NURSING EMPOWERMENT AS IT RELATES TO THE RETENTION OF MEDICAL-SURGICAL NURSES WITH LESS THAN TWO YEARS OF EXPERIENCE

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ABSTRACT

RESEARCH PAPER: Nursing Empowerment As It Relates to the Retention of Medical-Surgical Nurses with Less Than Two Years of Experience

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Changes in healthcare environments, which affect nursing workloads and role responsibilities, have led to decreased morale, role dissatisfaction and increased turnover rates among nurses. Research suggests improving nursing engagement and professional autonomy may be a means to decrease nursing turnover rates and increase nursing satisfaction. Research, however, has not thoroughly explored the extent to which a nurse's sense of empowerment relates to his or her intent to leave an organization or the nursing profession. More specifically, research has not thoroughly examined the relationship between a nurse's intention to leave a job or the profession, and a nurse's perceptions about empowerment, as it applies to newly graduated nurses. This study is a modified replica of Zurmehly, Martin & Fitzpatrick's (2009) study, with a focus on acute care medical-surgical nurses with less than two years of experience. Kanter's (1977, 1993) Theory of Structural Empowerment is the theoretical framework. The study will take place in the state of Indiana. The sample will include all nurses with less than two years of experience. Questionnaires will be utilized to collect participant information. Findings will provide information for leadership on the benefits of empowerment.

Chapter I

Introduction

Introduction

Healthcare is facing a nursing shortage of historic proportions. It is estimated the nursing shortage will reach 260,000 open nursing FTEs by 2025, representing a U.S. shortage of nurses twice as great as the nursing shortage experienced by healthcare in the 1960s (Cullen, Ranji, & Salganicoff, 2010). An article in Nursing Forum noted, "Hundreds of thousands of RNs have removed themselves from the active nursing workforce, while an inadequate number of younger nurses are selecting nursing as a profession" (Fox & Abrahamsen, 2009, p. 237). As the generation of baby boomer nurses begins reaching retirement age, healthcare experts expect the nursing shortage to worsen.

In addition to losing years of nursing experience as baby boomer nurses retire, healthcare institutions face an alarming influx of new patients. As of January 1, 2011, an estimated 7,000 to 10,000 baby boomers began turning 65 every day and will continue to do so for the next 18 years, requiring healthcare organizations to care for a rapidly growing population of senior adults (Times Staff, 2011). The Institute of Medicine's Committee on the Future of Emergency Care in the United States reported a shortage of nurses affected the ability of healthcare organizations to operate effectively, to provide

high quality care to patients and subsequently, to ensure patient safety (Americans for Nursing Shortage Relief, 2010).

Findings from a 2009 survey of New York state hospitals reported 40% froze or cut associate wages, 32% stopped hiring, more than 25% eliminated positions or reduced their work force and 9% reduced services (Healthcare Association of New York State, 2010). As a result, nurses in New York, like nurses across the country in similar situations, were caring for more patients with fewer resources. In some instances, nurses also absorbed the workloads of eliminated ancillary positions. Nurses, overwhelmed by growing nurse to patient ratios and stressful work environments, experienced high levels of burnout and subsequent turnover (Spence Laschinger, Wilk, Cho, & Greco, 2009).

The shortage of nurses is not unique to healthcare organizations in the United States, however. In 2006, the World Health Organization estimated the then worldwide deficit of more than 4 million healthcare workers would increase by 20% over the next twenty years (Spence Laschinger, Grau, Finegan, & Wilk, 2010). Canadian healthcare experts expected the Canadian nursing shortage to reach 78,000 by 2011 (Cho, Spence Laschinger, & Wong, 2006). Chinese healthcare experts reported a very serious nursing shortage and nursing turnover rates of greater than 20% (Cai & Zhou, 2009). Healthcare organizations in the United States, Canada, England, Scotland and Germany reported high nursing turnover rates associated with poor work environments and emotional exhaustion (Beecroft, Dorey, & Wenten, 2008).

Kanter (1977, 1993) theorized that employees who felt empowered, or perceived they had access to opportunity through mobility and growth and power through support, resources and information from both formal and informal sources, demonstrated higher

levels of engagement, organizational commitment and responsibility. Findings from multiple nursing studies have supported Kanter's contention, reporting work environments supportive of structural empowerment provided nurses with satisfying work experiences and improved retention rates for healthcare organizations (Wilson, Squires, Widger, Cranley, & Tourangeau, 2008). Study findings also confirmed empowered nurses perform their jobs more effectively (Gary, 2002). In addition to impacts on nursing satisfaction, retention and productivity, research findings indicated empowered nurses did not necessarily experience burnout in complex and demanding work environments (Spence Laschinger, Finegan, & Shamian, 2001).

Research findings have consistently supported the positive influences of empowering work environments on nursing satisfaction and nursing turnover. In fact, study findings indicated empowerment was so valued by nurses, self-empowered nurses who found themselves in developmentally oppressive organizations sought employment elsewhere (Kuokkanen & Leino-Kilpi, 2001). Additionally, research findings indicated disempowered nurses lacked the ability to interact effectively with patients, physicians, ancillary departments and/or one another (Bradbury-Jones, Sambrook, & Irvine, 2008). It is imperative nursing research continue to focus on nurse empowerment as a means to reverse current employment trends affecting the nursing profession.

Background and Significance

As healthcare organizations adapt to meet the needs of growing patient populations with shrinking financial resources, work environments grow increasingly stressful and complex, resulting in higher nursing turnover (Spence Laschinger et al., 2001). An extensive examination of literature revealed negative correlations between

nursing job satisfaction, nursing absenteeism and nursing turnover have been established (Zurmehly, Martin, & Fitzpatrick, 2009). Kanter's (1977, 1993) general management study examined an American corporation to explain how work environments influenced employee behaviors. Study findings revealed workplace empowerment had significant positive correlations to employee engagement, job satisfaction and productivity.

Kanter's (1977, 1993) Theory of Structural Empowerment contended that organizational structures influenced employee behaviors in the workplace rather than individual tendencies. Kanter's research findings suggested that employees, who perceived access to opportunity through mobility and growth and power through support, resources and information from both formal and informal sources, demonstrated higher levels of engagement, responsibility and organizational commitment.

Initially, nursing researchers utilized Kanter's (1977, 1993) Theory of Structural Empowerment to examine nurses' perceptions of power within healthcare organizations (Zurmehly et al., 2009). Soon, however, nursing experts around the world began exploring the potential impact of empowered work environments on nursing job satisfaction and nursing turnover intentions (Spence Laschinger et al., 2001; Cai & Zhou, 2009; Nedd, 2006; Zurmehly et al.).

Using Kanter's (1977, 1993) Theory of Structural Empowerment as a framework, multiple nursing studies produced findings supporting the value of workplace empowerment in healthcare work environments. Early nursing studies reported finding nurses perceptions of workplace empowerment correlated to feelings of autonomy, perceptions of decision-making opportunities, decreased levels of burnout, increased levels of job satisfaction and overall improvement of organizational outcomes (Spence

Laschinger et al., 2001). Nursing researchers examining the influences of workplace empowerment also reported patients experienced better outcomes in more cost effective settings when nurses perceived high levels of workplace empowerment (Beecroft et al., 2008). In addition to supporting the value of nursing empowerment to nursing satisfaction, organizational retention and patient outcomes, early research studies reported positive correlations between workplace empowerment and the overall physical and emotional health of nurses (Smith, Andrusyszyn, & Spence Laschinger, 2010).

Compounding the concerns of healthcare leaders regarding nursing retention was the knowledge that a significantly large population of experienced nurses was reaching retirement age. In 2001, baby boomer nurses, who made up 49% of all working RNs in the United States, began retiring (Robert Wood Johnson Foundation, 2008). Sixty percent of the nurses in the Canadian workforce was reported to be over the age of 40 (Spence Laschinger et al., 2009). In addition, findings from a survey of 162 healthcare facilities in 38 different states indicated that 27% of the RNs who left their organizations between January 2010 and December 2010 had worked for the organization less than one year and 51.8% had worked for the organization less than two years (NSI Nursing Solutions, Inc., 2011). Forty-three (26.5%) of the facilities participating in the survey were located in North Central states, including Indiana.

Recognizing the retention of newly graduated nurses would become essential to the sustainment of safe high quality healthcare, nursing experts began exploring the potential impact of empowered work envirnoments on the work experiences, job satisfaction and retention rates of newly graduated nurses (Cho et al., 2006; Spence Laschinger et al., 2010; Smith et al., 2010; Rheaume, Clement, & LeBel, 2011). Previous

study findings indicated that newly graduated nurses experienced high levels of stress when transitioning from learning environments into the nursing workforce (Cho et al., 2006). In addition to stressors associated with acclimating to a new professional role, studies reported numerous instances of bullying behaviors in the workplace directed toward newly graduated nurses (Spence Laschinger et al., 2010). While the influences of workplace empowerment have been studied in regards to the nursing population as a whole, few studies have explored the influences of workplace empowerment on newly graduated nurses (Smith et al., 2010).

Problem Statement

Newly graduated nurses, working in disempowering work environments, experience high levels of stress and emotional exhaustion, resulting in turnover. Structural empowerment is a framework nursing leaders can utilize to create work environments supportive of nursing satisfaction and nursing retention.

Purpose

The purpose of this study is to determine if empowerment in the workplace affects nurses' decisions to remain with an organization or the nursing profession, with a focus on nurses with less than two years of experience. This is a modified replica of Zurmehly's et al. (2009) study.

Research Questions

1. Does perceived structural empowerment improve organizational retention of newly graduated registered nurses?
2. Does perceived structural empowerment improve retention of newly graduated registered nurses in the nursing profession?

Theoretical Model

Kanter's (1977, 1993) Theory of Structural Empowerment is the framework for this study. Using qualitative research methods, Kanter studied the culture of an American corporation to explain how work environments influenced employee behaviors. Kanter (1977, 1993) identified three organizational attributes necessary to ensure structural empowerment in work environments: opportunity, power and proportions. Kanter theorized these structural components dictated how employees behaved in the workplace rather than their individual tendencies.

