STRUCTURAL EMPOWERMENT AND JOB SATISFACTION AMONG NURSES

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ABSTRACT

RESEARCH PAPER: Structural Empowerment and Job Satisfaction Among

                    Nurses

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Strong nurse leadership is positively correlated to registered nurse job satisfaction and access to empowerment structures (Manojlovich & Laschinger, 2007). Structural empowerment is important for nurse job satisfaction (Manojlovich & Laschinger). The purpose of this study is to test the Nursing Worklife Model (Leiter & Laschinger, 2006) to determine if the term empowerment should be included in the model and to explain the outcome of nurse job satisfaction. The impact of structural empowerment on the professional work environment may contribute to job satisfaction. Kanter's Theory of Structural Empowerment (1993) and the Nursing Worklife Model (Leiter & Laschinger, 2006) will serve as the study framework.   The sample will include 50 professional nurses providing direct patient care and working in Michigan tertiary care hospitals. Structural empowerment will be measured by using the Questionnaire-II, and work effectiveness will be measured using the CWEQ-II (Manojlovich & Laschinger, 2007). The study findings may provide strategies to improve registered nurse empowerment and job satisfaction.

Chapter I

Introduction

The hospital practice environment has a significant impact on nursing job satisfaction and patient outcomes. Research has shown that improving the practice environment can have a strong relationship to job satisfaction rather than to personal variables such as age, experience, and length of tenure in an organization (Manojlovich, 2005). The Multidisciplinary Global Advisory Group of the World Health Organization has identified a worldwide shortage of nurses (Wade et al., 2008). Every day nurses are challenged to do more with less, require completing more paperwork and charting and job satisfaction is threatened. Often time's organizational change is introduced and implemented without consulting nurses causing friction among the organization and nursing personnel. According to Wade et al, this can lead to decreased job satisfaction and difficulty for organization s to retain and recruit nurses. Methods to maintain a viable workforce is crucial due to the aging population of nurses. The American Nurses Association (2012) revealed that the median age of nurses is 46 with more that 50% of the nursing workforce close to retirement. Nurses often need to work long hours under stressful conditions, which can result in fatigue, injury, and eventually lead to job dissatisfaction.

Retention is also a major challenge among health care organizations, and many factors can play into a nurse leaving. Turnover rate of employees can be costly for and organization due to hiring, training and maintaining staff. On average it costs one-third of a new workers annual salary to replace an employee (Nedd, 2006). Nurses want to have autonomy over their professional practice decisions, be part of the decision making process at the unit level, ensure reasonable workloads, a flexible schedule, competitive pay, and receive continuing education to stay at current place of employment (ANA, 2012). Nurse leaders and administrators must work to try to meet the basic expectations expressed by nurses to ensure job satisfaction is achieved. Organizations do not have control over personal reasons that could influence nurses' intent to stay at work; but have control over certain elements that encourage nurses to stay at work, and the intent to stay closely related to personnel retention (Sourdif, 2004). It is possible that healthcare organizations could influence staff retention.

Kanter's theory of structural empowerment has been lined to important organizational outcomes such as job satisfaction. When using Kanter's theory, nurses' perceptions of formal power, informal power, and access to empowerment structures have an implication for an individual's intent to stay in a job (Nedd, 2006). Kanter's theory is a good framework to explain concepts related to negative workplace attitudes, and behaviors. Kanter's theoretical expectations of work attitudes and behaviors were not so much related to personal characteristics as they were related to perceived access to workplace empowerment (Kanter, 1993). Ideally, health care administrators and managers are in the position to enhance access to work empowerment and nurses' perceptions to empowerment.

Ignoring nurse job satisfaction will on be detrimental to health care administrators and nurse managers. Nursing care is the primary factor in how patients perceive and view their hospital stay. When a nurse is unhappy in with their job, it is likely to be shown to the patient resulting in decreased patient satisfaction scores. The Centers for Medicare and Medicaid Services (CMS) is beginning to implement a new reimbursement method that patient-satisfaction scores will be used to adjust payments. Under CMS's "value-based purchasing", Medicare will begin withholding 1 percent of its payments to hospitals starting October 2012 (Centers for Medicare and Medicaid Services, 2007). This pay-for-performance is a reimbursement approach designed to reward health care providers for providing high quality care to patients. Further research and education among administrators, nurse managers, and health care providers is needed to determine if structural empowerment among nurses' increases job satisfaction.

Background and Significance

Structural empowerment is a concept developed by Kanter (1993). Structural empowerment explains, when the organization provides opportunity and power through resources, information and support, nurses are more effective and ultimately satisfied at the workplace. The impact of structural empowerment on nurses' professional work environment may contribute to job satisfaction. Structural empowerment occurs when nurses have the opportunity, information, support, and resources to learn and grow (Stewart, McNulty, Griffin, & Fitzpatrick, 2010). Kanter's (1993) theory of structural empowerment was a framework used to explain the concepts related to negative workplace behaviors, such as nurse turnover (Nedd, 2006). The study results may determine the impact of structural empowerment on professional work environment, and

examine the impact workplace empowerment has on nurse job satisfaction. Empowerment is a central theme within the nursing work environment, and impacts job satisfaction, job strain, nurse retention, and delivery of patient care. The nursing model was the basis for care and associated with increasing nursing job satisfaction (Manojlovich & Laschinger, 2007).

Cortese, Colombo, & Ghislieri (2010) highlight a close relationship between job satisfaction and work performance, patients' satisfaction, and service quality. Nurses' job satisfaction can change and evolve throughout their career depending on different circumstances, departments, supervisors, managers, coworkers, duties, etc. they progressively encounter. The Nursing Worklife Model was developed to explain how the organizational and nursing unit influences affect nurses' lives in the workplace by either contributing to or migrating burnout (Leiter & Laschinger, 2006). The model is the basis for the study and describes the relationships between patient safety outcomes and nursing environments. The Nursing Worklife is based on five practice domains, which describe the relationships between the nursing work environment and patient outcomes (Manjlovich & Laschinger).

