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Nursing Satisfaction in a Magnet Hospital

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NURSING SATISFACTION IN A MAGNET HOSPITAL

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Abstract

A cross sectional descriptive study was conducted to examine the relationship between staff nurses' self-perceptions of structural empowerment, self-perceptions of Magnet hospital characteristics and job satisfaction in a Magnet-designated community hospital in the Northeastern United States. Demographic variables of age, ethnicity, educational level, marital status and years of experience were also examined to determine the extent to which these variables can predict nurses' job satisfaction in a sample of 97 registered staff nurses. Simple linear regression analysis was used to answer the two research questions: What is the relationship between nurses' perception of structural empowerment level and job satisfaction? What is the relationship between nurses' perception of Magnet hospital characteristics and job satisfaction? Multiple regression analysis was used to answer the third research question: To what extent and in what manner are nurses' perceptions of structural empowerment level, Magnet hospital characteristics and demographic characteristics (age, education level, marital status, years of experience, and ethnicity) related to job satisfaction? Three null hypotheses were rejected. Two of the seven predictive variables were statistically significant at the .05 level. The most significant predictor was Magnet hospital characteristics (p=.000) and followed by structural empowerment (p=.003). Magnet characteristics (β=0.552, p<.005) and structural empowerment (β=0.347p=.003) predicted overall nurses' job satisfaction at R^2 = 0.674, F (2, 96) = 69.157, p < .005 level of significance. The adjusted R square value of 0.674 indicates that about 67.4% of the variation in predicting overall nurses' job satisfaction score can be associated with these two variables. Findings of this study

may increase our understanding of the strength of the association of staff nurses perceptions of structural empowerment and Magnet characteristics on job satisfaction. Results suggest that staff nurses job satisfaction may be increased by providing the access to structural empowerment and Magnet hospital characteristics (Nursing participation, nursing foundation for care, management ability, adequate staff and collaborative relationship).

Acknowledgment

Dedication

Foremost, my heartfelt thanks *Allah* who helps me and rewards me with this degree. I dedicate my dissertation work to my family and my husband. A special feeling of gratitude to my loving Mom, *Aisha Khalaf*, whose words of encouragement and push for tenacity constantly ring in my ears. She deserves to be happy and proud of her daughter. My Dad, *Hussain Abdullah,* passed away 19 years ago, but I feel his presence around me and I know he too must be proud of me.

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CHAPTER I

Introduction

Nurses play an integral and crucial role in any health care organization. Unfortunately, nurses may experience low levels of job satisfaction, an important factor that influences nurses' clinical performance. Whitman, Van Rooy, and Viswesvaran (2010) found that job performance was positively correlated with job satisfaction and other factors. Job satisfaction is a vital outcome to any healthcare organization as it is an indicator of the status of its employees. Hence, it is important for administrators to understand the foundation of job satisfaction because of the serious impact that dissatisfaction can have in the workplace. In nursing, most of the published studies examine job satisfaction as a key indicator of nurses' performance, cost savings, and quality of patient care (Seago, Spetz, Ash, Herrera, & Keane, 2011).

Some studies have shown that nurses who work in Magnet hospitals, with a high level of structural empowerment, report increased job satisfaction (Lacey et al., 2007). Magnet designation is a worldwide recognition bestowed on hospitals with the highest quality of nursing care by the American Nurses Credentialing Commission (American Nurses Credentialing Center [ANCC], 2014). The American Nurses Association established the Magnet Recognition Program in 1990 to classify high standards of nursing services. Magnet designation is a highly sought-after credential awarded to hospitals worldwide. Only 401 hospitals have a magnet designation, and most of these are in the United States (US) (ANCC, 2014). Lake (2002) defined a Magnet hospital by using five aspects of the nurses' work environment: "nurse participation in hospital

affairs; nursing foundations for quality of care; nurse manager ability, leadership, and support of nurses; staffing and resource adequacy; and collegial nurse-physician relations" (Lake, 2002, p. 202). Moreover, empowerment has been a strong influence in increasing the job satisfaction (Habib, 2004). Lack of empowerment can have negative consequences in the organization related to motivation, job satisfaction and employment turnover (Habib, 2004; Jones, Havens, & Thompson, 2008). Empowerment therefore is a variable of interest in this study.

There are two types of empowerment: psychological empowerment and structural empowerment (Manojlovich, 2010). This study focuses on structural empowerment which is defined "as an organization's ability to offer access to information, resources, support and opportunity in the work environment" (Kanter, 1993, p. 53). Kanter's Theory of Structural Empowerment is used as a theoretical framework to explain empowerment related to organizational structures (Kanter, 1993). According to Manojlovich (2010) empowerment does not occur naturally in an organization, but organizations may promote its development through its structures. Upenieks (2003a) found that there was a link between Magnet hospital characteristics and Kanter's theory. Kanter's theory has been used in several nursing studies examining the variables of interest in this study. They were conducted in the US, Canada, China, and Iran. All studies demonstrated the theory's usefulness to nursing practice (Ning, Zhong, Libo, & Qiujie, 2009; Lautizi, Laschinger, & Ravazzolo, 2009; McDonald, Tullai-McGuinness, Madigan, & Shively, 2010). Kanter (1993) asserts that the structure of the work environment correlates with employee attitudes and behaviors. Kanter's theory provides preliminary evidence of the importance of

relationships between workplace empowerment and the professional nursing practice environment (Manojlovich, 2010). Kanter (1993) emphasizes that the structure of the work environment correlates significantly with employee behavior and job satisfaction.

The available literature supports that structural empowerment levels increase nurses' job satisfaction within the organization (Laschinger, Finegan, & Shamian, 2001; Laschinger, Almost, & Tuer-Hodes, 2003; Upenieks, 2003a; Armstrong, & Laschinger, 2006). For example, Upenieks (2003a) found that the more access to structural empowerment that nurses found in the hospital, where they were employed the more job satisfaction they experienced.

The aim of this multivariate, non-experimental descriptive study is to examine the relationship between nurses' perceptions of structural empowerment level, their perceptions of Magnet hospital characteristics, and job satisfaction in a community Magnet-designated hospital located in the northeastern region in the US. Demographic variables such as age, ethnicity, educational level and years of experience will also be examined in a sample of registered nurses to determine the extent to which these variables are related to job satisfaction.

Purpose of the Research

The purpose of this study is to explore if nurses' perception of structural empowerment level, Magnet hospital characteristics and demographic characteristics (age, education level, marital status, years of experience, and ethnicity) are associated with job satisfaction.

The following include the study's research questions (and hypotheses):

1) What is the relationship between nurses' perception of structural empowerment level and job satisfaction?

> Null Hypothesis: There is no statistically significant association between registered nurses' perception of structural empowerment level and job satisfaction. The null hypothesis will be rejected if $p < 0.05$.

2) What is the relationship between nurses' perception of Magnet hospital characteristics and job satisfaction?

> Null Hypothesis: There is no statistically significant association between registered nurses' perception of Magnet hospital characteristics and job satisfaction. The null hypothesis will be rejected if $p < 0.05$

3) To what extent and in what manner are nurses' perceptions of the structural empowerment level, Magnet hospital characteristics, and demographic characteristics (age, education level, marital status, years of experience, and ethnicity) related to job satisfaction?

> Null Hypothesis: nurses' perception of the structural empowerment level, Magnet hospital characteristics and demographic characteristics are not significant predictors of job satisfaction. The null hypothesis will be rejected if $p < 0.05$.

Significance of this Study for Nursing

Job satisfaction specific to nurses has been widely linked to structural empowerment and Magnet hospital characteristics (Laschinger, Finegan, & Shamian, 2001). Because this nurse-sensitive outcome has also been linked to more favorable patient outcomes, job satisfaction is considered to be an essential outcome and a characteristic of the work environment of Magnet designated hospitals. Additionally, the ANCC requires biennial monitoring as a quality indicator. The results from this study may provide the study site with additional data regarding nurses' job satisfaction before the next ANCC accreditation survey in 2017.

As stated earlier, Laschinger and her colleagues (2001) examined the relationship between structural empowerment, Magnet hospital characteristics, and job satisfaction in three independent studies. Although they found that nurses perceived high structural empowerment level and perceived high level of Magnet hospital characteristics were significant predictors of job satisfaction. However, these studies have done 15 years, and the acute care environment has significantly changed. For example, decreased reimbursements by Medicare and third party insurers for hospital-acquired quality and safety issues have caused changes in the organizational structures in hospitals (Centers for Medicare & Medicaid Services, [CMS] 2014). These changes may have had a significant impact on nurse perceptions of structural empowerment, their autonomy, and job satisfaction.

It is vital to examine the relationship between nursing job satisfaction, structural empowerment and Magnet hospital characteristics. The results of this study may provide knowledge about nurses' perceptions of their structural empowerment

and Magnet characteristics as they relate to their job satisfaction. This study may add to nursing knowledge and provide information that may be used to improve future nursing administrators with leadership tools necessary to enhance nurses' job satisfaction in clinical practice.

CHAPTER II

Review of the Literature

. The goal of this literature review was to examine the variables associated with increasing nurses' job satisfaction, especially nurses' perception of structural empowerment, Magnet hospitals characteristics, and demographics. Kanter's theory was used as a theoretical framework. This chapter describes the search strategy and reviews the literature.

Search Strategy

To search the literature the following terms and keywords were used: job satisfaction, nursing staff, nurses' job satisfaction, job dissatisfaction, burnout factors, structural empowerment, organizational structure, Magnet recognition, and Magnet designation. English language only publications were selected. Beginning the search with the keyword "job satisfaction" was too broad; resulting in literature that was not relevant. Additional keywords listed above assisted in streamlining the search to more relevant articles.

The following on-line databases were used: CINAHL, MEDLINE with Full Text database, Web of Sciences, ProQuest Nursing and Allied Health Source, and PubMed. Inclusion criteria were publication date (2000-2015), English language only, and disciplines included nursing, sociology, psychology, and business. The following is a summary of the search strategy based on each specific online database.

CINAHL (Cumulated Index to Nursing and Allied Health Literature) was accessed through the EBSCO host. Starting with broad term 'job satisfaction' the search yielded of 10,029 articles. In addition, two features were used to minimize the

search results: publication date and the included subject (structural empowerment, nurses' job satisfaction and Magnet hospital characteristics). This minimized the search results to 25 studies for structural empowerment and 14 studies for Magnet hospital characteristics. Entering the nurses' job satisfaction term and publication dates between 2000-2015 resulted in 53 articles that were not relevant to the topic and were excluded.

Searching the PubMed database the broad term 'job satisfaction' revealed 15,005 articles. Narrowing the search to 'nurses' job satisfaction' and adjusting the range of the date of publication 2000-2015 yielded 287 articles. Using job satisfaction and structural empowerment showed 75 articles. Job satisfaction and Magnet hospital characteristics yield 34 articles.

The term 'job satisfaction' was entered in MEDLINE with Full Text database and it yielded 4,788 articles with adjusting the date of publication (2003-2013) the only ranging date in MEDLINE. The term "nurses' job satisfaction" reduced the search result to four articles, job satisfaction and structural empowerment showed ten articles, and job satisfaction and Magnet hospital characteristics yield two articles.

Web of Science was the next database searched using the phrase 'job satisfaction' and this yielded 16,865 articles. Adjusting the publication date to (2000-2015) and using the term 'nurses' job satisfaction' helped to narrow the number of relevant articles to 765, job satisfaction and structural empowerment showed 159 articles and job satisfaction and Magnet hospital characteristics yield 42 articles. Some

of these articles were excluded because they discussed job satisfaction from patients' perceptions, rather than nurses.

The ProQuest Nursing and Allied Health Source database provided the largest source of articles related to the nurses' job satisfaction. The number of articles shown by entering the job satisfaction term was 7,833 articles. However, using the subject feature to include only nurses' job satisfaction and adjusting the published date (2000-2015), the total of number of articles were 3,206. Also, job satisfaction and structural empowerment showed 2,203 articles and job satisfaction and Magnet hospital characteristics yield 268 articles. Skimming the titles and abstracts resulted in excluding some because they were not relevant to the topic.

Job satisfaction is very interesting topic and researchers invest much time to increase the level of job satisfaction (Table 1)

Table 1. Summaries of Database Search

Search	Job Satisfaction	Nurses' Job Satisfaction	Job Satisfaction & Structural Empowerment	Job Satisfaction &Magnet Hospital Characteristics
CINAHL	10,029	53	25	14
PubMed	15,005	287	75	34
Medline	4,788	4	10	2
Web of Science	16,865	765	159	42
ProQuest	7,833	3,206	2,203	268

Review of the Literature

Most organizations seek to ensure that employees are satisfied with their work. Job satisfaction, or the view an individual has about his or her job as well as the context of work, is a factor that is of concern to leaders and managers, as well as those who have sought to understand job satisfaction. Scholars have explored the concept of job satisfaction in a variety of contexts and have focused on areas ranging from job satisfaction and work behaviors, to job satisfaction and performance, as well as several other areas of job satisfaction inquiry.

Job Satisfaction

This section focuses on the definition of job satisfaction and the published studies on job satisfaction across disciplines. It will also discuss these with specific regards to nursing.

Job satisfaction is the feeling an individual has about his or her job, and the amount of pleasure or achievement a person gets from their work. It also considers whether a person feels his or her work is worthwhile (Cambridge Dictionaries Online, 2014). The term focuses primarily on the positive feelings and the degree of the impact of satisfaction that employees can experience in their job.