According to Zurmehly et al. (2009), Kanter described opportunity as the ability to grow, advance and achieve recognition within the organization. Additionally, Kanter (1977, 1993) explained that access to both formal and informal power, such as autonomy and decision-making opportunities, access to formal leaders, subordinates who behave cooperatively, collegial relationships with support departments and strong peer relationships, resulted in improved organizational effectiveness. The literature review revealed structural empowerment positively correlated to the quality of care delivered, the emotional and physical health of nurses, job satisfaction and organizational commitment. The literature review also indicated that Kanter's Theory of Structural Empowerment was a good framework for nursing leaders to use when developing an empowering workplace environment.

Definition of Terms

Newly Graduated Nurse: Conceptual

Benner defined the newly graduated nurse as a nurse who had less than one and a half to two years of nursing experience (George, 2008).

Newly Graduated Nurse: Operational

For this study, a newly graduated nurse is a nurse who has less than two years of nursing experience.

Empowerment: Conceptual

Kanter's (1977, 1993) Theory of Structural Empowerment referred to employees' perceived access to opportunity through mobility and growth and power through support, resources and information from both formal and informal sources

Empowerment: Operational

For this study, empowerment is a numerical score that represents "RNs' perceptions of access to the six empowerment structures described by Kanter" (Zurmehly et al., 2009, p. 386). The 'empowerment' score will be determined by totaling and averaging the subscale scores of the Conditions of Work Effectiveness Questionnaire II.

Opportunity: Conceptual

According to Kanter's (1977, 1993) Theory of Structural Empowerment, "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" (Zurmehly et al., 2009, p. 384).

Opportunity: Operational

For this study, 'opportunity' is a numerical score that represents access to opportunity as described by Kanter (Zurmehly et al., 2009). The 'opporutnity' score will be determined by totaling and averaging participant responses to the 'opportunity' subscale of the Conditions of Work Effectiveness Questionnaire II.

Power: Concpetual

According to Kanter's (1977, 1993) Theory of Structural Empowerment, "power refers to the ability to access and mobilize resources and information, and get the job completed successfully" (Zurmehly et al., 2009, p. 384).

Power: Operational

For this study, 'power' is a numerical score representing access to information, support and resources through formal and informal sources as described by Kanter (Zurmehly et al., 2009).

Limitations

Due to the limited geographical population sample, generalizability of this study is limited. In addition, the data obtained from the Indiana State Board of Nursing is only as good as the information provided by each registered nurse. Inaccurate data may lead to the inadvertent exclusion of some registered nurses with less than two years of experience.

Assumptions

The following assumptions were made in this study:

- Nurses working in empowered environments experience greater levels of job satisfaction, provide higher quality care, are physically and emotionally healthier and, as a result, are less likely to turnover.
- Newly graduated nurses will provide honest answers on the questionnaires they receive by mail from the researchers.
- Data obtained from the Indiana State Board of Nursing is accurate and complete.

Summary

Changes in healthcare environments, which affect nursing workloads and role responsibilities, have led to decreased morale, role dissatisfaction and increased turnover rates among nurses. Research findings suggest that improving nurses' engagement and professional autonomy through empowering work environments may be a means to increase nursing satisfaction and decrease nurse turnover rates. The purpose of this study is to determine if empowered work environments influence newly graduated nurses' decisions to stay with an organization or the profession of nursing. The study is based on Kanter's (1977, 1993) Theory of Structural Empowerment and is a modified replica of Zurmehly's et al. (2009) study. The results of this study will provide nursing leaders with a framework to aid them in creating work environments supportive of nursing retention, especially among newly graduated registered nurses.

Chapter II

Review of Literature

Introduction

It is estimated the nursing shortage will reach 260,000 open nursing FTEs by 2025, representing a U.S. shortage of nurses twice as great as the nursing shortage experienced by healthcare in the 1960s (Cullen, Ranji, & Salganicoff, 2010). Even if nurses materialize to fill FTEs between now and 2025, however, a 2007 report from Pricewaterhouse Coopers Health Research Institute reported that the voluntary turnover rate for first-year nurses was 27.1% (University Health System Consortium, 2009). It is clear that, while recruiting new nurses into the profession is crucial, retaining them is of equal importance. The contention that structurally empowered work environments decrease nurse turnover rates, increase nurse satisfaction, and revitalize the influx of new nurses into the profession should be researched (Zurmehly, Martin, & Fitzpatrick, 2009).

Purpose

The purpose of this study is to determine if empowerment in the workplace affects nurses' decisions to remain with an organization or in the nursing profession, with a focus on nurses with less than two years of experience. This is a modified replica of Zurmehly, Martin, & Fitzpatrick's (2009) study.

Organization of Literature

The literature review chapter is organized into four sections: (a) theoretical framework; (b) nursing empowerment in the work environment; (c) nursing satisfaction in the work environment, and (d) nursing empowerment and retention. A summary section concludes the chapter.

Theoretical Framework

Kanter's (1977, 1993) Theory of Structural Empowerment is the framework for this study. Using qualitative research methods, Kanter studied the culture of an American corporation to explain how work environments influenced employee behaviors. Kanter theorized that organizational structures influenced employee behaviors in the workplace rather than individual tendencies. Kanter's research findings suggested that employees who perceived access to opportunity through mobility and growth and power through support, resources and information from both formal and informal sources, demonstrated higher levels of engagement, organizational commitment and responsibility.

Kanter's (1977, 1993) Theory of Structural Empowerment referred to opportunity as the expectations met and future prospects available to employees. Kanter defined opportunity, or mobility and growth, as access to resources required to increase employee skills, a challenging or stimulating work environment, the ability to grow within a role, recognition for good work and the prospect of promotions. Kanter defined power, or the ability to mobilize resources, as autonomy and decision-making opportunities in the workplace, access to formal leaders, subordinates who behave cooperatively, collegial relationships with support departments and strong peer relationships.

Kanter's (1977, 1993) study findings indicated employees with low perceptions of opportunity felt unrewarded in their work, unable to influence their body of work, powerless, unable to make autonomous decisions and unable learn new things. Kanter contended perceptions of opportunity predicted employee satisfaction more accurately than job satisfaction. Kanter explained that job satisfaction was transient and changed in conjunction with day-to-day challenges, frustrations and/or events. Opportunity, on the other hand, defined the employees' perceptions of his or her relationship to the organization as a whole.

Multiple nursing studies have used Kanter's (1977, 1993) Theory of Structural Empowerment to examine correlations between nursing empowerment and nursing retention (Cho et al., 2006; Cai et al., 2009; Nedd, 2006; Zurmehly et al., 2009; & Rheaume et al., 2011). Kanter's Theory of Structural Empowerment provides nursing leaders with a structural framework for developing work environments that reduce nursing turnover and improve nursing engagement and job satisfaction (Ning et al., 2009). Kanter's Theory of Structural Empowerment also fosters healthy work environments (Spence Laschinger et al., 2010; Smith et al., 2010).

Exploring the correlation between nurses' perceptions of structural empowerment, Zurmehly et al. (2009) suggested that nursing leaders should measure nursing retention with the concepts of nursing empowerment and intent to leave. This study will evaluate the effects of structurally empowered work environments on the intention of nurses to leave an organization or the nursing profession, with a focus on nurses with less than two years of experience.

Nursing Empowerment in the Work Environment

The Canadian Nurses Association predicted the Canadian nursing shortage would reach 78,000 by 2011. A large population of Canadian nurses also began reaching retirement age in 2011. Sustainable high quality healthcare is dependent on the ability of healthcare organizations to adequately recruit and retain new nurses into the profession. Previous research studies have reported a correlation between structural empowerment and job satisfaction; however, no studies examined the influence of structural empowerment on newly graduated nurses. Cho, Spence Laschinger, & Wong (2006) utilized a predictive, non-experimental survey design to study correlations between newly graduated nurses' perceptions of workplace empowerment and job burnout, by testing a model combining Kanter's Theory of Structural Empowerment and Maslach and Leiter's Work Engagement/Burnout Model.

Kanter's Theory of Structural Empowerment was the theoretical framework for the study. Kanter's theory contends structural empowerment occurs in organizations when individuals have access to resources and/or the tools they need to do their work, access to information, and/or the knowledge they need to do their work, and access to support and/or the guidance they need to do their work. Cho et al. (2006) identified Maslach and Leiter's six components of employee work life that impact engagement as being: workload, control, rewards, community, fairness and values.

Cho et al. (2006) utilized seven questionnaires to collect data from 496 graduate nurses randomly selected from the College of Nurses of Ontario registry list. All participants worked in acute care hospital settings. The researchers defined "new graduate nurse" as a nurse with less than two and a half years of experience.

Cho et al. (2006) collected demographic data about participants that included age, marital status, level of degree held, nursing experience, job status and length of time with current employer. The Conditions of Work Effectiveness Questionnaire (CWEQ-II) measured structural empowerment. The CWEQ-II measured participants' perceptions of accessibility to opportunity, information, support, and resources. The Job Activities Scale-II and the Organizational Relationships Scale measured participants' perceptions of formal and informal power. A 5-point Likert scale rated participants' responses with one representing 'none' and five representing 'a lot'. The CWEQ-II was reliable with a Cronbach alpha reliability coefficient of 0.84. The Areas of Worklife Scale (AWS) measured the six areas of work life identified by Maslach and Leiter. A 5-point Likert scale rated participants' responses with one representing 'strongly disagree' and five representing 'strongly agree'. The AWS was reliable with Cronbach alpha reliability coefficients ranging from 0.72-0.85, with the exception of the control subscale, which was 0.53. The Maslach Burnout Inventory-General Survey measured emotional exhaustion. A 7-point Likert scale measured participants' responses with zero representing 'never' and six representing 'every day'. The Maslach Burnout Inventory was reliable with a Cronbach alpha reliability coefficient of 0.91. The Affective Commitment Scale measured organizational commitment. A 7-point Likert scale measured participants' responses with one representing 'strongly disagree' and seven representing 'strongly agree'. The Affective Commitment Scale was reliable with a Cronbach alpha reliability coefficient of 0.79.

Of the 496 surveys sent out, 226 were returned useable, for a response rate of 58%. Ninety-three percent of the study participants were female with an average age of

27. Sixty-five percent of the study participants worked full time and 52% held diplomas. Cho et al. (2006) reported the average length of experience and average length of time with the current employer of the participants was 20 months.

