

EFFECT OF STRUCTURAL EMPOWERMENT AND  
PERCEIVED ORGANIZATIONAL SUPPORT ON  
MIDDLE-LEVEL MANAGERS' ROLE SATISFACTION  
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## Chapter I

### *Introduction and Background*

#### *Introduction*

As far back as 1977, R.M Kanter was reporting on the Structural Theory of Organizational Empowerment in a groundbreaking book entitled *Men and Women of the Corporation*. In the last decade, there have been many studies validating the premise that nursing and patient outcomes are significantly related to nursing work environments that support nursing professional practice. Kanter's theory has served as the framework for a multitude of studies and has added a great deal to the body of knowledge on empowerment.

Yet, despite a vast amount of research that supports work place empowerment in the staff nurse population, there has been very little written about the role satisfaction of managers, who today face more workplace pressure than ever before (Patrick & Spence-Laschinger, 2006).

The restructuring of health care organizations and the consequent redesign of the roles of managers has left those who remain, with limited time and power to influence change or articulate the concerns of nursing within institutions (Patrick & Spence-Laschinger, 2006). This has the potential to lead to manager role frustration and burnout. In addition, middle level managers lack time for mentoring first line nurse managers (FLNM), this hinders the development and retention of the FLNM population and hinders the ability to attract those staff with leadership potential to leadership roles (Patrick & Spence-Laschinger). Strong nursing leadership is vital to improving nurse working conditions, to retain nurses and to attract newcomers to the profession (Lucas, Spence-Laschinger & Wong, 2008).

#### *Background and Significance*

The span of control of many managers working in North American health care institutions has increased due in part to the pressures of managed care and tighter fiscal budgets (Lucas & Spence-Laschinger, 2008). According to Lucas et al. these efforts to balance costs and care have included a number of staffing strategies to minimize costs, and this has led to cutting nurse manager positions and resulted in

dramatic rises in their spans of control. McCutcheon (2005) found that manager span of control has a great impact on managers' ability to create positive nursing environments. More specifically, she found that the impact of supportive leadership styles on staff nurse job satisfaction is dependent on span of control.

Span of control is defined as the number of people who are supervised by a manager (McCutcheon, 2005). In a study by McCutcheon et al. (2004), span of control moderated the relationship between leadership style and patient satisfaction. The positive effects of transformational leadership style on nurses' job satisfaction were significantly diminished in units with wide spans of control. Specifically, in this study, the results revealed that unit turnover increased 1.6% for every additional 10 individuals in the manager's span of control. It can be surmised then, that wide spans of control contribute to dissatisfaction in the manager population. Having too much to do in too little time is in and of itself a stressor, and an increased vacancy rate in the nurses a manager supervises also adds significant complexity to the situation.

Upenieks (2003) examined nurse leaders' perceptions of the value of the roles. In addition, Upenieks looked at whether or not the value they attribute to their roles differs among different levels of leadership. The qualitative research on this issue sought to increase understanding of what comprises successful nursing leadership from the manager's perspective.

A deductive analysis of the data indicated that nurse leaders found that access to Kanter's work empowerment structures created a positive and empowered climate that fostered the ability to effectively lead and thereby enhanced their success as a nurse leader. The factors that influenced nurse leader effectiveness included: access to formal and informal positional power, availability of advancement potential, access to resources to get nurses the tools needed to provide effective patient care, and access to information about organizational and unit objectives. The majority of nurse leaders interviewed reported that the power in the roles was based on informal and formal systems of the organization. This portion of the analysis validates Kanter's first empowerment structure, the structure of power Upenieks (2003).

In regard to the second empowerment structure, opportunity, nurse leaders believed that this was an additional factor necessary for a successful work culture. The nurse leaders talked about a variety of times in their work lives when, given opportunities to learn and grow, it enhanced their leadership effectiveness.

The structure of proportion was the only component of Kanter's theory that produced a wide range of responses in the leaders polled. Yet most thought, using a variety of ways to explain their perspectives, believed that they were not exposed to gender socialization in work roles (Upenieks, 2003).

#### *Statement of Problem*

Hospitals have been undergoing a dynamic reorganization in the past decade and a major impetus for this has been cost-saving initiatives brought about by managed care and poorer hospital reimbursement. According to Patrick and Spence-Laschinger (2006), the reorganization has had an overwhelming impact on the roles of middle-level managers, affecting their ability to provide adequate leadership.

### *Purpose of the Study*

The purpose of this study is to examine the relationship between structural empowerment and perceived organizational support and the affect of these factors on the role satisfaction of middle level nurse managers. There has been a great deal of research addressing empowerment in the staff nurse population, however, there seems to be a knowledge gap regarding its effect on managers. In addition, positive perceptions of organizational support may play an important role in retaining current managers and in attracting future leaders to management positions.

### *Research Question*

Is the role satisfaction of middle level managers enhanced through access to empowerment structures and perception or organizational support?

### *Theoretical Framework*

Kanter's theory has as its premise that organizational factors (i.e. hospital environments) are much more useful than an individual's personality factors in understanding behaviors and effectiveness on the job (Kanter, 1977).

Kanter's theory also hypothesizes that there are formal and informal systems within the organization that either assist or hinder empowerment. Formal power is power

that results from the position a person holds in the organization. Informal power is consequent to relationships with peers, superiors and subordinates. Kanter espouses that informal power is an intermediary to formal power. In other words, a position held in an institution may not be enough for a nurse leader to achieve access to support and information or to assemble the resources necessary for work effectiveness. Nurse leaders must build relationships with a mixture of people and groups within the organization to capitalize on his or her work empowerment (Upenieks, 2003). Furthermore, Kanter illustrates three "work empowerment structures" (Kanter, 1977:

1. The structure of power stems from 3 sources of influence: access to information, support and resources.
2. The structure of opportunity refers to increased role expectations, access to challenges and advancement potential within the organization.
3. The structure of proportion denotes the social arrangement of people in approximately the same situation. It is a quantitative measure that addresses the majority group (example females) versus the minority group (example males).

### *Definition of Terms*

#### *Structural Empowerment.*

*Conceptual:* Environments that are structurally empowering provide staff access to information, resources, support, and the opportunity to learn and develop (Kanter, 1977).

*Operational:* Structural empowerment will be measured by the 19-item Conditions for Work Effectiveness Questionnaire-II (CWEQ-II), (Patrick & Laschinger, 2001).

#### *Organizational Support.*

*Conceptual:* The generalized belief of employees that their institution values their contribution and cares about their wellbeing (Patrick & Laschinger, 2005).

*Operational:* Organizational support will be measured by the 13-item Eisenberg's Perceived Organizational Support Scale (POS), (Eisenberger, 1986).

#### *Middle-Level Manager.*

*Conceptual:* Managers who occupy positions of leadership between those of senior management and front-line nurse managers (Patrick & Laschinger, 2005).

### *Role Satisfaction.*

*Conceptual:* The absence of role stress (Patrick & Laschinger, 2005).

*Operational:* Role satisfaction will be measured by the 6-item Alienation from Work Scale (AWS), (Aiken & Hage, 1966).

### *Assumptions*

Middle-level nurse managers' (MLNMs) roles have become increasingly difficult in the last decade. This additional role complexity has left them limited time to develop constructive work milieus, guide potential nurse leaders and to have satisfaction in their leadership role.

### *Study Limitations*

The study employs a cross-sectional design, and offers a one-time glimpse into the relationships between the variables. This prevents conclusive statements on causality to be made. Since a mailed survey is employed and since the return rates are generally less than 100%, this limits the generalizability of the findings.

### *Summary*

The flattening of organizational hierarchies and subsequent widening of manager spans of control to gain efficiency and theoretically to empower staff has had a

significant effect on how managers carry out their work. Nurse managers are critical to empowering nurses for professional practice. Supervising increased numbers of staff has deleterious affects on managers' abilities to empower them. Lack of empowerment of staff nurses might contribute to decreased role satisfaction and decreased organizational commitment and subsequent staff nurse attrition. All of these factors have a negative effect on the nurse manager's role satisfaction.