Numerous studies have investigated the definition of job satisfaction, especially in the disciplines of social and economic sciences. In the field of psychology, three authors are identified in the literature and define job satisfaction. Kuhlen (1963) defines job satisfaction as "the individual matching of personal needs to the perceived potential of the occupation for satisfying those needs" (p. 57). Kuhlen

(1963) focuses on personal needs as a sign of the job satisfaction. Locke (1976) defines job satisfaction as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences." (p. 1304). Spector (1997) further defines job satisfaction, as "simply how people feel about different aspects of their jobs" (p. 2). This author explains how feeling can reflect satisfaction, and that job satisfaction can vary for individuals based on the duties and responsibilities of their positions. For instance, an employee may like one aspect of his job and have a high level of job satisfaction. However, the same employee can dislike another aspect of that same job and rate his job satisfaction a bit lower.

Other psychologist authors have defined job satisfaction as a personal feeling that relates to his or her job experience as "the feelings a worker has about his or her job or job experiences in relation to previous experiences, current expectations, or available alternatives" (Balzer, Kihm, Smith, Irwin, Bachiochi, Robie, Sinar & Parra, 1997, p. 7). Similarly, Gruneberg (1976) defines job satisfaction as "having to do with all the feelings an employee has about his or her job" (p. 33). Currently, the definition of job satisfaction in industrial and organizational psychology, is based on a definition developed by Hulin and Judge (2003). They define job satisfaction as "multidimensional psychological responses to one's job" (Hulin & Judge, 2003, p. 255). In their definition, the authors explain job satisfaction in three dimensions; namely cognitive (evaluative), affective (or emotional), and behavioral. Because this current definition is more developed and recent than most previous ones, the majority of the current literature on this topic is organized around this definition and the three dimensions.

In the business field job satisfaction is defined as "the extent to which a person's hopes, desires, and expectations about the employment he is engaged in is fulfilled" (Business Dictionary, 2014). This definition focuses on individual needs and the important role of employment in meeting the individual needs. The definition of job satisfaction deals with the level of contentment an employee settles on after considering the positive and negative aspects of his or her job (Business Dictionary, 2014). This definition focuses on individual's feelings rather the person's needs. More in-depth definitions of job satisfaction include measures of "tangible and intangible aspects, including pay, contentment with co-workers, and how much one likes the work itself" (The Free Dictionary, 2012). This definition includes factors that can affect the level of satisfaction with a job (i.e. monitory payment).

In the nursing field, research shows that job satisfaction is very important and has a strong impact on improving a patient's quality of care (Laschinger, 2008). Nursing job satisfaction is defined as the level of satisfaction nurses feel with regards to the rewards and punishment given as a result of individual performances. (Agho, Mueller, & Price, 1993). This definition focuses on the value and what is determined to be just compensation for the individual's work.

The majority of the previous definitions of job satisfaction focus on the individual's feelings or on the individual's needs. These definitions are missing some of the important factors that have been found to influence job satisfaction. Some of these include empowerment, Magnet characteristics as well as individual's age, level of education, and years of experience. Research related to this is explored further in

the next section of this literature review, while other aspects are still lacking research regarding those factors.

Nursing Job Satisfaction

Moumtzoglou (2010) and Murrells, Robinson, and Griffiths (2009) indicate that nurse job satisfaction is an underdeveloped area of research when compared to other disciplines. Stamps and Piedmonte (1986) define nurse job satisfaction as the quality and quantity of formal, informal and professional contact nurses make at work. The authors define job satisfaction based on nurses' interaction with co-workers related to patient care (formal); to their social and personal interaction (informal); and to other nurses, physicians, and other employees in the hospital (professional) (Stamps & Piedmonte, 1986). Also, nurse job satisfaction is defined as "the degree of satisfaction nurses have with the nurse administrator's collaboration at all levels, including interdisciplinary teams, executive officers, and other stakeholders (American Nursing Credentialing Center, 2002). This definition relates to the level of satisfaction as it relates to nursing administration.

Several nursing authors define nurse job satisfaction as having an association with professional growth. For example, Kacmar, Bozeman, Carlson, and Anthony (1999) define this as "the degree to which nurses are satisfied with potential upward occupational mobility within an organization" (p.386). While these authors focus on the opportunities of advancement that nurses see in their workplace, Zander takes a different approach. Zander (1980) maintains nurse job satisfaction is tied to the level in which nurses are involved in patient care, and the extent to which they can

collaborate with other professionals in their field. Zander (1980) defines job satisfaction as it relates to professional patient care.

Conrad and his colleagues (1985) define job satisfaction as "a match between what individuals perceive they need and what rewards they perceive they receive from their jobs" (p. 163). This definition focuses on the individual's needs and his or her expectations in the workplace. Most of the nursing literature defines job satisfaction based on factors that influence the level of fulfillment nurses feel at work. While nurse job satisfaction is considered as an important topic for health organizations and researchers, nurse job satisfaction is poorly defined (Hayes, Bonner, & Pryor, 2010).

This dissertation focuses on job satisfaction as defined by Warr, Cook, & Wall, (1979). According to Warr, et al. (1979), "job satisfaction is the degree to which a person reports satisfaction with intrinsic and extrinsic features of the job" (p. 130). This definition is the broadest definition. Use of the word *report* within the definition reflects a self-evaluation of the level of satisfaction. The authors point out that job satisfaction is based on intrinsic and extrinsic features of the job. There are some job characteristics considered as intrinsic features such as providing employees the freedom to schedule their own hours; recognizing and rewarding good work; assigning tasks their employees can tolerate; and offering opportunities to work in areas they feel the most confident and comfortable (Morrison, Cordery, Girardi, & Payne, 2005; Warr et al., 1979; Williams & Anderson, 1991). On the other hand, the physical work conditions, immediate supervisors, payment rate, and fellow worker's characteristics of the job reflect the extrinsic features (Clark, Oswald, & Warr, 1996; Judge, Piccolo, Podsakoff, Shaw, & Rich, 2010; Warr et al., 1979; Williams & Anderson, 1991).

Some of these features are related to structural empowerment and Magnet characteristics, which are two of the important variables in this study and are both addressed later in this review.

Published Studies on Job Satisfaction

The following section reviews published studies related to job satisfaction across disciplines, including nursing.

There are many factors that affect job satisfaction. Seashore and Taber (1975) categorize associated related factors affecting job satisfaction to include environmental factors such as political, economic and job-related. Others are individual factors such as perceptions and expectations. Other correlations of satisfaction identified by researchers over the years include general job role, work setting and schedule, work environment and workload, compensation and benefits, demographics, security, advancement and vacation time. Several studies discuss structural empowerment and Magnet characteristics as strong influences in nursing job satisfaction (Laschinger, Finegan, & Shamian, 2001; Laschinger, Almost, & Tuer-Hodes, 2003; Upenieks, 2003b; Armstrong, & Laschinger, 2006)

Job Satisfaction Across Disciplines. Job satisfaction is an important area of inquiry across disciplines. Researchers have explored the concept of job satisfaction from various viewpoints and areas of focus. While many people make the assumption that a satisfied worker is a productive one, researchers have actually examined this concept and have concluded mixed results. The literature places the productivity alongside commitment, based on the opinion that committed workers are productive ones and

have found that "job satisfaction positively correlates with organizational commitment" (Chang, Chein, Wu and Yang, 2011, p. 23). However, such commitment, the authors note, can be divided into two groups, identification and internalization, and there are few studies that address these two categories.

In addition to the correlation of job satisfaction and organizational commitment, there are many other factors and forces that play a role in job satisfaction (McKinney, Mulvaney and Grodsky, 2013). A primary factor that can influence job satisfaction is the appraisal process. Researchers argue that the appraisal process can be beneficial for both the employers and employees and lead to both a better job performance and an increase in job satisfaction. However, as Duncan (2007) suggests, the appraisal process could conversely have a negative impact on employee satisfaction if the process is not well-managed.

Researchers have also explored performance feedback and its impact on job satisfaction. Jawahar (2006) states that based on a sample of 256 employees in industry, "satisfaction with feedback was positively related to organizational commitment, job satisfaction, commitment toward manager and satisfaction with manager, and negatively related to turnover intentions" (Jawahar, 2006). Therefore, as Jawahar suggests, feedback may have an influence on future job performance. Moreover, Jawahar implies that satisfaction can have an influence on attitudes about the job as well as the organization, as long as the employee is satisfied with the feedback.

Similar to the impact of feedback, communication can play a role in staff satisfaction. Goris, Pettit and Vaught (2000) state that "high levels of job performance and job satisfaction occur when congruence of individual needs (growth need strength) and job characteristics (job scope) exists" (p. 22). A moderating factor of this congruence is communication. The authors report that downward communication (information being passed from leaders of an institution to its subordinates) appears to moderate the relationship between job performance and job satisfaction in terms of low individual job congruence.

It is clear that factors such as performance appraisal and feedback can have an impact on employee satisfaction, as does approaches to work itself. Researchers have explored how various approaches such as alternative work practices can influence a worker's job satisfaction. Godard (2001) writes that alternative work practices based on individualized work arrangements can have a positive impact on job satisfaction. Such work practices are "associated with increased belongingness, empowerment, task involvement, and ultimately job satisfaction, esteem, commitment, and citizenship behavior" (Godard, 2001, p.776). However, Godard (2001) also argues that at higher levels of adoption, these benefits become negative and are associated with higher levels of stress at work. According to Barbera and Hammer (1997), alternative work practices such as flexible work schedules and environments can have an impact not only on job satisfaction but also absenteeism and other outcomes.

Researchers have explored topics such as work arrangements and hours and their relationship to job satisfaction, yet another area of interest to many researchers is the link between job satisfaction and turnover. Research reveals that job satisfaction

mediates the relationship between the organizational and job attributes, and can have an impact on the desire of employees to remain with an organization. According to Kay, Alarie, and Adjei (2013), job and organizational attributes that can influence the satisfaction of employees include things like salary, job responsibilities, opportunities for advancement within the institution, and relationships between colleagues.

Research suggests that job satisfaction can lead to many benefits for the organization. Benefits include worker productivity, loyalty to employers within the business, and a commitment to stay with the organization. However the research has also explored the impact of job dissatisfaction. Hoxsey (2010) states that job dissatisfaction has been linked to employee absenteeism and eventually some employees leaving the organization. According to the author, some employees are not able to quit their jobs when they are not satisfied with their work and/or the organization and instead display their lack of commitment through absenteeism (Hoxsey, 2010).

A lack of job satisfaction appears to play a role in the intention of employees to leave the company for which they work. Although there are several factors related to job dissatisfaction that may lead an employee to leave the company, a major factor is often the ethical climate of the workplace. Researchers have found that in the field of sales, there is a relationship between "ethical climate, trust in supervisor, job satisfaction, organizational commitment, and turnover intention" (Jaramillo, Locander and Mulki, 2006, p. 19). Specifically, Jaramillo and colleagues (2006) found that compliance programs that help monitor regulations and workplace fairness, as well as codes of ethics, can have a positive impact on organizational variables. Furthermore,

researchers have found that ethical climate can be a critical determinant of job satisfaction for salespeople. The researchers suggest that job satisfaction is a key variable with turnover intent, or people having a desire to leave their workplace. Additionally, the researchers imply that a lack of ethics in the organization often has a similar outcome.

In addition to ethics playing a role in job satisfaction and dissatisfaction, researches have identified that another variable influencing turnover intention in the organization is burnout. According to Jibiao and Qin (2012), people who are in caring professions such as social workers and teachers tend to be most prone to burnout. They also found that teachers are especially vulnerable to the condition as they are in a front-line profession, or one that requires a substantial amount of preparation and effort for success. Causes of burnout include stress and frustration. For example, in the teaching profession where burnout is high, there is a disconnect between what teachers want their students to learn and what the students actually retain and use (Jibiao, Z. & Qin, Z. 2012). Additionally, burnout that leads to turnover can also be a result of social, organizational, and individual factors. Overall, Jibiao and Qin (2012) report that burnout tends to be a result of stress and work overload that can be caused by role ambiguity and conflict.

An additional factor that appears to play a role in a lack of job satisfaction is motivation. Olusegun (2012), in his research with library personnel, found that staff job satisfaction was related to administrators and their agility to motivate across levels in the organization. Supporting this, Olusegun claimd that motivation is often a result of effective leadership. Omidvari, Azimi and Hosseini (2013) state that leadership can

have an impact on important factors that relate to job satisfaction other than motivation such as job stress.

Nursing Job Satisfaction. Nurses, like other disciplines, face similar factors that affect job satisfaction. Several of the factors influencing job satisfaction, explored above with other disciplines, are also found in the nursing literature. For example, Warshawsky and Havens (2014) found from a survey of 291 nurse managers that the majority of nurses (68%) were either satisfied or very satisfied with their jobs. This suggested that these nurses had a high level of job satisfaction. However, Warshawsky and colleague (2014) state that 72% of nurses planned to leave their jobs within the next five years. They cited the reasons for such a high turnover intent was due to burnout, the desire to change careers, retirement plans, and promotions (Warshawsky & Havens, 2014). The nursing research appears to mirror research in other professions related to factors that impact job satisfaction, especially burnout.

Warshawsky and Havens (2014) suggest that leaders play an important role in job satisfaction among nurses. For example, effective nurse managers, who are in a leadership role, help to create and maintain healthy work environments. These environments support the staff and nursing practice. In addition to effective leadership, nurses often cite a positive relationship with their nurse managers is a positive factor when determining job satisfaction (Warshawsky & Havens, 2014). Nursing leaders can have an impact on the work environment and play an important role in job satisfaction and turnover intention.

Research on nurses and job satisfaction identify specialties within nursing, such as mental health nursing, that can influence job satisfaction. Australian researchers examining mental health nurses found that factors influencing job satisfaction included the culture of the workplace, pride in one's profession, rewards, and facilities more than in other specialties of nursing (Ragusa & Crowther, 2012). The researchers who conducted the research on mental health nurses and job satisfaction claim that work schedules can play a role in job satisfaction, which is similar to the research findings in other non-nursing professions. Bae and Yoon (2014) note that long worker hours for nurses can have a negative impact on job satisfaction.

