

WORKPLACE EMPOWERMENT, INCIVILITY, AND
BURNOUT: IMPACT ON STAFF NURSE RECRUITMENT AND RETENTION
OUTCOMES

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TAMMY GUERRETTAZ

DR. CYNTHIA THOMAS – ADVISOR

BALL STATE UNIVERSITY

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Abstract

RESEARCH SUBJECT: Workplace Empowerment, Incivility, and Burnout: Impact on Staff Nurse
Recruitment and Retention Outcomes

STUDENT: Tammy Guerrettaz, BSN, RN

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COLLEGE: College of Applied Sciences and Technology

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Nurse turnover may be related to an unsatisfying work environment including uncivil behaviors, work distress, and job dissatisfaction in the workplace (Spence Laschinger, Leiter, Day & Gilin, 2009). The purpose of this study is to examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and retention. This is a replication of Spence Laschinger et al's. (2009) study. The sample will include 50 registered nurses from two Indiana hospitals (Indiana University Health Bloomington and Indiana University Health Martinsville). The theoretical framework is Kanter's Structural Theory of Organizational Behavior (1977, 1993). The Conditions of Work Effectiveness Questionnaire (CWEQ-II); the Workplace Incivility Scale (Cortina, Magley, Williams, & Langhout, 2001); the Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBIGS) (Schaufeli, Leiter, Maslach, & Jackson, 1996); the Affective Commitment Scale (Meyer, Allen, & Smith, 1993); and the Turnover Intentions (Kelloway, Gottlieb, & Barham, 1999) will be used as survey questionnaires. Findings may identify managerial strategies that empower nurses in professional practice and may be helpful in preventing workplace incivility, and burnout.

Chapter I

Introduction

The nursing profession is facing an increasing shortage of registered nurses (Cottingham, DiBartolo, Battistoni, & Brown, 2011). While fewer individuals are entering the nursing profession, a large portion of the workforce is retiring (Leiter, Price, & Spence Lachinger, 2010). The United States Department of Labor Statics has predicted a 22% increase in demand for registered nurses, equating to 581,500 new jobs, totaling a projected 1,039,000 jobs needed to be filled by the year 2018 (Cottingham et al.). Additional nurse positions will also need to be filled as experienced nurses leave the profession or retire thus, retention of nurses across the generations is important towards ensuring safe work environments and positive health outcomes for patients (Leiter et al., 2010). However, a major key to retention is creating an environment where all of the generations feel welcomed and valued (Weick, Dols, & Landrum, 2010). One major cause of turnover among registered nurses is linked to an unsatisfying workplace (Spence Laschinger, Leiter, Day & Gilin, 2009).

As the need for replacement nurses nears a crisis, it is estimated that 13% of new registered nurses are at risk of leaving current jobs (Cottingham et al., 2011). Recent studies suggested that 35-61% of new registered nurses may leave the profession within the first year of professional practice (Leiter et al., 2010). New nurses are at high risk for leaving the profession due to inadequate support and mentoring after orientation has been completed (Cottingham, et al.). This not only creates problems for

the organization due to staffing and patient care issues, but the average cost of each replacement nurse is \$22,000 to \$145,000, which includes recruiting, hiring, and orientation for the replacement of nurses, expenditures, for temporary nurses, and decreased productivity for services provided (Embree & White, 2010). Additionally, the financial loss of losing a registered nurse has been estimated at twice the nurse's annual salary (Kear, 2011).

There are many documented reasons why nurses leave positions or the profession including: incivility, lack of professional encouragement, lack of appreciation from superiors, and a diminished sense of value within the organization (Leiter et al., 2010). Other issues impacting satisfaction are salary, workplace stress, long shifts, and fear of physical injury (Cottingham et al, 2011).

Paris and Terhaar (2011) stated the strongest indicator of nurse job dissatisfaction and intent to leave is that of stress in the work environment. Good communication, autonomy, bedside decision making, teamwork and nurse empowerment have been indicated to increase nurse satisfaction and decrease turnover (Paris & Terhaar). Causes of job stress vary from patient acuity, work schedule, poor physician-nurse communication, new technology, staffing, unpredictable workload or workflow, and the perception that the care provided is unsafe (Paris & Terhaar). An organization should encourage and engage employees, encourage exercising control over nursing-related issues, utilize evidence based practice, and encourage collaboration with colleagues. Good communication, teamwork, and nurse empowerment are elements that increase satisfaction and decrease nurse turnover (Paris & Terhaar). "People stay where there is a culture of respect and where they feel valued for the contributions they can make to the organization" (Kear, 2011, p.16).

Background and Significance

Christmas (2007) stated international researchers found that nurses were 16 times more likely to experience workplace abuse than any other profession. The United States Department of Labor Statics believes the number is low as abuse is mostly under reported (Cottingham et al., 2011). The most common form of abuse imposed on nurses is verbal and may come from a patient, patient's families, or physicians. As we seek solutions to the nursing shortage, an area to study is the quality of the work environment in each unit or department. The work atmosphere is a primary factor in recruitment and retention of nursing employees (Christmas). The way nurses and physicians work together, staffing ratios, pace, volume, acuity of patients, unit's physical layout and having the tools and support staff to do a great job are factors that influence the work environment (Christmas).

Problem Statement

The purpose of this study was to examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and retention. This study is a replication of Spence Laschinger, Leiter, et al.'s (2009) study.

Research Question

Are empowerment, incivility, and burnout related to the retention outcomes of job satisfaction, organizational commitment and turnover intentions?

Conceptual Theoretical Framework

Kanter's (1977, 1993) Structural Theory of Organizational Behavior was the framework for this study. Kanter's model of workplace empowerment has been used to study empowering work conditions in various settings, including nursing (Spence Laschinger, Leiter, et al., 2009). According to Kanter (1977, 1993), employee attitudes and behaviors were more impacted by

structural factors within the work environment than personal predispositions or socialization experiences. Spence Laschinger, Leiter et al. stated there have been numerous studies linking structural empowerment and important organizational attitudes and behaviors, including job satisfaction, commitment, productivity and burnout.

Definition of terms

Conceptual

Spence Laschinger, Leiter, et al. (2009, p. 303) stated, "Empowerment strategies are designed to increase employees' control over their work, thereby improving job satisfaction and enhancing organizational commitment."

Operational

Empowerment will be measured using Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger, Finegan, Shamian, & Wilk, 2001). The CWEQ contains 19 items that measure perceptions of access to the six elements of structural empowerment; opinion of opportunity, information, support, resources, formal power and informal power. This study will focus on access to opportunity, information, support and resources.

Conceptual

Workplace incivility was defined by Spence Laschinger, Leiter, et al. (2009, p. 303) as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviors are characteristically rude, discourteous, displaying a lack of respect for others."