## Chapter II

### *Literature Review*

#### *Introduction*

The effort to make healthcare more efficient and effective has led to organizational redesign and restructuring in the past decade, and these changes have taken a toll on institutional culture and climate. Employees who have lived through this tumultuous period are understandably wary of what is to come. Much has been written about the effect of these changes on staff nurses' job satisfaction. Yet, very little attention has been paid to the effect of restructuring on middle-level managers. According to Patrick and Laschinger (2006), this redesign has led to a significant change in middle managers' roles and responsibilities in the healthcare setting. The authors also suggest that nurse leaders are underrepresented in hospital management hierarchies and that this has left those who remain with inadequate power to bring about

change or speak for nursing in the organization (Patrick & Laschinger).

This study is a partial replication of Patrick et al.'s (2006) secondary analysis of data from a larger study of 126 middle-level nurse managers working in Canadian acute care hospitals. The purpose is to examine the relationship between structural empowerment and perceived organizational support and the effect of these factors on the role satisfaction of middle-level managers. Research questions are:

1. What is the relationship between structural empowerment and perceived organizational support?
2. What is the combined effect of empowerment and perceived organizational support on satisfaction of middle-level manager?

#### *Organization of Literature*

The literature review is comprised of studies that encompass structural empowerment, job satisfaction, and organizational commitment from the staff-nurse perspective. In addition, it examines nurse leaders' views on the importance of their roles in regard to these factors and whether or not their view is shaped by which leadership role they hold in the organization (manager versus

director, e.g.). Lastly, the review examines data on the relationship between structural empowerment and perceived organizational support and the affect of these factors on the role satisfaction of middle-level nurse managers. The supportive literature is divided into three sections:

1. Theoretical framework
2. Nurse leaders' perspectives on empowerment
3. Staff nurses' perspectives on empowerment

#### *Theoretical Framework*

Kanter's Structural Theory of Organizational Empowerment is the framework for this study. This framework has been used in both quantitative and qualitative research. Kanter (1977) identifies six structural organizational factors beneficial to workplace empowerment: Access to information, support, resources, learning opportunities, formal power and informal power. Information is defined as the technical knowledge and skill needed to do work effectively within an institution. Opportunity is the degree to which there is potential for learning and advancement within an organization. Support indicates the helpfulness received from peers, managers and subordinates and access to resources refers to access to the tools and materials to do the job effectively. Formal

power refers to workplace positions that are visible and necessary to achieving organizational goals and informal power is derived from peer relationships in the organization that assist in institutional goal achievement.

According to Kanter (1977), work environments that provide access to these structures empower employees to accomplish work in meaningful ways. Employees who have access to these structures are more likely to have higher levels of organizational commitment. Individuals who do not have access to these structures have lower aspirations and are less committed to the organization (Laschinger & Finegan, 2005).

#### *Nurse Leaders' Perspectives*

According to Patrick and Laschinger (2006), hospital restructuring in the past decade has caused the reallocation and redesign of the roles and responsibilities of middle-level managers and this has had an overwhelming impact on the ability of the organizations to provide effective nursing leadership. The purpose of this study was to study the relationship between structural empowerment and perceived organizational support and the affect of these factors on the role satisfaction of middle-level managers. The research question posed in this study is

whether or not the role satisfaction of managers is enhanced through access to empowerment structures and perceptions of organizational support. Kanter's Theory of Organizational Empowerment is employed as the framework.

A secondary analysis was carried out as part of a larger study that tested a theoretical model connecting nurse managers' view of empowering work conditions to work attitudes and health outcomes. The population consisted of 126 middle-level nurse managers working in Canadian acute care hospitals. The sample was randomly selected from the Ontario Provincial Nurse Registry. One hundred and twenty-six questionnaires were mailed and of those 96 surveys were returned. Ten participants were deemed ineligible, one was incomplete and one returned due to a change in address.

Four tools were employed to collect the data: The 19-item Conditions for Work Effectiveness Questionnaire II (CWEQ-II) is used to measure structural empowerment. The CWEQ-II is a modification of the original Conditions of Work Effectiveness Scale developed by Chandler in 1986. The CWEQ-II items measure the empowerment structures from Kanter (1977) and a two-item global empowerment scale, which is used for confirmation purposes. Items were rated on a five-point Likert scale. Cronbach alpha reliabilities

from past studies ranged from 0.79 to 0.82. In this study the values ranged from 0.76 to 0.79 for the six subscales, and the global empowerment scale positively correlated with the CWEQ-II ( $r=56$ ), supporting the construct validity of the instrument (Patrick & Spence-Laschinger 2006). The short-form of the 13-Item Eisenburg's Perceived Organizational Support Survey (1986) is used to measure the participants' perceived organizational support. It employs a seven-point Likert scale for rating. The original scale is one-dimensional and since it has been shown to have a high internal reliability, this supports the use of the shorter version (Patrick & Spence-Laschinger, 2006). In this study, the Cronbach alpha was 0.90. Aiken and Hage's Alienation from Work Scale (1966) is employed to measure role satisfaction. Aiken and Hage define unhappiness in the work role as alienation from work. According to the authors, this unhappiness is apparent by a sense of disappointment with career, professional development and the inability to achieve professional norms (Aiken & Hage, 1966). In using this tool, items are reverse scored to gauge job satisfaction. The scale consists of six items rated on a 5-point Likert scale, with a high score

correlating with high job satisfaction. In this study, the Cronbach's alpha was 0.85.

Both structural empowerment and perceived organizational support were found to be important independent forecasters of job satisfaction in middle level managers (Patrick & Spence-Laschinger, 2006). Additional investigation revealed strongly positive relationships between the various aspects of structural empowerment and perceived organizational support. The strongly positive correlations found in this study between the supportive structures of empowerment and perceived organizational support imply that nurses who are exposed to positive feedback and acknowledgment of a job well-done feel valued and are more satisfied in their roles and are therefore more effective in as nursing leaders. In order to lead effectively, middle-level managers must have access to empowerment structures and perceive that they are supported in their roles. Today's healthcare environment is fast-paced and chaotic and because of this, it is challenging to create an environment with low levels of role stress. Kanter's empowerment structures provide a proven road map to supporting the work of nursing.

According to Upenieks (2003), since the nation's healthcare system is facing a critical nursing shortage, nurse executives and administrators are employing aggressive and expensive recruiting efforts to attract nurses to institutions. Upenieks further asserts that recruitment is only a single facet of the problem, because retaining nursing personnel in institutions is also of major concern. The purpose of this study is to examine how nurse leaders view the value of the role. The questions posed in this study are: How do nurse leaders view the value of their role? Does the value that is attributed to the role differ among leadership role (front-line manager versus nurse executive, e.g.)? How do nurse leaders view the affect of gender on leadership success? The theoretical framework utilized is Kanter's Structural Theory of Organizational Empowerment (1977).

This was a qualitative study using content analysis. According to Burns & Grove (2005), content analysis is intended to categorize the words in a text into a few groups. It provides a means of quantifying the frequency of words, groups of words or sentences. Because it employs counting, some qualitative researchers do not consider it a qualitative technique. Nurse leaders were chosen from four

acute care health settings. Two of the settings were magnet centers and two were non-magnet private community hospitals. The sample consisted of sixteen nurse leaders. Seven were from magnet hospitals and nine were from non-magnet hospitals. Nurse leaders of varying levels in the hospital hierarchies were recruited. Twelve nurse leaders were at the director or managerial level and four were at the executive level. For inclusion in the study, nurse managers and directors had to have functioned in their current role for between 2 and 5 years. The nurse executives had to rank at a vice president or above and have been in their role for at least 5 years (Upenieks, 2003).

Interviews with each of the participants were conducted and taped. Each interview ranged from 60 to 90 minutes in length. A specific set of questions served as a guide, but the interviews were not highly structured. Additional questions were inserted into the interviews to prompt participants, and to further clarify information provided. One interview was conducted for each participant, but follow-up phone calls were made to further clarify responses when needed (Upenieks, 2003).

Eighty-three percent of the nurse leaders who participated in the study believed that leaders who have access to Kanter's structural empowerment factors (informal and formal power, access to information and resources, opportunities to learn and grow) will be effective in leadership. A matrix analysis revealed many similarities and several differences in responses received from those at the executive versus the manager/director levels, as well as differences among those employed in magnet versus non-magnet institutions. The manager/directors identified their principal traits as leaders as being supportive, providing nurses with opportunities and making sure that the nurses had the tools to do their jobs efficiently and effectively.