Workplace empowerment has become an increasingly important factor in determining nurse burnout, work satisfaction, and performance (Sarmiento, Laschinger, & Iwasiw, 2004). Nurses who exhibit high levels of work-related empowerment in combination with low-levels of burnout were strongly predictive of nurse job satisfaction. Nurses with decreased job satisfaction can lead to an increase in nursing turnover (Nedd, 2006). Nursing turnover can become extremely costly to healthcare organizations due to the hiring process, training, and maintain the staff. On average, it costs one-third of a

new worker's annual salary to replace a new employee (Nedd). A key role for healthcare's administrators is to take the lead in developing a strategic retention process to prepare for the responsibility of retaining the staff.

Wilson and Crowe (2008) focused on the satisfying and dissatisfying aspects of the role of a community mental health nurse. The study was used to explore what was satisfying in the role of the nurses' and to explore the positive aspects of the role. The researchers found that a therapeutic relationship among nurse and patient was the main source of satisfaction for the nurses (Wilson & Crowe). These nurses exhibited a higher level of job satisfaction and workplace empowerment. According to the American Nurses Association, a nurse's job satisfaction is measured by the staff's attitudes toward specific aspects of their job (Wade et al., 2008). Job enjoyment has certain implications for nurse retention and recruitment and ultimately on patient outcomes (Wade et al.).

Problem

Nurse structural empowerment is a key component with nurse job satisfaction and affects the quality of patient care, patient satisfaction, retention rates, and work performance. Providing the nurses with adequate resources, strong leadership, a positive work environment, and adequate staffing has a direct effect on empowerment and job satisfaction (Manjlovich & Laschninger). Workplace satisfaction and satisfaction with administration are the best predictors of a nurses' intent to stay (Sordiff, 2004). If this is not provided to the nursing staff by administrators, the organization and patient outcomes will be negatively affected.

Purpose

The purpose of the study is to test the Nursing Worklife Model (Leiter & Laschinger, 2006) to explain the outcome of nurse job satisfaction and to determine if the term empowerment should be added to the five practice domains of the model.

Research Question

1. Will the Nursing Worklife Model (Manojlovich & Laschinger, 2007) explain nursing job satisfaction?

2. Will the addition of structural empowerment to the Nursing Worklife Model (Manojlovich & Laschinger, 2007) help explain additional variance in nursing job satisfaction?

Theoretical Framework

The theoretical frameworks for the study include Kanter's Theory of Structural Empowerment (Kanter, 1993) and the Nursing Worklife Model (Manjlovich & Laschinger, 2007). Kanter's Theory of Structural Empowerment displays a central theme to hospital administrators and managers to influence and facilitate nurses to access opportunities, resources, and information themselves. The theory explains that structural empowerment must be in place before it can be accessed by nurse leaders and then it can be channeled through the employees. When nurses display greater empowerment, there was an increase in job satisfaction (Manojlovich & Laschinger). The Nursing Worklife Model is a model based on five practice domains, which describes the relationships between patient safety outcomes and the nursing work environment (Manjlovich & Laschinger). The model proposes leadership is the driving force that strongly influences other aspects of the work environment. Leadership has been shown to have a direct

impact on job burnout and performance accomplishments (Ning, Zhong, & Qiujie, 2009).

These frameworks help explain the importance of structural empowerment within the

work environment and how nursing leadership has a direct effect on the nurses'

perception of job satisfaction.

Definition of Terms

 Conceptual

 Demographic characteristics identified by Manojlovich and Laschinger (2007)

will be used to display the nurses' perceptions of the practice environment, workplace

empowerment, and job satisfaction. The data includes the nurses' age, years in their

institution, years in current positions, race, gender, educational background, and

employment status.

 Operational

 Nurses will be surveyed on the perceptions of the practice environment using the

Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger, Finnegan,

& Shamian, 2001), the Practice Environment Scale of the Nursing Work Index (PES-

NWI) (Lake, 2009), and the Index of Work Satisfaction (IWS) (Stamps, 1997). These

instruments will be used to measure empowerment, opportunity, and participation in

hospital affairs, support, resources, power, leadership, staffing, and job satisfaction.

Limitations

 Using a cross-sectional study, it is not possible to make a cause and effect

statements about the relationships that were recognized among the nurses. Another

limitation is the model was only configured one possible way with the five practice

domains. Other worklife domains cannot be ruled out. The Nursing Worklife Model is

used as a template to access the impact of the five practice domains in the hospital environment on nurses' job satisfaction.

Assumptions

Nurses will always have some degree of burnout or job dissatisfaction due to the stressful, fast pace nursing environments (Nedd, 2006). A nurse's job satisfaction depends on the work environment. Therefore it is important to determine the impact of structural empowerment on the professional work environment and examine the effect workplace empowerment has on nurse job satisfaction.

Summary

Nurse managers and administers struggle in creating a positive practice environment for nurses that contribute to job satisfaction. The hospital practice environment has been shown to have a significant impact on nurses' job satisfaction and levels of empowerment. Nursing leadership functions as the driving force behind structural empowerment, and using the Nursing Worklife Model they are able to support the staff (Manojlovich & Laschinger, 2007). The purpose of this study is to test the Nursing Worklife Model and explain the outcome of nurse job satisfaction. This study is a replication of the Manojlovich and Laschingerstudy. Kanter's Theory of Structural Empowerment (1993) and the Nursing Worklife Model is the theoretical framework. Findings from this study will provide strategies to improve registered nurse empowerment and job satisfaction.

Chapter II

Review of Literature

Introduction

The hospital practice environment can strongly affect registered nurses' job satisfaction and patient outcomes. Strong nurse leadership is positively correlated with registered nurse job satisfaction and access to empowerment structures. Structural empowerment is important for nurse job satisfaction (Manojlovich & Laschinger, 2007). The impact of structural empowerment on the professional work environment may contribute to job satisfaction. The purpose of this study is to test if the Nursing Worklife Model (Manojlovich & Laschinger) could be extended to explain the nursing outcome of job satisfaction and whether structural empowerment could be added. Kanter's Theory of Structural Empowerment (1993) and the Nursing Worklife Model will be used as the framework for the study. The study findings may provide strategies to improve registered nurse empowerment and job satisfaction.