Operational

The Workplace Incivility Scale (Cortina, Magley, Williams, & Langhout, 2001) will be used to measure employees' encounters with workplace incivility over the previous month. A 7-point Likert scale will be utilized. High score equals higher frequency of incivility.

Conceptual

Spence Laschinger, Leiter, et al. (2009, p. 304) defined burnout as "a psychological syndrome of exhaustion, cynicism and inefficacy which is experienced in response to chronic job stressors."

Operational

The Emotional Exhaustion and Cynicism subscale of the Maslach Burnout Inventory-General Survey (MBI-GS) (Schaufeli, Leiter, Maslach, & Jackson, 1996) will be used to measure burnout. Items will be rated on a 7-point Likert scale. Higher score indicating higher level of burnout.

Conceptual

No specific definition was given for work satisfaction, organizational commitment, or turnover intentions but Spence Laschinger, Leiter, et al. (2009, p. 304) stated "nurses' job satisfaction was consistently predicted by autonomy, good communication with supervisors and peers, organizational commitment, and job stress and job satisfaction had an indirect effect on turnover through employees' intentions to stay."

Operational

Two items of the Affective Commitment Scale (Meyer, Allen, & Smith, 1993) will measure organizational commitment. Each item will be rated on a 7-point Likert scale with higher score equaling higher commitment. Three items from the Turnover Intentions (Kelloway,

Gottlieb, & Barham, 1999) will measure intention to quit. Items will be rated on a 5-point Likert scale.

Limitations

A limitation is that the study sample will be contrived from registered nurses from a Midwestern state only, and may not represent the views of registered nurses across the United States.

Assumptions

It is assumed that nurses will answer the study questionnaire honestly and entirely.

Summary

Due to the current registered nurse shortage every effort must be made to ensure that nurses are exposed to high quality work environments that engage them with their work. Management strategies which empower registered nurses may help prevent workplace incivility and ultimately burnout (Spence Laschinger, Leiter, et al., 2009).

Chapter II

Review of Literature

Introduction

Unsatisfying work environments including uncivil behaviors, work distress and job dissatisfaction in the workplace may be related to nurse turnover. The purpose of this study was to examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and retention. This study is a replication of Spence Laschinger, Leiter, et al.'s (2009) prior research. The literature is organized into three sections: (a) job satisfaction; (b) structural and psychological empowerment; and (c) retention.

Theoretical Framework

Kanter's (1977, 1993) Structural Theory of Organizational Behavior is the framework for this study. Kanter stated that the structure of the work environment was an important association of employee attitudes and behaviors within organizations and that perceived access to power and opportunity structures relate to the behaviors and attitudes of employees in organizations. Kanter also suggested that individuals exhibited different behaviors depending on whether various structural supports; such as power and opportunity were in place.

One component, opportunity, refers to the prospect to increase knowledge and skills through growth and mobility. Structure of power refers to the capacity to access and mobilize resources, information and support from one's position in the organization in order to get the job done successfully. Access to resources refers to the opportunity to acquire necessary

materials, supplies, money and personnel needed to meet organizational goals. Information related to the data, technical knowledge, and skill required for successfully performing one's job. Support referred to guidance and feedback received from subordinates, peers, and supervisors to increase effectiveness (Kanter, 1977, 1993).

It was Kanter's (1977, 1993) belief that access to empowerment structures was linked with the degree of formal and informal power an individual has in the organization. Formal power results from jobs that allow flexibility, visibility, and creativity while considered relevant and central to the organization. Informal power is developed from relationships and networks with peers, subordinates both within and outside of the organization.

Job Satisfaction

A lack of trust and respect in the work environment may produce negative effects on employees and the organization. Employees who lack organizational trust may be less likely to contribute to the organization's goals (Spence Laschinger & Finegan, 2005). The purpose of Spence Laschinger and Finegan's study was to test a model connecting nurses' empowerment to the organization's justice, respect, and trust in management, and job satisfaction, and commitment to the organization. The framework was Kanter's Structural Theory of Organizational Behavior (1977, 1993). A non-experimental predictive design was used to test the model.

Medical/surgical and critical care nurses working in an urban teaching hospital in Ontario, Canada met inclusion criteria for the study. The response rate for the questionnaire was 59%. There were 289 questionnaires returned. There were 273 nurses that met inclusion criteria for the final sample. Dillman's Total Design method (1978) was utilized to maximize the return rate. Fifty nine percent of the nurses worked full time, 40% worked part time, 70% of the nurses

worked in medical/surgical areas, and 30% worked on a critical care unit. Sixty-three percent of the participants were diploma prepared, while 37% had earned baccalaureate degree. The average participant age was 33 years, with nine years of nursing experience, and two years of experience on the current unit.

The researchers used the Conditions of Work Effectiveness Questionnaire-11 (CWEQ-11) (Laschinger, Finegan, Shamian, & Wilk, 2001) to measure structural empowerment, opinion of opportunity, information, support, resources, formal power and informal power. A total empowerment score was created once the sub-scores were tabulated and the items were then rated using a 5-point Likert scale. High score equaled high empowerment. A 2-item global empowerment scale was utilized as a second check. Interactional justice was measured by Moorman's Justice Scale (1991) which utilized nine items on a 7-point Likert scale with an alpha = 0.81 to 0.91 (Spence Laschinger & Finegan, 2005). The Esteem Scale (Siegrist, 1996) was used to measure respect. The Esteem Scale had three items intended to measure nurses' perceptions of respect received from managers and peers. The items were rated on a 7-point scale. The 17-item Trust in Management Scale (Mishra, 1996) was measured by four dimensions of trust; reliability, openness/honesty, competence and concern using a 7-point Likert scale. Trust in management can predict job satisfaction as well as organizational commitment (Spence Laschinger & Finegan, 2005), developing evidence of predictive validity. The alpha reliability for this scale was acceptable (>0.70) (Spence Laschinger & Finegan, 2005). Job satisfaction and organizational commitment was measured by subscales of the Pressure Management Indicator Scale (Williams & Cooper, 1998). Using a 6-point Likert scale items were scored and information was gathered relating satisfaction with work type, tasks and functions, organizational function,

positive organizational climate and also the degree of control in the organization. The internal consistency reliability was acceptable at (0.89) (Spence Laschinger & Finegan).

Spence Laschinger and Finegan (2005), believed work environments were only somewhat empowering. It was also revealed that structural empowerment had a direct effect on interactional justice, respect, and organizational trust. Empowerment had a cascading effect on organizational trust, job satisfaction, and organizational commitment.

Findings from the CWEQ were significant. Structural empowerment had a direct and positive effect on interactional justice (0.42) which influenced a direct effect on respect and organizational trust. Empowerment had a direct (0.25) and indirect (0.17) effect on justice and respect. Respect had a direct effect on organizational trust (0.16) and on job satisfaction, and ultimately organizational commitment (0.18) (Spence Laschinger & Finegan, 2005).