The executives focus was quite different. The focus for them was on initiatives of a fiscal nature and on higher-level hospital and nursing goals. The executives also articulated that the role included helping to foster collaborative working relationships between nurses and doctors. Nurse executives at magnet hospitals were reported by managers to be more visible than their non-magnet counterparts. Also nurse executives at magnet hospitals were perceived to be more strongly committed to professional nursing practice than their counterparts at

non-magnet hospitals. Nurse executives and managers/directors at magnet and non-magnet hospitals did not perceive gender to be an issue in the role effectiveness, but at the clinical nurse level this was evident in physician-nurse interactions (Upenieks, 2003).

The findings suggest that the efforts of organizations to focus on the empowering structures as espoused by Kanter have the potential to improve leadership. Shared governance is an example of a positive way of spreading formal power, as it gives staff nurses opportunities to have authority and share control in decisions at the bedside.

#### *Staff Nurses' Perspectives*

In a research study conducted by Spence-Laschinger (2007), it is asserted that nursing leaders are in need of evidence-based strategies to help them create environments that assure the best quality of care for patients and job satisfaction among nurses. The purpose of this study is to test Leiter and Spence-Laschinger's Nursing Worklife Model (2006), which connects Lake's 5-factor professional practice work environment model and work quality outcomes. Spence-Laschinger set out to answer the question: Does structural empowerment have a positive affect on nurses' perceptions of their manager's leadership ability and would

this, then, positively affect nurses' decisional involvement, collaborative relationships with physicians and staffing adequacy? Lake's original Worklife Model and Kanter's Structural Theory of Organizational Empowerment (1977) were the frameworks employed in this study.

Model testing was undertaken using a predictive non-experimental design. The study was conducted in Ontario Canada and involved nurses working in urban tertiary care hospitals. A random sampling was employed using the registry list of nurses in the province of Ontario. Nurses from all areas of Ontario were represented in the sample. 234 nurses responded to the mailed survey. The nurses worked full or part-time and represented medical-surgical, critical care, maternal child and psychiatric specialty areas. The return rate was 58.5 % (Spence-Laschinger, 2007).

CWEQ-II is used to measure structural empowerment. Each item was measured on a five-point Likert scale. These values were summed and averaged to yield six subscales. Construct validity was confirmed and revealed a good fit of the hypothesis. Acceptable reliability was reported, though not quantified.

Lake's Professional Environment Scale (2002) was used to measure Magnet hospital characteristics in the nursing practice environment. The tool consists of five scales that mirror Lake's dimensions of professional practice environments. Construct validity was verified. Acceptable alpha reliabilities were also reported and ranged from 0.81 to 0.87. A modified Hackman and Oldham's Job Diagnostic Survey was used to gauge a global measure of work satisfaction. The alpha reliability coefficient in this study was 0.77. Aiken and Patrician's scale was used to measure how nurses rated the quality of care given on their units. A 1-4 scale was used on the 1-item tool. A high number indicated high quality. Alpha reliability coefficients were not reported. The good-fit statistics for the first job satisfaction model tested did not meet acceptable criteria. A modification was made that added a link between structural empowerment and satisfaction. This created a good fit (Spence-Laschinger, 2007).

Structural empowerment was found to have a positive effect on nursing leadership quality, which was then positively correlated with decisional involvement, nurse-physician collaboration and the perception of staffing adequacy (Spence-Laschinger, 2007). The results replicated

the work of Manojlovich and Spence-Laschinger's (2007) study.

The results reveal the importance of structural empowerment to nurses work life experience. The results also indicate the importance of strong management to ensure that there is access to empowering working conditions to support the practice of nurses. It is important for nurses to have involvement in unit decisions, collegial RN/MD relations, and staffing adequacy. The factors influenced the degree to which the primary approach to patient care had a nursing approach (versus a medical model approach). This in turn was related to higher quality-of-care perceptions and work satisfaction (Spence-Laschinger, 2007).

Spence-Laschinger, Finegan and Shamian (2001) purport that a lack of trust in management has considerable impact on key organizational factors. Without trust, work cannot be done well. They assert that factors affected adversely by lack of trust include "group cohesion, perceived fairness of decisions, organizational citizenship behavior, job satisfaction and organizational effectiveness" (Spence-Laschinger et al.). The purpose of this study is to test a model developed from Kanter's Theory (1977) in which staff

nurse work empowerment and organizational trust were connected with two institutionally important outcomes, job satisfaction and organizational commitment. The authors sought to answer two questions: Do empowered employees report more job satisfaction and affective commitment than employees who are not empowered? Does empowerment indirectly (through perceived organizational support) lead to feelings of trust that in turn enhance job satisfaction and organizational commitment? (Spence-Laschinger et al.).

According to Spence-Laschinger et al. (2001), model testing was accomplished via a non-experimental predictive survey design. The population consisted of nurses who worked in urban tertiary care hospitals in Ontario Canada. The sampling consisted of 300 male and 300 female nurses who were randomly selected. The authors state that the rationale for sampling equal numbers of men and women was based on a question from a larger study that sought to answer whether or not the model differed by gender.

The Conditions for Work-Effectiveness Questionnaire II (CWEQ-II) is a variation of the original 35 item Conditions for Work Effectiveness Questionnaire (CWEQ). The CWEQII was employed to calculate nurses' perceptions of the availability in their workplace of the four work

empowerment structures described by Kanter (1977): access to opportunity, information, support, and resources). Each of the four subscales was comprised of four items based on confirmatory factor analysis. It had a reported 0.93 alpha coefficient for this study.

The 12-item Job Activities Scale (JAS) gauges staff nurses' perceptions of "formal power" within the work environment. More specifically, it measures perception of job flexibility, ability to use their good judgment, visibility, and acknowledgment within the work environment. It employed a five-point Likert scale. The Cronbach's reliability coefficient for the tool is 0.70. The 18-item Organizational Relationships Scale (ORS) measures staff nurses' perceptions of informal power within the work environment. According to Spence-Laschinger and Finegan (2001), it was designed to measure perceptions of "political alliances, sponsor support, peer networking, and subordinate relationships in the work setting" (p. 14). The Cronbach's alpha for this study was 0.87.

The 12-item Interpersonal Trust at Work Scale (ITW) consists of four subscales that calculate trust in the aim of and confidence in actions of peers and managers. Its reported alpha coefficient in this study was 0.84. The

Organizational Commitment Scale (OCQ) This instrument was modified to include only the subscales with regard to measuring affective and continuance organizational commitment. It consisted of a seven-point Likert scale. A score of 1 indicated low commitment and a score of 7 indicated high commitment. The affective commitment and continuance commitment alpha coefficients for this study were 0.74 and 0.75 respectively.

The Demographic Questionnaire was used to collect data on participants' gender, age, years of nursing experience, years on current unit, specialty area, educational level, and work status (Spence-Laschinger et al., 2001).

The CWEQ-II, used to measure the overall work empowerment score implies that nurses perceived their work settings to be only moderately empowering. (M=11.4, SD=2.23, with range of 4-20). The global empowerment score was also moderate (M=3.02, SD=0.95, range 1-5). The JAS score indicated that nurses did not perceive their jobs to have a high amount of formal power (M=2.39, SD .50, range 1-5). The ORS (range 1-5) indicated that nurses report a higher confidence and trust in peers (M=3.79, SD=.73; M=3.77, SD= .81) than in management (M= 2.66, SD=.89; M=2.59, SD=.88). The ITW indicated that nurses were not

particularly satisfied with their jobs ( $M=2.78$ ,  $SD=.90$ , range 1-5). Sixty percent of the sample scored the ITW less than 3.0. The OCQ indicated that nurses' continuance commitment was higher than affective commitment ( $M=4.38$ ,  $SD = 1.25$  versus  $M= 3.77$ ,  $SD =1.16$  respectively) (Spence-Laschinger et al., 2001).

The results of this study lend credence to the proposition that staff nurse empowerment has an affect on their trust in management and ultimately influences job satisfaction and affective commitment. The findings emphasize the importance of constructing work environments that provide access to structural empowerment factors that allow them to meaningfully accomplish their work.

Kuokkanen, Leino-Kilpi, and Katajisto (2003) asserted that the rapid technological advances in healthcare and the changes in the organization of work have led to a great deal of stress and strain on nurses and may adversely affect their ability to cope with the job. More importantly, the authors worry about the ability of the nursing profession to be seen as an attractive one for young people looking for a career. In a time where there is an extreme shortage of nurses, this is an important issue to address. The purpose of this study is to look at nurse

empowerment in the context of what background factors are important for its realization.