All study variables were analyzed using descriptive statistics. A modified version of the hypothesized model was determined to be an adequate fit with CFI and IFI values of 0.90 and 0.90 respectively. Study results indicated participants felt only moderately empowered and only moderately committed to their organizations. Participants felt positively about four areas of their work life, those being: community, values, reward and control, with the strongest being community. Results from the Maslach Burnout Inventory-General Survey indicated, "66% of new graduate nurses in this sample reported severe levels of emotional exhaustion" (Cho et al., 2006, p. 52). Emotional exhaustion had a strongly negative correlation to organizational commitment, while structural empowerment had a strongly positive correlation to organizational commitment and work life fit. Additionally, the degree to which new graduates felt a fit with the six areas of work life and high organizational commitment strongly and positively correlated to perceived access to support and formal power.

The study revealed a strong correlation between the level of engagement and organizational commitment experienced by new nurses and structural empowerment. Cho et al. (2006) also reported study results supported Kanter's Theory of Structural Empowerment. Participant behaviors in a work environment related directly to the conditions of the environment in which they worked. Study findings also revealed the need for organizations to adequately support and mentor new nurses through their orientation and beyond, in order to prevent emotional exhaustion.

Cho et al. (2006) noted several study limitations. First, the study included a relatively small sample of new nurses. The researchers recommended future studies with larger sample sizes across a more diverse population of nursing specialties and locations. The researchers also noted the information received from the College of Nurses of Ontario was only as good as the information the nurses provided. The researchers presumed the data was accurate and within the study parameters, but could not confirm data accuracy. Finally, the low Cronbach alpha reliability coefficient of the AWS control subscale may have altered the accuracy of correlations between the control subscale and other variables.

Study findings indicated that new nurses were more engaged and less likely to leave an organization when they were empowered. Study findings reported by Cho et al. (2006) also indicated that participant perceptions of empowerment correlated to participant perceptions regarding unit workloads, levels of decision-making and autonomy on the unit, unit recognition processes, social interactions and fairness on the unit, as well as shared unit and personal values. By creating empowering work environments, nursing leaders can improve the recruitment and retention of newly graduated nurses.

Research studies have indicated empowering work environments are conducive to professional practice and improved quality outcomes. Studies have also indicated nurses working in empowering work environments experience improved health, improved job satisfaction, increased productivity and higher organizational commitment. While it is logical to assume structural empowerment affects experienced nurses and graduate nurses equally, the assumption is unconfirmed. With a large population of the nursing

workforce preparing to retire and working conditions becoming increasingly stressful and complex, it is important to create work environments that retain both experienced and new nurses. Spence Laschinger et al. (2009) tested a model derived from Kanter's Theory of Structural Empowerment and Schaugeli and Bakker's Theory of Work Engagement to study the effects of empowerment on clinical outcomes. The study also examined the perceived effects of nursing empowerment on graduate nurses versus experienced nurses.

Spence Laschinger et al. (2009) explained that Kanter's Theory of Structural Empowerment asserted organizational work environments determined the behaviors of the employees rather than individual tendencies. Schaugeli and Bakker's Theory of Work Engagement asserts that access to resources, such as supervisory support and developmental opportunities, encourages employee engagement, which results in job satisfaction and subsequent retention.

Spence Laschinger et al. (2009) utilized a sample of 593 nurses randomly selected from the College of Nurses Ontario registry list for two cross-sectional studies conducted simultaneously in 2005. The study population consisted of two groups of acute care staff nurses from Ontario. The first group consisted of 282 newly graduated nurses and the second group consisted of 311 experienced nurses. Newly graduated nurses were nurses with less than two years of experience and experienced nurses were nurses with more than two years of experience.

Spence Laschinger et al. (2009) utilized three questionnaires to collect data for the study. The Conditions of Work Effectiveness-II (CWEQ-II) measured structural empowerment. Six CWEQ-II subscales measured participants' perceptions of access to

the six structures of empowerment described by Kanter's Theory of Structural Empowerment, information, support, resources, formal and informal power, and opportunity. A 5-point Likert scale measured participants' responses with one representing 'none' and five representing 'a lot'. The CWEQ-II was reliable with a Cronbach alpha reliability coefficients ranging from 0.75 to 0.79. The Utrect Work Engagement Scale short form measured the three components of work engagement, vigor, dedication and absorption. A 5-point Likert scale measured participants' responses with one representing 'strongly disagree' and five representing 'strongly agree'. The Utrect Work Engagement Scale was reliable with a Cronbach alpha reliability coefficients ranging from 0.87 to 0.92. The Global Empowerment Scale measured participants' perceptions of work effectiveness. A 5-point Likert scale measured participants' responses with one representing 'strongly disagree' and five representing 'strongly agree'. The Global Empowerment scale was reliable with a Cronbach alpha coefficient reliability of 0.92.

Spence Laschinger et al. (2009) collected survey data from questionnaires mailed for the two 2005 surveys. Of the 593 surveys mailed, 185 new nurses returned useable surveys and 294 experienced nurses returned useable surveys for return rates of 58% and 69% respectively. The new nurses were an average of 27 years old and had an average of 1.5 years of experience. The experienced nurses were an average of 43 years old and had an average of 19 years of experience. Forty-three percent of the new nurses held degrees versus 24% of the experienced nurses.

Study data was analyzed using Structural Equation Modeling (SEM).The hypothesized model was determined to be a good fit with CFI, IFI and RMSEA values of

0.948, 0.949 and 0.005 respectively. Spence Laschinger et al. (2009) reported a strong correlation between structural empowerment and work effectiveness in both study groups. Findings also indicated strong correlations between structural empowerment and work engagement, as well as between work engagement and work effectiveness in both groups. While the correlations between empowerment and work effectiveness and empowerment and engagement did not differ significantly between the two groups, the correlation between engagement and work effectiveness was significantly stronger among the experienced nurses.

A study limitation cited by Spence Laschinger et al. (2009) included the inability to make cause and effect statements based on study findings, as study data came from two separate studies. The researchers recommended future researchers collect data from experienced and newly graduated nurses simultaneously. A stronger test of model variations between experienced and newly graduated nurses would enable future researchers to make cause and effect statements with confidence.

Spence Laschinger et al. (2009) concluded that both new nurses and experienced nurses valued an empowering work environment. Findings confirmed that when nurses were empowered to practice in accordance with professional standards, they felt more fulfilled in their work and experienced higher levels of vigor, dedication and absorption. Alternatively, when nurses felt they had no access to resources, they reported lower levels of patient care quality on their units, lower levels of job satisfaction and higher turnover intentions.

In the review of literature, Spence Laschinger et al. (2010), found structural empowerment within the work place created feelings of professional fulfillment,

improved organizational commitment and subsequently, improved retention. The researchers further reported that a study conducted by Beecroft et al. in 2008 attributed a 34% turnover intention to disempowering work conditions. In order to combat the impending nursing shortage, healthcare leaders must not only understand what types of work environments support nursing retention, but must also understand what types of work environments promote emotionally unhealthy workplaces.

Spence Laschinger et al. (2010) conducted a study to examine the relationship between perceptions of structural empowerment and experiences with workplace bullying and burnout among new graduate nurses in Canadian hospitals. The researchers utilized Kanter's Theory of Structural Empowerment as the framework to test their hypothesis that higher levels of structural empowerment would lead to lower levels of workplace bullying and subsequently, burnout. The researchers used data from the first wave of a longitudinal study of 1400 newly graduated nurses selected randomly from the Ontario nursing registry. The target sample included all nurses with less than three years of experience.

Spence Laschinger et al. (2010) used three instruments to collect data for this cross-sectional study. The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) measured participants' perceptions of structural empowerment. A 5-point Likert scale measured participants' perceptions of access to opportunity, information, support, resources, formal power and informal power. The researchers added and averaged the responses for each subscale then added and averaged the subscale scores for a total empowerment score ranging from six to 30. The CWEQ-II was reliable with a Cronbach alpha reliability coefficients ranging from 0.79 to 0.82. The Negative Acts

Questionnaire-Revised (NAQ-R) measured participants' perceptions of bullying behaviors in the work place. The questionnaire rated 22 items in three subscales, person-related bullying, work-related bullying and physically intimidating bullying, ranging from 'daily' to 'never'. A 5-point Likert scale measured responses with one representing 'never' and five representing 'daily'. The NAQ-R was reliable with a Cronbach alpha reliability coefficient of 0.92. The Maslach Burnout Inventory-General Survey (MBI-GS) measured participant burnout. A 7-point Likert scale measured participants' responses with zero representing 'never' and six representing 'daily'. The survey evaluated 16 items measuring emotional exhaustion, cynicism and professional inefficacy. The MBI-GS was reliable with Cronbach alpha reliability coefficients ranging from 0.89 to 0.91.

Spence Laschinger et al. (2010) reported that 546 of the 1400 nurses returned useable questionnaires, for a 39% return rate. Of the 546 nurses who returned surveys, 415 met the study criteria for 'newly graduated'. Study participants were, on average, 27 years old. The majority of participants, 96.4%, were bachelor prepared nurses. The participants had been with their current employer and on their current unit for an average of two years, were full time associates and reported missing four shifts per year. Seventy-one percent of the participants who reported missing work during the last year cited 'mental health' days as the reason for their absence.

Spence Laschinger et al. (2010) evaluated study results using descriptive and inferential analysis. A modified version of the hypothesized model was determined to be an adequate fit with CFI, IFI and RMSEA values of 0.98, 0.98 and 0.09 respectively. Findings also indicated empowerment correlated negatively to exhaustion, exhaustion

correlated positively to cynicism and cynicism correlated negatively to efficacy, further supporting the study model. The researchers also reported empowerment correlated negatively to negative acts. Study findings indicated that new nurses perceived moderate levels of work place empowerment, which was similar to nurses in other studies. Study participants rated access to opportunity highest among empowerment components. Forty-nine percent of the study participants displayed high emotional exhaustion scores. Thirty-three percent of the study participants met bullying criteria.

Spence Laschinger et al. (2010) reported two study limitations. First, the cross-sectional design of the study did not allow for cause and effect analysis. Second, the tested model did not account for individual personal and/or situational factors that might have affected the impact of bullying behaviors on participant burnout. The researchers recommended a future longitudinal study to confirm study results, as well as the inclusion of a consideration of individual personal and/or situational factors into future studies.

Study findings indicated that bullying behaviors not only affected job satisfaction and nursing retention, but also the physical and mental health of nurses. Providing nurses with access to information, resources, support, opportunities, and formal and informal power, increased nurses' perceptions of empowerment and lowered bullying behaviors in the workplace. By striving to create empowering workplaces, nursing leaders can decrease nursing burnout, improve nursing engagement and retain nurses (Spence Laschinger et al., 2010).