As stated earlier, the workplace culture can have an impact on job satisfaction. Roberts-Turner, et al. (2014) state that nurses are influenced by a number of factors associated with their job satisfaction. Two main factors that the authors identify as influencing satisfaction are transformational leadership and transactional leadership. Leadership in an important factor in the nursing profession. Indeed, the researchers report that nurses in the US have the lowest job satisfaction of all professions in this country (Roberts-Turner, et al., 2014). Job dissatisfaction in the nursing profession has a negative influence on recruitment, retention and turnover of nurses.

In addition to leadership, Roberts-Turner, et al. (2014) identify several other factors that influence job satisfaction of nurses. These factors include organizational, personal, and interpersonal factors. On the organizational level, the factors include self-sufficiency, emotional stress, and number of work weekends per month (Roberts-Turner, et al., 2014). The researchers also argue that satisfaction among nurses increased when they were able to focus on their strengths in the profession relative to

their patients and the appropriate use of their skills. This suggests empowerment, which in turn suggests increased job satisfaction.

Stress appears to play a large role in job satisfaction among nurses. Researchers have explored the role of stress as it relates to job satisfaction in several different contexts. Lee and King (2014) found that nurses in an outpatient hemodialysis unit were at a higher risk for job dissatisfaction and burnout. This were largely because the work they did included daily interaction with chronically ill patients with high mortality rates. The nurses often are dealing with their own and unresolved grieving, stress, and anxiety (Lee & King, 2014). Lee and King state that death, anxiety, and burnout lead to a decrease in job satisfaction as well negatively impact patient care.

While stress plays an important role in nurse job dissatisfaction, another factor that can play a negative role in job satisfaction among nurses. Workplace incivility, according to Laschinger, Wong, Cummings, and Grau (2014) can include a number of behaviors that have a negative impact on job satisfaction as well as employee health, turnover, productivity and commitment. "In nursing workplaces, incivility has been linked to a variety of negative organizational outcomes, including increased burnout and turnover intentions and decreased job satisfaction and commitment" (Laschinger, Wong, Cummings & Grau, 2014, p.16). According to these authors, incivility in the workplace leads to a high financial burden for healthcare organizations, estimated at twenty billion dollars annually.

Although factors such as leadership, stress, and burnout play a role in nurse job satisfaction or dissatisfaction, monitory compensation is also an important factor. Results of research conducted by Kalandyk and Penar-Zadarko (2013) show that while many nurses are interested in helping other people and find their work satisfying, approximately 98% are dissatisfied with the low pay (Kalandyk & Penar-Zadarko, 2013). Not only is low pay a source of concern among nurses that can have a large impact in job satisfaction, the researchers also found that nursing shortages and increased responsibility with extra payment also negatively impact workers. Overall, however, the research reports that the main professional factor leading to dissatisfaction in nursing is low pay because job satisfaction for nurses is linked to financial security.

Structural Empowerment

This section focuses on the definition of empowerment across disciplines, including nursing. A review of the literature addressing the importance of structural empowerment related to job satisfaction will also be explored.

Background of Empowerment

There are two types of empowerment: psychological empowerment and structural empowerment (Manojlovich, 2010). This literature review focuses on structural empowerment and uses Kanter's Theory of Structural Empowerment as a theoretical framework to explain empowerment related to organizational structures. According to Manojlovich (2010) empowerment does not occur naturally in an organization, but organizations may promote its development through its structures.

Definitions of Empowerment and Historic Transitions

In the forthcoming review, the term 'empowerment' is examined in the context of its daily usage in the English language. Empowerment, and its position in the scientific literature, is also explored.

The term empowerment first appeared in the academic literature in 1975. The 1975 article *Toward Black Political Empowerment – Can the System Be Transformed*, ignited widespread use of the word and associated it with the civil rights (Conyers, 1975). In 1978, the social work community used the word in an article entitled *From Service to Advocacy to Empowerment* (O'Connel, 1978). Other special interest groups from politics to health organizations also began using the word often, in articles such as *Grassroots Empowerment and Government Response* in Social Policy and *Counseling for Health Empowerment* (Lausch, 2011).

The term was particularly applicable in the discussion of marginalized populations. Social scientists used the word when referring to community development, specifically when addressing groups like women, the poor, and minorities. In 1983, the Women's Studies International Forum published *Power and Empowerment*, adhering to the theme and the emerging pattern of repressed parties taking action. (Lausch, 2011)

Dictionary and Scientific Definitions of Empowerment. In the English language, the word empower was originally used in the 1650s, and then again by William Penn in 1690 (Dictionary, n.d). In the American Heritage Dictionary (online edition), the words empower and empowerments were undefined. However, in the Oxford English Dictionary (1989) empower (verb) is defined as "to invest legally or

formally with power or authority; to authorize, license". Empowerment is "the act of empowering; the state of being empowered" (Oxford English Dictionary, 1989). There are distinct definitions associated with the verb empower and the noun empowerment. Empower, a verb has a stronger correlation with structures and formal methods of empowerment. According to Fowler's Modern English Usage dictionary, "Empower/empowerment is a 17th century verb, transforming from its original concept of giving authority to its 1970s interpretation of being able to make (someone) do something." The shift in meaning reflects the New Age movement's influence on linguistic acquisition, implying the freedom of adoption of moral values and principles (Fowler's Modern English Usage dictionary, n.d). Merriam Webster's Third New International Dictionary defined empowerment as having authority or legal powers.

In the Free Dictionary, empowerment also references the increase of "the spiritual, political, social, or economic strength of individuals and communities. It often involves the empowered developing confidence in their own capacities" (Free Dictionary, n.d). This definition accounts for the different derivations of empowerment, and the personal confidence associated with the definition of empowerment.

The definition of empowerment has developed over time, and varies according to different sources. Empowerment was previously identified as a process, which has different phases. However, the dictionaries now overall, define empowerment as a state of being, rather than a process as seen in the literature review. This variation plays a strong role in influencing the selection of a working definition of the term empowerment. Both the state of being empowered, as well as the process and

transitions of empowerment, must be acknowledged.

Over time, the concept of empowerment has been used and defined in various ways. According to the Medical Dictionary, empowerment is defined as "the gaining by individuals or groups of the capability to fully participate in decision-making processes in an equitable and fair fashion" (Medical Dictionary, n.d). In the discipline related to pharmacy, empowerment is defined as having "direct control and responsibility for institutional drug-use protocols and can assist in reducing costs and improving the quality of patient care" (Puckett, Egle, & Galt, 1994, p. 12). According to the Business Dictionary, empowerment is based on the idea of providing employees with the tools they need for success, and includes assessing outcomes and evaluating their accountability (Business Dictionary, n.d).

The Definition of Empowerment in Nursing

The definition of concept of empowerment varies throughout the nursing literature, much like the idea of empowerment itself. Rappaport (1987) defines empowerment as the "mechanism by which people, organizations, and communities gain mastery over their affairs" (p. 122). Zimmerman (1995) defined empowerment as processes where people are given tools to control "their own destiny" and situations that impact their lives. Gibson (1991) defines empowerment as "a social process of recognizing, promoting, and enhancing people's abilities to meet their own needs, solve their own problems, and mobilize the necessary resources in order to feel in control of their own lives" (p. 359). The above studies are all similar in that they define empowerment as a process. Kuokkanen and Leino-Kilpi (2000) define empowerment as an essentialist concept; one seen as a necessity for personal growth

and development based on an individual's beliefs, views, values and perceptions. The next sections will focus on one type of empowerment: structural empowerment.

In the nursing, the definition of empowerment appeared in the late 1960s and early 1970s as a result of the self-help and political awareness movements. As it relates to nursing, research has shown that empowered nurses, supported by systems that facilitate and aid, are both highly motivated themselves, and have the ability to empower others (Laschinger & Havens, 1996). Oudshoorn (2005) gives an example of empowerment as "producing a positive self-concept, characters satisfaction, self-efficacy, self-esteem, mastery, control, a sense of connectedness, a feeling of hope, an improved quality of life, well-being, and, health" (2005, p. 58). These two studies do not define 'empowerment'; instead, the authors only give examples of the result of empowerment in their studies.

Structural empowerment is an important type of empowerment. Manojlovich (2005) believes that empowerment has to be promoted, as structural empowerment does not naturally occur in an organization. Kanter (1993) argues that structural empowerment has to be deliberate in order for employees to succeed (p. 178). Kanter defines the structure of opportunity as organizational attributes that enable the workers' ability to grow and develop in their job (Kanter, 1993). Kanter (1993) asserts that the structure of the work environment correlates heavily with employee attitudes and behaviors. This gives a perception of access to power and opportunity, but its implementation and success is largely dependent on the behaviors and attitudes of employees within the organization. Communication, provided through support, information, and resources offers workers opportunities of structural empowerment

and can be defined as access to an organized work environment with provided lines of shared information and control resources (Conger & Kanungo, 1988).

Structural Empowerment Related to Nursing Job Satisfaction

According to Finegan and Laschinger (2005), job satisfaction as well as commitment to the organization may benefit from efforts made to improve the perception of employees with regard to structural empowerment. The researchers argue that structural empowerment does have a direct impact on attitudes regarding justice, respect, and trust in the workplace (Finegan & Laschinger, 2005). Moreover, Finegan and Laschinger (2005) found that structural empowerment can also have an effect on job satisfaction.

The authors also analyzed the relationship between structural empowerment of nurses and job satisfaction. They state that structural empowerment offers a framework for the organization to create a work environment that has meaning for nurses. This is based on the belief "that situational aspect of the workplace influence employee attitudes and behaviors to a greater extent than personal predispositions" (Finegan and Laschinger, 2005, p. 6). Such situational aspects can include support resources, access to information, and the chance to learn within the organization. The authors also note that studies have found that structural empowerment, as well as participation in decision making and a sense of autonomy, are all factors that impact job satisfaction.

Structural empowerment can be measured by The Conditions of Work Effectiveness Questionnaire (CWEQ-II) is an empowerment measurement instrument. The CWEQ-II based on Kanter's theory measures the perceived level of structural

empowerment. The CWEQ-II is a modification of the original CWEQ-I and it is shorter than the original (Laschinger, Finegan, Wilk & Shamian, 2000). The questionnaire includes a 19-item scale consisting of six subscales to measure one's perceived access to environmental sources of empowerment: opportunity, information, support, resources, formal and informal power. The CWEQ-II demonstrates high internal consistency in multiple studies with a Cronbach's alpha ranging between 0.78 to 0.93, well within a range of acceptability (Laschinger, et al., 2000). Also the CWEQ-II includes two items to measure the concept of global empowerment that is used for scale validation. Overall the subscales use a five-point Likert scale ranging from (1) no perceived access to (5) perceives a lot of access to structural empowerment (Laschinger, Finegan, Wilk & Shamian, 2000; Laschinger, Finegan, & Shamian, 2001). More detailed information about the CWEQ-II will be discussed in the methodology section.

Magnet Recognition Program

A way to empower nurses came along with the concept of a Magnet hospital in the early 1980s. The immediate catalyst was the result of the US health care system experiencing a significant nursing shortage (McClure & Hinshaw, 2002). Because of this shortage, recent efforts have been made to attract more nurses to the profession as well as retaining those who are already working as nurses. The Magnet Recognition Program recognizes health care organizations that are successful in several key areas that helped attract and retain nurses and improve job satisfaction. These may include the quality of patient care, nursing innovations and excellence in nursing practice. The

program seeks to identify the characteristics within hospitals that are able to attract and retain nurses, and offers a framework for assessing healthcare environments.

Magnet designation is a worldwide recognition bestowed on hospitals of the high quality nursing care by the American Nurses Credentialing Commission (American Nurses Credentialing Center [ANCC], 2014). The American Nurses Association established the Magnet Recognition Program in 1990 in order to classify high standards of nursing services. It was formalized in 1993 and developed "a universal set of standards to assess these criterion and identify hospitals that can attract and retain high-performing and well-qualified nurses" (Rodwell and Demir, 2013, p.588). While many hospitals may be designated with a Magnet designation, it is not this label that is important. Rather, it is the characteristics of hospital that are associated with the label that are important to nurses.

Historical Overview about Magnet Recognition

The Magnet Recognition Program is based on clear criteria. Developed by the American Nursing Association, the program recognizes hospitals with Magnet designation that meet 14 areas that indicate success (Hart, Lavandero, Leggett, Taylor, Ulrich & Woods, 2007). The program seeks to provide consumers with high quality care, the authors note, as well as seeks to facilitate the sharing of nursing practices. The Magnet Recognition Program also intends to increase the status of the nursing profession. Lash and Munroe (2005) state that achieving Magnet designation has gained momentum on both a national and international level.

The Magnet Model includes several dimensions. The current model was updated in 2008 and identifies five specific domains related to nursing:

transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations and improvements; and empirical quality outcomes (ANCC, 2008). According to Pinkerton (2008), organizations are seeking to gain the Magnet designation can partner with various organizations, such as educational organizations, to share resources, therefore many facilities that have Magnet designation also have cooperative models and programs.

Magnet hospitals are those that are known for several aspects that are important to nurses. For example, Rodwell and Demir (2013) state that Magnet hospitals are associated with "concepts of good quality care, continuing education, professional autonomy, flat structures, effective staff deployment, and high levels of job satisfaction" (p. 588). Moreover, there are several aspects of Magnet designation that relate specifically to the concept of empowerment on the individual level (Rodwell & Demir, 2013). Magnet hospitals offer opportunities for nurse participation in the affairs of the hospital, a focus on the nurse manager's abilities, and a positive relationships between the physicians and nurses.

While there are many characteristics of Magnet hospitals that are similar across health care organizations, there are also some important differences. Rodwell and Demir (2013) reported that some of characteristics and benefits can vary based on the individual hospital. For example, "research from the United States has found that the third sector (non-profit hospitals) have a higher concentration of Magnet certified hospitals than public sector or private for-profit hospitals" (Rodwell & Demir, 2013, p.588). However, it is important to note, according to the authors, that the heavy

proportion of non-profit Magnet hospitals in the US may be based on the fact that different countries have varied definitions for the sectors.