The authors sought to answer these questions: How do nurses assess their qualities and performance as empowered nurses? What factors are considered by nurses to promote or impede empowerment as compared with the ideal model of nurse empowerment? What background variables are the most significant for nurse empowerment? Psychological Theory is employed as the framework in this study. Empowerment was seen as a method of personal improvement and maturity. Categories that promote or impede empowerment were adopted as part of this conceptual framework. Included were: Moral principles, personal integrity, expertise, future orientedness and sociability.

A descriptive comparative design was employed. Comparative descriptive design seeks to examine and describe differences in variables in two or more groups that occur naturally in a given setting (Burns & Grove, 2005). The population consisted of 600 nurses from 1 university hospital, seven community hospitals and 25 health centers in southern Finland. Of this population, a sampling was undertaken and consisted of 200 critical care nurses, 200 long-term care nurses and 200 public health

nurses. The nurses were selected randomly from the employer registry.

The data was collected between January 8<sup>th</sup> and February 28<sup>th</sup>, 2001 via a questionnaire. The response rate was 69%. Empowerment was measured using the 19-item Qualities of Empowered Nurse (QEN) Scale, 19-item Performance of an Empowered Nurse (PEN) Scale, 18-item Work Empowerment Promoting (WEP) Factors Scale, and the 18-item Work Empowerment Impeding (WEI) Factors Scale. All of the scales were 5-point Likert scales. Demographic and background data were also collected. The background data included information on role satisfaction, additional professional schooling and willingness to change the job or leave the nursing profession. Cronbach alpha coefficients for this study were reported as follows: QEN= 0.88, PEN= 0.87, WEP=0.92 and WEI= 0.93 (Kuokkanen et al., 2003).

Nurses were fairly satisfied with empowerment. The means for qualities (QEN) ranged from 3.4 to 4.5 (on a scale of 1-5) with 1 meaning least and 5 meaning most. The means for performance (PEN) were a little lower, with means between 3.0 and 4.0. The means for promoting factors, as measured by the WEP ranged from 3.0 to 3.9 and those for impeding factors (WEI) ranged from 2.1 to 3.0. The nurses

were fairly satisfied with their profession, with those expressing dissatisfaction accounting for between 8% and 15% of the 3 sets of nurses. Job dissatisfaction was reported by 18-22% of respondents. Within the three groups, a quite remarkable finding was the significant number who had thought about changing jobs (38-60%) or leaving the profession (27-38%) respectively (Kuokkanen et al., 2003).

The nurses reported fairly high satisfaction with empowerment and with their jobs. Despite this however, the inclination toward job or career changes was quite strong. More consideration must be given to the attractiveness of the field of nursing or shortages will continue to plague many countries.

Faulkner and Spence-Laschinger (2007), saw the nursing shortage as a problem that will become increasingly acute as the population ages. The authors emphasize that strategies to improve the workplace environment are needed to increase recruitment and retention of nurses for health care settings. The purpose of this study was to examine the relationships between structural and psychological empowerment and hospital nurses' perceptions of respect. The framework for this study is Kanter's Theory of Organizational Empowerment (1977). The authors seek to

answer whether or not staff nurses' perceptions of structural and psychological empowerment are positively related to respect.

This is a secondary analysis of a larger study that examined which factors related to nurses' workplace health. The sample consisted of 500 acute care nurses who were randomly selected from the Ontario Provincial Registry. Questionnaires were mailed to each participant. Two hundred eighty-two useable questionnaires were included for analysis in the study, for a return rate of 56% (Faulkner et al., 2007).

The CWEQ-II measured structural empowerment. It consists of 19 items that measure the participants' perceptions of access to the six elements of structural empowerment. It employs a five-point Likert scale, that ranges from strongly agree to strongly disagree. Higher scores indicate higher structural empowerment. In this study, Cronbach's alphas ranged from 0.71 to 0.85 for the subscales, 0.80 for the total scale.

The Psychological Empowerment Questionnaire (PEQ) was used to measure psychological empowerment. It contains 12-items that measure the four subscales of psychological empowerment. It rates items on a 5-point Likert scale,

ranging from strongly disagrees to strongly agrees. Higher scores of psychological empowerment are indicated by higher scores. In this study, Cronbach's alpha coefficients ranged from 0.86-0.91 for the subscales, and 0.89 for total scale.

The (modified) Esteem Subscale of the Effort-Reward Imbalance Questionnaire was used to measure perceived respect. A seven-point Likert scale was used to measure respondents' perceptions of respect from superiors, colleagues and overall respect with the workplace. Higher scores indicate higher perceived respect. Cronbach's alpha was reported at 0.77 in this study. A demographic questionnaire was also included (Faulkner et al., 2007).

The results of this study indicated that structural and psychological variables were important independent predictors of respect. On the whole, structural empowerment was significantly and positively related to perceived respect ( $r=0.47$ ,  $P=0.01$ ). Overall psychological empowerment was significantly correlated with respect ( $r=0.32$ ,  $P< 0.01$ ).

The findings indicated support for Kanter's (1977) theory that emphasizes that empowering work conditions have positive effects on staff mind-set and behavior. In addition, collegial relationships (informal power) and

support from managers (formal power) are important to nurses' perceptions of respect, as is professional autonomy. These conditions are important to mediating the nursing shortage by increasing the probability of retaining nurses currently in the system, as well as attracting new recruits to the profession (Faulkner et al., 2007).

Strains from institutional downsizing, limited fiscal resources, and poor interdisciplinary relationships frequently confront nurses and lead to a diminishing sense of work environment stability, according to Spence-Laschinger and Finegan (2005). The purpose of this study was to test a model connecting nurses' empowerment to organizational justice, respect and trust in management and finally, job satisfaction and organizational commitment. Kanter's Theory of Organizational Empowerment (1977) is the framework used in this study.

The population consisted of staff nurses working in medical-surgical or intensive care units in urban teaching hospitals across Ontario Canada. A random sample was obtained and 289 questionnaires were ultimately returned. The final return rate was 59%. Of these, 273 cases were used for analysis. Sixteen cases were not used due to missing data on the questionnaires. This study used a non-

experimental predictive design. Model testing by path analysis was undertaken (Spence-Laschinger & Finegan, 2005).

This study employs a non-experimental predictive design, testing the model by path analysis. The 19-item Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) was employed to measure nurses' perceptions of their access to the six elements of structural empowerment (Kanter, 1977). They are: Access to opportunity, information, support and resources, informal power, and formal power. A five-point Likert scale was used, with higher numbers representing higher levels of empowerment. A two-item global empowerment scale was incorporated for validation. Cronbach alpha reliabilities in previous studies using this tool ranged from 0.79 to 0.82.

The 9-Item Moorman's (1991) Justice Scale was used to calculate interactional justice. A seven-point scale was used to rate the items. Cronbach's alpha reliability is reported at 0.81 to 0.91. The 3-item Siegrist's Esteem Scale (1996) was utilized to measure nurses' perceptions of the respect received from managers and peers. Items were rated on a 7-point Likert scale. Alpha reliability in a

previous study employing this tool was rated acceptable at 0.76.

The 17-item Trust in Management Scale provided data about job satisfaction and organizational commitment. Items were rated on a 7-point Likert scale. Reported alpha reliability estimates for this scale have been acceptable at  $>0.70$ . Williams and Cooper's Pressure Management Indicator (1998) was used to predict organizational commitment, positive organizational climate, and degree of control in the workplace. It employed a 6-point Likert scale. It has a reported internal consistency reliability of 0.89% (Spence-Laschinger & Finegan, 2005).

Nurses in this study perceived work only to be minimally empowering, with most of the subscales ranging below 3 on a 5-point Likert scale. The nurses reported moderate amounts of interactional justice. Interpersonal justice was greater than informational justice ( $M=4.30$  versus 3.90, scale 1-7). Along the same lines, nurses did not perceive that they received adequate respect ( $M=4.39$  on a 1-7 scale). Nurses did not report high levels of trust in management ( $M=3.24$  on a 6-point scale.) Nurses rated managers lowest on honesty ( $M=3.07$ ) and concern for employees ( $M=3.0$ , both on 7-point scales. Lastly, nurses in this

study reported only middle-levels of job satisfaction and organizational commitment (M=3.99 and 3.84, on 1-6 scales).