Nursing Satisfaction in the Work Environment

Challenging work environments can have a negative impact on the health and performance of nurses. Over the last ten years, attempts made by healthcare

organizations to mitigate cost concerns related to the impending changes in healthcare inadvertently created some of those challenging environments. As organizations attempted to cut costs, both staffing and resources were sometimes lost. Nurses who survived work force reductions absorbed high patient volumes and, in some instances, the work once completed by eliminated supportive services. Organizations experienced higher levels of nursing dissatisfaction and nursing turnover and the quality of patient care declined, as did patient satisfaction. Multiple studies have examined how structural empowerment affects work environments, but few studies have examined how structural empowerment affects nurses. Spence Laschinger et al. (2001) tested an expanded model of Kanter's Theory of Structural Empowerment to determine what relationships, if any, existed between empowering work environments, nursing satisfaction and job strain.

Spence Laschinger et al. (2001) used a predictive, non-experimental study design to test the expanded model. The target population consisted of 600 nurses, 300 male and 300 female, who worked in Ontario's tertiary care hospitals. The researchers randomly selected nurses from the College of Nurses of Ontario registry list. Participants were representative of multiple specialty areas.

Spence Laschinger et al. (2001) used three questionnaires to collect data for the study, the Conditions for Work Effectiveness Questionnaire (CWEQ), the Psychological Empowerment Scale, and the Job Content Questionnaire. The four subscales of the CWEQ measured perceived access to information, support, resources and opportunity. The CWEQ used a 5-point Likert scale to rate participants' responses. The researchers added and averaged subscale responses for subscale scores and added and averaged subscale scores for the overall empowerment score. The Cronbach alpha reliability

coefficient for the CWEQ subscales ranged from 0.79 to 0.82. The Psychological Empowerment Scale measured the four components of psychological empowerment, which included meaningful work, competence, autonomy and impact. A 5-point Likert scale measured participants' responses. The tool was reliable with a Cronbach alpha reliability coefficient of 0.82. The Job Content Questionnaire measured job strain. The Job Content Questionnaire consisted of two subscales. One measured psychological demands and the other measured decisional latitude. The decisional latitude subscale included four questions related to intellectual discretion and two related to authority over decisions. A 5-point Likert scale measured participants' responses. The researchers converted the psychological demand scores and decisional latitude scores to zero to ten scales with zero representing 'best' and ten representing 'worse'. The researchers then multiplied the scores to create a job strain index ranging from zero to 100. The Job Content Questionnaire was reliable with a Cronbach alpha reliability coefficient of 0.71.

Of the 600 surveys mailed out, 404 were returned and useable for a 72% return rate. Of the 404 nurses who returned useable surveys, 194 were male and 210 were female. On average, the age of the participants was 40 years old. The average nursing experience among the participants was 16 years and the average length of time the participants had been in their current job was 8 years. As previously noted, the target population was representative of multiple specialty areas. Spence Laschinger et al. (2001) reported medical-surgical nurses made up 36% of the participants, critical care nurses made up 33% of the participants with maternal child and psychiatric nurses making up the remainder of the target population at 9% and 21.5% respectively. Only

15% of the participants held nursing degrees. The remaining 85% of the target population held diplomas.

The researchers analyzed the study data using Structural Equation Modeling (SEM). Spence Laschinger et al. (2001) reported a positive correlation between structural empowerment and psychological empowerment, as well as a negative correlation between psychological empowerment and job strain. The study also indicated a strongly positive correlation between psychological empowerment and job satisfaction. Results supported a modified version of the expanded model of Kanter's Theory of Structural Empowerment, which suggested structural empowerment affected psychological empowerment and, subsequently, job strain. The modified version of the hypothesized model was determined to be an adequate fit with CFI and IFI values of 0.95 and 0.905 respectively. What this study added to the body of work surrounding structural empowerment was how psychological empowerment, in addition to structural empowerment, further improved nursing satisfaction. The study findings suggested that when nurses are empowered, complex and demanding work environments do not necessarily lead to nursing burnout.

Spence Laschinger et al. (2001) noted potential study limitations, as 194 of the 404 participants were male, which was not an accurate representation of Ontario's nursing population. A model, using a random subsample of the appropriate gender proportions for the Ontario nursing population, showed no significant change from the original study results.

The findings of the study further supported the contention that structural empowerment improved nursing performance, nursing satisfaction, nursing retention and

the quality of patient care. Spence Laschinger et al. (2001) suggested the study findings also had implications for nursing leaders, as removing barriers to structural empowerment improved the work environment and, as a result, the work being done.

In the review of literature, Wilson et al. (2008) discovered a number of previous researchers reported finding a strong correlation between job satisfaction and retention. In order to understand how structural empowerment affected retention, it was important to understand those factors that contributed to job satisfaction. Because the nursing workforce was comprised of multiple generations, however, identifying a single set of factors that supported nursing job satisfaction was nearly impossible. The researchers studied the impact of various work place components on job satisfaction across multiple generations of nurses.

Wilson et al. (2008) utilized data obtained from an Ontario Nurse Survey conducted in 2003. Thirteen thousand and one hundred registered and licensed practical nurses, who had indicated on their 2003 College of Nurses of Ontario registration renewal form that they worked in medical, surgical or critical care areas, received the Ontario Nurse Survey. The researchers excluded licensed practical nurses from the final target sample. The target population represented registered nurses from 75 Ontario acute care teaching and community hospitals.

The McCloskey Mueller Satisfaction Scale (MMSS) measured the job satisfaction of the 2003 Ontario Nurse Survey participants. The MMSS included 31 items that measured eight individual components of job satisfaction. Those components included extrinsic rewards, scheduling, balance of family and work, interactions with co-workers, other interaction opportunities, professional opportunities, praise and recognition and

control and responsibility. A 5-point Likert-type scale measured responses from one, which indicated 'very dissatisfied', to five, which indicated 'very satisfied'. The instrument was reliable with the exception of the balance of family and work subscale, which had a Cronbach alpha reliability coefficient of 0.15. Because of its low reliability coefficient, Wilson et al. (2008) excluded the balance of family and work subscale from the study. The researchers collected participant demographics and reported the data utilizing descriptive statistics. Reported demographic information included number of nurses from each generation, age, nursing experience, number of nurses from each clinical area, work status, educational information, number of nurses with certifications, number of nurses enrolled in college classes and overall health of each participant.

Of the 13,100 nurses who received surveys, 8,456 registered nurses and licensed practical nurses returned completed surveys, for a response rate of 65%. For the purpose of this study, however, Wilson et al. (2008) focused only on the 6,541 registered nurses who responded to the survey. The researchers used descriptive statistics to summarize participants' demographic data. The target sample consisted of 3,043 Baby Boomer, 2,898 Generation X (Gen-Xers) and 600 Generation Y (Gen-Ys) nurses. The study defined Baby Boomers as nurses born between 1946 & 1964; Gen-Xers as nurses born between 1965 & 1979; and Gen-Ys as those nurses born 1980 and later. The average age and years of experience of the Baby Boomers participating in the study were 51 and 25 years respectively; the Gen-Xs were 37 and 4 years respectively; and the Gen-Ys were 26 and 4 years respectively.

Study data revealed 31% of Gen-Y nurses participating in the survey held baccalaureate degrees while the Gen-X and Baby Boomers only held baccalaureate

degrees at a rate of 20% and 10%, respectively. Data also indicated 30% of the Gen-Y participants enrolled in university or college classes, while only 20% of the Gen-X and 10% of the Boomers participating enrolled in university or college classes (Wilson et al, 2008).

Wilson et al. (2008) used multivariate analysis of variance to examine generational differences regarding job satisfaction. Study findings indicated significant differences across the three generations related to pay and benefits, scheduling, professional opportunities, praise and recognition and control and responsibility. Findings indicated that Baby Boomers had higher levels of satisfaction regarding pay and benefits than did Gen-X and Gen-Y participants. Study findings also indicated Baby Boomers were more satisfied regarding opportunities, praise and recognition, and control and responsibility than were Gen-X participants. Satisfaction with co-workers and interaction opportunities showed no significant difference across the three generations.

According to the researchers, limitations of the study included the restriction of the study to acute care hospital settings and the single point in time measure of job satisfaction. Wilson et al. (2008) encouraged future studies that included a more diverse target population of nurses and examined job satisfaction over time.

Despite the limitations of the study, Wilson et al. (2008) concluded the findings revealed a strong correlation among the Gen-X and Gen-Y participants between continuous learning and job satisfaction. Findings also revealed a desire for a higher level of professional opportunities, praise and recognition, control and responsibility and job satisfaction among the Gen-X participants. As noted in a 2002 study, referenced by the researchers, “nurses who report higher levels of job satisfaction also report a greater

likelihood of remaining employed in their current health care organization" (Wilson et al., 2008, p. 717). Study findings supported the contention that work environments supportive of structural empowerment provided nurses with access to opportunity, information, support, resources and guidance; provided Gen-X and Gen-Y nurses with satisfying work experiences and improved retention rates for healthcare organizations.

In their review of the literature, Ning, Zhong, Libo, & Qiujie's (2009) identified several prior studies that had examined the relationship between job satisfaction and Kanter's Theory of Structural Empowerment. One of the reviewed studies reported finding nurses who were encouraged by their leaders to be autonomous, part of decision-making processes and trusted as competent health care providers, felt high levels of empowerment and job satisfaction. The researchers noted nursing shortages and the resulting impacts were not unique to Western cultures. The researchers cited another study, conducted in China, which revealed Chinese nurses reported high turnover intentions and underscored the importance of creating work environments that both attracted and retained nurses. Among China's nursing population, however, the correlation between job satisfaction and Kanter's Theory of Structural Empowerment had not been widely studied. Similar to the challenges faced by the leaders of healthcare organizations in the United States, Chinese healthcare leaders were struggling to meet the challenge of caring for much more complex patients with far fewer nurses. Ning et al. tested Kanter's Theory of Structural Empowerment as it related to the relationships between demographics, structural empowerment and job satisfaction. Specifically, the researchers wanted to discover the degree of structural empowerment perceived by Chinese nurses, the level of job satisfaction experienced by Chinese nurses and the

relationships existing between participant demographics, structural empowerment and job satisfaction among Chinese nurses.