The researchers concluded that nurses reported low levels of organizational justice, respect and trust in the work environment and that work empowerment was necessary to have empowering environments. Spence Laschinger and Finegan (2005) also believed that trust, justice and respect are necessary for job satisfaction.

Another increasingly important factor in determining nurses' job satisfaction is empowerment (Ning, Zhong, Libo, & Qiuji, 2009). The purpose of Ning et al's study was to test Kanter's Theory of Organizational Empowerment (1977, 1993) detailing the relationships among demographics, structural empowerment, and job satisfaction in China (Ning et al.). The framework was Kanter's Structural Theory of Organizational Behavior. A correlational, cross-sectional design was used to test the model.

Six hundred and fifty healthy registered nurses employed for at least one year from six different hospitals in Harbin, China were targeted of inclusion into the study. The response rate

was 92% with (N= 598) nurses completing the survey. All participants were female aged 19 to 54 with an average of 30.77 years old. Job tenure average was 10.7 years and ranged from 1 to 38 years. The participants received an envelope with three separate questionnaires to complete. The data was reviewed and coded to provide anonymity. Spence Laschinger and Finegan designed The Demographic Data Questionnaire (2007) to obtain age, tenure, job category, professional title, work objective, marital status, and education level. The 19-item Conditions of Work Effectiveness Questionnaire-11 (CWEQ-11) (Laschinger, Finegan, Shamian, & Wilk, 2001) was used to measure structural empowerment. A total empowerment score was created once the sub-scores were tabulated and the items were then rated on a 5-point Likert scale. A Chinese version of the Minnesota Satisfaction Questionnaire (MSQ) (Jingji, Yangyuan, & Zingziang, 1980) measured job satisfaction. A 5-point Likert scale was used to rate the responses on the 20-item questionnaire.

The study findings revealed that nurses perceived their work environments to be moderately empowering. Total empowerment was perceived as moderate (M=19.4). It was discovered that nurses believed they had greater access to support (M=3.19) and less access to resources (M=2.96). The participants were most dissatisfied with workload and compensation (M=3.17). Stepwise multiple regression revealed 11.5% of the variance in structural empowerment and was explained by the combination of work objectives and age. The younger nurses who loved the nursing profession perceived more structural empowerment. Stepwise multiple regression also revealed the combination of education level and work objectives which resulted in 16.8% of the variance in job satisfaction. Higher job satisfaction was achieved with a higher education level and love for the profession of nursing. Structural empowerment and job

satisfaction was found to have a statistically significant positive correlation (Ning, Zhong, Libo, & Qiuji, 2009).

The results of Ning et al's (1980) study supported Kanter's model of Structural Theory of Organizational Behavior (1977, 1993). Chinese and Western nurses perceived themselves to be only moderately empowered. Chinese nurses believed they had less access to resources within their organization compared to nurses in Western countries. One possible explanation for this difference is because Chinese nurses do not have access to in-service and workshop opportunities as compared to nurses practicing in Western countries. Chinese nurses have limited final decision making opportunities and ability to act independently which leads to less informal power than the nurses in Western countries.

This study suggested enhanced work environments may increase job satisfaction. Nurses who have greater job satisfaction become more engaged in work with greater enthusiasm and provide higher quality of care. Increasing empowerment in a supportive environment may allow nurses to experience satisfaction with their jobs, which is not only important for retaining nurses but also for future nursing development. The research indicates that higher levels of empowerment are associated with greater job satisfaction. These findings may have important significance for Chinese nurses.

Worldwide, the fundamental and structural changes of the healthcare system have resulted in problems of job dissatisfaction, errors, stress and burnout among nurses, which often leads to dissatisfaction among patients and their families. The purpose of Ahmed and Oranye's (2010) study was to examine the relationships between nurses' empowerment, job satisfaction and organizational commitment in culturally and developmentally different societies. No framework was identified for the study.

A random sampling technique was used to select participants from the responding 556 registered nurses from two teaching hospitals in Malaysia and England. The Malaysian hospital (Hospital M) participants were mostly Malay (87.1%), 21-30 years old (49.5%), diploma prepared (72.9%), staff nurses (94.3%) working full time (96.1%). Meanwhile England's hospital (Hospital S) participants were white (89.3%), 31-40 years old (33.2%), diploma prepared (48.8%), staff nurses (74.4%) working full time (77.4%) (Ahmed & Oranye, 2010).

The researchers used the Structural Empowerment Scale (Laschinger & Havens, 1996) to measure the registered nurses' structural empowerment. The Psychological Empowerment Scale (Spreitzer, 1995) was utilized to measure the registered nurses' perception of psychological empowerment within the work environment. This scale had four dimensions and each dimension had three items rated on a 7-point Likert scale. The Index of Job Satisfaction Scale (Stamps, 1997) had six components: pay, autonomy, task requirements, professional status, interaction and organizational policies. The fourth scale used was the Organizational Commitment Scale (Meyer & Allen, 1991) which had three dimensions of commitment: affective, continuance and normative. Each of the dimensions had six items and was based on a self-assessment rating on a 7-point Likert scale.

The researchers discovered the differences observed in level of job satisfaction, empowerment, and commitment could be explained more by differences in their socio-cultural factors and environment. The research indicated Hospital M had higher mean scores for empowerment and organizational commitment; however, nurses at Hospital S had a higher mean score for job satisfaction. This indicated that staff empowerment does not automatically lead to job satisfaction. Ironically, when registered nurses are satisfied with their job it does not necessarily lead to organizational commitment. Participants from Hospital M indicated an

association with age and education with structural and psychological empowerment, whereas, nurses at Hospital S indicated age and education only had significant relationship with psychological empowerment. Work position and type of employment had positive association with structural empowerment in Hospital S but no significant association with structural and psychological empowerment in Hospital M which indicated work positions and opportunities for part-time jobs are important in explaining empowerment with English nurses. The findings indicated no significant association between the demographic characteristics and job satisfaction in the two hospitals. There was no significant association between the demographic characteristics and job satisfaction in the two hospitals. Results for the three components of organizational commitment showed no significant correlation between continuous commitment and job satisfaction in Hospital M but Hospital S indicated a significant negative correlation with continuous commitment and job satisfaction ($P=0.01$). Continuous commitment had no significant correlation with normative and affective commitment at Hospital S as well as a negative correlation with affective commitment (Ahmed & Oranye, 2010).

Ahmad and Oranye's (2010) study of empowerment, job satisfaction and organizational commitment in Malaysia and England offered a greater understanding of how cultural differences influence nurses' empowerment in work environments. The difference in levels of empowerment and the relationship to job satisfaction and organizational commitment in these two countries indicated that cultural factors may play an important role in organizational management across cultures.

