

REGISTERED NURSE EMPOWERMENT
AND RETENTION CORRELATIONS

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Abstract

Research Study: Registered Nurse Empowerment and Retention Correlations

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Many studies that have been conducted regarding job satisfaction and nurse retention, yet there is a lack of information about empowerment and how empowerment affects nurse retention. This study is a modified replication of Zurmehly, Martin, and Fitzpatrick's (2009) study and will investigate the relationship between nurse empowerment and nurse retention. The purpose of the study is to investigate the impact nurse empowerment has on job satisfaction and ultimately nurse retention. A web based survey with electronic submission of survey results will be conducted using the Conditions of Work Effectiveness Questionnaire II (CWEQ II) developed by Laschinger, Finegan, Shamian, and Casiers (2000). A sample size of 240 registered nurses holding a current Indiana license will be targeted for inclusion into the study. Kanter's (1977, 1993) Theory of Structural Power in Organizations will be used as the framework for the study. Study findings may help to improve registered nurse empowerment, job satisfaction and retention.

Chapter I

Introduction

The registered nurse shortage that has been ongoing for over a decade and is expected to continue (Ritter, 2011). The US Department of Health and Human Services, Health Resources and Services Administration (HRSA) predicted that a national shortage, which was six percent in 2000 (110,000 nurses), will continue to increase at a relatively constant rate until 2010 when it is expected to reach 12% (275,000 nurses) (Hauck, Griffin, & Fitzpatrick, 2011). It is further anticipated that the nursing shortage will increase to 20% (508,000 nurses) between 2010 and 2015 and reach 29% (800,000 nurses) by the year 2020 (Hauck et al.). The nurse shortage is related to declining numbers of nursing graduates, an ageing workforce, and a decline in relative earnings (Hauck et al.). Although there are factors contributing to the nursing shortage, an increase in registered nurse turnover is considered a major contributor. According to Hauck et al., an average turnover rate for nurses in hospitals is 21.3% with critical care nursing turnover at 14.6%. The significance of the nursing shortage is the impact it has on hospitals at the operations level and on patients at the patient care level. Hospital operational costs increase as the demand for nurses increases (Ritter). Hospitals often have to pay overtime and turn to nursing registry and travel nurse agencies to staff

patients safely (Ritter). At the same time, hospitals are forced to continue to increase registered nurse salaries.

The health care staff members feel the impact of the nursing shortage also. Physicians, nurses, chief nursing officers and chief executive officers agree that the nursing shortage seriously affects hospital staff members, patient-to-nurse relationships, and the ability of the hospital to maximize census and patient-centered care (Ritter, 2011). This will create challenges for healthcare systems in the United States and elsewhere.

In the past several years, there has been much research to try to understand poor registered nurse retention. There have been many studies on nurse empowerment and how empowerment affects nurse retention. Differing perspectives continue as to what truly makes a difference to nurses in retention endeavors. A growing recognition that improving the quality of work life and considering human consequences of organizational arrangements are an important measurement of a system's effectiveness as economic indicators (Kanter, 1977). Kanter's (1977, 1993) Theory of Structural Power in Organizations continues to be a common framework to help in the understanding of empowerment and the structural factors within the work environment that have an impact on employee work attitudes and experiences. Job dissatisfaction among nurses has been documented in recent years and high nurse turnover rates are one of many negative consequences resulting from job dissatisfaction (Zurmehly, Martin, & Fitzpatrick, 2009).

The use of empowerment to build trust and respect in the workplace may be one aspect to address the nurse shortage. There is a challenge to create an environment to increase the sense of stability for nurses in the work environment due to downsizing,

resource constraints, and strained interdisciplinary relationships (Laschinger & Finegan, 2005). Empowerment has been shown to have a cascading effect on organizational trust, job satisfaction, and organizational commitment (Laschinger & Finegan). Structural empowerment has been empirically related to job satisfaction and organizational commitment in several studies and the study by Laschinger and Finegan is the first to demonstrate the intervening roles of organizational justice, respect, and trust in management.

Statement of Problem

Although there has been an increase in research on nurse empowerment, the link between nurse empowerment and intent to leave the nursing profession has not been thoroughly investigated (Zurmehly et al., 2009). Employee empowerment evolves from both the formal and informal systems of an organization (Zurmehly et al.). Retention strategies will need to be focused on understanding and responding to the growing recognition and links between nurse retention, empowerment and workplace satisfaction.

Purpose

The purpose of this study is to determine the relationship between registered nurses' (RN) job empowerment and the intent to leave the current place of employment (IL-CP) and intent to leave the profession (IL- NP). There has been limited research on the link between registered nurse empowerment and how empowerment affects nurse retention. This study will be a replication of work completed by (Zurmehly et al., 2009) using the same research questions.

Research Questions

The following research questions guided this study:

1. What is the relationship between nurse empowerment (perceived access to formal power, informal power and work empowerment structures) and nurses' self-reported IL-CP?
2. What is the relationship between nurse empowerment (perceived access to formal power, informal power, and work empowerment structures) and nurses' self-reported IL-NP?
3. What individual or organizational variables are the best predictors of nurse empowerment and IL-CP?
4. What individual or organizational variables are the best predictors of nurse empowerment and IL-NP?

Definitions of Terms

Nurse Empowerment - (formal, informal and work empowerment structures)

Conceptual: Formal power is defined as power that results from jobs that provide high relevance, recognition and flexibility. Informal power is derived from relationships and social connections within an organization. Work empowerment structures include opportunity, power, and proportions. Opportunity refers to growth, mobility, and the chance to increase visibility within the organization as well as access to challenges and opportunities to increase knowledge and skills. Power refers to the ability to access and mobilize resources and information, and get the job completed successfully. Information refers to data, technical knowledge and expertise required to perform one's job. Support relates to the endorsement of unique activities that involve sound judgment without going through numerous layers of approval. Access to resources includes the ability to acquire

the necessary materials, supplies, money and personnel needed to meet organizational goals (Zurmehly et al., 2009).