Theoretical Framework

The two theoretical frameworks for the study include the Nursing Worklife Model (Manojlovich & Laschinger, 2007) and Kanter's Theory of Structural Empowerment (Kanter, 1993). The Nursing Worklife Model is an emerging model based on five practice domains, which describe the relationships between patient safety outcomes and

the nursing work environment (Manojlovich & Laschinger). These domains are characterized in the professional nursing practice environment and interact with each other affecting the outcomes through the burnout/engagement process among nurses. The authors of the Nursing Worklife Model proposed leadership was the driving force that strongly influenced other aspects of the work environment. The Nursing Worklife Model indicated that all the domains impact each other, such as leadership, participation in hospital affairs, collegial nurse/physician relations, adequate staffing and resources, exhaustion, depersonalization, and personal accomplishment.

Manojlovich and Laschinger (2007) explained that leadership has a direct effect on the nurses' environment and nurses' participation in hospital affairs, staffing and resource adequacy, and collegial nurse/physician relationships. Leadership has a direct impact on job burnout, such as emotional exhaustion and performance accomplishment, and through resource adequacy (Ning et al., 2009). If staffing is insufficient on a nursing unit to provide high quality nursing care, nurses were more likely to be exhausted and unsatisfied in their practice environment (Wade et al., 2008). This implied that having adequate staffing and resources would result in greater personal accomplishments, better nursing care and improved patient outcomes. In conclusion, poor staffing levels, inadequate resources, and poor nurse/physician relationships can directly cause job dissatisfaction and contributes to nurse frustration.

Kanter's Theory of Structural Empowerment (1993) was also used as a framework for the study. Structural empowerment was a construct developed by Kanter in a study of industrial managers that described four environmental social structures necessary for effective employee functioning (Manojlovich & Laschinger, 2007). When

companies provided power and opportunities through information, support, and resources to their employees, there was an increase in job effectiveness (Sourdif, 2004). Kanter's Theory of Structural Empowerment voiced a central theme to managers, to structure the work environment for nurse effectiveness and satisfaction. Kanter encouraged nurse managers to influence and facilitate nurses to access information, opportunities, and resources themselves. The theory indicated that structural empowerment must be in place before it can be accessed by nurse leaders and then channeled through the employees. Nurses who have greater empowerment may be more likely to be satisfied with their job, which results in greater work effectiveness and job satisfaction.

Kanter (1993) described four organizational empowerment structures: information, support, resources, and opportunities. Information can give the employees a sense of purpose and meaning, and enhances their ability to make decisions that contribute to the organizations goals. Support can be described as feedback, guidance, emotional support, helpful advice, or hand-on assistance, which can all be very beneficial to employees. By providing resources the manager is allowing the nurse to access materials, supplies, time, and equipment to accomplish organizational goals. Kanter expressed great concern to supply employees with opportunities for growth, professional development, and the chance to increase skills and goals. This process can be through committees, interdepartmental work groups, or task forces (Ning et al., 2009). Laschinger, Leiter, Day, and Gilin (2009) reported that structural empowerment can increase nurses' job satisfaction and decrease job strain.

Job Satisfaction

Research has shown that positive communication has been associated with increased job satisfaction. The purpose of Manojlovich's (2005) study was to determine the relationship among the practice environment, nurse-physician communication, and job satisfaction within the nursing profession. The Nursing Role Effectiveness model (Manojlovich) was used to help determine the relationship between the practice environment, RN-MD communication, and nurses' job satisfaction.

The researcher used a nonexperimental survey design and descriptive statistics to describe the findings. A random sample of 500 nurses obtained from the member list provided by the Michigan Nurses Association served as the study's sample. Nurses currently employed in a hospital in either a staff nurse's role or in direct contact with patients met inclusion criteria for the study. There was a 66.4% response rate from the study sample. The final sample for data analysis consisted of 284 hospital staff nurses (Manojlovich, 2005).

Information was gathered on the following nurse characteristics using a demographic questionnaire that included: age, sex, educational level, ethnicity, years in current institution, and years of experience, status, and type of position. The participants ranged in age from 23 to 63 years, had an average of 17 years' experience in nursing, and had spent an average of 13 years in their current institutions, while averaging 8 years in current positions. Most of the participants were female (95%) and Caucasian (91%). The majority of the nurses' worked full-time. The main study instruments included the Conditions for Work Effectiveness Questionnaire-II (CEWQ-II) (Manojlovich, 2005), which was used to measure sources of power such as such as structural empowerment.

The Practice Environment Scale of the Nursing Work Index (PES-NWI) (Manojlovich) indicated nurses' perceptions of various factors in their work environments. The ICU Nurse-Physician Questionnaire (Manojlovich) measured multiple variables affecting relationships between nurses and physicians. The final instrument used was the Index of Work Satisfaction (IWS) Part B (Manojlovich) which measured nursing job satisfaction, including autonomy, pay, professional status, and interaction with nurses, and physicians, task requirements, and organizational policies.

The researcher found that the combination of the practice environment scale, structural empowerment scale and RN-MD communication explained over 60% of the variance in the nurses' job satisfaction. The study concluded that factors within the nurses' practice environment contributed both directly and indirectly to nurse job satisfaction and also to nurse-physician communication. It was also found that a practice environment favorable to nurses improved both nurses' perceptions of job satisfaction and communication with physician's (Manjlovich, 2005).

According to the American Nurses Association (Wade et al., 2008) nurses' job satisfaction wss measured by responses to questions about the nursing staffs' attitudes toward specific aspects of their employment. Wade et al. conducted a study to investigate the effect of organizational characteristics and perceived caring attributes of managers on nurses' job enjoyment. The researchers explained that past research on job satisfaction had primarily focused on manager effectiveness and not caring relationships between nurses and managers. Wade et al. used a predictive correlational design to examine the casual relationships between: (a) nurse participation in hospital affairs; (b) nursing foundation for quality care; (c) nurse manger ability; (d) leadership, support of

nurses; (e) staffing and resource availability; (f) collegial nurse-physician relations; (g) perceived caring attributes of managers; and (h) job enjoyment.

