, and informal power. A 2-item Global Empowerment Scale was also used. Confirmatory factor analysis established construct validity for the CWEQ-II (RMSEA = .054). The global empowerment measure was highly correlated with the CWEQ-II ($r = .56$). Cronbach’s alpha for the CWEQ-II was .778, with ranges for the subscales from .803 to .851. Construct validity was found to acceptable ($r = .846$).

Press Ganey Associates (2002) developed a survey to measure patient satisfaction using a 4-point Likert scale where the higher the score the more satisfied. This instrument has been utilized by multiple institutions for capturing patient satisfaction data. It has a Cronbach’s alpha score range of .84 to .95 for the different subscales. Overall questionnaire reliability is reported at .98. Factor analysis was used to evaluate construct validity, which confirmed convergent and discriminate validity of the instrument.

Results from Donahue et al. (2008) indicated moderate empowerment from the CWEQ-II overall empowerment measurement ($M = 21.28$), scores of 14 to 22 signify a moderate level of empowerment. The six elements of the CWEQ-II all had results near the midpoint; opportunity ($M = 3.8$), information ($M = 3.26$), support ($M = 3.2$),
resources (M = 3.42), informal power (M = 3.53), and formal power (M = 3.19). The researchers broke down the overall empowerment scores by position in the workplace; staff nurses (M = 20.40), nurse managers (M = 24.39), and advanced practice nurses (M = 21.97). Nurse managers scored within the highly empowered range. Position in the workplace was found to be a significant predictor of empowerment (P = .023). Overall empowerment scores were analyzed by education level; master’s degree nurses were highly empowered (M = 23.98 to 28.83), nurses with diploma degrees were moderately empowered (M = 22.25), and nurses with bachelor’s degree were moderately empowered (M = 20.64).

The Press Ganey survey results looked at patient satisfaction levels and the interactions between those levels. Donahue et al. (2008) found that patients who rated satisfaction with nursing skills were very likely to rate very satisfied with their care overall (r = .806, P < .01) and likely to recommend the hospital (r = .935, P < .01). Those overall very satisfied with their care were likely to recommend the hospital (r = .775, P < .01).

Donahue et al. (2008) used correlation analyses to examine the relationship between patient satisfaction and nurses’ perceptions of empowerment. The relationship between nurse perceptions of overall empowerment and patient satisfaction was found to be significantly positively correlated (r = .052, P < .05). When looking at only staff nurses the results still revealed a significant positive correlation (r = .169, P < .05).

Donahue et al. (2008) concluded that nurse perceptions of empowerment impact patient satisfaction. Hospital systems should endeavor to advance empowerment of their nurses to increase the satisfaction of the patients they serve. Patients will be more
satisfied with nursing care, overall care, and will improve the likelihood of referral to other customers and an increase in business. Future research should focus on creating and evaluating models that measure the effects of empowerment improvement techniques on patient satisfaction and other patient outcomes.

Summary

*Job strain and nurse turnover.*

The purpose of the study by Spence Laschinger et al. (2001) was to test a model that linked structural empowerment to psychological empowerment to job strain; then linked both psychological empowerment and job strain to work satisfaction. Study results indicated that structural empowerment linked to psychological empowerment which linked to both job strain and job satisfaction. Conversely to the model job strain was unable to predict levels of job satisfaction. The authors concluded that empowerment of nurses is important as it increases perceptions of psychological empowerment, decreasing job strain and improving work satisfaction.

Examining a model that showed the relationships among structural empowerment, psychological empowerment, job strain, and work satisfaction was the purpose of the study conducted by Spence Laschinger et al. (2001a). The study findings were found to be a poor fit for the hypothesized model; however, adding a direct link from psychological empowerment to work satisfaction provided a good fit for the data. The authors concluded that empowerment, specifically structural leading to psychological empowerment, impacts the amount of job strain and also work satisfaction perceived by staff nurses.
Examining the perceptions of work empowerment and determining if these could predict burnout in 3 years time was the purpose of Spence Laschinger et al.’s (2003) study. Study findings revealed that perceptions of access to structural empowerment factors influenced psychological empowerment and eventually, burnout. Nurses with higher perceptions of empowerment had lower levels of burnout after 3 years time. The authors concluded that improving access to empowerment may reduce burnout and therefore turnover.