Operational: The Conditions of Work Effectiveness Questionnaire II (CWEQ II) will be used to measure RN's perceptions of access to the six empowerment structures described by Kanter (1977): access to opportunity, information, support, resources, informal power and formal power. The CWEQ II was developed for use with the nursing population. Total empowerment score ranges from 6-30 with the higher scores representing higher perceptions of empowerment.

Organizational Variables- (job satisfaction, lower levels of stress, accountability, organizational commitment, and magnet hospital characteristics) - intent to leave position and /or profession.

Conceptual: Job satisfaction refers to lower levels of stress in the workplace, high organizational commitment, and accountability to the organization. Autonomy, control over nursing practice and a feeling of empowerment contribute to job satisfaction. Magnet hospitals have demonstrated that work environment is associated with improved patient care and nurse retention.

Operational: Measurement from the RN Vermont survey (Rambur, Palumbo, McIntosh, & Mongeon, 2003) for the variables "intent to leave current position" and "reasons for leaving the current position" will be utilized. Categories include career advancement, situational, or job dissatisfaction.

Assumptions

A nursing shortage is occurring in a work environment with increased patient acuity, high patient loads, perception of limited management support, and dissatisfaction

among nurses (Lavoie-Tremblay, Paquet, Marchionni, & Drevniok, 2011). Although many factors influence nurse turnover, the professional work environment is critical to retaining or losing nurses in practice. Empowerment is a strong determining factor in the retention of nurses in their current positions and within the profession of nursing.

Study Limitations

The study employs a descriptive correlational survey design, and offers a view into the relationships between the variables. A sample size of 240 registered nurses is expected yet limited to the state of Indiana. Therefore, the views of the participants may not represent views of registered nurses across the country.

Summary

Consistent with the theoretical expectations, there is support for Kanter's (1977) theory that access to empowerment structures has implications for an employee's behavior and attitude, such as intent to leave. When leaders develop organizational structures that empower nurses, the delivery of quality care and a greater sense of fit between nurses' expectations of work life quality and organizational goals are promoted (Hauck et al., 2011). Current literature points to creating favorable practice environments and job satisfaction as two key areas that strongly impact the retention of nurses (Ritter, 2011). The implications apply primarily to management and upper administrators. The looming nursing shortage will bring about challenges for all healthcare organizations. The time to understand the reasons for nurses leaving their positions and profession is greater than ever. Managers might consider implementing changes that will recruit and retain nurses to secure their position in the future.

Chapter II

Literature Review

Theoretical Framework

Kanter's Structural Theory of Organizational Empowerment (1977, 1993) framework will be used for this study. Kanter's framework has been utilized in both quantitative and qualitative research. Kanter explains factors within the work environment that influence nurses' responses to work experiences. Identification of six structural organizational factors that are beneficial to workplace empowerment include: access to information, support, resources, learning opportunities, formal power, and informal power.

Information was defined as the technical knowledge and skill needed to do work effectively within an institution. Opportunity referred to growth, mobility and the chance to increase visibility within an organization, along with the opportunity to increase knowledge and skills. Support indicated the endorsement of activities without going through numerous layers of approval. Formal power resulted from jobs that provide high relevance, recognition and flexibility while informal power was derived from relationships and social connections within the organization (Zurmehly et al., 2009). Kanter (1993) believed that individuals who have access to these organizational factors are empowered and gain control over conditions that make other actions possible. These

individuals motivate and empower others by setting an example and sharing their sources of power. Those individuals without access to these types of structures become frustrated with the job, feeling a lack of opportunity for input and powerlessness (Zurmeahly et al.).

Kanter (1977) wanted to discover the overarching dimensions of the person-organization relationship. It was believed that without a comprehensive and integrated theory, any policy suggestions or programs for change would be limited and perhaps ineffective. There would not be a full understanding of how organizations can have an impact on the actual relationship between nurses and the facility/organization where the nurses work. Kanter (1977) discussed that the three variables of opportunity, power, and proportional distribution of people contain the roots of an integrated structural model of human behavior in organizations.

Opportunity or lack of opportunity can significantly impact how employees react in organizations. Organizations that fail to offer opportunities may result in employees that develop lower self-esteem, limited aspirations, seek satisfaction in outside activities, be critical of high power people and management, and be more attached to the local unit rather than the larger organization. Full participation of these employees is constrained and their involvement in work is limited. Those with high opportunity have higher aspirations and self-esteem, create power and action-oriented informal groups, have a vertical orientation and compare themselves upward, and are committed to the organization with a willingness to sacrifice for it.

Power refers to the capacity to mobilize resources and accomplish tasks. The meaning of power, according to Kanter (1977) is closer to the mastery or autonomy than to domination or control over others. The powerful ones were the ones who have access

to tools for action. Empowering strategies from leaders has a large impact on employee behavior. Empowerment, according to Kanter (1977), must start with and rest fundamentally on modification of official structural arrangements. Flattening of the hierarchy-removing levels and spreading formal authority, was one of the most important strategies. Any structural change that increases an official's discretion and latitude and reduces the number of veto barriers for decisions is, in general empowering, (Kanter, 1977). Adding decision-making rights and increasing professional responsibilities for the powerless can improve an organization's functioning.

Organization of Literature

The literature review is a compilation of studies based on nursing structural empowerment, nursing retention, understanding why nurses leave, and what factors impact the decisions to leave a position or even professional nursing practice. Factors such as leadership styles, certifications, burnout, and innovative behaviors were included in the review. Relationships between job satisfaction and retention, commitment to the organization, and empowered nurses were a significant part of the overview.