Fit-testing on the original hypothesized model revealed a poor fit. The model was retooled to add direct paths from structural empowerment to respect, job satisfaction, and commitment, and from justice to trust. This retooled model showed an improved fit over the hypothesized model. The results of this study lend credence to the proposition that staff nurse empowerment has an affect on their opinions of fair management practices, feelings of being respected in their work settings, and trust in management. This ultimately influences their job satisfaction and organizational commitment (Spence-Laschinger & Finegan, 2005).

Nursing is facing a serious shortage, which continues to become more acute. Since the nature of the work environment has been shown to be a contributor to this shortage, management must strive to create environments that support the work of the nurse. An environment of trust and respect can help institutions attract and retain an adequate nursing workforce.

Hiring and training staff are costly for organizations and with the nursing shortage, vacancies are harder to

fill, and therefore healthcare organizations must seek out processes that will maximize the retention of nurses. The purpose of a study by Nedd (2006) is to determine the link between an employee's intent to stay in and perceptions of empowerment in an organization. The research question addressed in this study is do perceived formal power, informal power, and access to work empowerment structures relate to nurses' self-reported intent to stay on the job? The framework employed in this research is Kanter's Structural Theory of Organizational Empowerment (1977).

A descriptive correlational design was employed in this study. The population comprised 147,320 registered nurses from the state of Florida and of these a random sample of 500 RNs was undertaken. Of these, 206 useable surveys were returned for a response rate of 42%. Surveys were mailed to each participant, employing the strategies suggested by Dillman (2000) to maximize the rate of return.

The Job Activities Scale (JAS) measured perceptions of job flexibility, visibility, and recognition in the work environment. The alpha coefficient in this study was 0.81. The 18-Item Organizational Relationships Scale (ORS) measured staff nurses perceptions of informal power within the work environment. The alpha coefficient for this tool

was 0.92. The 31-item Conditions for Work Effectiveness Questionnaire (CWEQ) was designed to measure perceived access to the four empowerment structures: opportunity, information, support and resources. Alpha reliability for this study was 0.96. The Kim, Price, Mueller and Watson (1996) Scale measured intent to stay on the job. The alpha coefficient for this tool was 0.86. Demographic factors (age, gender, years in nursing, etc.) were also logged (Nedd, 2006).

Nurses perceived moderate levels of empowerment at their workplaces ( $M=12.95$ ,  $SD= 3.14$ ). This indicated that there is still room for improvement. The nurses reported the greatest access to the empowering structure of opportunity ( $M= 3.44$ ,  $SD=0.84$ ), followed by support ( $M= 3.22$ ,  $SD= 0.98$ ), information ( $M=3.17$ ,  $SD= 0.95$ ) and resources ( $M= 3.10$ ,  $SD= .90$ ). Pearson correlation coefficients were calculated to examine the relationships between intent to stay and each of the three empowerment variables: The JAS (formal power), the ORS (informal power) and overall work empowerment and its four subscales (CWEQ). The intent to stay in the organization was substantially positively linked with all empowerment variables. There was

no significant relationship noted between self-reported intent to stay and the demographic variables (Nedd, 2006)

The findings bring to light that there is a link between the nurses' perceptions of access to workplace empowerment structures and their organizational commitment. The author of this study concludes that it is important not to focus on personality characteristics of staff, but to focus on organizational factors that are within the management domain.

According to Ulrich et al. (2007), it is not known whether or not hospitals that have been nationally acknowledged for excellence (Magnet and/or Beacon Designation e.g.) report greater empowerment and heightened job satisfaction among nurses. The purpose of this study was to determine if differences exist. The framework for this study is based on the American Association of Critical-Care Nurses (AACN) national standards for establishing and sustaining healthy work environments (2005). The question posed was: Do nurses who work in institutions that have achieved a standard of excellence (Magnet or Beacon designation) view the work environment and the nursing profession differently than nurses in organizations/units that have achieved this standard?

A convenience sample was employed. The population consisted of 4,346 RNs from every state and the District of Columbia. Of those who responded, only the 4,034 participants who reported currently working as an RN were included in the data analysis. The study utilized a comparative descriptive design (Ulrich et al., 2007).

An on-line questionnaire, consisting of 16 items, developed from the AACN Standards for Establishing and Sustaining Healthy Work Environments was used to elicit information. Participants were to indicate their level of agreement twice: once for unit (microsystem) and once for the institution as a whole (macrosystem). As part of the survey, the participants were also asked to indicate the Magnet or Beacon status of the work environments. The scale options were: Strongly agree, agree, disagree, and strongly disagree. Percentages of respondents who strongly agreed/disagreed that their organization meets the standards for a healthy work environment were calculated. In every case, nurses in Magnet organizations indicated a significantly higher level of agreement ( $P < .05$ ) with the statements than did nurses in Magnet-pursuit or no-magnet activity organizations. When assessing their work units, nurses in Beacon units indicated a significantly higher

level of agreement ( $P < .05$ ) with every statement than did nurses in no-Beacon units (Ulrich et al., 2007).

This study supports the contention that excellence does make a difference. Nurses who worked in organizations and/or units that have met a national standard of excellence (such as Magnet or Beacon), consistently reported healthier work environments and expressed higher satisfaction with their current jobs than those who did not. It is important to note that the pursuit of excellence needs to be viewed as a core strategy in organizations, as doing so has human resource as well as fiscal benefits.

According to Lucas, Spence-Laschinger and Wong (2008) Canada is enduring a crisis in healthcare due to the shortage of professional nurses and shrinking fiscal resources. The purpose of this study is two-fold: Test a model connecting managers' emotionally intelligent leadership style and nurses' structural empowerment; test the impact of nurse manager span of control on emotional intelligence. Questions to be answered are: Do nurse managers' emotionally intelligent leadership styles positively correlate to nurses' structural empowerment and are this relationship mediated by manager span of control. An extended version of Kanter's Theory of Structural

Empowerment (called the Work Empowerment Theory, 2007) is the theoretical framework for this study.

A descriptive correlational survey design was employed for this study. The population was nurses from two community hospitals in Ontario Canada, and of these nurses a random sampling of 150 nurses was selected from each hospital. Only those nurses working in the acute care setting were sampled. The final sample consisted of 208 useable surveys (68% response rate). A predictive non-experimental survey design was used to test the theoretical model (Lucas et al., 2008).

The 19-item CWEQ-II was used to measure structural empowerment, Cronbach alpha reliability coefficients was 0.86 for this study. The Emotional Competence Inventory, version 2 (ECI-II) was employed to measure emotional intelligence (self-awareness, self-management, social awareness and relationship management). Items in this tool are summed and averaged to create subscales, which are then summed to create an overall emotional intelligence scale. In this study, subscale Cronbach alpha coefficients ranged from 0.48-0.97. Data on manager span of control was collected from each of the hospitals' human resources departments. A demographic questionnaire was used to

collect information on age, gender, nursing experience, etc.

Staff nurses perceptions of their workplace empowerment were only moderate ( $M= 18.24$ ,  $SD= 3.18$ ). All the CWEQ-II subscales scored around the middle of the 5-point Likert scale. Staff nurses reported that their nurse managers were moderately emotionally intelligent ( $M=3.36$ ,  $SD= 0.82$ ). Managers were rated highest on the social awareness subscale ( $M= 3.42$ ,  $SD= 0.89$ ) and lowest on the relationship management subscale ( $M= 3.23$ ,  $SD= 0.84$ ). Nurse Managers' span of control ranged from 5- 151 direct reports, averaging 77.11 ( $SD= 38.79$ ). A regression analysis was employed to determine the moderating effect of span of control on the relationship between nurses' perceptions of manager's emotional intelligence and empowerment. The results indicated that managers who have a large span of control have nurses who report that their sense of workplace empowerment is weaker (Lucas et al., 2008).

This study supports Kanter's Theory (1977) that certain organizational attributes in the workplace are the primary step in improving employee work life. It also lends credence to the importance of nurse managers' leadership abilities. This is vital because empowerment affects

quality of work life and leads to a greater sense of work satisfaction. A pleasant work environment can be employed as a recruitment tool and can be integral in retention of current staff and these factors positively affect patient care and the good stewardship of financial resources (Lucas et al., 2008). Lastly, this study provided evidence for the contention that the wider the managers' span of control, the smaller the affect of emotionally intelligent leadership.