Wade et al. (2008) used a convenience sample (N=731) that included RN employment at a large health system in the mid-Atlantic region of the United States. The participants were mostly staff nurses (77.9%), worked full-time (59.2%), Caucasian (89.7%), female (96.4%), and were 41 years of age or older. The nurses mostly worked 8 hour shifts (52.7%) on the day shift (65.3%). Many of the nurses (34%) had been employed by the facility for over 15 years. When asked to identify their primary manager's background, 95.2% indicated that the manager was a nurse. Participants were surveyed in 2005 using Lake's (2009) Practice Environment Scale of Nursing Work Index (Wade et al.), Nyberg's Caring Assessment Scale (Wade et al.), the Job Enjoyment Subscale of the Atwood and Hinshaw Job Satisfaction Scale (Wade et al.), and a demographic data form. The authors used descriptive statistics to explore the study variables.

The researchers found that nursing foundations for quality of care, nurse managers' ability, leadership and support of nurses, staffing and resource adequacy and collegial nurse-physician relations explained 30.6% of the variance in job enjoyment. Wade et al. (2008) revealed the examination of partial correlations that nurse manager's ability and staffing and resource adequacy had the most influence on job enjoyment. Age was shown to be more likely an influence of job enjoyment than collegial nurse-physician relations. Job enjoyment has implications for the recruitment and retention of nurses and ultimately patient outcomes and global health. The researchers concluded that to promote job satisfaction and retention of nurses, it is critical that the voices of nurses be

heard. Having a supportive manager that ensures adequate staffing, the study displays

there will be an increase in job satisfaction among nurses. Ultimately nursing

administration and management should understand that satisfied nurses' equal satisfied

patients. This will in turn show up on their patient satisfaction surveys which reflect

degrees of hospital reimbursement.

A community mental health nurse (CMHN) has a demanding role that requires a

wide range of organizational and clinical skills. CMHNs have the challenge of assisting

people experiencing a mental illness to maintain and achieve their highest level of

functioning and independence within the lived community (Wilson & Crowe, 2008).

These challenges may cause the CMHNs a great deal of stress from the pace of change in

mental health services, issues of personal safety, and perceived over-bureaucratization of

mental health services. These challenges can be rewarding but also create stress.

The purpose of Wilson and Crowe's (2008) study was to explore what nurse's

perceived as satisfying in the role of a community mental health nurse (CNHN). The

researchers presented findings that focused on the satisfying and dissatisfying aspects of

the role. A grounded theory approach was used to conduct in-depth interviews over a 1-

year period with 12 CMHNs. The study took place in one District Health Board within

one province of New Zealand, where there were approximately 35 CMHNs employed at

the time of the data collection. Twelve respondents were recruited for the study.   All

participants were registered nurses with CMHN experience. The sample consisted of

males and females ranging in age from 27 to 54 years old.

Wilson and Crowe (2008) analyzed the data using the constant comparative

method and theoretical sampling.   The researchers found that the core category that

emerged described the process by which the nurses actively balance satisfying aspects of their job against unsatisfying aspects. The dynamic process of balance as maintaining equilibrium was explained by the researchers. The therapeutic relationship (knowing oneself, knowing how, and being therapeutic) was identified as the most significant source of satisfaction for the nurses, but this was mediated by three properties of role performance – working for the organization, belonging to a team, and maintaining a personal life (Wilson and Crowe).

The properties of role performance affected the participants' experience of the therapeutic relationship which determines whether or not the nurse's jobs were satisfying. The core category maintaining equilibrium describes the process in which the participants were impelled towards satisfaction. The researchers found that the therapeutic relationship was the main source of satisfaction for all CMHNs. This could be challenged by the properties related to role performance, and maintaining this equilibrium was enhanced by the therapeutic relationships – knowing oneself, knowing how, and being therapeutic. The study concluded that when nurses believed they were being therapeutic job satisfaction increased.

Job satisfaction is a very important factor in nurses work performance (Ning et al., 2009). Nurses play an important role in the changing health care environment, due to the increased patient acuity and shortages of nurses to meet the demands of patient care. Ning et al's study was conducted to test Kanter's Organizational Empowerment Theory (1993) by specifying the relationships among demographics, structural empowerment, and job satisfaction.

A correlational, cross-sectional design was adopted, using questionnaires for data collection. The study was conducted in 2007 with registered nurses in six hospitals in Harbin, China. Healthy nurses who had been employed at the six Harbin hospitals for at least 1 year met inclusion criteria for the study. There were 650 registered nurses who agreed to participate in the study. The final response rate was 92% (N=598). The authors used the demographic data questionnaire, Conditions of Work Effectiveness Questionnaire-II (Ning, et al.), and the Minnesota Satisfaction Questionnaire (MSQ) (Ning, et al., 2009) for the study documents. The demographic questionnaire collected data on age, job category, tenure, work objective, professional title, marital status, and education level. The CWEQ-II was used to measure structural empowerment and job satisfaction was measured by the MSQ.

The 598 participants were all females and ranged in age from 19 to 54 years old, with an average age of 50. The participants' job tenure spanned from 1 to 38 years. Ning et al. (2009) described the results for structural empowerment as nurses perceived their work environment to be moderately empowering. The nurses were most dissatisfied with the workload and compensation. An increase in structural empowerment was perceived when nurses were younger in age and loved the nursing profession.

Ning et al's. (2009) study results supported Kanter's (1993) Organizational Empowerment Theory contention that organizational factors within the workplace are important in shaping organizational behaviors and attitudes. Study findings indicated the factors causing most dissatisfaction were: (a) workload and compensation; (b) professional promotion; (c) amount of work responsibilities; (d) work environments; and (e) and organizational policies. The researchers explain the most important measure

nurse managers may use to increase job satisfaction might include communicating with nurses positively, encouraging nurse innovation, and empowering nurses to do the job effectively (Ning et al.). Often time's nurses feel overwhelmed and overworked, with not enough time in a day causing them job dissatisfaction. Having a strong positive manger that communicates effectively to the staff, can help increase job satisfaction.

Nurses were often reflected as the strength of healthcare and considered the first line to patient care. Therefore, nursing quality is one of the most important factors determining medical service performance (Chen, Lin, Wang, & Hou, 2009). The nursing profession may be considered one of the most stressful and challenging vocations because of the need for specialization, complexity, and special skills to handle emergency situations (Chen et al.). The purpose of Chen et al's study was to determine the stressors, the stress coping strategies, and the job satisfaction of nurses who worked in the surgical department and to evaluate the influence of demographic characteristics on job stress, coping strategies, and job satisfaction Chen et al.