Ning et al. (2009) utilized questionnaires to collect data from the target population for this correlational, cross-sectional study. The target population of 650 registered staff nurses, employed for at least one year, was recruited from six different hospitals in Harbin, China using convenience sampling.

The questionnaires used by Ning et al. (2009) included the Demographic Data Questionnaire, the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) and the Minnesota Satisfaction Questionnaire (MSQ). The researchers created the Demographic Data Questionnaire and used the questionnaire to collect information about participants including age, tenure, job category, professional title, work objective, marital status and educational level.

The CWEQ-II measured structural empowerment. With the permission of the CWEQ-II developer, Ning et al. (2009) translated the original CWEQ-II to Chinese. The Chinese version of the CWEQ-II consisted of 19 items. A 5-point rating scale measured participants' responses with one representing 'none' and five representing 'a lot'. The CWEQ-II was reliable with Cronbach alpha reliabilities coefficients ranging from 0.65 to 0.86 for the translated questionnaire. The MSQ measured job satisfaction. A 5-point rating scale measured participants' responses with one representing 'disagree' and five representing 'strongly agree'. Twenty items were included on the MSQ. The MSQ was reliable with a Cronbach alpha reliability coefficient of 0.94.

Of the 650 nurses who received surveys, 598 returned complete data for a return rate of 92%. Study participants were female, ranged from 19-54 years of age and had

been in their jobs from one to 38 years. Ning et al. (2009) reported that 58.7% of the participants cited 'love nursing' as their work objective while 12.4% cited 'satisfy parents' expectation' and 28.9% cited 'survival need'.

Study results reported by Ning et al. (2009) supported a positive correlation between structural empowerment and job satisfaction ($P<0.01$). Results of the CWEQ-II indicated that nurses felt their work environments were moderately empowering with a total empowerment score of (M-19.14; SD-4.35). The highest CWEQ-II score was access to support, while the lowest score was access to resources. Results of the MSQ indicated nursing dissatisfaction was highest in the areas of compensation and workload (M-3.17; SD-1.25). The researchers also reported participants' perceptions of empowerment correlated positively with younger nurses and a love of nursing. Job satisfaction correlated positively with higher levels of education and a love of nursing.

Ning et al. (2009) noted several study limitations. First, the researchers collected data from hospitals in a single city. Second, the study's questionnaires were not developed for Chinese nursing populations and, as such, might not have been culturally sensitive. The researchers stressed the importance of conducting future longitudinal studies in China across a more diverse geographical area and utilizing data collection tools developed specifically for the Chinese nursing population. Despite the limitations of the study, Ning et al. felt the study supported the use of Kanter's Theory of Structural Empowerment in Chinese healthcare organizations, as study results suggested empowering work environments improved job satisfaction.

Ning et al. (2009) summarized study findings supporting Kanter's theory that work environments shape individual behaviors and perceptions. Like nurses who

participated in similar studies conducted in the United States, Chinese nurses only perceived themselves to be moderately empowered. Unlike nurses involved in similar studies conducted in the United States, however, Chinese nurses felt they had lesser degrees of access to resources and to opportunities. The researchers did not provide theories regarding the disparate perceptions of access to resources between U.S. and Chinese nurses. They did, however, indicate that the inability of Chinese nurses to supplement their knowledge with ongoing educational opportunities, interact directly with physician counterparts and other healthcare disciplines and/or have a say in the decisions about patient care they delivered, negatively impacted their perceptions of access to resources and opportunities.

Not unlike the United States, China is facing a nursing shortage. Chinese nurses, like American nurses, are dissatisfied with their growing workloads; their dissatisfaction reflected in high levels of burnout and subsequent turnover. The correlations between nursing perceptions of empowerment, job satisfaction and nursing turnover, however, have not been widely studied. Cai & Zhou (2009) examined the relationships between nurses' perceptions of empowerment, job satisfaction and turnover intentions among Chinese nurses.

The target population for Cai & Zhou's (2009) study consisted of a convenience sample of 189 nurses who were working in two tertiary hospitals of a large Chinese city on one given day. The researchers used six questionnaires to collect data from the study participants.

The first questionnaire, a demographic questionnaire developed by the researchers, collected information about the study participants including age, educational

level, marital status, years as a nurse and area of specialty (Cai & Zhou, 2009). The Conditions for Work Effectiveness Questionnaire (CWEQ-II) measured participants' perceptions of empowerment in the work place. Subscales of the CWEQ-II were reflective of empowerment components from Kanter's Theory of Structural Empowerment: access to opportunity, access to information, access to support and access to resources. A 5-point Likert scale measured participants' responses. An overall empowerment score was determined by first adding then averaging the scores of each of the subscales, then by adding and averaging the results of the four subscales. The CWEQ-II was reliable with a Cronbach alpha reliability coefficient ranging from 0.76 to 0.85. The Job Activities Scale (JAS) measured participants' perceptions of formal power in the work environment. The JAS contained 12 items. A 5-point Likert scale measured participants' perceptions of job flexibility, discretion, visibility and recognition in the work place. The JAS was reliable with a Cronbach alpha reliability coefficient of 0.80. The Organizational Relationship Scale (ORS) measured participants' perceptions of informal power within the work place. The ORS contained 18 items. A 5-point Likert scale measured participants' perceptions of political alliances, sponsor support, peer networking and subordinate relationship in the work environment. The ORS was reliable with a Cronbach alpha reliability coefficient of 0.89. The Global Job Satisfaction Questionnaire, found to be reliable with a Cronbach alpha reliability coefficient of 0.82, was a five-item tool used in the study. The tool, frequently utilized with Chinese studies, measured responses using a 7-point Likert scale. The final tool used by the study was the Chinese version of the Michigan Organization Assessment Questionnaire. The Michigan Organization Assessment Questionnaire measured turnover intention with three items. A

5-point Likert scale measured participants' responses. The questionnaire was reliable with a Cronbach alpha reliability scale of 0.86.

On the day Cai & Zhou (2009) distributed questionnaires for the study, 85 nurses participated from one hospital and 104 nurses participated from the other; representing 30% of the total population of nurses employed by the two hospitals. The participants were female and ranged in age from 19 to 55 years old. The researchers reported participants had an average of 19.64 years of experience and had been in their current jobs for an average of 8.12 years. All participants were involved in direct patient care with 48.7% being medical-surgical nurses and 20.1% being emergency room or critical care nurses.

Cai & Zhou (2009) reported no statistically significant correlations between turnover intentions and demographic variables. Study findings indicated participants perceived moderate levels of empowerment (mean=12.63) slightly higher than participants of previous studies (11.04-12.18). The researchers theorized these scores were due to lower expectations of access to power among the Chinese study participants. Study findings also indicated participants' perceived highest levels of access to resources and lowest levels of access to information. The researchers noted, while many Chinese organizations had adopted Western leadership theories, Chinese hospitals continued to retain hierarchal management structures. Additionally, study findings indicated positive correlations between participants' perceptions of structural empowerment and job satisfaction and negative correlations between participants' turnover intentions and perceptions about formal power in the work place.

Cai & Zhou (2009) reported two study limitations. First, the target population was only representative of one city in China. The population was also not random. These two factors prevented the researchers from making any generalizations related to the study findings. The second limitation of the study was the use of questionnaires not originally created in China and, as a result, not adequately reflective of the Chinese culture.

Despite noted limitations, Cai and Zhou (2009) believed the results of their study were significant and indicated the need for further research. The researchers recommended future studies, culturally sensitive to China's work environment and representative of a more diverse nursing population, to provide Chinese nursing leaders with insight into the types of work environments in which Chinese nurses feel empowered, satisfied and have no intention of leaving.

Nursing Empowerment and Retention

Nursing turnover is very costly, affecting organizational finances, staff morale, and the quality of patient care. Work environments fostering nursing retention will be crucial to the success of many organizations through changing healthcare requirements and expectations. Multiple research studies explored the impact of structural empowerment on nursing retention in long-term care facilities; however, few studies explored the relationships between nurses' perceived access to structural empowerment components and nursing retention in acute care settings. Nedd (2006) examined the correlations between nurses' perceptions of access to opportunity, information, resources and support and nurses' intentions to stay with current employers.

Nedd (2006) used Kanter's Theory of Structural Empowerment as a framework for this cross-sectional study. The target population included 500 registered nurses randomly selected from 147,320 nurses registered in the state of Florida, as reported by the Florida State Department of Health.

Nedd (2006) used four self-report scales, as well as a demographic questionnaire to collect study data. The researcher created the demographic questionnaire, which collected the following participant data: gender, age, degree held, area of practice, nursing experience and years with current employer. The Job Activities Scale (JAS) measured nursing perceptions of formal power within the organization. The JAS measured participants' perceptions of job flexibility, visibility and recognition in the workplace on nine-item scale. The JAS was reliable with a Cronbach alpha reliability coefficient of 0.81. The Organization Relationship Scale (ORS) measured nursing perceptions of informal power within the organization. 18-items measured participants' perceptions of political alliances, peer networking, and subordinate relationships in the workplace. The ORS was reliable with a Cronbach alpha reliability coefficient of 0.92. The Conditions for Work Effectiveness Questionnaire (CWEQ) measured participants' perceptions of access to Kanter's four work empowerment components: opportunity, information, support and resources. The 31-item tool was reliable with a Cronbach alpha reliability coefficient of 0.96. The researcher used a four-item tool developed by Kim, Price, Mueller and Watson to measure participants' intentions to stay with their current employer. The tool was reliable with a Cronbach alpha reliability coefficient of 0.86.

Of the 500 surveys sent, 206 participants returned useable surveys, for a return rate of 42%. Ninety three percent of the study participants were female with an average

age of 47 years. Nedd (2006) reported the average years of experience among the participants was 20.14 and the average number of years in their current position was 7.87.

Nedd (2006) reported demographic frequencies were calculated. Participant responses collected with the JAS, ORS, CWEQ and intent to stay instruments were interpreted using descriptive statistics. The researcher used correlation coefficients to determine relationships between participants' perceptions of access to Kanter's components of structural empowerment and intent to stay.

Nedd (2006) reported that participants indicated perceptions of moderate empowerment slightly higher than did participants in previous studies. Study findings also revealed participants' perceived they had greatest access to opportunity, followed by support, resources and information, respectively. These findings were also consistent with results from previous studies. Participants' perceptions of access to opportunity, information, support, resources and formal and informal power correlated positively and strongly to participants' intentions to stay with their current employer. There were no significant correlations found between participant demographics and intent to leave their current employer.