Analyzing perceptions of structural empowerment including formal and informal power and the association with nurses’ intent to stay in the organization was the purpose of Nedd’s (2006) study. The study results indicated that perceptions of each empowerment variable positively correlated with intent to stay. The authors concluded that nurses’ intent to stay on the job is related to the perception of access to empowerment and its subscales: opportunity, support, information, resources, formal and informal power. Improving empowerment may improve nurse retention rates.

Exploring the association between empowerment and the intent to leave the current position and the intent to leave the nursing profession was the purpose of the study by Zurmehly et al. (2009). Study findings revealed that higher empowerment scores were associated with a decrease in the intent to leave the current position or the nursing profession. The authors concluded that empowerment may impact the intent of nurses to leave their current position, and for some the nursing profession. High levels of empowerment may improve nurse retention by decreasing nurses’ intent to leave their current position or profession.
Work satisfaction.

Evaluating the relationships among work satisfaction and organizational commitment with work empowerment and organizational trust of staff nurses was the purpose of the study by Spence Laschinger et al. (2001b). Findings indicated that high levels of empowerment were associated with higher levels of job satisfaction, affective commitment, and trust in management. The authors concluded that empowerment of staff nurses’ affects their trust in management and therefore their job satisfaction and affective commitment. Increasing empowerment of staff nurses may lead to increased satisfaction and retention.

Analyzing personal and workplace factors and the impact they have on job satisfaction of staff nurses was the purpose of the study by Manojlovich and Spence Laschinger (2002). The study results indicated that together structural and psychological empowerment affected job satisfaction, while mastery and achievement needs were unable to predict job satisfaction. The authors concluded that perceptions of structural and psychological empowerment instead of personal characteristics impact nurse work satisfaction.

Examining a model that links the empowerment of nurses to organizational trust, interactional justice, respect and eventually, job satisfaction and organizational commitment was the purpose of Spence Laschinger and Finegan’s (2005) study. The authors concluded that empowerment impacts staff nurses’ perceptions of trust in management, feelings of interactional justice, and respect, which all work together to impact job satisfaction and ultimately nurses’ organizational commitment. Improving structural empowerment may help to decrease intent to turnover for staff nurses.
Analyzing perceived levels of structural empowerment in the workplace and identifying the relationships among job satisfaction, perceptions of empowerment, and turnover intention by Chinese staff nurses was the purpose of Cai and Zhou’s (2009) study. The results indicated a relationship between structural empowerment, perceived job satisfaction, and turnover intention. The authors concluded that for staff nurses in China structural empowerment affects their job satisfaction and turnover intention. And, as empowerment is only at a moderate level there is room to increase the empowerment of staff nurses which may increase satisfaction and decrease turnover.

Examining the relationships among structural empowerment, demographics, and job satisfaction of Chinese nurses was the purpose of the study by Ning et al. (2009). Study results indicate that the demographic combinations of age and work objectives impacted levels of structural empowerment, and education level and work objectives impacted levels of job satisfaction. The authors concluded that high levels of structural empowerment may lead to greater work satisfaction for Chinese nurses.

*Patient care and satisfaction.*

Looking at empowerment, nurse job satisfaction, and nurses’ perceptions of patient quality of care by testing the Nursing Worklife Model from Leiter and Laschinger (2006) linking structural empowerment to Lake’s (2002) 5-factor professional work environment model and work quality outcomes was the purpose of Spence Laschinger’s (2008) study. Results from model testing showed that structural empowerment affected leadership which affected collaboration and participation which both influenced the nursing foundation of care. Nursing foundation of care and leadership both had a positive effect on adequate staffing which along with structural empowerment had a positive influence
on job satisfaction. The model showed the same results when the outcome was quality of care. The author concluded that an empowering workplace is necessary in order to establish a professional practice environment where nurses have positive perceptions of the care they provide and increased satisfaction with their jobs.

Examining the relationship between patient satisfaction and nurses’ perceptions of empowerment was the purpose of Donahue et al.’s (2008) study. Results indicated that nurse perceptions of overall empowerment and patient satisfaction were significantly related. The authors concluded that nurse perceptions of empowerment impact patient satisfaction.