Structural and psychological empowerment

Workplace empowerment may positively impact nurse's recruitment and job satisfaction. The current nurse shortage is directly influenced by the nature of nursing workplace

environments (Faulkner & Laschinger, 2008). Respect in the workplace has been recognized as a key factor affecting the quality of a nurse's work life (Faulkner & Laschinger). The purpose of Faulkner and Laschinger's study was to test the relationships between structural and psychological empowerment and their influence on perceptions of respect by hospital nurses. Kanter's Structural Theory of Organizational Behavior (1977, 1993) served as the framework.

The study was part of a larger study which examined the organizational determinants of nurses' workplace health. A random sample of 500 acute care nurses was selected from the provincial registry of Canada. There were 282 (56%) questionnaires returned. The average age of the nurses was 33.3 years with 8.7 years of nursing experience, 70% of the participants worked in a medical/surgical area, and had 2.2 years on the current unit. The participants were mostly female (95.8%) who worked full time (58%) and were diploma prepared (52.3%) (Faulkner & Laschinger, 2008).

The researchers use the Conditions of Work Effectiveness Questionnaire-11 (CWEQ-II) (Laschinger, Finegan, Shamian, & Wilk, 2001) to measure structural empowerment. Nineteen items were rated on a 5-point Likert scale and a total empowerment score (0.80) was produced by summing the six subscales. The CWEQ-II contained a 2-item measure of global empowerment and was used as a validity check.

The Psychological Empowerment Questionnaire (PEQ) (Spreitzer, 1995) was used to measure psychological empowerment by measuring 12 items on a 5-point Likert scale. A modified Esteem Subscale of the Effort-Reward Imbalance Questionnaire (Siegrist, 1996) was used to measure three items, on a 7-point Likert scale, of the nurses' perceived respect from superiors and colleagues as well as overall respect within their workplace. A demographic questionnaire was utilized to obtain specific personal information such as: gender, age, work

status, type of hospital currently employed, highest level of education, years on current unit and years in nursing.

Findings indicated that nurses were only moderately structurally and psychologically empowered. Opportunity was the most empowering structure but the nurses believed they had minimal access to formal power. Nurses reported a sense of meaning in work but did not believe they could make a significant impact within the organization. Responses indicated only moderate levels of respect from managers and colleagues.

While each of the six empowerment structures were positively correlated with perceived respect, support as well as informal power were the most strongly related to nurses' feelings of being respected. This finding supports Kanter's (1977, 1993) argument that effective collaborative relationships within the workplace promote a feeling of respect for the nurse.

The findings suggested collaborative relationships with managers and colleagues enforces the perception of respect in the workplace. Recognition and rewards for effort are key elements for the nurse to be respected within the workplace and these elements can play an important role in reducing the nursing shortage by increasing the nurse retention rates and attracting new nurses. Nurses who feel their efforts are recognized and rewarded are more likely to feel respected in their workplace and therefore feel more empowered.

Empowerment encourages employees to take on increased innovative behavior in the workplace (Knol & Van Linge, 2008). Structural empowerment refers to an individual's power within the organization as it relates to the job position. Psychological empowerment is the reaction of the employee to the dimensions of meaning, competence, self-determination, and impact (Knol & Van Linge). The purpose of Knol and Van Linge's study was to examine the relationships between structural and psychological empowerment and the influence on

innovative behavior. Two approaches identified by Kuokkanen and Leino-Kilpi (2000) were used as the study's theoretical framework; structural empowerment, which is linked to delegation of power and authority, and psychological empowerment, which is based on personal development.

Data was collected from a population of 847 registered nurses from two merging hospitals in the Netherlands. A cross-sectional correlational survey design was utilized. A questionnaire was used to assess demographic data, structural empowerment, psychological empowerment, and innovative behavior. Cover letters, stamped addressed return envelopes, in-house newsletters, follow-up reminders, and a raffle of five book tokens were utilized to encourage the 61% response rate. Individual returned questionnaires were given a confidential code number. Random double checks were completed on the data entries. Ninety-three percent of the participants were female, 41.1 years, 61.2% were residing with a partner and child(ren), and worked an average of 25.6 hours per week. Seventy five percent of the participants had worked five years or longer in the hospital with 39.3% working 10 years or more in their current role. Of the participants, 15.2% had earned higher education degrees, 46.9% worked on a general ward, 37.6% worked on a specialty unit, and a small unspecified number of participants worked as nurse specialists or senior nurses (Knol & Van Linge, 2008).

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger, Finegan, Shamian, & Wilk, 2001) was used to measure structural empowerment and items were rated on a 5-point Likert scale. Responses were summed and averaged to create 6 subscales which were summed to create an overall empowerment scale. The Psychological Empowerment Questionnaire (PEQ) (Spreitzer, 1995) was used to measure psychological empowerment by measuring four subscales with three propositions each and using a 7-point Likert scale. The

Dutch questionnaire Innovative Behavior (Boer de, 1996) measured 16 items with four subscales using a 7-point Likert scale.

Four hypotheses were formed and tested. The first two hypotheses stated nurse's behavior is positively correlated to structural empowerment or psychological empowerment. Pearson correlation analysis showed statistical significance between structural empowerment and innovative behavior, as well as between psychological empowerment and innovative behavior. The one-way ANOVA showed a significance of the three levels of structural empowerment and psychological empowerment on the additive scale of innovative behavior. Hypothesis 1 and 2 were accepted. Nurses with higher structural and psychological empowerment exhibited more innovative behavior than nurses with lower levels. The third hypothesis stated through psychological empowerment, structural empowerment leads to more innovative behavior of nurses and was partially confirmed. Hypothesis 4 stated that structural empowerment affects the degree to which psychological empowerment leads to nurse's innovative behavior. This hypothesis was not confirmed because the structural empowerment effect was not supported (Knol & Van Linge, 2008).

The researchers concluded structural dimensions of empowerment can influence psychological empowerment and innovative behavior and should be focused on by managers within the working environment. Educational institutions and professional associations should encourage networking and the dimensions of innovative behavior by including them as competencies. Innovative behavior by nurses should be supported by management and each nurse should reflect on their own empowerment and make the choice to strengthen it (Knol & Van Linge, 2008).

Empowerment and Retention

Nurse turnover can be expensive for healthcare organizations therefore, the development of nurse retention strategies is important to reduce cost and maintain quality of care (Nedd, 2006). The purpose of Nedd's study was to determine if there was a relationship between nurses' intent to remain at the job and perceptions of nurse empowerment (Nedd). The framework was Kanter's Structural Theory of Organizational Behavior (1977, 1993).

Five hundred Florida registered nurses were randomly selected and sent a study questionnaire by mail. There were 275 questionnaires returned, 11 questionnaires not delivered, 11 returned with missing data, 23 nurses replied but were retired, and 24 nurses replied but were not currently working in nursing. The total response rate was 42% (N=206). Ninety three percent of the nurses were female ranging in age from 23 to 68 with a mean age of 46.63 years. The majority of the nurses worked on medical surgical, critical care, and specialty units. The average years of work experience was 20.14 years and had an average of 7.87 years in the current job (Nedd, 2006).