Ulrich et al. (2006) contends that there is a pressing need to attract new nurses into the profession. Because of the shortage of professional nurses, the authors assert that it is of paramount importance that institutions develop strategies to retain nurses working in hospitals, particularly in critical care. The purpose of this study was to determine the status of critical care work environments. Questions about the status of work environments were asked for institutions as a whole (macrosystems) and for the individual units in which nurses work (microsystems). The American Association of Critical Care Nurses (AACN) Standards for Establishing and sustaining Healthy Work environments is the conceptual framework employed for this study. These standards include:

Communication, collaboration, effective decision making, appropriate staffing, meaningful recognition, authentic leadership.

A national survey of critical care nurses was conducted using a convenience sample of RNs associated with the AACN. 4,346 RNs from every state and the District of Columbia responded. A predictive non-experimental survey design was used to test the theoretical model (Ulrich et al., 2006).

AACN Standards for Healthy Work Environments were employed to discern nurses' perceptions on: Communication and collaboration, respect (RN-RN, RN-physician, RN-administrator), physical and mental safety (in regard to sexual harassment, discrimination, verbal abuse and physical abuse), leadership skills of frontline managers and chief nurse executives, support for professional development (continuing education and specialty certification), recognition, quality and outcomes of patient's care, satisfaction with nursing and current position, retention and demographic information. Alpha reliabilities were not reported (Ulrich et al., 2006).

In all categories of the survey the nurses rated the health of a particular work environment higher than their

organization as a whole. RNs reported the highest level of collaboration among each other and the lowest collaboration between the RNs and administrators. In rating respect of the RN by others, > 78% reported that RN-RN respect was "good or excellent." Greater than 61% of participants rated the RN to administrator relationship "fair or poor." Almost 20% of respondents reported experiencing sexual harassment. Greater than 25% reported experiencing discrimination in the past year while working as a nurse. The majority reported experiencing verbal abuse from patients, patient's families and physicians. The data supported the need for improvement in the skill development of both frontline managers and nurse executives. Forty percent of respondents in this study rated frontline nurse managers as fair to poor, and a full 50% rated their chief nurse executive in the fair to poor range (Ulrich et al., 2006).

The data collected in this study provides information on the health of work environments in the critical care setting. Clearly, more emphasis must be placed on the skill development of administrators and managers and the relationship between leadership and staff must be strengthened and nurtured (Ulrich et al., 2006). The frequency that nurses report being exposed to sexual

harassment and verbal abuse must also be targeted for intervention.

*Summary*

Structural empowerment, through access to information, resources, support and the opportunity to learn and grow professionally are empowering and enhance nurses' abilities to accomplish their work meaningfully (Patrick & Spence-Laschinger (2006). In addition, the empowerment structures are influenced by access to formal and informal power systems within an institution. Perceived organizational support results from the general beliefs of employees that they are valued and cared about by employers. The research also suggested that there is support for meeting a national standard of excellence, such as Magnet Status (Patrick & Spence-Laschinger). Nurses working in such institutions consistently report healthier work environments; therefore the pursuit of excellence must be viewed as a core strategy in organizations. The staffs of managers who have a large span of control report that their sense of workplace empowerment is weaker. Organizations must give serious consideration to how organizational restructuring affects the work environment.

There is a small quantity of research to support that some of the same organizational attributes which contribute to role satisfaction in the staff nurse population also have positive affects on nurse managers (Patrick & Spence-Laschinger, 2006; Upenieks, 2003). More research is needed to substantiate these links in the manager population.

## Evidence-Based Practice Table

Source	Problem	Purpose Research Questions	Framework or Concepts	Sample	Design	Instruments	Results
1. Kuokkanen et al. (2003)	Rapid changes in how work is accomplished in the healthcare environment, has led to much concern about nurses' capacity to cope with the pressures and strain of the job and the ability of organizations to recruit and retain nurses.	To examine how nurses view their ability to act as empowered nurses, factors they consider to encourage or hinder empowerment and what additional factors are important for its realization.  Questions: 1. How do nurses assess their qualities and performance as empowered nurses? 2. What factors do nurses consider to promote or impede empowerment? 3. What background variables are the most significant for nurse empowerment?	Categories that promote and impede empowerment were adopted as the conceptual framework: 1. Moral principles 2. Personal integrity 3. Expertise 4. Future-orientedness 5. Sociability Aspects of psychological theory were also employed in this study.	Random sampling of nurses from the employer registry in Finland (n=416).	Descriptive comparative correlation.	19-item Qualities of Empowered Nurse (QEN) Scale  19-item Performance of an Empowered Nurse (PEN) Scale  18-item Work Empowerment Promoting (WEP) Factors Scale  18-item Work Empowerment Impeding (WEI) Factors Scale.	QEN: Fairly positive (m= 3.4-4.5). The range was 1-5, 1=least and 5=most.  PEN: Slightly lower than QEN (m= 3.0-4.0). Range 1-5.  WEP: Mildly positive. Means ranged from 3-3.9. Range 1-5.  WEI: Means lower at 2.1-3.0.
2. Laschinger et al. (2001).	Lack of trust in management has a considerable impact on key organizational factors.	To determine the relationship between employees' intent to stay in the organization and perceptions of empowerment in the nursing setting.  Questions: 1. Do empowered employees report greater job satisfaction and affective commitment than employees who are not empowered? 2. Does empowerment lead to feelings of trust that in turn enhance job satisfaction and organizational commitment?	Structural Theory of Organizational Empowerment (Kanter, 1977).	Random sampling of equal numbers of male and female nurses from the College of Nurses of Ontario registry list. Final number =416 (197 male, 217 females).	Non-experimental predictive survey design	Conditions for Work Effectiveness Questionnaire (CWEQ-II).  Job Activities Scale (JAS).  Organizational Relationships Scale (ORS).  Interpersonal Trust at Work Scale (ITW.)  Organizational Commitment Scale (OCQ).	CWEQ-II indicated that nurses perceived their work settings to be only moderately empowering  The JAS score indicated that nurses did not perceive their jobs to have a high amount of formal power.  ORS indicated that nurses report a higher confidence and trust in peers than in management.  ITW indicated that nurses were not particularly satisfied with their jobs. Sixty percent of the sample scored the ITW less than 3.0 (scale 1-5).  The OCQ indicated that nurses' continuance commitment was higher than their affective commitment.

<p>3. Laschinger et al. (2005)</p>	<p>Strains from institutional downsizing, limited fiscal resources, and poor inter-disciplinary relationships frequently confront nurses and lead to diminished sense of work environment stability.</p>	<p>To test a model connecting nurses' empowerment to organizational justice, respect, and trust in management, and finally to job satisfaction and organizational commitment.</p> <p>Questions: Does job satisfaction and organizational commitment increase with staff empowerment?</p>	<p>Kanter's Model of Organizational Empowerment (1977)</p>	<p>A random sample consisting of nurses working part-time or full-time in medical/surgical or intensive care units in urban teaching hospitals across Ontario Canada. Total number 273, return rate 59%.</p>	<p>Model testing by path analysis</p>	<p>19-item CWEQ-II</p> <p>9-item Moorman's Justice scale (JS)</p> <p>3-item Siegrist's Esteem Scale (SES)</p> <p>17-item Mishra's Trust in Management Scale (MTMS)</p> <p>Cooper's Pressure Management Indicator (CPMI)</p>	<p>CWEQ-II: Nurses rated the work environment only fairly empowering (&lt;3 on a 5-point scale).</p> <p>JS: Interactional justice ranked moderate (4.16 on 7-point scale). Informational justice subscale ranked lower than the interpersonal justice subscale.</p> <p>SES: Nurses did not perceive respect given as merited.</p> <p>MTMS: Nurses reported minimal trust in management.</p> <p>CPMI: Nurses reported only moderate job satisfaction and organizational commitment.</p>
<p>4. Patrick and Laschinger (2006)</p>	<p>Hospital restructuring has caused an alteration in the roles and responsibilities of middle level managers and this has had an overwhelming impact on the ability of organizations to provide effective nursing leadership.</p>	<p>Study the relationship between structural empowerment and perceived organizational support and the effect of these factors on the role satisfaction of middle level nurse managers.</p> <p>Questions: Is the role satisfaction of middle level managers enhanced through access to empowerment structures and perceptions of organizational support?</p>	<p>Structural Theory of Organizational Empowerment (Kanter, 1977).</p>	<p>A secondary analysis was carried out as part of a larger study middle level nurse managers working in Canadian acute care hospitals. The nurses were randomly selected. There were 84 participants.</p>	<p>Secondary analysis</p>	<p>19-item CWEQ-II</p> <p>13-Item Eisenburg's</p> <p>Perceived Organizational Support Survey (POSS, 1986).</p> <p>Aiken and Hage's Alienation from Work Scale (AWS, 1966).</p>	<p>CWEQ-II: Middle-level nurse managers (MLNM) perceived their work as only moderately empowering.</p> <p>POSS: MLNM reported a moderate degree of organizational support.</p> <p>AWS: On average MLNM somewhat satisfied with current role.</p>