Magnet Designation Affects Nurse Job Satisfaction

The ANCC Magnet Recognition Program is one that seeks to address staffing shortages, burnout, and high turnover in nursing, they have also sought to learn about the impact of certification. Researchers Haskins, Hnatiuk and Yoder (2011) state that certification indicates a level of professional, and implies on going continuing education because of the need to recertify. Research on Magnet designation reveals that certification is positively associated with many important factors for nursing and job satisfaction. These include intrinsic value, empowerment, and sense of collaboration with other health care professionals, nursing competence, and nursing expertise (Haskins, Hnatiuk & Yoder, 2011). Research also shows that certification can increase nurse retention because it both validates and recognizes the skills and knowledge of the nurses. Moreover, certification has been positively associated with job satisfaction of nurses (Haskins, Hnatiuk & Yoder, 2011)

Research on Magnet designation in other areas of the world, such as in the Middle East, also suggests that there are many benefits of Magnet certification. According to Mouro, et al., (2013), Magnet hospitals have been associated with positive outcomes, including nurse satisfaction. This satisfaction is linked, the authors note, to increased autonomy in practice, structural empowerment, participation in decision making, and a positive working environment (Mouro, et al., 2013). However, it appears that the benefits of Magnet designation are not universal as the authors state

that in the Middle East, hospitals often have low levels of nursing staff engagement. So while there are some shortfalls of the Magnet designation, as Mouro and his colleagues point out, overall the research shows the Magnet designation is a positive asset to nurse retention and reduced turnover.

Because of the prestige that it holds, many health care organizations have pursued Magnet recognition status. As of July 2015, 419 hospitals have been Magnet status. The experiences of health care organizations in terms of their efforts to gain Magnet status have varied. Research finds that the length of time it takes to apply for and earn Magnet certification varies among organizations. The average time to gain Magnet Recognition is 4.25 years (Russell, 2010). Organizations that have sought Magnet status face challenges and these include "involving, educating, and keeping their nurses engaged during this long process" (Russell, 2010, p. 340). However, the research also finds that while there are challenges of the process, there are also many benefits of Magnet recognition within the organization related to job satisfaction.

The process itself, not simply the designation of Magnet states, may play a role in job satisfaction of the nurses. Russell (2010) provides an example, of Seattle Children's Hospital's process which includes the identification of gaps as well as the means of closing them. In this effort to achieve Magnet status, the hospital revised and expanded its best practices to make improvements that in turn increased job satisfaction. Efforts have been made in different hospitals seeking Magnet designation to keep the staff both enthusiastic and energized with a focus on dialogue that may be empowering in terms of offering nurses the chance to participate in the Magnet designation process. Some hospitals, according to Russell (2010), sent nurses to the

ANCC Magnet Conference and this may have had an empowering effect that influenced nursing job satisfaction.

Nurse job satisfaction is a hallmark as demonstrated by the low turnover rates in Magnet recognized hospitals. Russell (2010) states that although the economy has had an impact on turnover, most of the hospitals "attained significant decreases in turnover once they achieved Magnet status" (Russell, 2010, p. 340). For example, at the Children's Medical Center in Dallas, the rate of nurse turnover fell from 20.9% to 9.67% (between 2006 and 2010) after the hospital achieved Magnet status. Additionally, researchers found that there are added benefits of Magnet status such as achieving higher than average quality indicators. Russell (2010) states that there has also been an increase in physician satisfaction with the quality of nursing care as a result of Magnet designation.

Several researchers support the notion that there are positive benefits of Magnet designation for hospitals. For example, a report from *Nursing Standard* states that "evidence suggests that while other hospitals might experience high dropout and burnout rates among nursing staff, nurses in Magnet hospitals experience greater job satisfaction, better patient outcomes and less exhaustion" (Chan & Lai, 2010, p.35). The differences in job satisfaction between those who work in Magnet hospitals and those who do not has been determined by three factors. These include strong nursing leadership, commitment to nurses and nursing, and competitive salary and benefits.

Hart, et al., (2007) used questionnaire-based research to determine differences between Magnet hospitals and non-magnet hospitals and examined several key dimensions. They demonstrated that nurses at those hospitals seeking or possessing

Magnet designation had a higher level of job satisfaction than those nurses in the non-Magnet associated hospitals (Hart, et al., 2007). The researchers also found that nurses in Magnet hospitals as well as those pursuing Magnet status tend to be more satisfied with their career and positions compared to those in non-Magnet organizations. Lash and Munroe (2005) also showed that Magnet hospital nurses are more satisfied with their jobs.

The high level of satisfaction of nurses in Magnet hospitals may be a result of several factors. Lash and Munroe (2005) report that Magnet hospital nurses have lower burnout rates compared to non-Magnet hospital nurses. Furthermore, the research finds that Magnet hospitals tend to have better staffing levels. Better staffing levels can potentially reduce the heavy nursing workloads that lead to stress and burnout which adds to increased job satisfaction. Lash and Munroe (2005) state that the Magnet hospital research has found a link between these hospitals and higher levels of quality care. Similarly, O'Mahony (2011) reports that Magnet hospital nurses have lower levels of work-related burnout and higher levels of job satisfaction that lead to shorter patient stays, as well as a reduction of intensive care unit days for patients. O'Mahony states that there is a correlation between the reduction of staff burnout and an increase in nurses being involved in the decision making process.

With regards to nurse autonomy and Magnet hospitals, Lash and Munroe (2005) report that higher levels of autonomy are linked to hospitals with Magnet designation. The researchers note that instruments used to measure autonomy, empowerment, nurse control over practice and the physician and nurse relationship were more prevalent in Magnet hospitals. Indeed, nurses in Magnet hospitals reported

feeling more empowered and had greater job satisfaction. Factors such as better leadership, more input in decision making, and greater access to information and resources were reasons for their positive feedback (Lash & Munroe, 2005). All of these factors, the authors noted, contribute to nurse job satisfaction.

Lash and Munroe (2005) report that, in addition to employees with a higher sense of empowerment and job satisfaction, Magnet hospitals have nurses with higher levels of educational preparation compared to non-Magnet hospitals. Their research demonstrated that about half of the nurses working at Magnet hospitals held a baccalaureate degree, compared to 34% of their counterparts at non-Magnet hospitals (Lash & Munroe, 2005). Furthermore, statistics from the Commission of the Magnet Program also show that Magnet hospital nurses are more likely to be certified in specialty areas than nurses at other non-Magnet institutions.

Although much of the research on Magnet hospitals has placed focus on the impact of Magnet hospital designation on the nurses, researchers have also explored the impact on Magnet hospitals on patient outcomes. Lash and Munroe (2005) state that research has been conducted on patient outcomes and the findings suggest that Magnet hospitals have a lower mortality rate than non-Magnet hospitals (Lash & Munroe, 2005). This study has found that AIDS patients admitted to Magnet designated hospitals were 60% less likely to die compared to non-Magnet settings. It is suggested that the higher nurse to patient ratio is the reason for lower morality rates in Magnet hospitals.

It appears in most Magnet hospital research that there are many benefits to both patients and nurses at a Magnet designated hospital. This has led to international

interest (Sayer, 2011). The Magnet Program now offers hospitals around the world the opportunity to use the Magnet Program criteria and processes to achieve goals that are common to many hospitals such as improving the standards of care, increasing employee productivity and the empowerment of nurses at the front line. Sayer (2011) suggests that reasons for the increasing international interest in Magnet designation is that hospitals want to consider their structures in terms of how nurses can contribute to decision-making. This emphasizes empowerment of the front line staff. Sayer (2011) notes that Magnet designation promotes important factors in health care such as accountability and responsibility that, in turn, can renew a sense of pride, passion and professionalism.

The research on Magnet hospitals has consistently found many benefits. The only negative impact found in the literature is the suggestion that it is a very costly and a time-consuming endeavor for a hospital to gain Magnet recognition. The many positive benefits of Magnet designation may play a role in nurse job satisfaction as a Magnet healthcare setting leads to many practices that may increase job satisfaction, and these benefits seem to often outweigh the costly monetary and time investment it takes to achieve this status. These practices potentially can empower nurses and include them in a larger role in decision-making.

Because the nurses at a hospital has Magnet designation are vital players in the process, it is important to identify their perceptions regarding these Magnet characteristics. Magnet hospital characteristics can be measured by using the Lake's Practice Environment Scale of the Nursing Work Index (PES-NWI). This scale includes five components of the Magnet hospital culture as described by Lake (2002).

The components include: nursing participation in hospital affairs; nursing foundations for quality of care; nurse manager ability; staffing and resource adequacy; and the degree of collegial nurse/physician relationships. The reliability coefficient ranged from .71 to .84 (Lake, 2000).

Nursing Job Satisfaction Related to Structural Empowerment and Magnet Characteristics

The following section focuses on how structural empowerment and Magnet characteristics can affect job satisfaction among nurses. Some studies have shown that nurses who work in Magnet hospitals with high level of structural empowerment, report increased job satisfaction (Lacey et al., 2007). Lake (2002) defined a Magnet hospital by using five aspects of the nurses work environment: "nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership, and support of nurses; staffing and resource adequacy; and collegial nurse-physician relations" (Lake, 2002, p. 202). Lack of empowerment can have negative consequences in the organization related to motivation, job satisfaction and employment turnover (Habib, 2004). Empowerment therefore is a variable of interest in this study.

Ning, et al., (2009) identify how empowerment can shape organizational behaviors and attitudes. The authors tested Kanter's Structural Empowerment theory and examined relationships among structural empowerment and job satisfaction in China. Using a correlational, cross-sectional design, the data were collected in six Chinese hospitals. The convenience sample consisted of 598 Chinese female nurses who were included in this study (Ning, et al., 2009).

According to Ning and colleagues (2009), the Chinese nurses reported a moderate level of empowerment (19,14) on a scale of 6 to 30. Job satisfaction aligned with level of education; the higher level of education the higher the job satisfaction. Structural empowerment and job satisfaction had a statistically significant positive correlation ($p < 0.01$) (Ning, et al., 2009). Application of Kanter's Structural Empowerment theory in this study supported the findings on how empowerment can shape organizational behaviors and attitudes. Using Kanter's Structural Empowerment theory helped to identify important factors that can empower nurses in the workplace such as the ability to access information and resources. This study suggested how to provide opportunities that can positively increase job satisfaction among this population of nurses (Kanter, 1993). Also, the study encouraged nurse managers, using the guidance of Kanter's theory, to find opportunities to empower their staff. The study recommended using Kanter's theory in Chinese healthcare to increase nurses' empowerment and job satisfaction (Ning, et al., 2009).

Lautizi, Laschinger, and Ravazzolo (2009) also used Kanter's Structural Empowerment Theory to examine the relationship between staff nurses' structural empowerment, work stress, and job satisfaction. Conducted in two Italian health care settings, this descriptive-correlational study designed surveyed 77 staff nurses who worked at the Department of Mental Health in central Italy. Nurse subjects respond to a 19-item questionnaire known as the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger, Finegan, Wilk & Shamian, 2000). Structural empowerment was significantly related to job satisfaction ($r = 0.506$, $p < 0.001$) (Lautizi, et al., 2009).

The Italian nurses in this study did not feel empowered within their organization with regards to opportunities for professional growth (Lautizi, et al., 2009). Kanter's Structural Empowerment theory was useful in identifying one of the sources required to increase job satisfaction among the nurses. They stated that limited opportunity for professional growth in the organization made the nurses feel somewhat lacking in their sense of empowerment. Applying Kanter's Structural Empowerment theory in this model allowed the researcher to demonstrate that the organization can fix this shortcoming by providing strong structural empowerment in the workplace environment (Lautizi, et al., 2009).

Several studies demonstrate that nurses working in Magnet hospitals have higher satisfaction levels than those working in non-Magnet hospitals. (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Aiken, Havens, and Sloane 2000; Aiken, Clarke, Sloane, 2002). Brady-Schwartz (2005) compare the job satisfaction levels between a Magnet-designated hospital and non-Magnet hospitals. They found that registered nurses (n=173) who worked in a Magnet-designated hospital demonstrated significantly higher levels of overall job satisfaction compared to nurses (n=297) in non-Magnet hospitals (Brady-Schwartz, 2005).

Research suggests several factors that can have an influence on job satisfaction. Similar to other disciplines, factors such as leadership, structural empowerment and Magnet characteristics can influence job satisfaction in nurses. Job satisfaction among nurses is an increasingly important issue, largely due to the current nursing shortages, higher patient acuity levels, and the demands placed on nurses by an aging population. A closer examination of nurses' perception of structural

empowerment and Magnet characteristics and its relationship to job satisfaction is needed.

Demographic Factors Associated with Job Satisfaction

While reviewing the literature, there were important demographic factors that appear to impact job satisfaction. Some of the demographic variables were very interesting to include in this study, and are believed to be factors affecting job satisfaction in addition to the central independent variables of study. Five demographic variables important to examine include: age, education level, marital status, ethnicity, and years of experience. They will be discussed in the following review.

The available literature supports that age has a positive impact on job satisfaction level (Al-Aameri, 2000). The author found that age was significantly related to the job satisfaction explained by 23% of the variance in job satisfaction ($p<0.01$). This result means that the older a nurse is, the more satisfied they are with their job. Factors that may account for this difference in job satisfaction stem from the fact that new and inexperienced nurses face an array of challenges and difficulties as they start their burgeoning careers. A major challenge is the lack of experience in both practice and working within a hospital setting (Al-Aameri, 2000).