A cross-sectional research design was used to collect the data. The participants included 121 nurses from five regional teaching hospitals and two community teaching hospitals. Among the 121 surgical nurses that agreed to participate, 112 completed all the questionnaires (92.5% response rate). The nurses were considered basic-level working in surgery who had been employed for more than 6 months. All the participants were women, with a mean age of 32 years old. The questionnaire included demographics and work-related data, a stressor scale, a stress coping strategy scale, and a job satisfaction scale. Descriptive statistics such as mean value and standard deviation were

used to describe the participant characteristics, stress level perception, stress frequency perception, stress coping strategies, and job satisfaction (Chen et al., 2009)

Chen et al. (2009) found stress levels and frequency perceptions of surgical nurses were significantly related to the type of hospital, and the most intense stressor perceived by the surgical nurses was patient safety. The stressor most frequently perceived by surgical nurses was the administrative feedback, although all job stressors were positively related to destructive stress coping strategies, professional status, patient safety, and the surgery environment. Job satisfaction factors including work rewards, surgery environment, and administrative management was found to be related inversely to destructive stress coping strategies. Chen et al's study provides further findings on the relationship between job stress, job stress coping strategies, and job satisfaction. Nurse managers should strongly consider improving nurse job satisfaction by encouraging constructive stress coping behaviors. Job stressors play a large role in a nurses overall job satisfaction along with the stress of their everyday lives.

Employees were constantly struggling with the demands of both work and home while trying to maintain a reasonable balance between the two. When work family conflict was present, the intention of nurses resigning positions increased, as well as a decrease in work performance, and feelings of job dissatisfaction may occur. Cortese et al. (2010) conducted a study to develop a research model explaining the casual relationship between certain variables such as job and emotional charge, supportive management, and colleagues, and work-family conflict while considering job satisfaction.

The study was conducted in 2008 with professional nurses in a major North Italian acute care hospital with 640 beds. The questionnaires were given to 397 nurses on

duty in the 28 wards within the hospital. There was a return rate of 351 (88%)

questionnaires. The final sample consisted of 299 participants. The authors described

the participants by gender, household characteristics, professional work

accomplishments, work schedule, age and years at work. Cortes et al. (2010) used

descriptive analysis to measure the variables. The data confirmed the connection

between work-family conflict and job satisfaction, and showed the importance of some

work-family predictors, such as supportive management, emotional charge, and job

demand (Cortese et al.). Job satisfaction was explained by supportive management and

supportive colleagues; however, it was noted that job satisfaction was effected negatively

by job demand.

The authors explained that job satisfaction was higher in the presence of

organizational support, especially from management and low in the presence of job

demand, emotional charge, and work-family conflict. The study also concluded that

work-family conflicts were reduced in the presence of supportive management and

negatively increased by emotional charge and job demand. The study findings helped

identify that work-family conflict is associated with absenteeism, intention of quitting the

job and job turnover. The results of the study have increased an understanding of the

factors influencing job satisfaction of nurses operating in our health care organizations

(Cortese et al., 2010).

These studies suggested that structural empowerment has an impact on the

professional environment factors that lead to nursing job satisfaction. The nurses'

practice environment contributes both directly and indirectly to nurse job satisfaction and

also to nurse/physician relationships. When a nurse was empowered at work and

therapeutic to patients, the studies showed an increase in job satisfaction along with an increase in patient outcomes. The literature indicated that once nurses were empowered, they use the organizational and nursing unit domains more effectively, and as a result had a greater job satisfaction. The studies explained that nurse managers may increase job satisfaction by communicating positively with nurses', encouraging nurse innovation, and empowering nurses to do the job effectively. The researchers concluded that to promote job satisfaction, it is critical that the voices of nurses be heard. Structural empowerment has a positive effect on nurse job satisfaction and an organizations quality of care increases.

Structural Empowerment

Registered nurse turnover can be very costly for an organization due to training, hiring, and maintaining employees. Turnover is particularly important in today's health care industry where there continues to be a nursing shortage (Nedd, 2006). A key role for managers is to strategize and take the lead in designing systemic retention processes to prepare for the day to day responsibility of retaining employees. The intent to stay is the perception of the "estimated likelihood of continued membership in an organization" (Nedd, p. 14). The purpose of this study was to determine the relationship between employee's intent to stay in the organization and perceptions of empowerment in the nurse practice setting. The author focused on the relationship between intent to stay and demographic variables such as age, education, and experience.

Nedd (2006) used Kanter's Theory of Organizational Empowerment (1993) as a framework to explain concepts related to negative workplace behaviors, such as turnover. Kanter suggested that individuals display different behaviors depending on whether

certain structural supports (power and opportunity) were in place. Kanter believed that

access to empowerment structures is associated with the degrees of power an individual

has in the organization. Using Kanter's framework the researchers examined the

relationship between intent to stay in the organization and perceived access to

organizational empowerment structures within the nursing occupation in settings across

Florida.

The population consisted of 147,320 licensed registered nurses in the state of

Florida, with a random sample of 500 RN's selected for the study. Of the 500 nurses

surveyed, 275 nurses returned instrument packets; the final sample consisted of 206

nurses. Nedd (2006) explained that 93% of the participants were female. The

participants ranged in age from 23 to 68, and with the average years of nursing

experience being 20.14. The nurses reported working in medical-surgical, critical care,

and other areas such as specialty care like cardiology, gastroenterology, and oncology.

The Conditions of Work Effectiveness Questionnaire (Chandler, 1987) was used to

measure four work empowerment structures: opportunity, resources, information, and

support (Nedd, 2006).

The descriptive analysis provided by Nedd (2006) explained that nurses perceived

moderate levels of empowerment at their workplaces suggesting that there is still room

for increasing perceptions of access to opportunity, information, resources, and support.