Literature Review

Registered nurse job dissatisfaction has been well documented in literature in recent years (Zurmehly et al., 2009). With the impending concerns about nursing shortages and the increased need for nurses, it is imperative to know exactly what research has been disseminated to enable organizations to strategize and plan for better hospital environments for the nursing workforce with empowered, autonomous nurses. Zurmehly, et al. studied the link between nurse empowerment and the intent to leave a registered nurse position. Zurmehly et al. believed the topic of nurse empowerment and

intent to leave needed further investigation. The purpose of Zumeahly et al's study was to examine the relationship between nurse empowerment and retention.

Four research questions guided Zumeahly et al's (2009) study: (a) What is the relationship between nurse empowerment (perceived access to formal power, informal power and work empowerment structures) and their self-reported intent to leave the current place of employment (IL-CP)? (b) What is the relationship between nurse empowerment (perceived access to formal power, informal power, and work empowerment structures) and their self-reported intent to leave the nursing profession (IL-NP)? (c) What individual or organizational variables are the best predictors of nurse empowerment and IL-CP? and (d) What individual or organizational variables are the best predictors of nurse empowerment and IL-NP?

Three thousand registered nurses were invited to participate in the study with a final sample of (N=1231) registered nurses. Two mailings were conducted, consisting of one initial letter to invite potential participants, and a reminder postcard four weeks later (Zumeahly, Martin, & Fitzpatrick, 2009).

The Conditions of Work Effectiveness Questionnaire II (CWEQ II) (Laschinger Spence, Finegan, Shamian, & Casiers, 2000) was used to measure RNs' perceptions of access to the six empowerment structures. Cronbach reliability coefficients for the CWEQ II were: 0.81 (total), 0.82 (opportunity), 0.91 (information), 0.81 (support), and 0.81 (resources) (Laschinger Spence, Finegan & Shamian, 2001). A 4-point Likert scale was used to rate the items.

The majority of participating registered nurses were married females with a mean age of 46.6 years and had practiced as a registered nurse for 8.83 years. Appropriately

half of the participants had earned an associate degree. The majority of the participants worked full-time. The primary findings in the study by Zurmehly, Martin, & Fitzpatrick, (2009) were: (a) RNs' least likely to leave their current position had significantly higher empowerment scores than those most likely to leave their current position. Reasons associated with IL-CP because of organizational factors included: supervision (18.8%), job stress (14.8%), co-worker relations (9.7%), salary benefits (6.5%), management (4.5%), and job assignment (3.4%). In the study, empowerment was significantly related to IL-CP ($r = 0.45$, $P < 0.001$). Analysis showed several individual and organizational factors; which were related to empowerment and IL-NP; (b) empowerment was significantly related to IL-NP ($r = 0.73$, $P < 0.05$) (Zurmehly et al.). Satisfaction with opportunity for growth and movement within their organizations was reported by nurses who were less likely to leave the profession. Access to resources and information were important to empowerment and IL-NP; (c) nurses in the age range of 50-70 years were less likely to leave current position, while nurses ages 30-49 were more likely to leave. Nurses currently enrolled in a nursing education programs were less likely to leave. Logistic regression revealed in all of the cases that advancement and job satisfaction were significant predictors of nurses' IL-CP ($P < 0.001$); (d) results of the regression analysis identified that career advancement and job satisfaction were significant predictors of nurse IL-NP ($P < 0.001$). As registered nurse shortages continue it is imperative to understand the relationship between empowerment and nurse retention.

In review of the problems associated with retention, it is found that pressures such as downsizing, resource constraints, and strained interdisciplinary relationships created challenges to maintain the stability of the work environment for nurses (Laschinger &

Finegan, 2005). The importance of a positive work environment for ensuring patient safety in hospital settings is undeniable. Creating and maintaining trust throughout the organization is a critical factor in leadership. Perceived lack of trust and respect in the work environment has detrimental effects on both the organization and employees. The purpose of Laschinger and Finegan's study was to test a model linking nurses' empowerment to organizational justice, respect, and trust in management, and ultimately, job satisfaction, and organizational commitment.

The authors (Laschinger & Finegan, 2005) developed a model based on both Kanter's (1977, 1993) theoretical work and the empirical findings in literature. A non-experimental predictive design was used to test the proposed model in a random sample of staff nurses working in medical-surgical or intensive care units in urban teaching hospitals across Ontario. The response rate was 273 nurses (59%). Nurses averaged 33 years of age, had 9 years of nursing experience, and had 2 years of experience on current unit.

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger, Finegan, Shamian, & Wilk, 2001) measured nurses' perceptions of access to structural empowerment, including access to opportunity, information, support, resources, informal power, and formal power. Moorman's (1991) Justice Scale rated on a 7-point scale measured interactional justice. Siegrist's (1996) Esteem scale measured respect on a 7-point scale. Mishra's (1996) 17-item Trust in Management scale, also 7 point scale, measured reliability, openness/honesty, competence, and concern. Williams and Cooper's (1998) Pressure Management Indicator, rated on a 6-point Likert scale, measured job satisfaction and organizational commitment. The internal consistency of

these scales was acceptable. In each testing instrument, reliability and validation was evaluated by factor analysis, internal consistency, or Cronbach alphas.

The results of the study supported the proposition that staff nurse empowerment has an impact on the perceptions of fair management practices, feelings of being respected in the work settings, and trust in management, which affects job satisfaction and organizational commitment. While structural empowerment has been related to job satisfaction and organizational commitment, this particular study is the first to demonstrate the intervening roles of organizational justice, respect, and trust in management (Laschinger & Finegan, 2005).