In addition to age, education level has been examined with regard to job satisfaction in nursing. Researchers have found that nurses with higher levels of education have achieved higher job satisfaction. Juntao, Hua, and Fenglan (2006) report a statistically significant positive correlation between job satisfaction and education level. Interestingly, a study by Ning, et al, (2009) designed to test Kanter's

Structural Empowerment theory and examine relationships among structural empowerment and job satisfaction in China, found that a higher education level was significantly related to the job satisfaction. They found that 8.4% of the variance was related to job satisfaction ($p < 0.0001$) (Ning, et al., 2009). Korea and China nurses were found to have statistically significant higher levels of job satisfaction when they had higher levels of education, when compared to their less educated counterparts (Hwang et al., 2009).

There was also a statistically significant difference in nurse job satisfaction when comparing nurses who obtained a higher education degree (mean scores 73.0 and 64.1, respectively), with higher scores demonstrated a higher level of satisfaction (Al-Enezi, Chowdhury, Shah, & Al-Otabi, 2009). Among other things, researchers have found that possessing a college degree positively impacted job satisfaction (Zurmehly, 2008). Al-Enezi et al. also reached a similar outcome and they argue that education is a statistically significant and a positive predictor of nurse job satisfaction.

Marital status is another factor examined with regard to nursing job satisfaction. The findings of Yin and Yang (2002) show that nurses who were married had a higher level of job satisfaction than nurses who were not married. This correlation between marital status and both job satisfaction and low turnover was examined in four groups of nurses: widowed, single, married, and divorced. Their results indicate that marital status creates significant differences in job satisfaction of nurses. While the widows are the least satisfied group, the most satisfied is the divorced nurses group. When the data was analyzed, researchers found that the widowed group was unique from the married and divorced groups in some aspects, but

their job satisfaction mirrored that of the single nurses. Also, the single nurses' job satisfaction interestingly did not differ from the other three groups (Al-Aameri, 2002)

Ethnicity was a fourth factor examined in the realm of nursing job satisfaction. It was first thought that ethnicity had no effect on job satisfaction, however, ethnicity did exhibit a correlation to job satisfaction across the literature. Ying Xue (2015) found that ethnicity had a moderate effect on job satisfaction but did not identify the factors that were responsible for this. The author found that Native Hawaiian/Pacific Islander nurses had the highest satisfaction level (88.8%), and other ethnicities were as follows: White (81.6%), Asian (81%), Hispanic (78.9%), Black (76%), Multiracial (75.7%), and American Indian/Alaska Native (74.3%). For a variety of reasons, many of which are still unknown, Black, American Indian/Alaska Native, and Multiracial nurses are likely to have a lower job satisfaction rating as compared to White nurses. Conversely, Asian nurses indicated the highest levels of neutral (versus dissatisfaction) compared to White nurses. The research does not identify findings regarding a difference in job satisfaction between Hispanic, Native Hawaiian/Pacific Islander, and White nurses. (Xue. 2015)

Finally, researchers have examined the number of years of experience that nurses have, and whether this impacts their job satisfaction. Researchers set out to determine if this should be considered a factor that could affect job satisfaction level, and some studies indicate it is. In one study conducted in Saudi Arabia, the years of experience a nurse had was statically significant with job satisfaction and explained by 7% of the variance in job satisfaction at a p level of < 0.05 (Al-Aameri, 2000). The research indicates that the more experience and years of employment a nurse has, the

higher the level of job satisfaction. High years of experience was a statistically significant predictor of nurse job satisfaction (Li & Lambert, 2008). Years of experience explained 10% of the total variance of nurse job satisfaction (Li & Lambert, 2008).

Summary

A literature review of job satisfaction, structural empowerment and Magnet hospital characteristics has been conducted. Little is known about how structural empowerment and Magnet hospital characteristics are positively related to job satisfaction as an outcome.

Nursing needs to understand how to increase job satisfaction level as an outcome that can improve quality in the nursing environment (Cass, Siu, Paragher, & Cooper, 2003). Also, improving the productivity can increase the nursing job satisfaction (Chang, Chein, Wu and Yang, 2011). Some studies found that job satisfaction has a positive impact on patients' satisfaction (Whitman et al., 2010).

Job satisfaction plays a vital role related to retaining nurses in the profession (McClure & Hinshaw, 2002). Also, job satisfaction has a strong effect on nurses commitment to the organization (Finegan & Laschinger, 2005), decreased absenteeism from work, Hoxsey, D. 2010), and retention (Josephson, Lindberg, Voss, Alfredsson, & Vingard, 2008; Ritter, 2011; Brown, Fraser, Wong, Muise, M., & Cummings, 2013). On the other hand, burnout has a negative relationship with job satisfaction (Jibiao, Z., & Qin, Z. (2012). Organizational support for the nurse has a positive impact on job satisfaction (Kwak, Chung, Xu, & Eun-Jung, 2010). Quality of care is also indicated as a significant impact on job satisfaction (Kramer, Maguire, & Brewer,

2011; Purdy, Laschinger, Finegan, Kerr, & Olivera, 2010). Because turnover is often high in the field of nursing, job satisfaction has been the focus of several nursing authors. Their literature includes suggestions to improve processes, outcomes, and quality of care (Habib, 2004; Jawahar, 2006; and Jaramillo, Locander & Mulki, 2006).

A way to alleviate the nurse shortage and boost nurses' job satisfaction is for hospitals to empower their nursing staff with a range of choices, improving salaries, and perhaps most importantly increasing and working on Magnet program. The research is limited because the idea of Magnet hospitals is a fairly new one. Slight is known about how structural empowerment and Magnet hospital characteristics are positively related to nurses' job satisfaction as an outcome. However, the current research conducted on nurses' perception of structural empowerment and job satisfaction at Magnet hospitals shows a positive trend. Finally, the demographic variables of age, education level, marital status, ethnicity, and years of experience found to have an influence on nurses' job satisfaction.

CHAPTER III

Theoretical Framework

With the need of nursing to apply theory into practice, one of the most effective theories related to empowerment is the theory known as Kanter's Theory of Structural Empowerment. This theory was developed by Dr. Rosabeth Moss Kanter, who holds a PhD in sociology and is a professor at Harvard Business School. She has used her training as a sociologist to inform her thinking and research in the world of business. Kanter's theory is a middle-range theory focused on the empowerment of organizational structure. It identifies the critical elements of structural empowerment necessary to facilitate a positive workplace environment for employees. (Kanter, 1993). This dissertation uses Kanter's Theory of Structural Empowerment as its theoretical framework to examine the relationship of nurse's perceptions of structural empowerment and Magnet characteristics and its impact on job satisfaction.

Kanter's theory focuses on structures within an organization rather than the individual (Kanter, 1993). Kanter believes that a leader can empower employees by giving them access to the following six components: 1) opportunity, 2) information, 3) support, 4) resources, 5) formal power, and 6) informal power. According to Kanter (1993) the first component, *opportunity* refers to professional growth in the organization and the chance to increase knowledge and skills. The second component, access to *information*, is related to data and expertise required to perform an individual's job. The third component, *support*, is defined as the feedback employees can have from colleagues and supervisors to improve effectiveness of their work.

Access to *resources*, the fourth component, is having the access to equipment, supplies, money, and adequate personnel needed to meet the organizational goals. The fifth component, *formal power*, is defined as giving employees in the organization the legal power to be creative and innovative. The last component, *informal power*, is defined as having good relationships with colleagues and managers inside and outside of the organization (Kanter, 1993).

Theory of Structural Empowerment

Kanter (1993) developed her Theory of Structural Empowerment in the 1970s, at the Industrial Supply Corporation (Indsco), a company with over 50,000 employees. Using surveys, observations, and interviews collected at Indsco, Kanter crafted her theory from the reported and observed work experiences of employees in a variety of clerical/service positions and corporate executives/managers/technical. After conducting her research, Kanter concluded that "people are capable of more than their organizational positions ever give them the tools or time or opportunity to demonstrate" (Kanter, 1993, p. 10). Empowerment potentially can counteract this occupational repression.

Kanter (1993) argued that structural factors of empowerment were able to determine how an individual responded to an organization, more so than the personality of the individual entering the organizational structure. Access to information, support systems, opportunity for growth and learning, and control over resources were some of the decisive factors of empowerment as proposed by Kanter. Without access to information, employees were not able to complete their job

requirements as easily or as well. Information about the organization, its status, and developments over time were also integral to Kanter's theory.

Kanter (1993) addressed other elements in her theory that were just as important. Empowerment was enhanced by on-the-job support. Individuals who felt that they had an accessible and identifiable support system were more empowered in their job performance. Having opportunities to grow and learn allows for employees to take on challenges, improve their skills, achieve rewards, and potentially get promoted. With some forms of upward mobility or rewards, people feel empowered to take actions that benefit the organization, especially if in the process, they can benefit themselves. Another necessary factor for empowerment is access and control over resources. Without access or control of resources, the structure of organization empowerment is insignificant. Having power, formally (through job description) or informally (through organizational relationships) is integral to empowerment. Formal and informal power structures encompass many of the aforementioned factors that allow for individuals to feel that they have a say and control over parts of the organization and their own position within it (Kanter, 1993)

Kanter (1993) proposed that when her theory is applied, employees become more productive and are more committed to the organization. This provides benefit to the internal workings of the organization. By adding empowerment into organizational structures, a positive feedback loop can be established and as a result employees become more committed, exhibit other positive behaviors, and feel more empowered from it.

The Theory of Structural Empowerment has three important variables. The three variables include the structure of opportunity, the structure of power and the proportional distribution of a variety of people. These variables are foundational to Kanter's theory and allows for expansion of established frameworks, identification of problems, and guided actions that implement change.

Kanter has established a connection between work empowerment and the level of formal and informal power of an employee in an organization. While formal power gives the employee possibilities to be flexible, creative, and visible, informal power springs from relationships and networks among superiors, peers, and subordinates (Kanter, 1993).

The Main Three Variables

Kanter identified two key characteristics of an organization that result in job-related empowerment. The first is power or the access to resources, the ability to mobilize these resources, and the support and information needed to back the mobilization. Second is opportunity or access to elements of challenge, growth, and development. An employee's access to these two key characteristics is shaped by the degree of formal and informal power the individual has within the organizational context. Formal power comes from high level job performance and execution of job related activities that are visible, attention-getting, and relevant to solving problems faced by the organization (Brown & Kanter, 1982). Informal power is acquired from political or social ties with sponsors, peers, and subordinates within the organization. Sponsors can be mentors, coaches, and teachers who hold a higher rank within the organization and provide approval, relative prestige, or support to the individual.

Equally important is an individual's relationship with his or her peers. These peer relationships, if positive, can result in the creation of power when a peer moves up in the organizational hierarchy.

Power structures are the result of three sources and include access to 1) support; 2) information; and 3) resources. Support is the feedback and guidance offered by superiors, peers, and subordinates. Information is the technical knowledge, data, and expertise an employee needs in order to effectively execute the function of his or her position (Chandler, 1986). Resources refer to the money, supplies, equipment, materials, and time required for accomplishing organizational goals. An empowered individual does not just provide a benefit to him or herself. Individuals who believe they have organizational power can catalyze morale and cooperation within groups, delegate more control to subordinates, pass opportunities onto their subordinates, and are perceived by others as a helping, not hindering, force (Kanter, 1993).

An individual's potential for growth and mobility is referred to as the structure of opportunity (Kanter, 1993). The structure of opportunity includes autonomy, growth, the perception of challenge, and the ability to learn and develop skills necessary for job performance. When an employee perceives him or herself as having access to opportunity, he or she will be actively investing in work and seeking out new ways to learn, which bolsters his or her growth and development within the organization. However, those who believe they have low opportunity within their job role exhibit low self-esteem, are disengaged, and have lower aspirations for development. According to Kanter (1993), establishing a structure that provides an

individual's access to power and opportunity is beneficial for the organization. Empowered employees are more likely to accomplish the tasks required to attain organizational goals. Highly motivated individuals use their power and opportunity to empower and motivate those around them (Brown & Kanter, 1982). However, those without access to power can impede the organization's success.

Kanter established a connection between work empowerment and the level of formal and informal power of an employee in an organization. While formal power gives the employee possibilities to be flexible, creative, and visible, informal power springs from relationships and networks among superiors, peers, and subordinates (Kanter, 1993).

Underlining Assumptions

Kanter's theory is based upon five assumptions (Kanter, 1993). The first assumption is work is not an isolated environment, but a relationship between the person, and the activity. The setting the organization provides cannot be separated from the work that goes on within that organization. Formal and informal power, social relationships, and empowerment as a whole are rooted in organized systems. Researching the job must be done within the framework of where it is, where the employee exists in the organization, what the distributions of opportunity and power are, and how great his or her influence is. The dynamic relationship of the individual to the whole organization must be acknowledged when identifying the relationship of that individual to his or her specific job role. The first assumption considers that there must be a perfect balance of mobility and reward, as to retain interest and excitement of the employee.

The second assumption in this theory is that human behavior in organizations is adaptive. A core concept to adaptation is dignity, which requires the individual to feel valuable by means of a shared standard, and have a sense of mastery or autonomy, allowing for them to exhibit control.

The third assumption is that a reasonable response to one's position in an organization is not expected. A single job role will not result in the same behavior from individuals. Rather, an individual will always have choices from which to generate actions; only in extreme, constrained situations will there be no freedom of choice. The structure of the organization should be limiting in options, not controlling of solutions.

The fourth assumption states that behavior is connected with formal tasks established at the organization. This assumption considers formal job descriptions to best predict the actual job behavior. The content with which one works is also important, as is the hierarchical balance of authority.

Finally, the fifth assumption states that the relationship of a formal task, workplace, and resulting behavior emphasizes competence, or one's ability to complete the job. Empowerment is closely tied with competence, as some jobs are restrictive and do not allow one to showcase their abilities.