The responding nurses perceived greatest access to opportunity in their positions

followed by support, information, and resources. The results of the study supported

Kanter's (1993) idea that access to empowerment structures related to employees

behaviors and attitudes such as intent to stay. These findings highlight that there was a

relationship between the nurses' perceptions of access to workplace empowerment structures and their stated intention was to remain in the organization (Nedd). Structural empowerment increases job satisfaction causing nurses to stay at the organization of employment which overtime decreases turnover rates.

The recruitment and retention crisis has catalyzed interest in workplace empowerment for nurses (Faulkner & Laschinger, 2008). Working in stressful, fast pace nursing environments nurses may believe there is a lack of respect. The purpose of Faulkner and Laschinger study was to examine the relationship between structural, and psychological empowerment, and their effects on hospital nurses' perceptions of respect. According to the study findings (2008), the nature of the nursing work environment is believed to contribute substantially to the current nursing shortage due to the unhappiness of the nurses. Research has shown that workplace empowerment has a strong impact on factors related to recruitment and retention, particularly job satisfaction.

A secondary analysis was conducted from a larger study of 500 randomly selected hospital staff nurses. A predictive, non-experimental survey design was used to test a hypothesized model derived from Kanter's Work Empowerment Theory (1993). From the 500 nurses selected, 282 useable questionnaires (56% return rate) were included for analysis. The mean age of the nurses was 33.3 years, and on average they had 8.7 years of nursing experience with 2.2 years on their present unit. The majority of the participants were female and, worked full-time in medical-surgical areas (Faulkner & Laschinger, 2008). Structural empowerment was measured using the Conditions of Work Effectiveness Questionnaire II (CWEQ-II) (Faulkner & Laschinger). Psychological empowerment was measured using the Psychological Empowerment Questionnaire

(PEQ) (Faulkner & Laschinger), and perceived respect was measured using a modified Esteem Subscale of the Effort-Reward Imbalance Questionnaire (Faulkner & Laschinger, 2008).

The results indicated that nurses reported only being moderately empowered structurally and psychologically. Nurses reported opportunity as the most empowering structure, but believed they had minimal access to formal power. Nurses also reported a sense of meaning in their work, but did not believe they were able to make a significant impact in the organization. The results explained that nurses perceived only moderate levels of respect from managers and colleagues. Faulkner and Laschinger's (2008) study suggested that employees who have access to empowering structures in the workplace demonstrate positive attitudes towards their work, and in this case, feelings of personal empowerment and respect. Structural empowerment was particularly important in determining how hospital nurses perceived respect in the work setting. The findings supported Kanter's Theory of Workplace Empowerment (1993), which asserted that empowering work conditions have positive effects on organizational attitudes and behaviors. Nurses who believed that their efforts are rewarded and recognized are more likely to feel respected in the workplace (Faulkner & Laschinger). Structural empowerment provides nurses with a positive attitude at the workplace when their job satisfaction is high.

With many registered nurses facing retirement nursing is experiencing a registered nurse shortage. It is critical that the work environments are structured to ensure nurses are engaged and want to remain in current nurse positions. Workplace empowerment has been shown to be an important precursor of employee's positive

relationships with work, and is an important factor in burnout according to Laschinger, et

al. (2009). The authors suggested that the major cause of turnover among nurses was

related to an unsatisfying workplace. The aim of this study was to examine the

influences of empowering work conditions and workplace incivility on nurse'

experiences of burnout, and important nurse retention factors. Laschinger et al. (2009)

defined "workplace incivility as low-intensity deviant behavior with ambiguous intent to

harm the target, in violation of workplace norms for mutual respect" (p. 303). The

researchers examined the impact of workplace empowerment, supervisor and coworker

incivility, and burnout on three employee retention outcomes: job satisfaction,

organizational commitment, and turnover intentions.

The sample consisted of 612 Canadian predominately female (95%) staff nurses

with an average age of 41.3 years. The nurses' employment status varied and, included

full-time (64.3%), part time (26.7%), casual (8.6%), and temporary (0.5%), with 5 not

responding. Laschinger et al. (2009) used four subscales of the CWEQ-II (Laschinger et

al., 2009) to measure structural empowerment, workplace incivility was measure by the

Workplace Incivility scale (Laschinger et al., 2009), and job burnout was measured using

the Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory-

General Survey (Laschinger et al., 2009).

The results of the Laschinger et al.'s (2009) study indicated that nurses perceived

their work environments to have moderate levels of empowerment, and that workplace

civility ratings were low for both supervisor, and coworkers. However, only a small

percentage reported regular to frequent exposure to incivility in their workplaces. The

nurses in the study also reported a relatively high level of emotional exhaustion, yet

nurses were primarily positive in terms of the retention factors. The study findings concluded that an empowering practice environment and low levels of incivility and burnout were significant predictors of nurses' experiences of job satisfaction, organizational commitment and intentions to leave the workplace. These results further illustrated the need to ensure that the professional practice environments foster high quality working relationships and that the nurses remain engaged in their work. Structural empowerment in the practice environment encourages nurses to provide high quality patient care due to increased job satisfaction.

Empowerment within the workforce is a central component of advanced practice nursing and strongly impacts the delivery of patient care, job strain, job satisfaction, and retention of nurse practitioners (NP) in the workplace (Stewart et al., 2010). Previous literature revealed that structural empowerment led to psychological empowerment providing managers a better understanding of the process of empowerment in the workplace for staff nurses. Empowering workplaces may provide nurse practitioners support, resources, opportunities to learn, and access to information. The purpose of Stewart et al., 2010) study was to exercise the relationship between structural empowerment and psychological empowerment among nurse practitioners (NPs).

Stewart et al.'s (2010) study used a descriptive correlational design to compare the relationship of psychological and structural empowerment. A list of NP's in Connecticut was obtained from the Connecticut Advanced Practice Registered Nurses that were presently functioning as NPs, and had worked for at least one year in the NP role. The final sample for analysis consisted of 72 NPs from Connecticut. The researchers used the Conditions for Work Effectiveness questionnaire (CEWQ-II)

(Stewart et al.), and the Psychological Empowerment Scale (PES) (Stewart et al.) to collect data. The background data included age, gender, race, and highest educational level, years working as an RN and as an NP. The majority of the participants were in the 41-50 year old age group.