<p>5. Ulrich et al. (2007)</p>	<p>It is not known whether hospitals that have been nationally acknowledged for excellence (Magnet or Beacon designations) report greater empowerment and heightened job satisfaction among nurses.</p>	<p>To examine the difference in job satisfaction and empowerment among critical care nurses working in hospitals or units who have achieved designations of excellence (Magnet or Beacon Awards) versus those who have not.</p> <p>Question: Do nurses who work in institutions that have achieved a standard of excellence view the work environment and the nursing profession differently than those who have not?</p>	<p>The American Association of Critical Care Nurses (AACN) Standards for Establishing and Sustaining Healthy Work Environments.</p>	<p>A convenience sample of 4034 nurses affiliated with the AACN participated. Only nurses currently working as an RN were included in the data analysis.</p>	<p>Comparative descriptive design</p>	<p>An on-line questionnaire, consisting of 16 items, developed from the AACN Standards for Establishing and Sustaining Healthy Work Environments was used to elicit information.</p>	<p>Nurses in Magnet organizations reported a considerably higher level of agreement with the statements than did nurses whose institutions were either in the pursuit of Magnet or not in the pursuit. Nurses in Beacon Units, indicated a significantly higher level of agreement with every statement (with one exception) than did units where there was no Beacon activity.</p>
<p>6. Nedd (2006)</p>	<p>Hiring and training staff is costly for organizations and with the nursing shortage, vacancies are harder to fill, and so health care organizations must seek out solutions that will maximize the retention of nurses.</p>	<p>To determine the link between an employee's intent to stay in the organization and perceptions of empowerment in the organization.</p> <p>Question: Do perceived formal power, informal power, and access to work empowerment structures relate to nurses' self-reported intent to stay on the job?</p>	<p>Kanter's Structural Theory of Organizational Empowerment (1977)</p>	<p>The population comprised 147,320 registered nurses from the state of Florida. Of these, a random sample of 500 RNs was undertaken.</p>	<p>Descriptive correlational design</p>	<p>Job Activities Scale (JAS)</p> <p>18-Item Organizational Relationships Scale (ORS) environment.</p> <p>31-Item Conditions for Work Effectiveness Questionnaire (CWEQ)</p> <p>Kim, Price, Mueller and Watson (1996) 5.</p>	<p>JAS: Indicated that nurses perceptions of job flexibility, visibility and recognition in the work environment were in the moderate range.</p> <p>ORS: Access to structures of informal power indicating the degree of collegial relationships among peers was in the moderate range.</p> <p>CWEQ: The moderate overall empowerment scale indicates that there is still room for improvement in the healthcare setting. The nurses reported the greatest access to the empowering structure of opportunity, followed by support information and resources</p> <p>Intent to stay on the job scored in the moderate range.</p>

7. Upeneiks (2003)	Due to the critical nursing shortage, nurse executives are engaging in aggressive and expensive recruiting efforts. The ability to retain nurses is also plaguing many hospitals.	To examine nurse leaders' views on the value of their roles, how these views differ between roles and whether or not gender affects leadership success. Questions: 1. How do nurse leaders view the value their role? 2. Does the value that is attributed to the role differ among leadership role (director/manager versus executive) and organizational setting? 3. How do nurse leaders view the affect of gender on leadership success?	Kanter's Structural Theory of Organizational Empowerment (1977)	The sample consisted of 16 nurse leaders. 12 had positions at the director/manager level and 4 had executive level positions. They were recruited from 4 acute care settings (2 Magnet and 2 non-magnet hospitals).	The study was qualitative using content analysis	Taped interviews lasting between 60 and 90 minutes.	The majority of nurse leaders (83%) validated the components of Kanter's structural theory as well as Magnet hospital characteristics (power and opportunity), supporting that access to these components in the work environment created an empowered and positive climate and, therefore, higher levels of job satisfaction.
8. Ulrich 2006	There is a pressing need to attract new nurses into the profession. In addition, it is vital that institutions develop strategies to retain nurses working in hospitals, particularly in critical care.	To determine the status of critical care work environments.  Questions: Are nurses satisfied with nursing as a career? Do nurses intend to stay or leave current positions? What reasons do nurses give for planning to stay or leave their current positions? What factors would contribute to their decision to stay?	The AACN Standards for Establishing and sustaining Healthy Work Environments were adopted as the conceptual framework for this study. These standards included: 1. Communication 2. Collaboration 3. Decision making 4. Staffing 5. Recognition Leadership	National survey of critical care nurses employing a convenience sample of RNs associated with the American Association of Critical Care Nurses. 4346 RNs from every state and the District of Columbia responded.	Descriptive study design	AACN Standards for Healthy Work Environments	In all categories of the survey the nurses rated the health of their particular work environment higher than their organization as a whole. RNs reported the highest level of collaboration among each other and the lowest collaboration between the RNs and administrators. In rating respect of the RN by others, > 78% reported that RN-RN respect has "good or excellent". > 61% of participants rated the RN to administrator relationship "fair or poor".

9. Faulkner and Laschinger (2007)	The nursing shortage will become more acute as the population ages. Strategies are needed to increase recruitment and retention.	To examine the relationships between structural and psychological empowerment and hospital nurses' perceptions of respect.  Question: Are staff nurses' perceptions of structural and psychological empowerment positively related to respect?	Kanter's Structural Theory of Organizational Empowerment (1977)	The sample (n=500) acute care nurses was randomly selected from the Ontario provincial Registry. 286 usable questionnaires were returned for a return rate of 56%.	Secondary Analysis	CWEQ-II  Psychological Empowerment Questionnaire (PEQ)  (Modified) Esteem Subscale of the Effort-Reward Imbalance Questionnaire	CWEQ-II: Nurses reported that their structural empowerment was only in the moderate range.  PEQ: Reported by nurses to be moderate.  Perceived moderate levels of respect from managers and colleagues.
10. Lucas et al. (2008)	Canada is experiencing a crisis in healthcare due to the shortage of professional nurses and shrinking fiscal resources.	To test a model connecting managers' emotionally intelligent leadership style and nurses' structural empowerment; test the impact of nurse manager span of control on emotional intelligence.	Work Empowerment Theory (2007). This is an extension of Kanter's Theory of Structural Empowerment (1977)	The population was nurses from two community hospitals in Ontario Canada, and of these nurses a random sampling of 150 nurses was selected from each hospital. The final sample consisted of 208 useable surveys.	A predictive non-experimental survey design was used to test the theoretical model.	The 19-item CWEQ-II.  The Emotional Competence Inventory, version 2 (ECI-II).  Data on manager span of control was collected from each of the hospitals' human resources departments	CWEQ-II: Staff nurses perceptions of workplace empowerment were moderate.  Staff nurses reported managers' emotional intelligence to be moderate, where the subscale of relationship management was scored lowest.  Managers who have a large span of control have nurses who report their sense of workplace empowerment being weaker.
11. Manojlovich and Laschinger (2007)	A model is needed to help conceptualize the hospital environment in enough detail to enable organizations to build settings supportive of the nurse.	Test a modification of Leiter and Laschinger's Nursing Worklife Model.  Questions: 1. Can the Nursing Worklife Model be extended to explain nursing job satisfaction? 2. Can the addition of structural empowerment to the Nursing Worklife Model help explain additional variance in nursing job satisfaction?	Nursing Worklife Model	Original random sample of 500 nurses in Michigan, during the summer of 2004. However, the completed sample for this study consisted of only nurses in patient contact positions in hospitals. (n= 276).	Secondary Analysis/Model Testing by Path Analysis	CWEQ-II  Practice Environment Scale of the Nursing Work Index (PES-NWI)  Index or Work Satisfaction (IWS)	A correlation matrix was generated between the subscales of the two practice environment scales. All relationships were highly significant, but the strongest association was between the resources subscale of the CWEQ-II and the staffing and resource adequacy subscale of the PES-NWI ( $r=0.66$ , $P=0.001$ ).  First Hypothesis: All the paths specified were statistically significant.  Second hypothesis: the model began with structural empowerment as the exogenous variable and all paths coefficients were statistically significant.