The nursing profession is facing a serious nursing shortage that needs to be addressed. These results suggested creating conditions that empowered nurses to practice according to the standards of the profession and foster positive working relations within an atmosphere of trust and respect can go a long way toward attracting and retaining a sustainable nursing workforce (Laschinger & Finegan, 2005).

The retention of registered nurses has become a major issue confronting health systems and managers. The purpose of O'Brien-Pallas, Duffield, & Haye's, (2006) study was to determine from nurses who left the profession of nursing: (a) why they became a nurse; (b) how long they stayed in nursing; (c) their reasons for leaving; (d) the skills they gained as a nurse; and (e) the positions to which they moved. This comparative work used data from studies undertaken nationally in Australia with different purposes and different samples, but which shared one common item in the instrument-53 items relating to retention and reasons for leaving nursing restate and shorten the previous statement. Research has indicated that the factors which attract and retain nurses are associated with

opportunities to develop professionally, have autonomy in practice, participative decision-making processes in place, and a fair reward and remuneration for work undertaken.

The research presented from this study approaches the topic of nurses' retention from two perspectives. The first topic is nurse executives considering the issue of how to increase retention and secondly a contrast of views from nurses who have left the profession. Conclusions of the contrasted viewpoints indicated that there are obvious differences in the views between the two groups. The most significant disparities were professional practice and external values and beliefs about nursing. Nurses who left the profession rated professional practice environments most highly. Factors included influence over the quality of care, levels of skill utilization, involvement in policy development, unpaid overtime, and call-back from days off. In contrast, nurse executives' results reflected a perception that it is factors, which to some extent are beyond their control, which is most important in the decision to stay (O'Brien-Pallas, Duffield, & Hayes, 2006).

Nurse managers at the unit level may be in a better position to understand nursing retention issues while nurse executives were best placed to ensure not only there were adequate resources for nurse managers, but policy directives encouraged and supported retention efforts. This study demonstrated that professional practice, autonomy in practice, ability to influence decision-making, legal, and contractual issues, and external perceptions of the profession are all areas that require attention in order to stem the current crisis in nurse retention (O'Brien-Pallas, et al., 2006).

Recent developments in healthcare have involved structural changes that inevitably have impacted working conditions for personnel as well as patients (Kuokkanen et al., 2007). The changes have created a growing discontent toward management and existing opportunities to influence the work environment. Empowerment has been defined as a process by which people gain mastery over their lives. In a hospital environment, that can be defined as encouraging and allowing individuals to take personal responsibility for improving the way they do their jobs contribute to the organization's goals. Multidisciplinary collaboration is important in the aim of research and development to improve the quality of treatment and to promote new technologies and methods. The purpose of Kuokkanen et al.'s study was to describe the views of multidisciplinary teams on work-related empowerment in a transitional organization.

The target population for the study consisted of all members working in multidisciplinary teams at the Rheumatism Foundation Hospital in Finland. There were two data collections with a response rate of 58% at both collections. Research questions were: (a) what are the differences in promoting and impeding empowerment factors in two time periods and how do these factors relate to perceptions of empowerment? and (b) What kinds of relationships can be found between personal background variables and empowerment promoting and impeding factors? The multidisciplinary teams rated their work empowerment quite highly. The correlations between work empowerment and verbal, behavioral, as well as outcome empowerment were high ($P < 0.01$). The number of empowerment promoting factors was lowest for the category of future orientedness, consisting of continuity of work, opportunities for advancement, and access to

information. The evidence from the study indicated, increased efforts need to be invested in introducing low-hierarchy organizational structures, and shared governance with opportunities, and open communication in health care elements contributing to the empowerment process (Kuokkanen et al., 2007). It is important not to underestimate the significance of organizational changes for people working within an organization.

Organizational changes come in many ways. As organizations initiate the changes they want to see, it is imperative the leadership team anticipates and accepts ideas from the employees involved. The staff and employees may have some fresh, innovative ideas to bring to the table that is a different perspective.

In today's healthcare systems, it is essential to encourage innovative behavior. Empowerment has become an increasingly important factor in predicting innovative behavior (Knol & Linge, 2009). The innovative behavior of nurses was necessary if they were to be active participants in reaching organizational goals. Insight into what determines innovative behavior was important. Empowerment as a basis for pro-active innovative behavior will lead to realizing one's own ideals and to maintaining the caring values of the nursing profession (Knol & Linge).

Knol and Linge (2009) used a cross sectional correlational survey design to investigate the relationship between structural empowerment/psychological empowerment and innovative behavior. Registered nurses (N=847) working from two general hospitals in the Netherlands yielded a 61% response rate with 519 returned questionnaires. The Conditions for Work Effectiveness Questionnaire II (CWEQ-II) (Laschinger Spence et al., 2001) was used to measure structural empowerment.

Psychological empowerment was measured by the Psychological Empowerment Instrument (PEI) (Spreitzer, 1995).

Results revealed that structural empowerment was statistically significantly related to innovative behavior ($r = 0.45$, $P < 0.01$), with informal power as the most important sub-variable. Psychological empowerment was statistically significant related to innovative behavior ($r = 0.53$, $P < 0.01$), with impact as the most important sub-variable. These results confirmed that structural as well as psychological empowerment leads to innovative behavior. The results also showed evidence that structural empowerment leads to positive work-behavior by nurses. The motivating effect of psychological empowerment on innovative behavior is attributable to the impact nurses have on the direct work environment (Knol & Linge, 2009).