The CWEQ-II measured structural empowerment and the sample scored in the high level of empowerment. When structural empowerment was high, the levels of collaboration and autonomy increased, lowering levels of job strain. Stewart et al. (2010) used the PES to measure psychological empowerment, which explained four subscales of meaning, competence, self-determination, and impact. The participants scored the highest on meaning, which shows a strong personal connection to the job they do. Caring for patients contributes to the meaning of their work, and improves job satisfaction. The authors found structural empowerment had a positive direct effect on psychological empowerment. Both psychological and structural empowerments have been shown to improve job satisfaction and increase job effectiveness. Nurses are more likely to work together in stressful environments when structural empowerment is present.

Retention

Nurse empowerment has become an increasingly important factor in determining burnout, work satisfaction, and performance. Nurse educators carry a great deal of responsibility in their organizations and are at risk for burnout due to invested time (Sarmiento et al., 2004). The purpose of Sarmiento et al.'s study was to test a theoretical model specifying relationships among structural empowerment, burnout, and work satisfaction.

Sarmiento et al. (2004) used a descriptive correlational survey design to collect data from nurse educators working in community colleges across the province of Ontario. A total of 146 college educators were asked to participate in the study and the final sample consisted of 89 useable surveys with a 61% response rate. Approximately 98% of the educators were female with an average age of 51 years old. The majority of the nurses had earned a graduate degree, had 20 years of teaching experience, and 16 years in their current work position. Work place empowerment was measured by the Conditions of Work Effectiveness Questionnaire (CWEQ) (Sarmiento et al.).

The results of the study indicated that nurse educators perceived their work environments to be only somewhat empowering, while global empowerment was also rated as moderate. Sarmiento et al. (2004) stated that access to opportunity was the most empowering aspect in the educator's work environments. Nurse educators also reported only moderate levels of formal and informal power, which were higher than those reported by staff members. This was positively related to their perceived access to empowerment structures. The educator's perception of workplace empowerment was significantly related to all components of job burnout. Sarmeiento et al. explained that high levels of work empowerment in combination with low levels of burnout were significant predictors of the college educators' job satisfaction.

The researchers concluded that although nurse educators are more empowered than staff nurses, it was surprising to learn the difference was not greater. The educators believed that they had more access to opportunity and the least access to resources. The researchers suggested this could be related to the nature of their roles. Support from administrators allows educators to perform their role effectively creating productive

power and increased job satisfaction. Administrators meeting with nurse educators annually for performance appraisals and opportunities to discuss concerns may be an important source of support. Many nurse educators enter the profession to help students mature and learn, so when adequate resources are provided educators develop a sense of accomplishment (Sarmeiento et al., 2004)

Nurse retention is declining as registered nurses leave one job for another in hopes of increasing job satisfaction (Sourdif, 2004). Sourdif conducted a study to evaluate nurses' intent to stay at work and to determine the associations between intent to stay and various predictors. The purpose of the study was to evaluate the intent of nurses to stay in a university health center and to determine the importance of predictors such as work satisfaction, satisfaction with administration, work group cohesion, and organizational commitment. Research has shown that some nurses leave jobs due to lack of nursing resources necessary to provide adequate care, justifying the importance of analyzing the problem of nurses' intent to stay. Other reasons nurses may tend to leave is a low level of autonomy and leadership, or lack of career opportunities according to Sourdif. The Organizational Dynamics Paradigm of Nurses Retention (Taunton, Boyle, Woods, Hansen, & Bott, 1997) used by Sourdif was the framework for the study. The intent to stay is based on the nurses' satisfaction at work, satisfaction with administration, organizational commitment, and work group cohesion.

The sample consisted of 221 registered nurses drawn from the population of 900 nurses in a 400 bed university hospital in Montreal. Nurses' Intent to Stay Questionnaire (Sourdif, 2004) consisted of five sets of questions: (a) intent to stay; (b) satisfaction at work; (c) satisfaction with administration; (d) organizational commitment; and (e) work

group cohesion. The data collection lasted 6 weeks. The 108 questionnaires were analyzed using descriptive statistics. The majority of the participants were women (96.3%), ranging in age from 22 to 62 years, with a mean age of 38.5 years. The education level was diploma graduates (52.8%) and baccalaureate prepared nurses' (46.2%). The researcher concluded that the typical study participant was female, approximately 38 years old, married, a diploma graduate, and worked between 32-40 hours per week.

The results indicated the majority of nurses were planning to remain in their current job. Satisfaction at work and satisfaction with administration are the best predictors of intent to stay and explained 25.5% of intent to say variance according to Sourdif (2004). Of the nurses that responded, 50.4% stated they would not leave their current job, while 24% stated they were uncertain. Approximately twenty four percent of the nurses stated they plan to leave or will probably leave their current job. There were 45.8% of the nurses that replied that moving to another job in the hospital in the near future was very slight, and 29% were uncertain. Approximately 25% of the participants indicated they would leave current jobs in the near future or the chances were quite good.

Summary

The main reasons that nurses wanted to leave were retirement, dissatisfaction with work and its conditions, growth opportunities, monetary compensation, scheduling and recognition. Sourdif (2004) suggested that developing strategies based on the predictors of intent to stay at work could possibly improve that intent. Managers should see nurses as partners rather than employees; which may increase the intent to stay.

Chapter III

Methodology

Introduction

Organizations confronted with dissatisfied nurses may lead to patient care being compromised and nurse turnover may increase. When managers and administrators ignore nurse job satisfaction the results may be detrimental to the organization and to patient care (Laschinger et al., 2009). Therefore, it is important to determine the impact of structural empowerment on professional work environment factors and examine the impact workplace empowerment has on nurse job satisfaction. This study is a replication of the Manojlovich & Laschinger's (2007) study. This chapter includes a description of the procedures and methods for the study.

Purpose of the study

The purpose of this study is to test the Nursing Worklife Model (Leiter & Laschinger, 2006) to explain the outcome of nurse job satisfaction and to determine if the term empowerment should be included in the model.

Research Questions

Will the Nursing Worklife Model (Manojlovich & Laschinger, 2007) explain nursing job satisfaction?