The researchers utilized the Job Activities Scale (JAS) (Laschinger, Kutzscher, & Sabiston, 1993), a 9-item scale measuring staff nurses' perceptions of formal power within the work environment. The 18-item instrument, Organizational Relationships Scale (ORS) (Laschinger, Kutzscher, & Sabiston) was used to measure nurses' perceptions of informal power within the work environment as well as perceptions of political alliances, peer networking, and subordinate relationships within the work environment. The 31-item Conditions for Work Effectiveness Questionnaire (CWEQ) (Laschinger, Finegan, Shamian, & Wilk, 2001) was used to measure perceived access to the work empowerment structures of opportunity, information, support, and resources. Four items developed by Kim, Price, Mueller and Watson (1996) were used to

measure the participant's intent to remain with the current job. Age, gender, education, years of nursing experience, and number of years in current job position was measured by a 6-item demographic questionnaire.

Nedd (2006) discovered nurses alleged moderate levels of empowerment at their job which suggested the need for increasing perceptions of access to opportunity, information, resources, and support. Pearson correlation coefficients were calculated to examine the relationship between the intent to stay and each of the three empowerment variables, formal power, informal power, and overall work empowerment. Intent to stay was significantly positively correlated with all empowerment variables. Pearson correlations were used to study intent to stay in relation to the demographic variables of gender, age, years worked in nursing, years worked in current job, and level of education. No significant relationship was noted between self-reported intent to stay and the demographic variables stated.

Outcomes of the study supported Kanter's (1977, 1993) belief that access to empowerment structures relate to employees' behaviors and attitudes such as intent to stay. All empowerment structures defined by Kanter were significantly related to intent to stay which suggested a positive relationship between nurses' perceptions of their access to opportunity, information, support, resources, and their intent to stay in a job. Individual nurse characteristics were not significantly related to intent to stay which is consistent with Kanter's theory that job behavior and attitudes are less related to personal characteristics than perceived access to workplace empowerment.

The researcher concluded nursing administration may need to focus retention efforts on variables that are changeable such as opportunities for advancement instead of individual variables that cannot be changed. The findings indicate that there is a relationship between the

nurses' perception of access to workplace empowerment structures and their stated intention to remain in the organization (Nedd, 2006).

A large amount of studies have been conducted on work-related factors related to nursing in China. The results of the studies indicated that nurses in China experience a low level of job satisfaction and a high level of turnover intention. However, there have not been many studies on the relationship between nurses' perceptions of empowerment and job satisfaction, and their turnover intention (Cai & Zhou, 2009). Thus, the purpose of the study by Cai and Zhou was to describe the level of perceived structural empowerment and the relationships among structural empowerment, job satisfaction, and turnover intention among Chinese nurses. Kanter's Structural Theory of Organizational Behavior (1977, 1993) was used as a guide for this study.

Cai and Zhou (2009) recruited nurses working on a given day in two hospitals in the city of Wuha, located in central China. This represented 30% of the total number of nurses employed in the two hospitals. The total number of questionnaires distributed was 192, with 189 useable for the study (98.4%). Eighty-five nurses (45%) represented one hospital while 104 nurses (55%) represented hospital number two. The participants were all female, 19-55 years old, with a mean age of 30.45 years old, a mean number of years of nursing experience of 19.64 years, a mean of 8.12 years in the current nursing position. The majority of the nurses worked in the medical-surgical or critical care units.

Five self-reported scales and a demographic questionnaire designed by Cai and Zhou (2009) were used for the study. A 5-point Likert scale was used to measure responses with each scale except The Global Job Satisfaction Questionnaire (Peng & Liu, 2008) which used a 7-point Likert scale. The Conditions for Work Effectiveness Questionnaire (CWEQ-II) (Laschinger,

Finegan, Shamian, & Wilk, 2001) was utilized to measure nurses' perception of structural empowerment, opinion of opportunity, information, support, and resources. A 5-point Likert scale was used to score each subscale. To measure the perceived formal power within the work environment, the 12 items of The Job Activities Scale (JAS) (Laschinger, 1996) was used. The JAS measured perceptions of job flexibility, discretion, visibility, and recognition within the work environment. The 18 items of the Organizational Relationship Scale (ORS) (Laschinger) measured informal power within the work environment. The items were intended to measure perceptions of political alliances, sponsor support, peer networking, and subordinate relationships in the workplace. The 5-item Global Job Satisfaction Questionnaire (Chinese version) (Peng & Liu, 2008) was used but no information was provided as to what it measured. The Michigan Organizational Assessment Questionnaire (Chinese version) (Zhang, Li, Liu, & Deng Jian, 2005), was a 3-item survey used to measure turnover intention.

The researchers found no significant relationship between the self-reported turnover intention and the demographic variables of age, number of years worked in nursing, number of years worked in the current job, and level of education. Structural empowerment was found to be positively related to the perceived job satisfaction and turnover intention was significantly negatively correlated with the JAS.

As found in previous studies, nurses in central Chinese hospitals perceived moderate levels of empowerment in their workplaces. This suggested the need for increasing nurses' perceptions of access to opportunity, information, resources, and support. The nurses in Cai and Zhou's study (2009) perceived that their greatest access was to resources in their position, followed by opportunity, support, and information. The lowest access score was to information. There were no significant relationships between the turnover intention and the demographic

variables of age, number of years worked in nursing, number of years worked in current job and level of education. Job satisfaction, as well as perceived structural empowerment, was negatively related to turnover intention.

Compared to other occupational groups, nurses tend to leave the profession at a much greater rate. In China, the clinical nurse's role has become more complex and difficult to perform due to the health-care system reformation. These nurses assume the responsibility of providing quality patient care, finance management, supply preparation, dispute handling, and collaboration with other staff members. This contributes to increased burnout.

Sixty six percent of new registered nurses experienced severe burnout associated with negative workplace environments and experienced less burnout when practicing in a civil work environment (Spence Laschinger, Finegan, & Wilk, 2009). The purpose of Spence Laschinger Finegan & Wilk's study was to evaluate the impact of supportive work environment, civil working relationships, and empowerment on new nurses' burnout on the job. There was no framework identified.

The researchers utilized data collected from 3,180 nurses in a large Ontario, Canada hospital. All nurses from 271 inpatient units acquired a questionnaire through the hospital mail system. The return rate was 40%. The Dillman Total Design Methodology (Dillman, 1978) and two reminder letters were utilized to increase return rates. Selected for the study, were 247 new registered nurses with less than two years' experience. Ninety-four percent of the participants were female, 65% worked full-time and were baccalaureate prepared, 59% worked on medical surgical units and 21% worked on critical care units. The average age of the participants was 28 years and had worked in current jobs 1.3 years with an average of 1.5 years of nursing experience.