The five assumptions summarize organizational behavior as "the interaction of individuals, seeking to meet their own needs and manage their situations, with their positions, which constrain their options for the ways they can act" (Kanter, 1993, p.253). These are all factors that have to be taken into consideration when evaluating

nurse job satisfaction, retention, turnover, and burnout. They are also factors that have to be considered when determining how to empower employees.

The concepts central to Kanter's work are social environment and symbolic environment. Nursing has successfully used Kanter's theory to improve health care environments by considering the environment's internal and external factors. According to Kanter (1993), work is not an isolating relationship, but one between person and activity. Kanter believes that each person in the organization needs support from his or her manager, colleague, and subordinate (Kanter, 1993).

Kanter assumes that power should be shared among employees and managers. Organizations have to engage their employees in decision making and delegate more control that grants subordinates more autonomy and discretion. (Kanter, 1993)

Kanter comes from a humanistic, ontological orientation. This orientation influences her social-structure perspective on empowerment. Kanter (1993) believes that power, opportunity and scope are organizational structures which influence human behavior. Advancement and acquisition of skills provides opportunity, which influences productivity and satisfaction. Kanter's focus on the individual and his or her manager within the larger framework of community and consideration for the environment has had impact on the nursing field. She examines the employees in the business company as a humane society. In her theory, she believes that relationships between individuals and the work environment are integral. The above description suggests that Kanter values the importance of a human relationship.

According to Kanter (1993), theoretical traditions prevailing paradigms and perspectives influence a theorist's body of work. The multipluralistic paradigms that

influenced Kanter's work and theory development come from the three perspectives: interactionism, behaviorism and functionalism. This includes all varieties of stimulus-response and adaptation/coping frameworks.

Kanter (1993) incorporates the interaction perspective on the interaction between employees, peers, managers and subordinates. She identified two types of power in these interactions, one of which is informal power. Informal power is an automatic part of human behavior that generates strong social networking and relationship building with colleagues as an outcome of interaction.

Using the behavioral perspective, Kanter (1993) discusses organizational behavior and personal behavior. Organizational behavior is where the organization gives structural empowerment to their employees by giving them more opportunities to participate in decision making. Kanter (1993) describes personal behavior as autonomy, values, beliefs, and dignity either perceived or received by the organization.

Using a functional perspective, Kanter incorporates a four function decision making process, composed of: analyzing the problem, setting goals, identifying alternatives, evaluating positive and negative characteristics. All of these functions are equally important and deserve equal attention, implementation, and focus. Adhering to functionalism, Kanter's theory reinforces all facets of societal structure. She believes everyone within the social structures are purposeful.

The three perspectives interact closely with one another. Employee interaction stems from the guidance provided to them within the organization. Kanter's theory clearly states that its main components for consideration are power, opportunity,

support, access to information, and resources. Used widely and successfully in nursing, the Theory of Structural Empowerment has enacted significant contributions within the nursing field.

Kanter's Theory in Nursing

Kanter's Theory of Structural Empowerment is often used to guide nursing research. Originally used in business, the theory has become widely used in healthcare. Kanter's theory has been tested by many nursing researchers, in multiple health organizations. Chandler (1986) first used Kanter's theory when she developed the Conditions of Work Effectiveness Questionnaire, used to study how nurses perceived power.

Armstrong and Laschinger (2006), successfully used Kanter's theory to show there is an association among the following three concepts-empowering work settings, Magnet hospital characteristics, and patient safety. They demonstrated that by empowering nurses and providing access to resources and autonomy, the organization would attract and retain effective nurses that would in turn provide high quality patient care (Armstrong & Laschinger, 2006).

McDonald, Tullai-McGuinness, Madigan, & Shively (2010), examined the relationship between structural empowerment among staff nurses who participated in nursing department wide councils compared to those who did not participate. They examined a sample of registered nurses (n=122) who worked at a Veterans Affairs urban teaching hospital. Using a descriptive correlation survey design, participants were asked to complete an online survey known as Conditions of Work Effectiveness Questionnaire II (CWEQ-II) (McDonald, et al., 2010). The study reported that this

sample of nurses perceived a moderate amount of empowerment (18.50 in a scale of 6 to 30). However, the study revealed that there were no significant differences between nurses who participated in department wide councils compared to those who did not participate (t= 0.37, p < 0.71) (McDonald, et al., 2010).

The usefulness of applying Kanter's theory to this study provided a useful framework for examining critical organizational factors (access to information, support, opportunity, and resources, formal power, and informal power) that can contribute to nurses' perceptions of structural empowerment. The authors recommended that nurse managers and nurse executives should consider the use of the six components of Kanter's theory with their nursing staff. Potentially this could increase the feelings of empowerment and job satisfaction among their nurses (McDonald, et al., 2010).

In 2006, Matthews, Laschinger & Johnstone examined the nursing empowerment in two Canadian hospitals that had different organizational structures related to nursing empowerment. The first hospital had a structure that consisted of a staff nurse with chief nurse executives in the line authority structure (CNELAS), and the other hospital, chief nurse executives in a staff authority structure (CNESAS) (Matthews, et al., 2006). This study used Kanter's theory to examine the empowerment structure. Nurses in both organizations had a moderate access to structural empowerment (18.80 in a scale of 6 to 30).The total empowerment did not differ significantly regardless of the chief nurse executives role structure in the organization (t = 0.07, p >.05). (Matthews, et al., 2006). This study was in supporting of Kanter's theory. Kanter is adamant that authority does not affect the level of

empowerment and that her theory could in fact help the structure of the nurses' empowerment abilities (Matthews, et al., 2006).

Rosabeth Moss Kanter's Theory of Structural Empowerment continues to influence the organizational structures of nursing environments. Her theory is focused on the identification and fostering of empowerment. The Theory of Structural Empowerment is pertinent to leading nursing organizations with productive, creative, passionate and dedicated individuals at all levels.

CHAPTER IV

METHODOLOGY

The methodology chapter will describe the study's research design. This includes the purpose of the study, the research questions and variables of interest, setting, sample, procedures, measurement and data analysis plan.

Purpose and Research Questions

The purpose of this descriptive non-experimental study was to explore if staff nurses' self-perceptions of structural empowerment, self-perceptions of Magnet hospital characteristics, and demographic characteristics (age, education level, marital status, years of experience, and ethnicity) were associated with nurses' job satisfaction in a sample of 97 staff nurses in a small community hospital located in the northeast region of the U.S.

The research questions and statistical hypotheses were as follow:

1) What is the relationship between nurses' perception of structural empowerment level and job satisfaction?

> Null Hypothesis: There is no statistically significant association between registered nurses' perception of structural empowerment level and job satisfaction. The null hypothesis will be rejected if $p < 0.05$.

2) What is the relationship between nurses' perception of Magnet hospital characteristics and job satisfaction?

Null Hypothesis: There is no statistically significant association between registered nurses' perception of Magnet hospital characteristics and job satisfaction. The null hypothesis will be rejected if $p < 0.05$.

3) To what extent and in what manner are nurses' perceptions of the structural empowerment level, Magnet hospital characteristics, and demographic characteristics (age, education level, marital status, years of experience, and ethnicity) related to job satisfaction?

Null Hypothesis: nurses' perception of the structural empowerment level, Magnet hospital characteristics and demographic characteristics are not significant predictors of job satisfaction. The null hypothesis will be rejected if $p < 0.05$.

Variables of Interest and Definitions

Structural Empowerment (IV) was defined "as an organization's ability to offer access to information, resources, support and opportunity in the work environment" (Kanter, 1993, p. 53).

Magnet hospital characteristics (IV) Lake (2002) defined a Magnet hospital by using five aspects of the nurses' work environment: "nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership, and support of nurses; staffing and resource adequacy; and collegial nurse-physician relations" (Lake, 2002, p. 202)

Demographics Data (Independent variable)

Age "A period of human life, measured by years from birth" (Dictionary.com)

Educational level refers to the type of planned curriculum with clinical practice experiences to prepare nurses for entry into and advanced practice included those at the associate degree, diploma (hospital school of nursing), baccalaureate (bachelor's degree), master's, and doctoral levels.

Years of Experience The length of time that spent in clinical nursing practice expressed in years.

Ethnicity "an ethnic group; a social group that shares a common and distinctive culture, religion, language" (Dictionary.com). For the purpose of this study, they are categorized as white, Hispanic or Latino, black or African American, Native American or American Indian, or Asian/Pacific Islander, or other.

Marital Status "A person's state of being single, married, separated, divorced, or widowed" (Oxford Dictionaries.com).

Job satisfaction (DV) was defined as "the degree to which a person reports satisfaction with intrinsic and extrinsic features of the job" (Warr, Cook, & Wall., 1979, p. 65).

Setting, Population, and Sample

The study was conducted in a small community Magnet-designated hospital located in the Northeast region of the US. This facility is a private not-for-profit 129-bed community hospital with a full range of services including inpatient and

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ambulatory surgery, acute inpatient care, emergency services, obstetrical, pediatric, inpatient mental health services, intensive care, inpatient and outpatient rehabilitation services and a wide range of community health education and prevention programs. In 1997, the hospital joined a five-hospital system, the first healthcare system in the state affiliated with a medical school. In 2004, the hospital achieved Magnet recognition from the American Nurses Association Credentialing Center, and has maintained this designation for 10 years. The most recent accreditation was granted in July 2014.

Significant resources and infrastructures exist in the hospital to support participation in translational science and research utilization activities. Clinicians have access to funding, people, reference, and computer resources. Members of the nursing staff and outside investigators are encouraged to participate in the advancement of the research mission of the nursing department and to facilitate research-based practice, and practice-based research.

The study population included staff nurses (registered nurses [RNs]) who provide direct patient care. A convenience sample of all staff nurses (RNs) who worked in the selected hospital were invited to participate in the study. Participation was voluntarily. The completion of the study questionnaire was indicated as consent to participate. Each subject received a cover letter with a detailed explanation of the study (Appendix A).

The sample size had to be adequate to conduct a multiple regression analysis. An inadequate sample size can lead to type II errors. N should be greater than $50 + 8$

times the number of predictors (Polit & Beck 2012). There were seven predictor variables in this study which lead to a desired sample size of n= 106.

To increase the questionnaire response rate, two information sessions were presented. One session was conducted to solicit support of the nurse managers and directors. This included members of the Nurse Executive Council led by the Chief Nursing Officer, and Vice President for Patient Care. The second informational session was held at the Staff Nurse Practice Council meeting. This meeting is a monthly shared governance council composed of representatives of each of the patient care units. The purpose of this session was to orient the unit representatives to the purpose of the study and to request their support.

Staff nurses at this hospital were extremely busy and getting them to respond to a voluntary survey potentially had its challenges. Survey length, format, and instructions were all carefully considered. Follow-up reminders were sent at the second and fourth week after the initial distribution of the survey. As suggested by Polit and Beck (2012), the best method for participation for hospital-based surveys is to send it to the potential participant's hospital mailing address rather than deliver it online, thus avoiding "survey fatigue."

Data Collection

Four instruments were used to collect data. This included an instrument for collection of demographic information; and three instruments to measure 1) nurses' perception of their level of structural empowerment, 2) level of Magnet hospital characteristics, and 3) job satisfaction. These are described in detail below.

Demographic Data Form

A demographic data form was used to describe the sample (Appendix B). Demographic variables included the participant's age, ethnicity, level of nursing education (Diploma, Associate Degree, Bachelor of Science, Master of Science, Doctorate of Nursing Practice and Doctor of Philosophy), marital status and years of work experience. These demographic variables have been shown in the literature to be related to nurses' job satisfaction (Manojlovich, 2010; Laschinger, Finegan, & Shamian, 2001; Laschinger, Almost, & Tuer-Hodes, 2003; Upenieks, 2003b; Armstrong, & Laschinger, 2006) (Appendix B).

Structural Empowerment Measurement

Structural empowerment was measure by the Conditions of Work Effectiveness Questionnaire (CWEQ-II) (Appendix C). The CWEQ-II was selected to measure the perceived level of structural empowerment based on Kanter's theory. The CWEQ-I has been widely used to measure structural empowerment. Chandler (1986) was the first nurse who modified and used the CWEQ-I in a nursing population. The CWEQ-I measures how nurses are perceived access to opportunity, support, information and resources in the work setting (Chandler, 1986). Laschinger and her colleagues developed the CWEQ II after obtaining permission from Kanter (Laschinger, Finegan, Wilk & Shamian, 2000). The CWEQ-II is a modification of the original questionnaire. It has been studied and used frequently in nursing research (Laschinger, et al., 2000).

The CWEQ-II includes a 19-item scale consisting of six subscales to measure one's perceived access to environmental sources of empowerment: opportunity, information, support, resources, formal and informal power. The CWEQ-II has demonstrated high internal consistency, ranging from a Cronbach's alpha of 0.68 to 0.93 (Laschinger, et al., 2000). Also the CWEQ-II includes two items to measure the concept of global empowerment that is used for scale validation. Overall the subscales use a five-point Likert scale ranging from (1) no perceived access to (5) perceives a lot of access (Laschinger, et al., 2000; Laschinger, et al., 2001) (Appendix C).

In three previous published studies, the questionnaire scores ranged from 6-30. Higher scores indicate a stronger perception of working in an empowered work environment and lower scores indicate a weak level of empowerment. For example, the overall mean of structural empowerment were scored (M=17.1), (M= 18.43), and (M=18.80) that indicated nurses' perceived moderate access to the structural empowerment (Armstrong & Laschinger, 2006; Greco, Laschinger, Wong, Cummings, & Grau, 2014); Matthews, et al., 2006)

Magnet hospital characteristics Measurement

Magnet hospital characteristics were measured by using the Lake's Practice Environment Scale of the Nursing Work Index (PES-NWI). The scale was designed to measure characteristics within the nursing practice environment (Lake, 2002). This scale is a modification of the original Nursing Work Index (NWI) developed by Kramer and Hafner (1989). The NWI is designed to measure all characteristics of

Magnet hospitals. However, Lake (2002) shortened the original NWI and reduced the number of items from 66 to 31 items.