In practice, individual nurses should reflect on personal empowerment and make a choice to strengthen it then; they can pro-actively innovate and realize their own ideals and the caring values of nursing (Knol & Linge, 2009). Managers should focus on the structural dimensions of empowerment in the working environment, as these can influence psychological empowerment and innovative behavior (Knol & Linge). It was important to support nurses to show innovative behavior and to become aware of nurses' perceptions of the working environments and work roles. Professional nursing practice, which creates conditions for nursing power, the motivation of nurses themselves to use that power, and innovative behavior can lead to valuable contributions towards reaching organizational goals (Knol & Linge).

While innovation can lead to empowered nurses, there continues to be a problem with incivility and burnout affects turnover among nurses. Workplace empowerment was

a key factor and critical to nursing work environments that were structured in ways to ensure a feeling of engagement in work and the desire to remain in the job. While some research has examined a variety of factors related to nurse empowerment, the roles of incivility and burnout have not been clarified. The purpose of Laschinger, Leiter, Day and Gilin's (2009) study was to examine the influence of empowering work conditions and workplace incivility on nurses' experience of burnout and important nurse retention factors. According to Kanter's model of Structural Empowerment (1977, 1993), structural factors within the work environment have a greater impact on employee work attitudes and behavior than personal predispositions or socialization experiences.

A random sample of 612 Canadian staff nurses in a non-experimental descriptive correlational design was utilized. The Conditions for Work Effectiveness Questionnaire (CWEQ-II) (Laschinger Spence et al., 2001), Workplace Incivility Scale (Cortina, Magley, Williams & Langhout, 2001), Emotional and Cynicism subscale of the Maslach Burnout Inventory-General Survey (Schaufeli, Leiter, Maslach & Jackson, 1996), Affective Commitment Scale (Meyer, Allen & Smith, 1993), Turnover Intentions Measure (Kelloway, Gottlieb & Barham, 1999), and Job Satisfaction Scale (Hackman & Oldham 1975; Tsui, Egan, & O'Reilly, 1992) were all used to measure participants' responses. The study focus was on the core elements of empowerment: access to opportunity, information, support, and resources.

Results of the study indicated that nurses perceived their work environment to have moderate levels of empowerment. Nurse's perceptions of empowerment ($P < 0.001$), supervisor incivility ($P < 0.001$), and cynicism ($P < 0.001$) were strongly related to job

satisfaction, organizational commitment, and turnover rates. In total, all correlations of variables were significant at ($P < 0.05$). Hierarchical multiple linear regression analyses revealed that empowerment, workplace incivility, and burnout explained significant variance in all three retention factors: Job satisfaction ($R^2 = 0.46$), organizational commitment ($R^2 = 0.29$), and turnover intentions ($R^2 = 0.28$). Overall, the analyses provided support for the hypothesized models. Having an empowering practice environment and low levels of incivility and burnout were significant predictors of nurses' experiences of job satisfaction and organizational commitment and their intentions to leave their workplaces. Given the current workforce shortage in health care, every effort must be made to ensure that nurses are exposed to high quality work environments that engage them with their work (Laschinger et al., 2009).

The nursing shortage remains problematic, yet research about nurses no longer in clinical practice remains scarce. An estimated 30% - 50 % of all new registered nurses elect to either change positions or leave nursing completely within the first 3 years of clinical practice (MacKusick & Minick, 2010). Understanding factors associated with RNs' practice decisions are a necessary step to manage and retain nurses. This step of understanding why nurses are leaving their positions and especially the practice in general is of utmost importance to the nursing profession and can help to disseminate what steps can be put in place to reduce the registered nurse shortage.

The purpose of MacKusick and Minick's study (2010) was to interview nurses to identify the factors influencing the registered nurse decision to leave clinical nursing practice. A phenomenological research design was used in the qualitative study with the question: What is the experience of RNs who leave clinical practice? Purposive sampling

was utilized for recruitment and consisted of licensed registered nurses with a minimum of 1 year of clinical practice and no clinical practice in the last 6 months. Ten semi-structured interviews were conducted in 2007.

Results of the study reported many positive aspects to nurses practicing clinically. Interactions with patients and families were reported as emotionally satisfying, and the loss of interaction was the biggest regret since leaving practice. Three themes emerged in the discussions of the decision to leave clinical nursing: (a) unfriendly workplace; (b) emotional distress; and (c) fatigue and exhaustion. An unfriendly workplace was reported by all RNs in the study. Being left alone or ignored, or told to toughen up were identified themes. All RNs described situations in which managers simply did not address inappropriate behavior. This indifference and lack of support allowed a culture of horizontal hostility (HH) and bullying in the workplace (MacKusick & Minick, 2010). For many, this type of work environment became the reason the RN's would not return to clinical practice.

Emotional distress equated to overly aggressive treatment, lack of collaboration between physicians and staff, and lack of respect for patient and family wishes. Almost every nurse talked about the distress caused by inappropriate use of advancing technologies. To many, the belief that prolonging life was prolonging suffering and this mentality did not represent the type of nursing the RNs wanted to practice. The participants also expressed extreme fatigue and exhaustion as well as a fear of answering the telephone and being called in to work. Employees calling in sick, and feeling that you are always on duty were a few of the other responses that contributed to the departure from nursing. One interpretation of this is that the constant vigilance required in clinical

nursing which is frequently is overlooked and under recognized (MacKusick & Minick, 2010).

The findings from MacKusick and Minick's (2010) study suggested retention efforts should focus on work environments, including an understanding of horizontal hostility and indifference. Recognition of being distressed, frustrated, or socially isolated, especially among new RNs, may help to retain nurses in the future (MacKusick and Minick). Effective mentoring programs are important in the transition into nursing practice and the development of a culture with zero tolerance for horizontal hostility is imperative for retention.