Nedd (2006) noted several study limitations. First, the percentages of diploma, associate and baccalaureate nurses in the sample population were not consistent with overall population statistics reported by the Florida Center of Nursing in 2003. How or if the inconsistency influenced the outcomes of the study could not be determined. Second, the study's low response rate diminished the researcher's ability to generalize study results. Finally, the study did not directly measure the correlation between components of structural empowerment and nursing turnover.

Findings from the study supported Kanter's Theory of Structural Empowerment, which contended individuals who perceived they had access to opportunity, information, support, resources and formal and informal power were less likely to leave an organization. Study findings also confirmed Kanter's contention that structural empowerment played a greater role in retention than did individual personality traits. Nedd (2006) concluded nursing leaders had the ability influence nursing retention by ensuring organizational structures supported nursing access to Kanter's empowerment structures.

Multiple studies have explored the impact of empowerment on job satisfaction among nurses and the impact of job satisfaction on nursing retention, within both individual organizations and the profession of nursing. Researchers have reported study findings identifying factors supportive of workplace empowerment as well as insight into which of those factors study participants valued most. Nursing turnover has significant financial impact on healthcare organizations and more importantly, on clinical outcomes. It is important nursing leaders understand what steps to take in order to affect nursing turnover, especially among graduate nurses. Beecroft et al. (2008) studied individual characteristics, work environment variables and organizational factors affecting turnover rates among graduate nurses. The study also compared turnover rates of new nurses with overall nursing turnover rates.

Beecroft et al. (2008) reported using a prospective survey design to collect data for the study. The target population included all pediatric graduate nurses, 889, from seven U.S. pediatric hospitals who had completed a standardized nursing residency program between 1999 and 2006.

The researchers used fourteen tools to collect participant data regarding the study's three areas of focus: individual characteristics, work environment and organizational factors. Beecroft et al. (2008) noted all instruments utilized for the study, with the exception of the Skills Competency Self-Confidence Survey, were published tools with established reliability. Five tools measured individual characteristics. A demographic tool, created for the study, collected participant information including age, educational level, past work experience and choice of current unit. The Skills Competency Self-Confidence Survey was a self-rated survey measuring the perceived skill levels of the study participants. The Slater Nursing Competencies Rating Scale: Self-Report was also a self-rated survey measuring participants' perceptions of their clinical performance. The Slater Nursing Competencies Rating Scale: Self-Report was reliable with a Cronbach alpha reliability coefficient of 0.98. The Professional Subscale of Corwin's Nursing Role Conception Scale measured participants' perceptions of inconsistencies between the school environment and the work environment. The Ways of Coping Revised (WOCR) tool measured participants' coping strategies. Five tools measured participants' perceptions of the work environment. The Conditions for Work Effectiveness Questionnaire (CWEQ) measured participants' perceptions of empowerment on their units. The CWEQ contained four subscales measuring participants' perceptions of opportunity, job activities, coaching and support and information. The researchers asked participants to identify the components of the subscales they already had in their work environment versus those they would like to have. The Schutzenhofer Professional Nursing Autonomy Scale (PNA) identified clinical situations in which participants believed graduate nurses had to function

independently. The PNA was reliable with a Cronbach alpha reliability coefficient of 0.86. The Clinical Decision–Making Scale (CDM) identified what decisions graduate nurses were actually making. The CDM was reliable with a Cronbach alpha reliability coefficient of 0.84. The Work Satisfaction and Nurse Job Satisfaction Scales measured participants' perceptions of job satisfaction and were reliable with Cronbach alpha reliability coefficients of 0.89 and 0.84 respectively. Three tools measured Organizational Factors. The Leader Empowerment Behaviours Scale (LEB) measured participants' perceptions of workplace empowerment and was reliable with a Cronbach alpha reliability coefficient of 0.95. The Group Cohesion Scale (GC) measured participants' perceptions of collegial relationships. The GC evaluated participants' perceptions of productivity, efficiency, morale, personal feelings, belongingness and working together. The Organization Commitment Questionnaire (OC) measured the degree to which participants identified with their organizations. The OC Questionnaire was reliable with a Cronbach alpha reliability coefficient of 0.88. A single question, *do you plan to leave this facility within the next year*, measured participants' intentions to leave their current employer. Reponses ranged from one representing 'not at all' to seven representing 'I surely do'. The researchers defined turnover as voluntary separation from the organization and did not include internal transfers.

All 889 nurses who participated in the nursing residency program received study questionnaires during paid class time at the completion of the residency program. Beecroft et al. (2008) reported all nurses agreed to participant in the study. All participants worked in not-for-profit hospitals with bed capacities ranging from 222 to 381 beds. Fifty-six percent of the participants were between the ages of 23 and 30.

Fifty-seven percent of the participants held baccalaureate degrees or higher. Seventy-two percent of the participants reported their current unit was their first choice and 88% reported previous healthcare experience.

Study findings indicated younger participants were at higher risk of turnover than were older participants and participants holding higher degrees were at higher risk of turnover. Beecroft et al. (2008) also reported older participants not hired by their first choice units displayed a four to five time greater likelihood of turning over than did younger participants. Participants who reported low levels of perceived clinical skill and competency reported high turnover intentions as well as low utilization of problem solving and coping strategies. Study findings were consistent with findings from previous studies reporting structural empowerment correlated negatively to job burnout and job burnout correlated negatively to organizational commitment.

Beecroft et al. (2008) identified several study limitations. Although all study subjects participated in the nursing residency program, experiences after completion of the nursing residency program may have been dissimilar. The researchers also suggested the link between the search for additional social support and turnover intent required further examination. Despite limitations, the researchers felt their findings provided sufficient data to illustrate the value of similar future studies across a variety of nursing specialties.

In the 1980s, research studies revealed that 35-60% of graduate nurses left their first employer within one year of graduation (Beecroft et al., 2008). Previous studies also reported findings that indicated rising nurse to patient ratios were associated with nursing shortages and subsequently, with nursing burnout and patient mortality. By developing

satisfying and empowering work environments for both graduate and experienced nurses, nursing leaders have the ability to decrease nursing burnout and resulting turnover. By decreasing burnout and subsequent turnover, nursing leaders have the ability to affect organizational finances, nursing satisfaction, organizational commitment and the quality of patient care.

Literature supports the belief that there is a negative correlation between nursing satisfaction and nursing turnover. There is very little research, however, to support a correlation between retention within an organization or within the profession of nursing and structural empowerment. Zurmehly et al. (2009) examined the correlation between nursing empowerment and nursing retention. The study examined the effect of empowerment on nursing retention within individual organizations and within the profession of nursing overall.

The target population for the descriptive correlational study included 3000 registered nurses from 16 West Central Ohio counties. Zurmehly et al. (2009) randomly selected participants from a database provided by the Ohio state nurse registry. Participation eligibility was dependent upon current registered nurse licensure in Ohio and residency in West Central Ohio.

Zurmehly et al. (2009) utilized questionnaires, available on line, to collect data from the target population. The Conditions of Work Effectiveness Questionnaire II (CWEQ-II) measured participants' perceptions of access to the six components of structural empowerment described in Kanter's Theory of Structural Empowerment; access to opportunity, access to information, access to support, access to resources, and access to formal and informal power. The sum of the empowerment score ranged from

six to 30, with the higher scores revealing greater feelings of empowerment. The CWEQ-II was reliable with an overall Cronbach alpha reliability coefficient of 0.81. Four items taken from the RN Vermont survey measured participants' intent to leave their current position and reasons for leaving their current position. A 4-point Likert scale measured participants' responses regarding their intent to leave their current position with one representing 'very likely' and four representing 'very unlikely'. The survey divided reasons for leaving into three categories, which included career advancement, situational or job dissatisfaction. A 4-point Likert scale also measured job satisfaction with one being 'very dissatisfied' and four being 'very satisfied'. Questions selected from a study by McCarthy and colleagues at University College Cork further measured participants' intent to stay with their current employer and organizational factors influencing their decisions. A 4-point Likert scale rated responses with one being 'very likely' and four being 'very unlikely'. Participant responses of 'very likely' or 'somewhat likely' triggered an additional question, 'would you leave the nursing profession?' A 4-point Likert scale also rated participant responses to the additional question. The combined scores from each of the components determined the total empowerment score. The researchers used the Cronbach alpha coefficients to check the reliability of the sum variables.

Of the 3000 nurses invited to participate, Zurmehly et al. (2009) reported 1231 participants submitted completed surveys. The participants were 95.8% female full time bedside nurses with an average age of 46. The average number of years as a registered nurse was 8.83 and 45.3% of the participants held associate degrees.

Study results reported by Zurmehly et al. (2009) indicated participants who were 'less likely' to leave their current position perceived significantly higher levels of empowerment in the work place than did those participants who responded they were 'likely' to leave their current position. The intent to leave a current position strongly correlated to organizational factors, which included supervisors, job stress, co-worker relations, salary and benefits, management and job assignment. Study findings indicated younger participants were more likely to leave their current positions than were older participants. Study findings also indicated job satisfaction was a strong predictor of intent to leave an organization and participants who perceived the lowest levels of workplace empowerment scored highest intent to leave the profession of nursing.

Zurmehly et al. (2009) noted no study limitations. Study findings added to the body of knowledge regarding personal and organizational characteristics that contribute to empowering work environments. Findings indicated nurses who held baccalaureate degrees perceived greater levels of empowerment and were less likely to turnover than were nurses with lesser degrees, supporting the value of on-site educational opportunities and financial resources for diploma and associate degree nurses. Findings also illustrated how nursing leaders could improve both the recruitment and retention of young nurses by ensuring access to opportunity, information, support, resources, and to formal and informal power.

Nursing satisfaction and nursing retention positively correlated to structural empowerment in multiple study findings. Few studies, however, examined the relationship between nursing satisfaction, nursing retention and structural empowerment specific to newly graduated nurses. Smith et al. (2010) conducted a study to explore the

impact of structural and psychological empowerment on the organizational commitment of newly graduated nurses by testing an expanded model of Kanter's Theory of Structural Empowerment.