This scale includes five components of the Magnet hospital culture as described by Lake (2002). The components include: nursing participation in hospital affairs; nursing foundations for quality of care; nurse manager ability; staffing and resource adequacy; and the degree of collegial nurse/physician relationships. The reliability coefficient ranged from .71 to .84 (Lake, 2002) (Appendix D).

According to Lake and Friese (2006), a total PES-NWI score is categorized based on the favorability of practice environments. For example, if four or five subscale mean scores are greater than 2.5 this indicates the practice environment is classified as favorable. Also, if two or three subscale means are greater than 2.5 this indicates the practice environment is of mixed favorability. The practice environment indicates unfavorable if none or one of the five subscales achieved a mean score of 2.5. This reporting method was used in three additional publications (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Friese, Lake, Aiken, Silber, & Sochalski, 2008; Kutney-Lee, et al.2009).

Job Satisfaction Measurement

Job satisfaction level was measured by using a 15-item scale consisting of a five-point Likert type scale of 1 to 5 (1= very dissatisfied to 5= very satisfied) (Warr, Cook, & Wall, 1979). The scale was selected based on items containing concepts related to structural empowerment such as freedom, recognition, opportunity, and relations between management and staff (Warr, Cook, & Wall, 1979). The reliability

coefficient was 0.85–0.88 which is within the range of acceptability (Warr, Cook, & Wall, 1979) (Appendix E).

The mean for each item in WCW is calculated. Also, the overall mean WCW score is calculated. The higher mean value indicates higher job satisfaction level, and the low mean indicates lower job satisfaction. For example, the overall mean scores of (M=5.99) and (M=5.74) in one study indicated high job satisfaction and (M=4.40) indicated low job satisfaction (Goetz, Campbell, Steinhaeuser, Broge, Willms, & Szecsenyi, 2011; Gavartina, et. al., 2013).

Human Subjects Protection, Confidentiality

According to the Code of Federal Regulations, Title 45, Public Welfare Department of Health and Human Services, Part 46, Protection of Human Subjects, research involving human subjects must be reviewed by Institutional Review Board (U.S. Department of Health and Human Service, 2009, Part 46.101). Approval to conduct this study was obtained from Lifespan and the University of Rhode Island Institutional Review Boards (Appendix F). This study was designated as exempt from review.

For this study, a survey methodology was used and anonymity of subjects was maintained. The risk of participation in the study was considered as minimal risk associated with the potential inconvenience of completing the survey. The benefits of the study were to obtain a better understanding of staff nurses' perceptions of structural empowerment and Magnet characteristic levels and their relationship to nurses' job satisfaction in the organization.

Data were collected through a printed self-report instrument and were distributed to each participant privately (using the participant's hospital mailing address) with a separate return envelope containing no subject identifiers. All information included in the study remained anonymous and the data were stored in a locked file in the locked office of Dr. Marlene Dufault, PhD, RN at the College of Nursing at the University of Rhode Island, Kingston, Rhode Island.

Data Analysis

Several steps were taken prior to analysis of the data. A codebook was developed to facilitate the data entry method. It contained the participant number not identifiable to any specific participant by name, description of each variable and variable type such as (nominal, ordinal or ratio/interval) (Munro, 2004).

Examining the data distribution, sample characteristics, and summarize responses to individual survey questions utilizing means, medians, ranges, and frequencies were calculated by descriptive statistics (Munro, 2004). Also, bivariate analyses were conducted to describe differences in the means of CWEQ II, PES-NWI, and WCW job satisfaction scale. Bivariate descriptive statistics were run to explore the relationships among the variables (Munro, 2004) including the demographic variables of age, ethnicity, and level of education, marital status, and years of experience.

This study examined the three research questions as previously stated. The appropriate statistical analysis to answer the first and the second questions was simple linear regression because each question examined the relationship between one

dependent variable (nurses' job satisfaction) and one predictor (structural empowerment for the first question and Magnet hospital characteristics for the second question) (Munro, 2004).

The third question examined the relationship between nurses' job satisfaction (dependent variable) and seven predictor variables (structural empowerment level, Magnet hospital characteristics and demographic variables (age, ethnicity, education level, marital status and years of experience). In order to answer this question, the multiple regression was chosen. There are many different types of multiple regression techniques (Polit & Beck, 2012). For this study stepwise multiple regression was the method of choice. The degree to which one independent variable correlates to the dependent variable is calculated (Polit & Beck, 2012). Adding independent variables separately to the equation to know the degree of prediction to the dependent variable.

The statistical analysis of stepwise multiple regression was used to explore the hypothesis that nurses' perception of structural empowerment level, Magnet hospital characteristics and demographics data as significant predictors of job satisfaction. The stepwise multiple regression is used when there are more than one independent variables that predict the value of a dependent variable. The test measures "the degree to which each of the independent variables contributes to the prediction" (Polit & Beck 2012, p.154).

There were five important assumptions that were required to be checked in the multiple regression. First, the assumption of no multicollinearity (heavily related variables) this analysis helped to determine if all predictive variables, including

demographic variables have any relationship among them. In order to test the multicollinearity some important criteria had to be performed. The first criteria is the correlation matrix which is checking the matrix of Pearson's Bivariate Correlation between all independent variables. The correlation coefficient has to be less than 1 to indicate that there is no multicollinearity between the predictor variables (Munro, 2004). The second criteria is Tolerance indicates how one independent variable effects on all other independent variables (Munro, 2004). Tolerance is defined as $T = 1 - R^2$, but when $T < 0.1$ this might be multicollinearity in the data. The final criteria is Variance Inflation Factor (VIF) which is defined as $VIF = 1/T$. When $VIF > 10$ indicates that there is multicollinearity between the variables (Munro, 2004). All the criteria were performed and no multicollinearity was found, so the multiple regression analysis was performed.

The second assumption is checking linear relationship of the dependent variable and each value of the independent variables (Munro, 2004). The linearity assumption is tested with scatter plots. If the residuals form a horizontal band, the relationship between the dependent variable and independent variables is likely to be linear (Munro, 2004). However, the relationship between the independent and dependent variables found linear between the variables, so the multiple regression analysis was performed.

The third assumption is homoscedasticity that tests the equal level of unpredictability of the dependent variable (nurses' job satisfaction) for each of the values of the independent variables (structural empowerment level, Magnet hospital characteristics, and demographic variables of age, ethnicity, education level, marital

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status and years of experience) (Munro, 2004). The assumption of homoscedasticity was validated in this study.

The fourth assumption is checking for normality which is very important to be able to run inferential statistics (i.e., determine statistical significance), the errors in prediction – the residuals – need to be normally distributed (Munro, 2004). The best way to check the normality is a histogram and a fitted normal curve (Munro, 2004). The variables met this assumption and the regression was performed.

The Last assumption is autocorrelations, the best way to test the linear regression model for autocorrelation with the Durbin-Watson test (Munro, 2004). The Durbin-Watson statistic can range from 0 to 4, but looking for a value of approximately 2 to indicate that there is no correlation between residuals (Munro, 2004). The variables met this assumption and the regression was performed.

The output of multiple regression analysis revealed which of the independent variables (structural empowerment, and Magnet characteristics,) were highly correlated with nurses' job satisfaction (DV) through a significance test of R^2 (the coefficient of determination) and established the relative predictive of the independent variables by comparing beta weights and examining partial correlations. The exact relationship was provided by multiple regression results (Polit & Beck, 2012).

For the analysis, IBM SPSS Statistics (Version 21) (Armonk, NY) was used. Beta weights were analyzed for each of the independent variables on the overall score of the dependent variable. The F-ratio in the Analysis of Variance (ANOVA) was

calculated to determine if independent variables statistically significantly predicted the dependent variable (Munro, 2004). Levels of statistical significance were set at

$p < .05$.

Overall, simple linear regression and multiple regression analysis were chosen to answer the three research questions. In order to perform regression, data has to satisfy the outlier and all the regression assumptions. All the instruments used in this study have acceptable Cronbach's alpha. The Cronbach's alpha for The Conditions of Work Effectiveness Questionnaire was 0.90, for the Practice Environment Scale of the Nursing Work Index (PES-NWI), 0.82 and for job satisfaction scale, 0.86; all within an acceptable range.

CHAPTER V

RESULTS AND ANALYSIS OF THE DATA

The purpose of this descriptive study was to examine the extent and the manner in which nurses' perception of their level of structural empowerment, nurses' perception of their level of Magnet hospital characteristics, and selected demographic characteristics (age, educational level, marital status, years of experience and ethnicity) were significant predictors of nurses' job satisfaction level.

A convenience sample of 97 nurses who provided direct patient care in a Magnet designated community hospital returned the survey. The response rate was 34.25%. A total of 289 potential staff nurses received the survey package. Of these, 100 nurses were from the medical-surgical units, 20 from the behavioral health unit, 16 from a float pool, 16 from the intravenous therapy team and the comprehensive cancer center, 44 from the emergency department, 30 from critical care, 33 from peri-operative services, 27 from the birthing center, and 9 from rehabilitation. Answering the survey was considered signed informed consent.

This chapter describes the data as follows: 1) sample characteristics; 2) analyses of the data as related to the three hypotheses; and 3) summary of the data analyses. For the analysis, IBM SPSS Statistics (Version 21) (Armonk, NY) was used. A beta weight was analyzed for each of the independent variables (level of structural empowerment, Magnet characteristics, and demographic characteristics) on the overall score of the dependent variable (nurses' job satisfaction). The F-ratio in the analysis of variance (ANOVA) was calculated to determine if independent variables statistically

significantly predict the dependent variable. For all analysis p<0.05 was selected for level of statistical significance.

Variables

The continuous independent variables that were investigated included nurses' perception of their level of structural empowerment, and nurses' perception of their level of Magnet hospital characteristics. The five demographic variables were age (categorical), ethnicity (categorical), educational level (categorical), marital status (categorical), and years of experience (continuous). Nurses' job satisfaction level was used as a continuous dependent variables. Categorical demographic variables at more than two levels were "dummy" coded into several dichotomous variables in order to perform a meaningful regression analysis.

Analyses of the Data

This section describes the data as follows: 1) sample characteristics; 2) analyses of the data as related to the three hypotheses; and 3) summary of the data analyses.

Sample Characteristics

The adequate sample for this study was (N=106). However, there were only 97 of nurses who returned the questionnaire. Based on that, a power analysis test was performed to avoid inadequate sample size. The power analysis was used to avoid type I and type II errors and to validate the statistical conclusion (Polit & Beck, 2012). The

G*Power V. 3.1.9.2 was used to generate the depicted power curve for the regression

model at a significance of 0.05 (Figure1).

Figure 1. Power Analysis
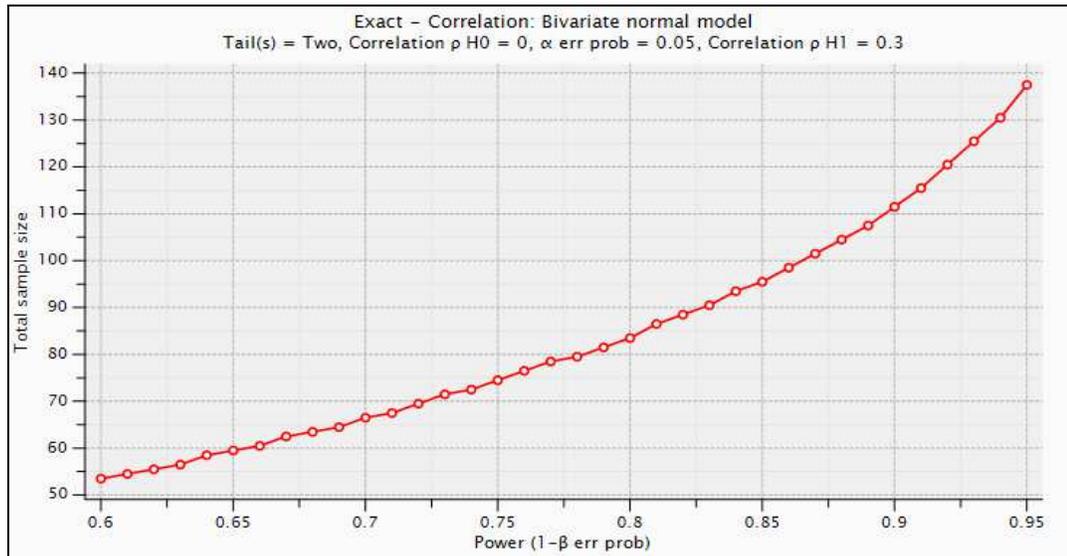
The sample size of N= 97 has a power of approximately .85 which indicated

that there is an 85% chance of detecting a true effect.

Sample Descriptive

The demographic data for the sample of 97 nurses are shown in Table 2. The

majority of the nurses' were white (92.7%). Most had a baccalaureate degrees (66%)

and the majority were married (58.8%). The mean age was 44.56 (±13.01). The three

null hypotheses were used for statistical analysis purposes and are presented in

consecutive order. Data were analyzed using liner regression, multiple regression, t-

test, Chi-square test and Fisher's exact test analysis.