The value and influence of specialty certification is a topic of interest in many venues. A study conducted by Fitzpatrick, Campo, Graham, and Lavandero (2010) examined the relationships between the American Association of Critical-Care Nurses (AACN) specialty certification and empowerment; and secondarily, to examine these variables as related to intent to leave the current position and the nursing profession. According to the AACN Certification Corporation, certification is a process by which a non-governmental agency validates an individual nurse's qualification for and knowledge of practice in a specialty area. The value of specialty certification has not been examined extensively in research, yet considerable interest has been expressed in the relationship between certification, nurses' perceptions of their work life, and nurses' subsequent retention. This study was designed to extend work into the differences in empowerment between nationally certified nurses and nurses who were not certified. It is also the first national study to examine specialty certification among certified critical care nurses, particularly in relation to the dependent variables of empowerment and intent to leave.

A total sample of 6,589 respondents from the membership group of AACN was included in the study, which indicated a 15% response rate. The Conditions of Work Effectiveness Questionnaire, (CWEQ-II), developed by Laschinger (2001) and colleagues, was used to measure nurses' perceptions of empowerment. Certified versus non-certified nurses had significantly different total scores on the CWEQ-II ($t = 2.73$, $P = .006$). For the entire sample, 41.1% indicated the intent to leave current positions (Fitzpatrick, Campo, Graham, & Lavandero, 2010).

Fitzpatrick et al's (2010) study added to our understanding of specialty certification in critical care nursing and perceptions of empowerment. The results supported the value of specialty certification. Although no effort was made in this study to determine differences in empowerment between critical care nurses in advanced practice roles, it should be noted that nurses with any graduate degree had higher total empowerment scores and scores on all subscales (except for support, in which baccalaureate degree nurses had higher scores) than did nurses with either baccalaureate or diploma/associate's degrees (Fitzpatrick, et al).

The research from Fitzpatrick et al's (2010) study added to the body of literature on specialty certification as related to both perceptions of empowerment and intent to leave. The findings also supported the recent research on critical care nurses' perceptions of their work environments in which the researchers reported that most nurses were very satisfied with nursing as a career and the relation between empowerment and retention. Nurse administrators and health care executives have an opportunity to create structures that reward nurse involvement and participation within the organization and should encourage professional development through certification (Fitzpatrick et al.).

The nursing shortage demands that managers focus on the retention of staff nurses. Understanding the relationship between leadership practices and nurses' intent to stay in an organization is fundamental to retaining nurses in the workforce. The current shortage has evolved over the last 30 years and is expected to continue. The current global turnover rate reached 21% per year. A survey of 105 nursing organizations representing 69 countries identified a nursing shortage in 85.6 % of the respondents' countries or organizations (Cowden, Cummings, & Profetto-Mcgrath, 2011). No simple strategy or 'one size fits all' action plan will resolve the nursing shortage.

Cowden et al., (2011) conducted research to describe the findings of a systematic review of the literature that examined the relationship between managers' leadership practices and nurses' intent to stay in their current position. The issue examined in the present study is focused on why staff nurses stay in current positions rather than why they leave and the influence manager practices actually have on the intent to stay in current work positions. Published articles on these topics were retrieved from computerized databases and a manual literature search. The literature search yielded a total of 30,639 abstracts and titles. Data extraction and quality assessments were completed to get to the final 23 research articles utilized.

Results showed that the findings of this systematic review supported the claim that leadership practices influenced staff nurses' intention to remain in their positions. The literature has reported that relationally-focused leadership results in quality nursing work environments. Transformational or relational leadership approaches resulted in greater intentions to stay while task-focused leadership styles, resulted in lower intentions to stay. Nurses employed in environments where they were: (a) supported by nurse

managers and peers; (b) autonomous in their practice; (c) recognized and valued for their contributions; (d) encouraged to participate in decision making; and (e) empowered to reach their full potential were generally more likely to remain in their positions, were more satisfied and more committed to the organization (Cowden et al., 2011). Overall, it is evident that health care managers need to address quality of workplace issues in order to provide an environment conducive to decisions to remain.

A quality workplace and an environment that leads to satisfied nurses who stay, often involves the type of transformational leadership discussed in literature. Transformational leadership and the workplace environment were key factors when for research first year RNs in the workplace. Research has indicated that new registered nurses have a higher turnover rate within the first year of practice (35% - 61%) compared with the average reported turnover rate of 8.4% for registered nurses in 2007 (Lavoie-Tremblay et al., 2011). With the current nursing shortage, it is crucial to understand the aspects of the nursing work environment that are related to turnover in a new generation of nurses. Many people are pursuing a degree in nursing and the nursing profession is welcoming a new generation of nurses. Healthcare organizations are now challenged to retain new registered nurses and to understand why they are leaving nursing careers prematurely.

Lavoie-Tremblay et al. (2011) addressed the issue of registered nurse retention by investigating the practice environment and the intent to quit among new nurses from Generation Y and suggested strategies to reduce nurses' turnover. This correlational descriptive design study had a sample of 145 participants from thirty-three colleges and

one university in Quebec, Canada. The 31-item Practice Environment Scale of the Nursing Work Index (PES- NWI) (Lake, 2002) was used in the study.

Results indicated that almost half of the participants intended to leave current positions (N=71, 49%), while few (N=14, 9.7%) intended to leave the profession (Lavoie-Tremblay et al., 2011). The authors found no difference between new nurses from Generations Y and X in terms of intentions to leave the nursing profession or current positions. Statistically significant correlations were found between the subscales of: (a) nurse participation in hospital affairs; (b) nursing foundations of quality care; (c) and collegial nurse-physician relations; and (d) intent to quit current position. There were no differences as a function of age, which turned out to be an important finding.