The 31 items of the Practice Environment Scale of the Nursing Work Index (NWI-PES) (Lake, 2002) were rated on a 4-point Likert scale with 5 subscales. Four items from the ICU Nurse-Physician Questionnaire Sample (Shortell, Rousseau, Gillies, Devers, & Simmons, 1991) were used to measure the participant's perceptions of workplace civility. A 5-point Likert scale was used to create a score of workplace civility. The 2-item Global Empowerment Scale (Laschinger, Finegan, Shamian, & Wilk, 2001) measured the nurses overall perception of empowerment. The items were rated on a 5-point Likert scale. The Emotional Exhaustion (EE) subscale of the Maslach Burnout Inventory-General Survey (Schaufeli et al., 1996) measured new nurse burnout. Items were rated on a 7-point Likert scale.

The new registered nurses reported that workplace environments were only somewhat empowering ($M=2.24$, $SD=0.64$) with somewhat positive ratings of workplace civility ($M=3.66$, $SD=7.88$). The researchers reported low levels of conflict among nurses on the units ($M=2.23$, $SD=1.08$), and 62% of the participants scored levels of emotional exhaustion indicating severe burnout (Spence Laschinger, Finegan, & Wilk, 2009).

The researchers concluded that the results provided support of a connection between supportive work environments, workplace civility, empowerment, and new registered nurses' experience of burnout. It also indicates the need to encourage high-quality co-worker relationships within the workplace to ensure new nurses continue to be engaged in their work and not leave their position, contributing to the profession's shortage.

The profession of nursing is experiencing a critical workforce shortage as a result of older nurses approaching retirement age and fewer people entering the profession. As a result it is important that nurses are engaged in work and have a desire to remain in current jobs (Spence Laschinger, Leiter, et al., 2009). The purpose of Spence Laschinger, Leiter et al's study

was to test the influence of empowering work environments and incivility on; burnout and nurse retention issues identified in the literature (Spence Lashinger, Leiter et al.). There was no framework identified.

All employees from five organizations, in two provinces in Canada, were mailed a questionnaire to assess their well-being, work environments, and social relationships. The modified Dillman Total Design Methodology (Dillman, 1978) was utilized to increase return rate, which was 40% of all employees. Of the 1106 nurses responding, 612 were staff nurses. Ninety-five percent of the participants were females, 5.1% were males and seven participants did not disclose the information. The average age of the nurses was 41.3 years. Sixty-four percent of the participants worked part time, 8.6%, had casual employment, 0.5% were temporary employees. Five nurses did not disclose the information. The participants worked in current jobs <6months 1.8%, 6-24 months 6.6%, 2-5 years 22.3%, 6-10 years 20.1%, 11-15 years 11.8%, 16-20 years 14.6%, 21-30 years 17.1%, more than 30 years 5.7% and 51 nurses did not disclose the information.

Four subscales of the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger, Finegan, Shamian, & Wilk, 2001) were used to measure structural empowerment. Each subscale contains 3 items rated on a 5-point Likert scale. The Workplace Incivility Scale (Cortina et al., 2001) measured nurse encounters with workplace incivility over the previous month. Items were rated on a 7-point Likert scale. Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBIGS) (Schaufeli et al., 1996) measured burnout on a 7-point Likert scale. Nurses rated 5 items for job satisfaction on a 7-point Likert scale. Two items from The Affective Commitment Scale (Meyer et al., 1993) were used and rated

on a 7-point Likert scale. Three items from the Turnover Intentions (Kelloway et al., 1999) were utilized to measure the nurse's intention to quit.

The results indicated that nurses perceived the work environment to have moderate levels of empowerment. Workplace civility ratings were surprisingly low for supervisors and coworkers. Seventy eight percent of the nurses reported some variety of incivility from their supervisor and 77.6% reported incivility from coworker/s. High levels of emotional exhaustion was noted by 47.3%. Moderately high levels of job satisfaction, moderate levels of organizational commitment, and low levels of turnover intentions were reported (Spence Laschinger, Leiter, et al., 2009).

Analysis of the data supported the hypothesized models. Job satisfaction, commitment to the organization and nurse retention appears to be related to an empowered work environment, low episodes of incivility and burnout among nurses. Empowerment, incivility and burnout create more discrepancy in job satisfaction compared to organizational commitment and intent to leave. Civility of a supervisor was important in nurse retention outcomes while coworker incivility had less influence. Burnout was important in predicting retention outcomes, organizational commitment and turnover intentions (Spence Laschinger, Leiter, et al., 2009).

The study results indicated that nurses' perceptions of empowerment, supervisor incivility, and cynicism are all strongly related to job satisfaction and commitment to the organization. The results also suggested that nurses working in an empowering workplace, free of incivility, may provide protection from burnout, while promoting retention and commitment to the organization, thus decreasing the intent to leave the profession (Spence Laschinger, Leiter, et al., 2009).

While research has focused on the relationship between nurse empowerment and job satisfaction, little research has focused on nurse empowerment and intent to leave nursing profession (Zurmehly, Martin, & Fitzpatrick, 2009). The purpose of Zurmehly et al's study was to examine the relationship between empowerment to intent to leave a current workplace (IL-CP) and intent to leave the nursing profession (IL-NP). The framework was Kanter's Structural Theory of Organizational Behavior (1977, 1993).

Three thousand registered nurses from 16 counties of West Central Ohio were contacted to participate in the study. After two mailings, 1,355 registered nurses responded. Due to missing data, 104 were excluded (10%), leaving 1,231 participants. Over 95% were female, married (63%), with an average age of 46.6 years, and had practiced as a registered nurse for 8.83 years. Sixty three percent worked full-time, 60.9% worked in patient care, 8.8% were nurse managers, and 8.4% were instructors (Zurmehly, Martin, & Fitzpatrick, 2009).

Registered nurses' perceptions of access to opportunity, information, support, resources, informal power and formal power were measured by The Conditions of Work Effectiveness Questionnaire II (CWEQ II) (Laschinger, Finegan, Shamian, & Wilk, 2001). Four items from the RN Vermont survey (Rambur, Palumbo, McIntosh, & Mongeon, 2003) were used to measure intent to leave current position and reasons for leaving the current position and were rated on a 4-point Likert scale. Intent to leave was also measured by questions from the study used at College Cork (McCarthy, 2002, McCarthy, Tyrrell, & Lehane, 2007) and rated on a 4-point Likert scale. The total empowerment score was determined by summing the scores for the six components. A 4-point Likert scale was used to measure intent to leave.