Will the addition of structural empowerment to the Nursing Worklife Model (Manojlovich & Laschinger, 2007) help explain additional variance in nursing job satisfaction?

Population, Sample, and Setting.

One hundred professional nurses providing direct patient care and currently working in tertiary care hospitals in Indiana will be targeted for the study population. The nurses' names will be purchased from the Indiana State Board of Nursing registry list. The anticipated sample is (N=50) registered nurses. Participants will be mailed surveys to complete and return in a self addressed and stamped envelopes. The nurses' will be surveyed on their perceptions of the nurse practice environment and job satisfaction. The survey will be used to collect demographic data regarding age, years in their institution, years in current positions, race, gender, educational background and employment status.

Protection of Human Rights

The researcher will seek approval from the Ball State University Institutional Review Board (IRB) and also from Dearborn County hospital's IRB. The University and Dearborn County hospital IRBs are involved to ensure the researcher protects the rights, well-being and safety of the subjects involved by reviewing the study (Byerly, 2009). The board consists of pharmacists, physicians, nurses, laboratory, and the hospital's board of directors from the community. A cover letter and consent form will be mailed to the participants explaining the study and providing instructions for questionnaire completion. A postage paid envelope will be provided for returning study documents.

Anonymity will be maintained by ensuring that the researcher and the statistician will be the only two persons viewing the data collected. No participant names or identifying marks will be on any study document. Potential benefits to study participation may include new strategies to improve nurse empowerment and job satisfaction. Study findings may also provide nurse leaders with strategies to increase structural empowerment for nurses. There are no known risks involved in participating in the study.

Procedures

Approval will be sought from the Ball State University Institutional Review Board to ensure compliance and ethical research conduct is followed. Once approval is received from the Ball State University IRB, the researcher will submit the study for approval from the Dearborn County hospital's IRB. The researcher will purchase a random list of active registered nurses from the Indiana State Board of Nursing. Once approval has been granted from the Dearborn County hospital's IRB, the potential list of nurses will be reviewed by the researcher. Study documents will be discussed with unit managers within the hospital. The researcher will meet with six managers from the emergency department, birthing center, the intensive care unit, a medical, telemetry, and a surgical unit to discuss the study documents. The questionnaires will then be mailed to potential participant's homes in self addressed stamped envelopes for the return of the questionnaires.

Methods of Measurement (Instrumentation)

The nurses will be surveyed on the perceptions of the practice environment using the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger,

Finnegan, & Shamian, 2001), the Practice Environment Scale of the Nursing Work Index

(PES-NWI) (Lake, 2009), and the Index of Work Satisfaction (IWS) (Stamps, 1997).

There are a total of 13 subscales measured in the study that include: (a) total

empowerment; (b) opportunity; (c) information; (d) support; (e) resources; (f) formal

power; (g) informal power; (h) nursing leadership; (i) participation in hospital affairs; (j)

collegial RN/MD relation; (k) staffing adequacy; (l) nursing model of care; and (m) job

satisfaction.

The CWEQ-II, developed by Laschinger et al. (2001) is based on Kanter's Theory

of Structural Empowerment (1993). There are six study instrument subscales including:

(a) opportunity; (b) information; (c) support; (d) resources; (e) the Job Activities Scale II;

and (f) the Organizational Relationships Scale II. The instrument uses a five-point

Likert-type scale. For this study the alpha coefficient was 0.90. Construct validity and

content of the CWEQ-II have both been established.

The PES-NWI was developed by Lake (2009) as a more focused measure of the

practice environment consisting of five subscales thought to address the key factors in the

hospital environment. These factors include nurse participation in hospital affairs, use of

a nursing model as a basis of care on a unit nurse manager ability, leadership and support

of nurses, staffing and resource ability, and collegial nurse-physician relationships.

According to Lake, the first two factors seem to reflect hospital-wide environment,

whereas the remaining factors represent the environmental factors at the level of the

nurse unit. The subscale internal consistency coefficients range from 0.71 to 0.84, with

the alpha coefficient 0.93. A four point Likert-type scale was used for the study.

Using a seven-point Likert type scale nursing job satisfaction was measured by the Index of Work Satisfaction (IWS) (Stamps, 1997). Factors of nursing job satisfaction measured include autonomy, pay, and professional status, interaction with nurses, interactions with physicians, task requirements, and organizational policies. For this study, Cronbach's alpha was 0.92 and content validity and construct validity through factor analysis has been established. Many studies have used the IWS and reported subscale Cronbach alpha reliabilities ranging from 0.35 to 0.90 with a total scale reliabilities of 0.82 to 0.90 (Manojlovich & Laschinger, 2007).

Research Design

A descriptive cross-sectional survey design will allow the researches to examine the demographic data of the entire population under study. Descriptive statistics are used to present quantitative descriptions in a manageable form. Researchers measure large numbers of data and descriptive statistics help simplify this data in a sensible way (Trochim, 2000).

Intended Method for Data Analysis

A correlation matrix was used for data analysis for the study. This matrix was generated between the subscales of the two practice environments scales with all correlation coefficients that are significant at $P < 0.01$. The strongest association was between the resources subscale of the CWEQ-II and the staffing and resource adequacy subscale of the PES-NWI ($r=0.66$, $P=0.0001$). The formal power subscale of the CWEQ-II was the highest correlated with the nurse participation subscale of the PES-NWI ($r=0.48$, $P=0.001$). The finding is consistent with Kanter's assertion that power is accrued through formal organizational positions (Kanter, 1993). The informal power

subscale was the most strongly related to the collegial relations subscale (r=0.44, P=0.001) which is also consistent with Kanter's notion of importance of informal relationships to empowerment (Kanter).

Summary

Many factors play into the role of empowerment in creating a positive practice environment for nurses' that contribute to job satisfaction. The purpose of this descriptive correlational study is to test the Nursing Worklife Model (Leiter & Laschinger, 2006) to explain the outcome of nurse job satisfaction and if the term empowerment should be included in the model. An anticipated sample of 50 acute care nurses is expected to participate in the study. This study will replicate a previous study conducted by Manojlovich and Laschinger (2007) to examine the impact of structural empowerment on professional work environment factors that lead to nursing job satisfaction.

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