The findings suggested that generational differences may be less important than the actual work environment that the new nurses experience in explaining turnover intention. This indicates that interventions may not be necessary to create specific generational actions. Interventions to improve the work environment as a whole regardless of their ages may be what are needed to retain Generation Y and X. Nurses in staff-development who can focus on interventions to create more Magnet-like environments were likely to reduce turnover. The use of orientation and preceptorship programs that extend beyond the initial training were key. Empowering and valuing new nurses promotes a sense of belonging from the beginning to reduced turnover as indicated in this study (Lavoie-Tremblay, 2011).

The relationship between perceptions of structural empowerment and anticipated turnover of nurses was a concept examined by (Hauck et al., 2011). Work environments that provided access to information, resources, support, and opportunity create an

environment of more satisfied employees, which helps decrease nursing turnover. The nursing shortage is anticipated to increase to 20% between 2010 and 2015 and reach 29% (800,000 nurses) by the year 2020 (Hauck et al., 2011). Nursing turnover is considered one of the major contributors to our current nursing shortage.

Hauck et al. (2011) used a descriptive correlational study to examine the relationships of structural empowerment and turnover. The study was guided by Laschinger's Structural Empowerment framework (Laschinger Spence et al., 2001). Also utilized was Kanter's (1993) theory on workplace performance within organizations, which is based on the assumption that workplace behaviors and attitudes are determined by social structures within the workplace. Kanter linked the degree of control that people have over their work environment to their work effectiveness. The study was conducted in five critical care units in a tertiary university hospital in the north-eastern section of the United States. Instruments included were Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger Spence et al, 2001) and the Anticipated Turnover Scale (ATS) (Hinshaw, Atwood, Gerber, & Erickson, 1985). A total of 98 surveys were returned for a response rate of 38%.

The results of the study showed that a majority of nurses perceived themselves to be moderately empowered ($M = 20.51$). Nurses who perceived themselves as empowered had a higher level of autonomy, job satisfaction, and organizational commitment. A possible explanation for the relatively high empowerment score for this study by Hauck et al. (2011) can be related to the shared governance in the professional practice within the institution. The practice model allows nurses active participation in decision making within nursing units. Nurses in the study rated access to Opportunity as

the highest structural empowerment subscale ($M = 4.17$). This was followed by Support ($M = 3.31$), Information ($M = 3.25$), and Resources ($M = 3.08$).

The scores from the ATS support Kanter's theory (1977, 1993) that access to empowerment structures has implications for an employee's behavior and attitude, such as intent to leave. There was an indication of an inverse relationship between nurses' perception of the access to opportunity, information, support, and resources; and their perception of the possibility of voluntarily terminating current position.

The well documented problem with nurse retention makes it difficult to understand why new nurses are struggling to find jobs or at least, the job availability that they want. With many new registered nurses having difficulty finding employment, there is a misconception that there is no longer a nursing shortage. This temporary condition reflects what is happening with the current economy. Nurses have postponed previously planned retirements, and many want to recoup financial losses from their retirement funds when the financial market soured. A healthy work environment can have positive effects on the issue of retention in hospital settings. The significance of the nursing shortage has great impact on hospitals at the operational level and on patients at the patient care level.

Ritter (2011) conducted a study that included an extensive review of the current literature with a focus on nurses, work environments, and impact of the work environment on retention. Key issues found were healthy and unhealthy work environments, the Magnet connection, management's link, and retention. The dangers of unhealthy work environments came to the forefront when the Institute of Medicine (IOM) (2003) issued a report stating that as many as 98,000 patient deaths occur in hospitals

every year owing to errors (Ritter). Unhealthy work environment characteristics were: poor communication, abusive behavior, disrespect, resistance to change, lack of vision or leadership, no trust, conflict with values, mission, and vision and loss of understanding of core business. Poor hospital care environments affect patient mortality and nurse outcomes.

According to Ritter (2011), hospitals, which were inadequately staffed and had the poorest patient care environments, the mortality rate for surgical patients was 60% higher when compared with hospitals with better care environments, higher staffing levels, and the most highly educated nurses. Magnet status and health work environments have a strong connection and hospitals with this distinction are recognized as having a better ability to recruit and retain top quality nurses. Nurse managers were an important link to the retention of nurses. Managers promote change and can help ensure a healthy work environment. Communication and collaboration, or lack thereof, between nurses and managers, can be devastating to retention. Many managers were overburdened with reports and failed to meet the needs of the employees.

The literature pointed to creating favorable practice environments and job satisfaction as two key areas that strongly impact the retention of nurses. Involving employees in changing the practice environment may lead to positive results. Job satisfaction may be enhanced when education is encouraged and supported. Also, energy allotted to fostering and retaining new nurses and aging nurses is important. It will become imperative that we retain our mature, experienced nurses with the coming nursing shortage. Implications for management will be to implement change to create a healthy work environment that will recruit and retain nurses.

Summary

Research has indicated that the factors, which attract and retain nurses, are associated with opportunities to develop professionally, autonomy in practice, participative decision-making processes, and fair reward and remuneration for work undertaken (O'Brien-Pallas et al., 2006). Nursing retention and continuing commitment to nursing practice were factors that needed ongoing assessment and research. The nursing shortage is becoming more acute and the costs of healthcare continues to rise. Pressures such as downsizing, resource constraints, and strained interdisciplinary relationships challenge the sense of stability of the work environment for nurses (Laschinger & Finegan, 2005). Employee empowerment on perceptions of organizational justice, respect, and trust in management play key roles in the perspective of nurses which contributes to job satisfaction and organizational commitment. The Institute of Medicine (IOM) (2004) report articulated the importance of a positive work environment for ensuring patient safety in hospital settings. A positive work environment has been a common thread in the research findings and has a positive link to nurse satisfaction, commitment, and desire to remain in the current position. As the nursing shortage is projected to continue well into the future, the environments in the hospital settings must meet the needs of nurses. Relationally focused leadership and transformational leadership are direct conduits to retention and satisfaction. This avenue may improve the quality of work environments, influence intent to stay, increase the supply of nurses in the workforce, and meet the health care needs of the population with high quality care.