Pearson's correlation coefficients were utilized to study the relationship between intent to leave and overall empowerment and its sub scales (CWEQ II). Empowerment was significantly

related to intent to leave current position. Nurses with higher empowerment scores were less likely to leave their current position. Regression analysis was used to analyze empowerment and intent to leave current position related to demographic and organizational or individual variables. The study revealed the individual and organizational factors which were related to empowerment and intent to leave current position were educational degree, age, marital status, years in nursing and years working in the current position. Race and gender were not significant factors of intent to leave current position. More nurses stated reasons for leaving due to job satisfaction compared to career advancement (Zurmehly, Martin, & Fitzpatrick, 2009).

Empowerment was positively related to nurses' intent to leave nursing profession. Pearson's correlation coefficients were utilized to study the relationship between intent to leave nursing profession and overall empowerment and its four subscales (CWEQ II). The study revealed empowerment was significantly related to intent to leave nursing profession. Nurses with the highest empowerment scores indicated they would not leave the nursing profession while nurses with the lowest empowerment scores, indicated they would leave the profession. Regression analysis was utilized to identify which organizational or individual factors indicated intent to leave nursing profession. The study revealed career advancement and job satisfaction as significant predictors. Job satisfaction was selected as a reason to leave more than career advancement. The findings supported Kanter's model of Structural Theory of Organizational Behavior (1977, 1993) (Spence Laschinger & Finegan, 2005). The researchers concluded that intent to leave a position was strongly related to nurse empowerment.

There has been a lack of studies linking the three variables: nurses' perceptions of empowerment, certification and intent to leave current position or the nursing profession. Little research has been conducted on the value of specialty certification. Since critical care nurses are

highly skilled and often more difficult and costly to replace, this topic is relevant because nurse retention is an important strategy in helping reduce the nursing shortage, and retention of critical care nurses (Fitzpatrick, Campo, Graham, & Lavandero, 2010). The purpose of the study was to inspect the relationships between specialty certification and empowerment and to examine these variables as related to intent to leave the current position and the nursing profession.

A total of 44,143 AACN (American Association of Critical-Care Nurses) members were contacted by email and invited to participate in the Web-based survey. There were 6,589 (15% response rate) of the nurses that responded. Ages of the nurses ranged from 21-72 years old, with a mean of 44 years old, 0-51 years of experience, and a mean of 18 years old (Fitzpatrick, Campo, Graham, & Lavandero, 2010).

Fitzpatrick et al. (2010) utilized The Conditions of Work Effectiveness Questionnaire (CWEQ-II) (Spence Laschinger & Finegan, 2005) to measure nurses' perceptions of empowerment. The 19 items of the questionnaire assess perceptions of 6 empowerment structures: opportunity, information, support, resources, informal power, and formal power. A 5-point Likert scale was used to score. Self-reporting was used to determine national certification. A checklist was provided and the participants check marked their specific certification. Self-reports were also utilized to obtain information about intent to leave and time frame for their intent to leave. Demographic information for the variables; age, sex, education, and ethnicity, position, and number of years in nursing was also collected.

The respondents were divided into two groups; those who held AACN certification and those who did not hold AACN certification (those who held other certification only or held no certification). The two groups had significantly different scores on the CWEQ-II and on the

subscales of information, formal power, and informal power. AACN certified nurses had higher scores for empowerment and higher scores on most of the subscales. The participants were then divided into four groups to examine further the differences in empowerment related to certification. The groups were; AACN certified and other certification than AACN, both AACN and other certification, and no certification. Nurses with both AACN and other national certifications had scores higher than the other two groups. Participants were divided into two groups to examine position variable: staff nurses and non-staff nurses (Fitzpatrick et al., 2010)

This study indicated significant differences in total empowerment and all subscale scores except resource. Lower CWEQ-II and subscale scores were provided by staff nurses. Participants were divided into three groups for evaluating the education variable; associate's degree/diploma (n=1463), bachelor's degree (n=3314) and graduate/doctoral degree (n=1785). Nurses with graduate degrees had a higher score on the CWEQ-II and all subscales except resource. For the subscale of ethnicity, participants were divided into five categories; white, African American, Hispanic, Asian, and other. The highest total empowerment scores were among Asians, followed by whites, African Americans, Hispanics, and other. Women had higher total empowerment scores and higher scores on the subscales of opportunity, information, formal power, and informal power. Forty one percent indicated their intent to leave the current position, 18.4% indicated they would leave within the next year, 6.9% indicated intent to leave the nursing profession. The participants with AACN certification were less likely to leave their position. When the 4 certification groups (AACN only, AACN plus other, other only, and no certification) were compared, intent to leave the position did not differ significantly among the four groups. Participants who did not intend to leave either the position or the profession had

higher empowerment scores. Nurses who did not intend to leave their position were significantly older than nurses who did intend to leave their position (Fitzpatrick et al., 2010)

As the participants' years of experience increased, their intent to leave their current position decreased. Of the participants who reported intent to leave their current position, men (47.7%) were more likely to leave than were women (40.3%). African Americans were more likely to leave their position than were members of the other four ethnic groups. Respondents with bachelor's degrees were more likely to leave their position than were respondents with any other type of educational preparation (Fitzpatrick et al., 2010).

The researchers found the results of the study supported the value of specialty certification. Significant differences were found in total empowerment scores between AACN-certified nurses and nurses not certified by AACN. Intent to leave current position differed significantly between AACN-certified nurses and nurses who were not AACN certified. Nurses with AACN certification were less likely to leave their position which supports specialty certification for critical care nurses. The preparation and retention of committed and qualified specialty nurses is crucial for high-quality patient care and functioning of the health care organization (Fitzpatrick et al., 2010).

The purpose of Liou and Cheng's study (2010) was to examine the characteristics of organizational climate as perceived by hospital nurses in southern Taiwan and to explore the relationship of organizational climate with organizational commitment and intention to leave. No framework was identified for this study.

A correlational and descriptive design was used with convenience sampling from 8 Taiwanese hospitals. All nurses, employed more than six months at one of the sampled hospitals, were invited to participate. The response rate was 85.5% after 612 questionnaires

were dispersed with 523 returned. A 14% missing rate on one of the study's instruments caused a dismissal of seven participants. Of the final 486 participants (79.4% valid response rate), 98.3% were female, 75.8% were younger than 36 years old, 44.6% were married, 75.9% had an associate degree in nursing, 27.8% had worked at their hospital 4-10 years with 23.9% working more than 10 years, 43% of the participants worked in regional hospitals while 31.9% worked in district hospitals and 13.4% were employed as nurse managers (Liou & Cheng, 2010).

The researchers measured organizational climate using the Organizational Climate Questionnaire (LSOCQ) (Litwin & Stringer, 1968). This 50-item, 4-point Likert scale includes nine subscales, structure, responsibility, reward, risk, warmth, support, standards, conflict and identity. The 15-item Organizational Commitment Questionnaire (OCQ) (Mowday, Steers & Porter, 1979) was utilized to measure nurses' organizational commitment using a 4-point Likert scale. A 5-item, 4-point Likert scale was created to measure participants' intention to leave.