Empowerment is an important element of focus for healthcare organizations. Structural and psychological empowerment have the capability to impact the satisfaction levels of nurses (Spence Laschinger et al., 2001; Spence Laschinger et al., 2001a), decrease burnout (Spence Laschinger et al., 2003), improve staff nurse retention rates (Nedd, 2006; Zurmehly et al., 2009), increase the quality of patient care (Spence Laschinger, 2008), and improve patient satisfaction (Donahue et al., 2008). The impact of empowerment on nurse satisfaction has even been found to be consistent through different cultures (Cai & Zhou, 2009; Ning et al., 2009). There is, however, still room for further study in yet different cultures.

Empowerment is a far-reaching variable with a considerable positive impact. It has a greater impact on the responses nurses have to the work environment than many personal characteristics, although more research should be conducted to look at possible other personality characteristics that may have an impact (Manojlovich & Spence Laschinger, 2002). Further research should also be conducted to determine the exact influence trust
in the organization has with empowerment, satisfaction, and retention. Empowerment does link with trust in the organization to affect a change on satisfaction and intent to stay in the organization (Spence Laschinger et al., 2001b), but more research is still needed. The importance of implementing empowerment structures and continuing to study the effects on the nursing workforce will be critical to ensuring safe and successful healthcare in the years to come.
Chapter III

Methodology

Introduction

Retention of staff nurses is a key component of a successful organization and is an issue of concern in today’s health care systems. Poor work satisfaction of staff nurses decreases organizational commitment, exacerbating the issue. Discovering a structure that can improve nurse satisfaction and retention is an important step in creating a better organization. Empowerment has been shown to be a factor in predicting satisfaction and retention of nurses. The purpose of this study is to examine the relationships among work satisfaction, organizational commitment, work empowerment, and organizational trust of staff nurses. This is a replication of Spence Laschinger et al.’s (2001b) study. This chapter presents the research questions; research design; population, setting and sample; procedures; instruments; and methods of data analysis that will be used.

Research Questions

Hypotheses are used for this study as they are a means of testing relationships proposed by theorists in order to generate knowledge (Burns & Grove, 2005). A hypothesis states the expected relationships between variables, providing a prediction of the study results. This study will include two hypotheses; the first hypothesis being that staff nurse empowerment will have a direct effect on work satisfaction and affective
commitment. The second hypothesis is that staff nurse empowerment will have an indirect effect on work satisfaction and affective commitment through perceptions of organizational trust.

Research Design

A nonexperimental predictive correlational design will be used to examine causal relationships among variables in the study. As causal phenomena are being studied, this study design will be used in order to predict the dependent variable from the independent variables. The study has theory based hypotheses proposing the causal relationship of the independent variables to the dependent variables.

Population, Setting, and Sample

Five-hundred staff nurses from a large, private, tertiary care hospital in the Southeast United States will be randomly selected to participate in the study. The anticipated sample is (n = 200). Registered nurses who have primary patient contact will be included in the study.

Protection of Human Rights

Prior to initiation of the study, approval will be obtained from the Ball State University Institutional Review Board. The hospital Chief Nursing Officer (CNO) will then be approached for permission to conduct this study with hospital employees. After obtaining permission; a cover letter explaining the study, demographic questionnaire, and survey will be mailed to the participants’ home addresses. Consent will be assumed by return of the questionnaire. The surveys will be completed with no personal identifying information so as to maintain anonymity. The surveys will be returned directly to the researcher so that only the researcher and the statistician will be looking at the completed
surveys, maintaining confidentiality. There are no foreseen risks identified in participating in this study. Benefits will include the opportunity for staff nurses to gain valuable information from the findings regarding empowerment, organizational trust, work satisfaction, and organizational commitment. The findings may provide beneficial insights to improve nurse satisfaction and organizational commitment or retention of staff nurses.

**Procedures**

After approval is received from Ball State University’s Institutional Review Board, a request will be submitted to the CNO of the hospital being used in the study for a mailing list of 500 randomly chosen staff nurses. A cover letter will be mailed along with a demographic questionnaire and the survey to participants’ homes explaining the study and providing instructions on how to complete the demographic questionnaire and survey. Participants will be encouraged to return the questionnaires in the enclosed postage-paid envelope by a specified date. In an attempt to maximize return of surveys, multiple mailings including a reminder letter and repeat survey will be sent, strategies suggested by Dillman (1978). Costs incurred will be personally funded by the researcher.