Smith et al. (2010) utilized four questionnaires to collect data for the predictive non-experimental study. The target population consisted of 250 newly graduated nurses randomly selected from the College of Nurses of Ontario. For the purpose of the study, 'newly graduated' referred to nurses with less than three years of experience. The study excluded newly graduated registered nurses who had already worked as licensed practical nurses.

The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) measured participants' perceptions of structural empowerment. The CWEQ-II consisted of 19 items measuring Kanter's six components of structural empowerment: access to resources, access to information, access to support, access to opportunity, access to informal power and access to formal power. A 5-point Likert scale measured participants' responses with one representing 'none' and five representing 'a lot'. The tool was reliable with a Cronbach alpha reliability coefficient of 0.87. The subscales of the tool were reliable with Cronbach alpha reliability coefficients ranging from 0.62 to 0.85. The Psychological Empowerment Questionnaire measured participants' perceptions of psychological empowerment. A 5-point Likert scale measured participants' responses to the questionnaire's 12-items, with one representing 'strongly disagree' and five representing 'strongly agree'. The questionnaire was reliable with a Cronbach alpha reliability coefficient of 0.84. The subscales of the questionnaire were reliable with a Cronbach alpha reliability coefficients ranging from 0.78 to 0.92. The

Workplace Incivility Scale (WIS) measured workplace incivility. A 4-point Likert scale measured participants' responses to the questionnaire's seven items, with one representing 'never' and four representing 'most of the time'. The WIS asked participants to rate the behaviors of supervisors and co-workers from the past two years. Smith et al. (2010) reported that the tool was reliable based on historical Cronbach alpha reliability coefficients ranging from 0.84 to 0.89. The Affective Commitment scale (ACS) measured organizational commitment. The ACS was a subscale of the Organization Commitment Scale and included six items. A 7-point Likert scale measured participants' responses with one representing 'strongly disagree' and seven representing 'strongly agree'. The tool was reliable with a Cronbach alpha reliability coefficient of 0.82.

Smith et al. (2010) reported, of the 250 nurses randomly selected, 117 returned useable surveys. The participants were 95.7% female with an average age of 27. The average number of years as a registered nurse was 2.16 and the length of time on the current unit was 1.7 years.

Study results reported by Smith et al. (2010) indicated newly graduated nurses perceived their work environments moderately empowering. Results also indicated graduate nurses perceived they had greatest access to opportunity and informal power. Ninety-four percent of the participants reported they had experienced some form of co-worker incivility and 77.8% reported experiencing some form of supervisor incivility. Study findings indicated both structural empowerment and co-worker incivility influenced intention to leave an organization while psychological empowerment and supervisor incivility did not.

Study limitations included the potentially unreliable or incomplete information reported to the College of Nurses of Ontario, as well as the potential inability of nurses to recall their experiences as new nurses fully and accurately. The Nursing Graduate Guarantee, which offered new graduates the ability to function as uncounted staff for 26 weeks, may have influenced participant responses as well. In spite of those limitations, however, Smith et al. (2010) did believe the participant sample represented the population of newly graduated nurses in Ontario.

Smith et al. (2010) contended the study results supported Kanter's Theory of Structural Empowerment, as findings indicated empowering work environments would improve retention and recruitment of newly graduated nurses. Findings further supported the study hypothesis that structural empowerment, psychological empowerment and incivility in the workplace influenced the organizational commitment of newly graduated nurses. The researchers suggested generational differences might be one cause of workplace incivility. As findings indicated that new nurses valued being an accepted member of the team, it is important for nursing leaders to understand the inherent strengths of each generation of nurses and help educate each generation as to the values and benefits of the other. Study findings also suggested the importance of team building exercises and conflict management classes toward maintaining professional and respectful work environments.

Findings from multiple research studies supported Kanter's Theory of Structural Empowerment by confirming a positive correlation between access to resources, information, support, opportunity and informal and formal power and nursing satisfaction. Research findings also confirmed a positive correlation between nursing

satisfaction and nursing retention and indicated younger nurses were more likely to leave their current positions than were older nurses. Rheaume, Clement, & LeBel (2011) examined the intent of newly graduated nurses to leave their current positions.

Rheaume et al. (2011) used questionnaires to collect quantitative and qualitative data for this 5-year study. Study participants included graduate nurses working in the Canadian province of New Brunswick between the years of 2004 and 2008. Study participants included newly graduated nurses from a specified nursing program in New Brunswick, who registered with the New Brunswick regulatory body and who had been practicing for 12 to 16 months. The researchers mailed questionnaires to 1312 nurses meeting study criteria between the years of 2005 and 2009.

The researchers combined several tools to create the repeated cross-sectional survey utilized for the study. Open-ended questions collected qualitative data regarding the intention of study participants to leave their current positions; however, Rheaume et al. (2011) concentrated on the quantitative data collected with questionnaires. The study survey focused on employment status, orientation program, mentorship program, empowerment, work environment, intent to leave and demographic data. A 9-item scale developed by S.T. Menon in 2001 measured participants' perceptions of psychological empowerment. The tool measured perceived control, perceived competence and goal internalization. A 6-point Likert scale measured participants' responses with one representing 'strongly agree' and six representing 'strongly disagree'. The scale was reliable with a reported Cronbach alpha reliability coefficient of 0.81 to 0.86. The 31-item Practice Environment Scale of the Nursing Work Index (PES-NWI) measured participants work environments. The PES-NWI measured participants' perceptions of

participation in hospital affairs, nursing foundation for quality of care, nurse manager ability, leadership and support of nurses, staffing and resource adequacy and collegial nurse-physician relations. The tool was reliable with a Cronbach alpha reliability coefficient of 0.71 to 0.84. A single question, *which of the following statements best describe your intentions for the coming year,* measured participants' intentions to leave. A 5-item scale measured participants' responses with one indicating 'no intention to leave' the current employer and five indicating 'an active search for alternative employment'. The researchers did not report the reliability of the question. Demographic data collected for the study included employment information, orientation program information and personal information (Rheaume et al., 2011).

Rheaume et al. (2011) reported that of the 1312 surveys mailed, participants returned 348 useable surveys for a return rate of 27%. Ninety-five percent of the participants were females between the ages of 20 and 24. Ninety-two percent of the participants worked in hospitals and 66.4% worked full time. Study findings indicated a great deal of variability between orientation programs. Sixty-four percent of the participants felt the length of their orientation had been adequate and 80% of the participants had formal mentors. Study findings indicated a strong perception of empowerment among the participants. Slightly less than 50% of the participants reported no intent to leave their position while 45.5% reported they might leave their position. The researchers reported no significant correlations between participants' intent to leave and the length of orientation programs or satisfaction with the orientation or mentorship programs. The researchers reported significant correlations between participants' intent

to leave and empowerment scores. Higher empowerment scores correlated with lower intent to leave scores.

Rheaume et al. (2011) reported a number of study limitations. One significant limitation was the low response rate of the study. The small sample size prevented the researchers from generalizing study findings. The target sample of nurses drawn exclusively from a rural area also prevented the researchers from making generalizations that included urban nursing populations. The researchers further noted the information furnished by the New Brunswick regulatory body was only as good as the information provided to them by the New Brunswick nursing population. If addresses provided by the regulatory body were inaccurate, some new graduates would not have received a survey. Another significant limitation to the study was the variability of participant responses related to the initiation of new health care programs which might have impacted work environments in one year but not another.

Although Rheaume et al. (2011) did not utilize Kanter's Theory of Structural Empowerment as the framework for the study, study findings did support previous research findings linking empowerment to turnover intent. Study findings also indicated transitional programs improved retention, but did not improve retention in all instances. The researchers theorized this was due to a high degree of variability among the various transitional programs. Study findings recommended further research to determine which transitional programs actually improved retention. Study findings further illustrated the value of nursing leaders being accessible to new graduates and ensuring work environments were supportive and mentoring in order to improve nursing retention.

Summary

It is estimated the nursing shortage will reach 260,000 open nursing FTEs by 2025, representing a U.S. shortage of nurses twice as great as the nursing shortage experienced by healthcare in the 1960s (Cullen et al., 2010). Even if FTEs materialize, however, a 2007 report from Pricewaterhouse Coopers Health Research Institute reported the voluntary turnover rate for first-year nurses was 27.1% (University Health System Consortium, 2009). It is clear that, while recruiting new nurses into the profession is crucial, retaining them is of equal importance. The contention that structurally empowered work environments decrease nurse turnover rates, increase nurse satisfaction, and revitalize the influx of new nurses into the profession should be researched. Kanter's Theory of Structural Empowerment provides a theoretical framework researchers can utilize to identify correlations between structurally empowered organizations and nursing accountability, motivation, satisfaction, stress and commitment (Zurmehly et al., 2009).

Kanter (1977, 1993) identified three organizational attributes necessary to ensure structural empowerment in work environments: opportunity, power and proportions. Kanter theorized these structural components, rather than individual tendencies, dictated how employees behaved in the workplace. According to Zurmehly et al. (2009), Kanter described opportunity as the ability to grow, advance and achieve recognition within the organization. Additionally, Kanter (1977, 1993) explained perceived access to both formal and informal power, such as autonomy and decision-making opportunities, access to formal leaders, subordinates who behave cooperatively, collegial relationships with support departments and strong peer relationships, resulted in improved organizational effectiveness. The literature review revealed structural empowerment correlated

positively to the quality of care delivered, the emotional and physical health of nurses, job satisfaction and organizational commitment. The literature review also indicated Kanter's Theory of Structural Empowerment was a good framework for nursing leaders to use when developing an empowering workplace environment.

The literature review was divided into three sections. The first section included studies exploring the relationships between nursing empowerment and experienced nursing populations, newly graduated nurse populations and bullying behaviors in the work place. The second section included studies exploring the relationships between nursing empowerment and job satisfaction among multigenerational as well as global nursing populations. The third section included studies exploring the relationships between nursing empowerment and the retention and organizational commitment of nursing populations.

Nursing Empowerment in the Work Environment

Using a predictive, non-experimental survey design, Cho et al. (2006) studied the correlations between newly graduated nurses' perceptions of workplace empowerment and job burnout. The researchers reported when new nurses felt empowered in the work place, they exhibited higher levels of organizational commitment. The study also reported nurses' perceptions of workplace empowerment correlated to their perceptions of unit workloads, levels of decision-making and autonomy on the unit, unit recognition processes, social interactions and fairness on the unit, as well as shared unit and personal values. Because the study sample was so small, Cho et al. (2006) were unable to make strong causal statements regarding study findings. The researchers recommended future

studies using larger sample sizes across a more diverse population of nursing specialties and locations.