Liou and Cheng's (2010) study discovered participants were satisfied with their hospital's climate, but scored low on subscales of risk, warmth, support, standards, conflict and identity on the Organizational Climate Questionnaire. Overall, participants reported low commitment to their hospitals while reporting low intention to leave their job.

The research also revealed the demographic factors: difference in job positions, type of hospitals where they work, and marital status affect nurses' perceptions of their organizational climate. These suggest that nurses have a wide range of needs and cultural backgrounds that deserve special attention to motivate nurses' positive behaviors on behalf of their organization.

Summary

Nurse turnover may be related to an unsatisfying work environment including uncivil behaviors, work distress, and job dissatisfaction in the workplace. Examining the influence of

empowering work conditions and workplace incivility on nurses' experiences may decrease burnout and increase retention. Findings may identify managerial strategies that empower nurses in professional practice and may be helpful in preventing workplace incivility and burnout.

Chapter III

Methodology

Introduction

Nurse retention and turnover may be related to an unsatisfying work environment including uncivil behaviors, work distress and job dissatisfaction. Sense of empowerment, belonging and civility are strong predictors of job satisfaction and turnover (Faulkner & Laschinger, 2008). The purpose of this study is to examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and retention. This is a replication of Spence Laschinger, Leiter, et al. (2009) prior research.

Model Tested

The model to be tested is a result of a literature review joining theory and research related to empowering work environments, workplace incivility, and burnout and their relationship to retention outcomes. It has been hypothesized that nurses' perceptions of structural empowerment in their work environment are crucial to nurse retention outcomes. Lack of empowerment has been shown to be a supporting factor for workplace incivility, which has been linked to burnout (Spence Laschinger, Leiter, et al., 2009). Therefore, the hypothesis is that empowerment, incivility, and burnout are related to the retention outcomes in the study; job satisfaction, organizational commitment, and turnover intentions.

Population, Sample, and Setting

A random sample of (N=50) nurses working in medical-surgical or intensive care units at two Indiana hospitals is anticipated for the sample.

Protection of Human Rights

The study will be submitted for approval to the Ball State University Institutional Review Board (IRB) and the two Indiana hospitals (IU Health Bloomington and IU Health Martinsville). Once permission is obtained from Ball State University and the appropriate IRB from IU Health Bloomington and IU Health Martinsville, a questionnaire package will be emailed to the participant's hospital email address obtained from the Human Resource department of the two participating hospitals. Posters announcing the study and encouraging participation will be placed in the employee lounges. A mass email will be sent to all full-time and part-time registered nurses through the hospital's intranet system. Anonymity will be maintained by allowing study data to be reviewed only by the researcher and the statistician. There are no foreseen risks identified in participating in the study. The study documents will be locked in the researcher's file cabinet in a locked office and destroyed one year after completion of the study. Participation benefits may include obtaining information to help establish a sense of empowerment to build trust and respect in the workplace. The findings may provide beneficial insight to indicators associated with retention and turnover. As a result of the study, further efforts can be made to ensure highly skilled nurses are exposed to high quality work environments, remain engaged in their work, and that adequate resources are in place for high quality patient care.

Procedures

Once approved by the Ball State University IRB, a request will be submitted to IU Health Bloomington and IU Health Martinsville, requesting the registered nurse employee list to email information to all of the full and part-time registered nurse employees. A cover letter will be emailed to each participant's hospital email address, explaining the study, providing instructions on how to complete the surveys, as well as the demographic questionnaire. Participants will be encouraged to return the questionnaires and informed consent document by a specific date noted.

Research Design

A non-experimental survey design will be used to test a hypothesized model derived from a review of the literature incorporating theory and research linking empowering working environments, workplace incivility, and burnout, and their relationship to retention outcomes. Non-experimental research is defined by Burns and Grove (2009) as research that lacks manipulation of the independent variable by the researcher; the researcher studies what naturally occurs or has already occurred; and the researcher studies how variables are related.

Instruction, Reliability, and Validity

Demographic data such as hours worked per week, age, unit currently working, length of time in position, age, gender, and educational background will be collected by survey. Study instruments will include the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger, Finegan, Shamian, & Wilk, 2001); the Workplace Incivility Scale (Cortina, et al., 2001); the Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBIGS) (Schaufeli, et al., 1996); the Affective Commitment Scale (Meyer, et al., 1993); and the Turnover Intentions (Kelloway, et al., 1999).

The CWEQ contains 19 items that measure perceptions of access to the six elements of structural empowerment; opinion of opportunity, information, support, resources, formal power and informal power. This study will focus on access to opportunity, information, support, and resources. A total empowerment score will be created once the sub-scores are tabulated and the items are then rated using a 5-point Likert scale. High score equaled high empowerment. The Workplace Incivility Scale (Cortina, et al., 2001) will be used to measure employees' encounters with workplace incivility over the previous month. A 7-point Likert scale will be utilized. High score equals higher frequency of incivility. The Emotional Exhaustion and Cynicism subscale of the Maslach Burnout Inventory-General Survey (MBI-GS) (Schaufeli, et al., 1996) will be used to measure burnout. Items will be rated on a 7-point Likert scale. Higher score indicating higher level of burnout. Two items of the Affective Commitment Scale (Meyer, et al., 1993) will measure organizational commitment. Each item will be rated on a 7-point Likert scale with higher score equaling higher commitment. Three items from the Turnover Intentions (Kelloway, et al., 1999) will measure intention to quit. Items will be rated on a 5-point Likert scale. Previous reliability testing indicated that the scale is internally consistent ($\alpha=0.92$).

Data Analysis

The Statistical Package for Social Services (SPSS) version 16.0 for windows (SPSS, Inc., Chicago, IL, USA) will be utilized to conduct descriptive and inferential statistical analyses. Hierarchical multiple linear regression analyses will be used to test the influence of empowerment, incivility, and burnout on the three retention outcomes of job satisfaction, organizational commitment, and turnover intentions.

Summary

Nurse turnover and retention may be related to unsatisfying work environment which includes uncivil behaviors, work distress and job dissatisfaction in the workplace. Sense of empowerment, belonging and civility are strong predictors of job satisfaction and turnover (Spence Lashinger & Finegan, 2005). The purpose of this non-experimental survey design is to test the influence of empowering work conditions and incivility on; burnout and nurse retention issues previously identified in the literature.

An anticipated sample of 50 nurses working in medical-surgical or intensive care unit at IU Health Bloomington and IU Health Martinsville is expected. This study will mimic a preceding study by Spence Laschinger, Leiter, et al. (2009) and attempt to corroborate findings that staff nurse empowerment has an impact on burnout and retention.

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