Chapter III

Methods and Procedures

Introduction and Problem

Healthcare changes have led many nurses to experience decreased morale, role dissatisfaction, and associated increased rates of turnover at a time when nurses are desperately needed (Zurmehly et al., 2009). Little research has been focused on nurse empowerment and intent to leave a current position or the nursing profession. While there are documentation and relationship studies that have been conducted on job satisfaction and retention, there is little research about empowerment and how empowerment affects nursing retention. This study will explore the relationship between nurse empowerment and the ability to retain nurses throughout the next decade. The research is a modified replication of Zurmehly et al's. (2009) study. Job dissatisfaction and high turnover rates are an ongoing problem that needs to be addressed for the future of nursing. Empowerment will be explored as how it pertains to retention capabilities.

Purpose

The purpose of this study is to determine a relationship between registered nurses' (RN) empowerment and intent to leave current place (IL-CP) or nursing practice (IL-NP).

Research Questions

Four research questions will guide this replication of Zumehly et al's (2009) study: (a) What is the relationship between nurse empowerment (perceived access to formal power, informal power and work empowerment structures) and their self-reported intent to leave current place (IL-CP)? (b) What is the relationship between nurse empowerment (perceived access to formal power, informal power, and work empowerment structures) and their self-reported intent to leave nursing profession (IL-NP)? (c) What individual or organizational variables are the best predictors of nurse empowerment and IL-CP? and (d) What individual or organizational variables are the best predictors of nurse empowerment and IL-NP?

Population and Sample

A sample size of 240 registered nurses holding a current Indiana license is targeted for inclusion in the study. One thousand registered nurses from the IU Health system will be invited to participate to achieve the moderate sample size effect. After the Ball State University and the Indiana University Health System Institutional Review Board (IRB) approval is obtained, eligible RNs will be recruited and informed consent obtained prior to data collection. Two mailings will be conducted and data collected via the internet. The electronic address of the web site housing the questionnaire will be stated in the invitation letter.

Protecting Subjects

Protection of human subjects in research has been a focus since the 1940s due to the mistreatment of human subjects in the past. Conducting research ethically starts with the identification of the study topic and continues through the publication of the study

(Burns & Grove, 2009). Three principles are relevant involving human subjects: respect for persons, beneficence, and justice. Human rights that require protections in research are: (a) the right to self-determination; (b) the right to privacy; (c) the right to anonymity and confidentiality; (d) the right to fair treatment; and (e) the right to protection from discomfort and harm (Burns & Grove). Confidentiality will be maintained in this study replication through the use of random assignment of numbers for electronic survey submissions. Participation will be anonymous as survey data is identified only through the randomly assigned number allocated to the electronic submission.

Procedures and Instruments

Demographic data will include age, gender, marital status, nursing education, years in current job, years in practice, and highest degree. The questionnaire to be used is the Conditions of Work Effectiveness Questionnaire II (CWEQ II) (Laschinger et al. 2000) which was developed for use with the nursing population. This questionnaire measures RNs' perceptions of access to the six empowerment structures described by Kanter (1977): access to opportunity, information, support, resources, informal power and formal power. The total empowerment score ranges from 6-30 with higher scores representing higher perceptions of empowerment. Cronbach reliability coefficients for the CWEQ II were: 0.81 (total), 0.82 (opportunity), 0.91 (information), 0.81 (support), and 0.81 (resources) (Laschinger Spence et al., 2001). A 4-point Likert scale will be used to rate the items. Job satisfaction will be measured by a one-item question rating satisfaction measured on a 4-point Likert scale from 1 (very dissatisfied) to 4 (very satisfied). Intent to leave will be further measured by response questions from a study utilized by McCarthy and colleagues at The University College Cork (McCarthy, 2002;

McCarthy, Tyrrell, & Lehane, 2007): ‘Do you expect to leave your current employer within the next 6-12 months?’, ‘How likely are you to leave your current RN position in the next 12 months?’, and ‘ If you answered that you were likely or very likely to leave your current position, would you leave the nursing profession?’

Research design

A descriptive correlational survey design will be used to collect data from registered nurses in Indiana. Descriptive correlational design will be employed to examine relationships that exist in a situation. No attempt is made to control or manipulate the situation. This technique facilitates the identification of situational interrelationships in a short period of time.

Data analysis

Descriptive statistics will be calculated for all of the scales and subscales of the key study variables and demographic variables. Frequency tables will be used to describe data along with the descriptive statistics. Cronbach’s coefficients will be used to check for reliability of the sum variables. The differences between the groups will be tested with analysis of variance and Tukey’s t-test multiple comparison test. Associations between numerical variables will be calculated using Pearson’s correlation coefficients. Statistical significance will be considered at the <0.05 level. Regression analysis will be used to help identify which organizational or individual factors best predict intent to leave current place and intent to leave nursing practice.

Summary

This replicated study may provide additional information about the effects of personal as well as organizational characteristics that contribute to empowerment, which

in past studies was significantly related to both IL-CP and IL-NP. In the previous study by Zurmehly et al., (2009), baccalaureate degree nurses reported the most empowerment and the least likelihood to leave their current positions. This result suggested that education can provide necessary skills for navigating within the rapidly changing, complex healthcare setting (Zurmehly et al., 2009). Nursing managers have the opportunity to improve organizational structures that facilitate a work environment that supports empowerment. As registered nurse shortages continue, it is imperative to understand the relationship between empowerment and nurse retention and take action to ensure job satisfaction and organizational commitment.

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