<p>12. Laschinger (2007)</p>	<p>Nursing leaders are in need of evidence-based strategies to help them create environments that assure the best quality of care for patients and job satisfaction among nurses.</p>	<p>To test Leiter and Laschinger's Nursing Worklife Model, which connects structural empowerment to Lake's 5 factor professional practice work environment model and work quality outcomes.</p> <p>Question: Does Structural empowerment have a positive effect on nurses' perceptions of their manager's leadership ability and would this, then, positively affect nurses' decisional involvement, collaborative relationships with physicians and staffing adequacy?</p>	<p>Structural Theory of Organizational Empowerment (1977).</p>	<p>The study was conducted in Ontario Canada and involved nurses working in Urban tertiary care hospitals. A random sampling of nurses was employed using the registry list of nurses in the province of Ontario. The all return rate was 58.5%</p>	<p>Predictive non-experimental design/model testing.</p>	<p>CWEQ-II.</p> <p>Professional Environment Scale (NWI-PES)</p> <p>Modified Hackman and Oldham's Job Diagnostic Survey (MHO)</p> <p>Aiken and Patrician's scale (APS)</p>	<p>CWEQ-II: Participants reported they felt somewhat empowered (M= 19.14, SD= 3.33) with scale of 6-30.</p> <p>NWI-PES: Nurses saw their workplace somewhat supportive of professional practice.</p> <p>MHO: Nurses were somewhat satisfied with their jobs</p> <p>APS: Nurses rated the quality of care on their units highly.</p>
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## Chapter III

### Methods and Procedures

#### *Introduction*

The visibility of nursing leadership in the hospital setting has been reduced to a significant extent in the last decade. There are many factors that have contributed to this issue. In an effort to make healthcare more efficient and cost-effective, much has been done in the organizational redesign and restructuring of hospital hierarchies (Patrick & Spence-Laschinger, 2006).

In the study by Patrick and Spence-Laschinger (2006), middle-level managers perceived only moderate levels of overall empowerment in their work environment ( $M=21.06$ ,  $SD=3.16$ ). The managers reported that though they had available access to information about their organization's current status and goals for the future, they did not have the resources necessary to achieve those goals. They did report their work to be challenging and that opportunities for professional growth and development were available to them. Feedback on how to improve their performance and on

problem-solving was only described as moderate; little reward for innovation was reported. Lastly, the authors-reported no more than a moderate degree of organizational support ( $M= 4.76$ ,  $SD =1.03$ ) and stated they were merely somewhat satisfied in their positions ( $M= 3.62$ ,  $SD= 0.73$ ).

According to McCutcheon (2005), first line managers' span of control has an important impact on their ability to foster a positive culture in the nursing environment. She states further, that supportive leadership styles enhance job satisfaction of staff nurses, but that a large span of control mitigates these effects (McCutcheon). This finding is reasonably applicable to middle level managers in healthcare settings.

This partial replication of Patrick and Spence-Laschinger's (2006) study is being undertaken to address a knowledge gap in the literature. There are only a limited number of investigations addressing the role satisfaction of managers, suggesting that further study in this area is warranted. Kanter's Theory of Organizational Empowerment is the framework for this study.

#### *Purpose*

The purpose of this study is to examine the relationship between structural empowerment and perceived

organizational support and the affect of these factors on the role satisfaction of middle level nurse managers.

#### *Research Questions*

1. Is structural empowerment positively related to middle level nurse managers' perceptions of organizational support?
2. Are structural empowerment and perceived organizational support positively related to middle level nurse managers' role satisfaction?

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

The study will take place in Clarian Health Partners Network hospitals, Indiana. A random sample of 50 middle level nurse managers will be drawn from a population of managers working in Indiana at Clarian Health Partners Network hospitals.

#### *Procedures*

The random sample will be extracted from a list provided by the Human Resources Department of Clarian Health Partners (CHP) hospitals. Constituents for this study comprise middle level managers from all CHP affiliates in Indianapolis and around the state of Indiana.

A mailed survey will be sent to each potential participant. A reminder letter will be sent 2 weeks later.

Three weeks after the second mailing, a second questionnaire will be mailed. All mailings will include a return envelope with pre-paid postage affixed.

#### *Instrumentation*

The variable of structural empowerment will be measured using the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II). The CWEQ-II is a modified version of the original Conditions of Work Effectiveness Questionnaire (Chandler, 1986). It is comprised of 19-items that measure each of Kanter's six empowerment structures: Opportunity, information, support, resources, formal power and informal power (Kanter, 1977). It also includes a 2-item global empowerment scale, which is used for validation purposes.

Items on the CWEQ-II are rated on a 5-point Likert scale. Spence-Laschinger, Finegan and Shamian (2001), confirmed the validity of the empowerment structures, and based a total empowerment score on the summed six subscales of the CWEQ-II (range 6-30). Cronbach's Alpha Reliabilities in previous studies ranged from 0.79 to 0.82. Also, in a previous study, the global empowerment scale positively correlated with the CWEQ-II ( $r = 0.56$ ), supporting the construct validity of the instrument.

Eisenburg's Perceived Organizational Support Survey (1986), short form (2002) will be used to measure the variable of perceived organizational support. This tool consists of statements that are geared to determining the value an organization places on an employee from the perspective of the employee. It also queries employees' perceptions on what actions the organization might take in circumstances that affect the employees' wellbeing. This scale consists of 13-items on a 7-point Likert scale. The original scale is described as one-dimensional, and since it has a high internal reliability, this supports the use of the short form consisting of fewer items. Internal consistency estimates for this tool have ranged from 0.83 to 0.84. The Cronbach alpha for a previous study was 0.90 (Patrick & Spence-Laschinger, 2006).

Aiken and Hage's (1966) Alienation from work scale will be employed to measure role satisfaction. They classify role dissatisfaction as alienation from work, and state that this is apparent by a perception of frustration with career development and a sense of being unable to achieve professional goals. In this tool items are reverse-scored to create a measure of role satisfaction. This tool consists of 6 items rated on a 5-point Likert scale; higher

scores indicate greater role satisfaction. In a previous study, the Cronbach's alpha reliability for the tool was 0.85 (Aiken & Hage).

#### *Research Design*

This is a secondary analysis of a larger study and will employ descriptive correlational design. The larger study tested a model connecting nurse managers' perceptions of empowering work environments to work attitude and health outcomes. According to Burns and Groves (2005), Secondary Analysis involves studying data previously collected in another study. The data is re-inspected using a different data configuration and different statistical analyses than were formerly used. In this type of analysis, data is analyzed to corroborate the reported findings, examine new dimensions of the findings or for redirecting the focus of the data to facilitate comparison with data from other studies. Descriptive correlational design (DCD) is employed to examine relationships that exist in a situation. This technique facilitates the identification of situational interrelationships in a short period of time. In addition, DCD may be employed to develop hypotheses for future studies (Burns & Grove).

### *Data Analysis*

Descriptive statistics will be calculated for all of the scales and subscales of the key study variables and demographic variables. Reliability analyses will also be performed to calculate measures of all major study variables. Pearson correlation analysis will be employed to test the relationship between the two variables in the first research question, and hierarchical multiple regression (HMR) will be employed to test the second question. In HMR, a series of linked regression equations are employed to fully test the theoretically proposed idea (Burns & Grove, 2005).

### *Summary*

Factors that contribute to the job satisfaction of the staff nurse population in acute care facilities have been widely studied. Less study has been conducted to bring into focus factors that, when present in the work environment, promote role satisfaction in managers. This study seeks to focus its efforts on factors that are important to the role satisfaction of middle level nurse managers.

The sample will include 50 middle level nurse managers from Clarian Health Partners hospitals in Indiana. This

secondary analysis will employ a descriptive correlational design. Tools that will be used to collect the data include the CWEQ-II, the Eisenburg Perceived Organizational Support Survey, and Aiken and Hage's Alienation from work survey.

It is hoped that this study will lend credence to the proposition that the presence of structural empowerment and perceived organizational support in the workplace have a positive impact on the role satisfaction of middle level managers. The satisfaction of middle level managers can have a positive ripple effect on the front line managers they supervise, staff nurses and ultimately on the outcomes patients experience in the acute care setting.

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