Spence Laschinger et al. (2009) used data collected from two cross-sectional studies conducted in 2005 to test a model derived from Kanter's Theory of Structural Empowerment and Schaugeli's and Bakker's Theory of Work Engagement and study the effects of empowerment on clinical outcomes. The researchers also studied the ways in which empowerment affected the clinical outcomes of experienced nurses versus newly graduated nurses. Study findings indicated both experienced and newly graduated nurses valued empowered work environments. The study findings also indicated a strong correlation between perceptions of empowerment and levels of work engagement. This correlation was important, as research indicated highly engaged nurses were more satisfied in their roles and satisfied nurses provided higher quality care. The researchers recommended future studies collect data for experienced and newly graduated nurses simultaneously. A stronger test of model variations between experienced and newly graduated nurses would enable future researchers to make cause and effect statements with confidence.

Spence Laschinger et al. (2010) utilized a cross-sectional study design to examine the relationship between perceptions of structural empowerment and experiences with work place bullying and burnout among new graduate nurses in Canadian hospitals. Study findings indicated empowerment correlated negatively to exhaustion and negative acts. Study findings also indicated that, in addition to job satisfaction and nursing retention, bullying behaviors had an impact on the physical and emotional health of nurses. The researchers reported nursing leaders could decrease nursing exhaustion and

bullying behaviors and improve job satisfaction, nursing retention and the physical and emotional health of nurses by providing structurally empowered work environments. The researchers recommended a future longitudinal study to confirm study results, as well as including a consideration of individual personal and/or situational factors into future studies.

Nursing Satisfaction in the Work Environment

Spence Laschinger et al. (2001) used a predictive, non-experimental study design to test an expanded model of Kanter's Theory of Structural Empowerment and determine relationships between empowering work environments, nursing satisfaction and job strain. Study findings indicated strong positive correlations between structural empowerment, psychological empowerment and job satisfaction. Study findings also indicated a negative correlation between psychological empowerment and job strain. The researchers suggested these findings indicated empowered nurses do not necessarily experience burnout in complex and demanding work environments. The researchers also recommended future studies, more representative of the nursing population, to confirm the study's findings.

Utilizing data collected for an Ontario Nurse Survey in 2003, Wilson et al. (2008) studied the impact of various work place components on job satisfaction across multiple generations of nurses. Study findings indicated younger generations of nurses had higher expectations regarding pay, benefits, opportunities, recognition, control and responsibility than older generations of nurses did. Study findings supported the contention that work environments supportive of structural empowerment provide nurses with access to opportunity, information, support, resources and guidance; provide nurses with satisfying

work experiences and improve organizational retention rates. Because this study measured the job satisfaction of nurses from one hospital at one single point in time, the researchers recommended future studies include a more diverse target population of nurses and examine job satisfaction over time.

Ning et al. (2009) utilized a correlational, cross-sectional study design to test Kanter's Theory of Structural Empowerment as it related to the relationships between participant demographics, structural empowerment and job satisfaction. Specifically, the researchers wanted to study the relationships as they related to Chinese nurses, as the correlations had not been widely examined in previous studies. Study findings supported Kanter's theory that work environments shape organizational behaviors and perceptions. Study findings also indicated empowerment correlated positively to younger nurses and a love of nursing. Similarly, job satisfaction correlated positively to higher levels of education and a love of nursing. The researchers stressed the importance of conducting future longitudinal studies in China across a more diverse geographical area and utilizing data collection tools developed specifically for the Chinese nursing population.

Similar to Ning et al. (2009), Cai & Zhou (2009) examined the relationships between empowerment and Chinese nurses. Specifically, the researchers studied the relationships between Chinese nurses' perceptions of empowerment, job satisfaction and turnover intention. Study findings indicated perceptions of formal power significantly influenced turnover intentions. When nurses perceived they had access to job flexibility, discretion, visibility, and recognition within the work environment, they were less likely to leave the organization. Study findings also indicated positive correlations between nurses' perceptions of structural empowerment and job satisfaction. The researchers

recommended future studies culturally sensitive to China's work environment and representative of a more diverse Chinese nursing population.

Nursing Empowerment and Retention

Using a cross-sectional study design, Nedd et al. (2006) examined the correlations between nurses' perceptions of access to Kanter's components of structural empowerment and organizational retention. Study findings supported Kanter's Theory of Structural Empowerment. Study findings also confirmed Kanter's contention that structural empowerment plays a greater role in retention than does individual personality traits. The researchers reported the study was the first step in establishing a relationship between Kanter's Theory of Structural Empowerment and organizational retention.

Beecroft et al. (2008) used a prospective survey design to examine individual characteristics, work environment variables and organizational factors affecting turnover of newly graduate nurses. The study also examined turnover rates of newly graduated nurses versus overall nursing turnover rates. Study findings were consistent with findings from previous studies reporting structural empowerment correlated negatively to job burnout and job burnout correlated negatively to organizational commitment. The researchers suggested the link between the search for additional social support and turnover intent required further examination.

Zurmehly et al. (2009) utilized a descriptive correlational study design to examine the effect of empowerment on nursing retention within individual organizations and within the profession of nursing overall. Study results indicated participants who perceived higher levels of empowerment in the work place were less likely to leave their current position. The study also indicated participants who perceived higher levels of

empowerment reported low intent to leave the nursing profession. The researchers suggested nursing leaders focus on long-term solutions for nursing shortages through the development of empowered work environments.

Smith et al. (2010) utilized a predictive non-experimental study design to explore the impact of structural and psychological empowerment on the organizational commitment of newly graduated nurses. Study findings supported Kanter's Theory of Structural Empowerment, as findings indicated empowering work environments would improve retention and recruitment of newly graduated nurses. The study also supported the study hypothesis that structural empowerment, psychological empowerment and workplace incivility influenced the organizational commitment of newly graduated nurses. The researchers suggested team building exercises and conflict management classes were important to maintaining professional and respectful work environments.

Rheaume et al. (2011) used a repeated cross-sectional study design to examine newly graduated nurses' intentions to leave. Study findings supported previous research findings linking empowerment to turnover intent. Study findings also indicated transitional programs improved retention in some instances. The researchers recommended further research to determine which transitional programs actually improved retention using a stronger study design. The researchers also suggested work environments enabling nurses to provide care as taught in school should be the top priority of nursing leaders.

Chapter III

Methodology

Introduction

It is estimated the nursing shortage will reach 260,000 open nursing FTEs by 2025, representing a U.S. shortage of nurses twice as great as the nursing shortage experienced by healthcare in the 1960s (Cullen et al., 2010). Even if nurses materialize to fill the FTEs between now and 2025, however, a 2007 report from Pricewaterhouse Coopers Health Research Institute reported the voluntary turnover rate for first-year nurses was 27.1% (University Health System Consortium, 2009). It is clear that, while recruiting new nurses into the profession is crucial, retaining them is of equal importance. The contention that structurally empowered work environments decrease nurse turnover rates, increase nurse satisfaction, and revitalize the influx of new nurses into the profession should be researched (Zurmehly et al., 2009). This study is a modified replica of the study conducted by Zurmehly et al. to examine the relationship between structural empowerment and newly graduated nurses' intentions to leave an organization or the profession of nursing overall. This chapter presents the research questions, population, sample, setting, methodology and procedures utilized for this study.

Research Questions

1. Does perceived structural empowerment improve organizational retention of newly graduated registered nurses?
2. Does perceived structural empowerment improve retention of newly graduated registered nurses in the nursing profession?

Population, Sample, and Setting

The population for this study will include newly graduated registered nurses working on acute care medical-surgical units in the state of Indiana, as provided by the Indiana State Board of Nursing. For the purpose of this study, 'newly graduated' indicates less than two years of experience.

Protection of Human Subjects

The researcher will obtain approval from the Ball State University Institutional Review Board prior to the initiation of the study. The researcher will also obtain informed consent from all study participants. Study participants will remain anonymous, identified only by randomly assigned numeric designations.

Procedures

After receiving approval from Ball State University's Institutional Review Board, the researcher will mail introductory letters inviting eligible nurses to complete an online survey. A follow up letter will remind potential participants about the online survey three weeks from the time of the original mailing.

Design

This study will utilize a descriptive correlational survey design.

Instrumentation

The researcher will create a tool to collect participants' demographic data for the study, including age, gender, level of education, years of experience, length of time on unit, type of unit, shift, and status. The Conditions of Work Effectiveness Questionnaire II (CWEQ-II) will measure participants' perceptions of access to opportunity, information, support, resources and formal and informal power in the workplace. The CWEQ-II is reliable with a Cronbach alpha reliability coefficient of 0.81. Four items from the RN Vermont survey will measure intent to leave current position, as well reasons for leaving current position, if applicable. A single question will measure participants' perceptions of job satisfaction. Questions taken from a study utilized by McCarthy and colleagues at University College Cork will also measure intent to leave. The overall survey is reliable with a Cronbach alpha reliability coefficient ranging from 0.65-0.89 (Zurmehly et al., 2009).

Intended Method for Data Analysis

The researcher will use descriptive statistics to analyze the CWEQ-II total empowerment score and subscale scores, as well as the job satisfaction scores. Analysis results will include the mean, the standard deviation, and the Cronbach alpha reliability coefficient. The researcher will utilize Pearson's correlation coefficient to examine the relationships between participant perceptions of empowerment and intent to leave current place of employment or the nursing profession. Relationships between participants' intent to leave the nursing profession and participants' demographics and other organizational and individual variables will be measured using regression analysis.

Summary

This chapter presents the research questions, population, sample, setting, methodology and procedures utilized for this study. This study is a modified replica of the Zurmehly et al. (2009) study. The study's focus is an examination of the relationships between workplace empowerment and nurses' decisions to remain with an organization or the nursing profession, with a focus on nurses with less than two years of experience. Study participants include newly graduated registered nurses working on acute care medical-surgical units in the state of Indiana, selected from a list provided by the Indiana State Board of Nursing. The study utilizes a descriptive correlational study design. Data analysis methods include descriptive statistics, Pearson's correlation coefficient and regression analysis. The results of this study will provide nursing leaders with a framework to aid in the creation of work environments that support nursing retention, especially among newly graduated registered nurses.

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