**Instruments**

Demographic data will be collected using a survey for information on age, gender, work status, degree, area of specialty, years of nursing experience, and years on the current unit. The survey is a replication of Spence Laschinger et al.’s (2001b) survey. Instruments for the study are The Conditions for Work Effectiveness Questionnaire-II, Job Activities Scale, Organizational Relationships Scale, Interpersonal Trust at Work Scale, and Organizational Commitment Questionnaire.
The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II), a modification of the original 35-item CWEQ, measures perceptions of access to structures of work empowerment by four subscales: access to opportunity, information, support, and resources for nurses. An overall empowerment score is calculated from the subscales ranging from 4 to 20. It is a 16-item questionnaire that uses a 5-point Likert scale where 1 is less perceived access and 5 is more perceived access. Construct validity was determined by factor analysis in the nursing population by Chandler (1986). Internal consistency reliability was determined to be adequate from previous studies. Consistencies for each subscale were determined as opportunity .73 to .91, information .73 to .98, support .73 to .92, and resources .66 to .91 (Spence Laschinger et al., 2001b).

The Job Activities Scale (JAS) measures perceptions staff nurses have of formal power within the work environment. The JAS scale looks at perceptions of flexibility, recognition, discretion, and visibility within the job. It is a 12-item instrument that uses a 5-point Likert scale. Validity has been determined by expert panel. Internal consistency is acceptable with a coefficient range from .69 to .79 (Spence Laschinger et al., 2001b).

The Organizational Relationships Scale (ORS) measures perceptions staff nurses have of informal power in the work environment. The ORS looks at perceptions of peer networking, sponsor support, political alliances, and subordinate relationships. It is an 18-item instrument that utilizes a 5-point Likert scale. Content validity has been verified by pilot testing the questionnaire with registered nurses. Reliability coefficients are acceptable at .83 to .89 (Spence Laschinger et al., 2001b).

Interpersonal Trust at Work Scale consists of four subscales that measure faith in the intentions of and confidence in the actions of peers and then also managers. The
subscales were combined for an overall organizational trust score. The instrument is a 12-item instrument that uses a 5-point Likert scale. Reliability coefficients are acceptable at .70 to .85 (Spence Laschinger et al., 2001b).

The Organizational Commitment Questionnaire (OCQ) consists of two subscales from Meyer, Allen, and Smith’s (1993) OCQ. It measures affective and continuance organizational commitment. The OCQ is a 12-item instrument that uses a 7-point Likert scale where 1 is low commitment and 7 is high commitment. Reliability coefficients are acceptable at .82 to .93.

**Data Analysis**

Descriptive statistics will be used for demographic data analysis, and analysis of all scales and subscales. To evaluate the fit of the proposed model different fit indices will be used such as Chi-square ($\chi^2$), Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), and the Root Mean Square Error of Approximation (RMSEA). The $\chi^2$ tests for the difference between the hypothesized model and the just-identified model, but is sensitive to sample size, so it will only be used to look at the difference in fit between competing models. The GFI shows the proportion of observed covariances explained by the model. The RMSEA is a measure of the lack of fit between the data and the model.

**Summary**

Work satisfaction of staff nurses is an important measure that affects essential aspects of the organization including nurse retention. The purpose of this predictive correlational study is to evaluate a model derived from Kanter’s theory demonstrating an association between work satisfaction and organizational commitment with work empowerment and organizational trust of staff nurses. A sample of 200 nurses from a
hospital in the Southeast is expected. Data will be collected from a random sample of staff nurses from a Southeast hospital using the CWEQ-II, JAS, ORS, Interpersonal Trust at Work Scale, and the OCQ. Data will be analyzed using descriptive statistics, \( \chi^2 \), GFI, AGFI, and RMSEA. This study is a replication of Spence Laschinger et al.’s (2001b) study and will attempt to validate previous findings that staff nurse empowerment has a positive impact on trust in management, job satisfaction, and affective commitment.
References


Veterans Health Administration Inc. (2002). *The business case for workforce stability.*