Table 2. Sample characteristics

Descriptive Characteristics	Descriptive Statistics
Ethnicity	
White	89 (92.7%)
Hispanic or Latino	1 (1.0%)
Black or African American	1 (1.0%)
Native American or American Indian	1 (1.0%)
Asian/Pacific Islander	1 (1.0%)
Other	3 (3.1%)
Education Level	
Diploma	12 (12.8%)
Associate Degree	13 (13.8%)
Baccalaureate Degree	66 (70.2%)
Master Degree	3 (3.2%)
Marital Status:	57 (60%)
↓ Married	38 (40%)
↓Not Married	
Age, years	44.56 (13.01)
Years of Experience	12.34 (12.13)

In order to perform a linear simple and multiple regression analysis, there are several assumptions that must be met: autocorrelation assumption, a linear relationship between the predictor variables and the dependent variable, homoscedasticity of residuals (equal error variances), no multicollinearity, no significant outliers or influential points, and errors (residuals) being normally distributed (Munro, 2004). Before conducting the regression, several steps were performed for data preparation including screening the data for outliers and testing the data assumption

Detecting outliers

An outlier occurs happened when observing a point that does not follow the standard design of other points (they are far away from their predicted value). Computing standardized residuals is one way of detecting outliers. A value of greater than an absolute value of three is commonly used to define whether a particular residual might be representative of an outlier. SPSS was used to compute the standardized residuals for the data set and the maximum and minimum values are depicted in Table 3.

Table 3. Standardized residuals for regression model

	N	Minimum	Maximum
Standardized Residual	66	-1.97020	1.92759
Valid N (listwise)	66		

The residuals are between -1.97020 and 1.92759. These values are well within the range of acceptable values.

Regression Assumptions

In order to perform a linear simple and multiple regression analysis, there are several assumptions that must be met: autocorrelation assumption, a linear relationship between the predictor variables and the dependent variable, homoscedasticity of residuals (equal error variances), no multicollinearity, and errors (residuals) being normally distributed (Munro, 2004).

Autocorrelation Assumption

The autocorrelation assumption was checked by using the Durbin-Watson test. This test provides a test for a particular type of (lack of) independence, namely, 1st-order autocorrelation, which means that adjacent observations (specifically, their errors) are correlated (i.e., not independent). Autocorrelation is also referred to as serial correlation.

Table 4. Multiple variable regression model summary for job satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.797[a]	.636	.606	5.80673	1.927

a. Predictors: (Constant),Demographic Data, structural empowerment, Magnet Hospital Characteristics

b. Dependent Variable: Job Satisfaction

The Durbin-Watson test can be used to detect possible autocorrelation, which is problematic when running multiple regression (Munro, 2004). The Durbin-Watson statistic for this analysis is 1.927. The Durbin-Watson statistic can range from 0 to 4 and a value of approximately 2 indicates that there is no correlation between residuals (Munro, 2004). The Durbin-Watson statistic of 1.927 determined independence of residuals (Table 3).

A linear Relationship Assumption

Another assumption of a linear regression is that the independent variables collectively are linearly related to the dependent variable. This assumption is checked

by plotting to find out if there is any conflict between the standardized residuals and (unstandardized) predicted values. If the residuals form a horizontal band, the relationship between the dependent variable and independent variables is likely to be linear (Munro, 2004). The scatter plot (Figure 2) is below showing a linear relationship:

Figure 2. A scatter plot is showing a linear relationship between variables.
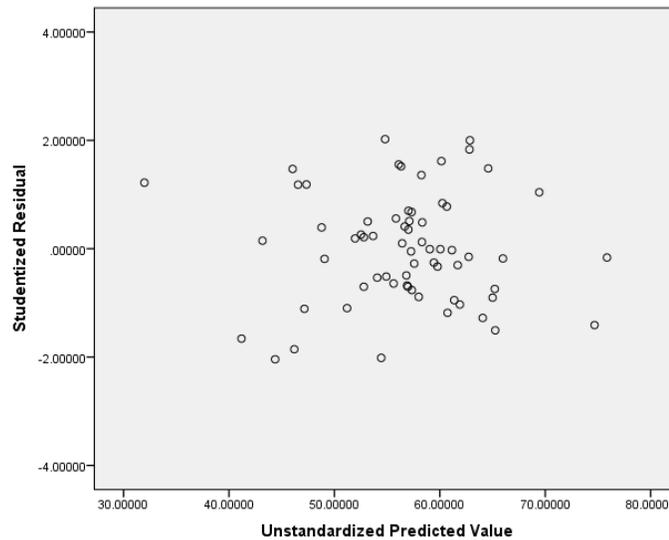
Partial regression plots (Figures 2a, 2b, 2c, 2d) were also generated between each independent variable and the dependent variable (ignoring any categorical independent variables). The partial regression plots show linear relationship between the variables.

Figure 2a. Partial regression plot for job satisfaction by structural empowerment
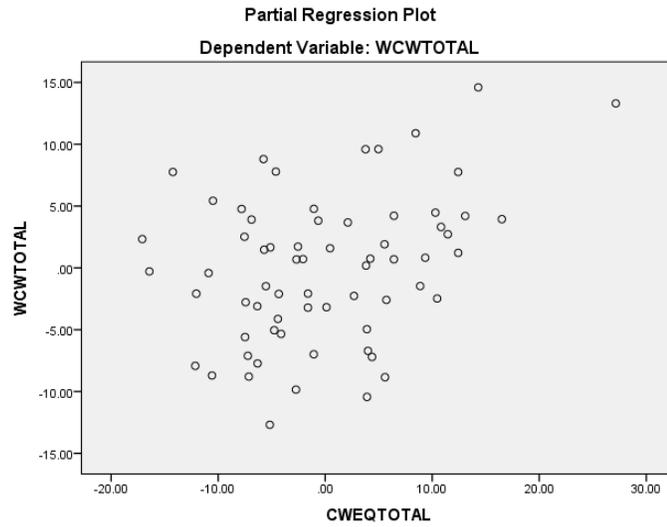
Figure 2b. Partial regression plot for job satisfaction by education
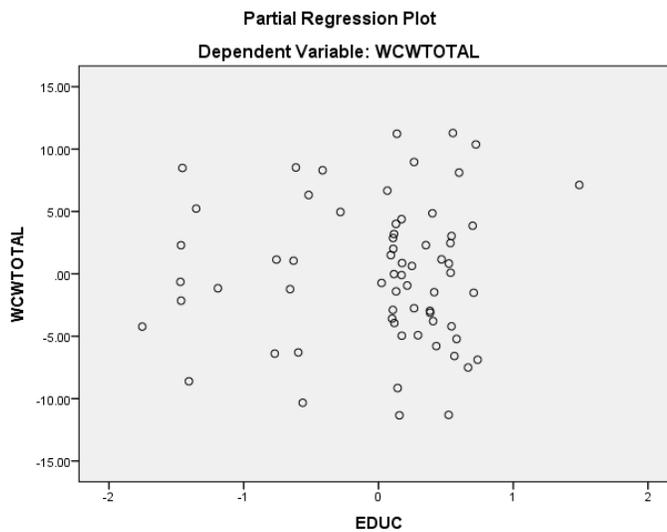
Figure 2c. Partial regression plot for job satisfaction by Magnet characteristics

Partial Regression Plot

Dependent Variable: WCWTOTAL
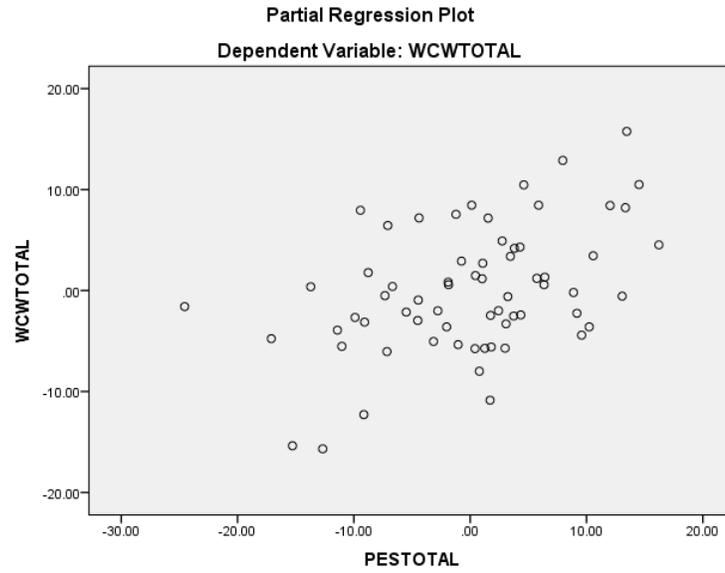
Figure 2d. Partial regression plot for job satisfaction by age

Partial Regression Plot

Dependent Variable: WCWTOTAL
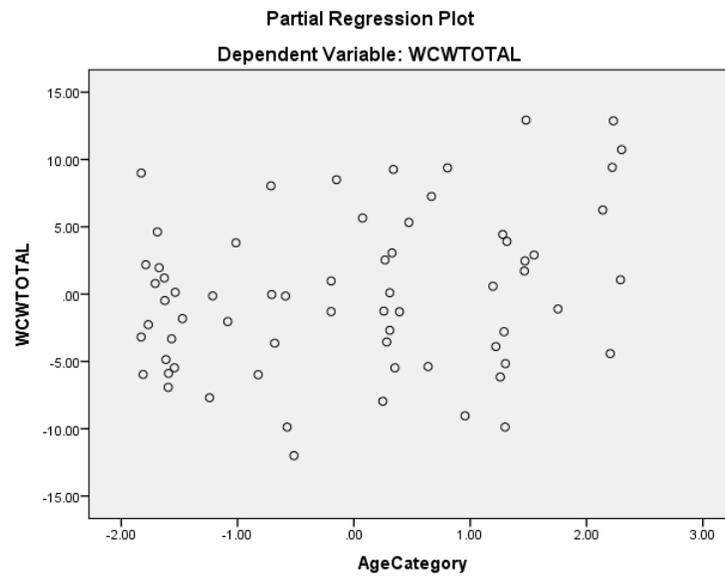
Homoscedasticity Assumption

The assumption of homoscedasticity is that the residuals are equal for all values of the predicted dependent variable. To check for heteroscedasticity, the studentized residuals are plotted against the unstandardized predicted values (Figure 2). There is no discernable pattern in the plot. If there is homoscedasticity, the spread of the residuals will not increase or decrease as move across the predicted values, thus in this case, the assumption of homoscedasticity is validated.

Multicollinearity Assumption

Multicollinearity occurs when two or more independent variables are highly correlated with each other (Munro, 2004). There are three criteria to identifying multicollinearity: inspection of correlation coefficients, Tolerance, and variance inflation factor (VIF) values (Munro, 2004). Table 5 summarizes the correlation matrix, no correlations should be above 0.7 between the independent variables (Munro, 2004).

Table 5. Summarizes the correlation matrix

	Structural Empowerment	Ethnicity	Education Level	Magnet Characteristics	Age
Job satisfaction	.705**	-.113	-.106	.742**	.200*
Structural Empowerment		-.059	-.063	.756**	-.001
Ethnicity			.097	-.024	.043
Education Level				-.095	.278*
Magnet Characteristics					.063

** $p < 0.001$; * $p \leq 0.05$

The Pearson's correlation between level of structural empowerment and Magnet characteristics is 0.756, slightly higher than 0.7. Based on that, there is a need to check what is called the Tolerance/VIF values (Munro, 2004). The Tolerance/VIF values are in the Coefficients (Table 6).

Table 6. The Tolerance/VIF values are in the Coefficient

Model		Collinearity Statistics	
		Tolerance	VIF
1	Years of Experience	.489	2.046
	Structural Empowerment	.414	2.413
	Magnet Characteristics	.417	2.400
	Ethnicity	.970	1.031
	Education Level	.873	1.146
	Marital Status	.693	1.442
	Age	.428	2.337

a. Dependent Variable: Job Satisfaction

According to Munro (2004), tolerance value less than 0.1 which is equivalent to a VIF of greater than 10 indicates that a collinearity problem exists. Here, all the tolerance values were greater than 0.1 (the lowest is 0.414), so assumption related to collinearity are satisfied.

Normality Assumption

In order to use inferential statistics (i.e., determine statistical significance), the errors in prediction – the residuals – need to be normally distributed. A histogram with superimposed normal curve of the residuals was generated. Also, a non-

significant Shapiro-Wilk's test for normality indicated no violations of the normality assumption Figure 3.

Figure 3. A histogram with superimposed normal curve of the residuals
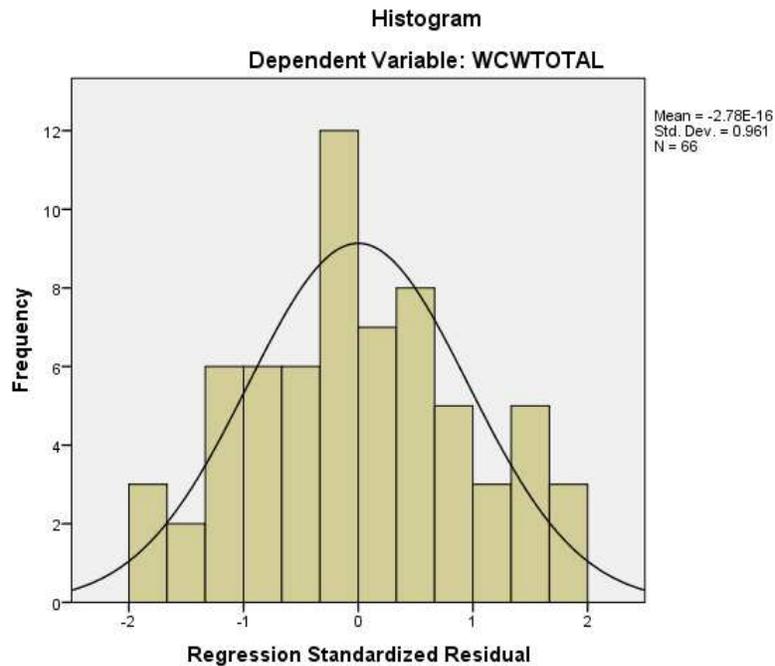
Analysis of the Date as related to the Three Hypotheses

The three null hypotheses were used for statistical analysis purposes and are presented in consecutive order. Data were analyzed using liner regression, multiple variable linear regression, Chi-square test or Fisher's exact test analysis.

Hypothesis One

The first null hypothesis stated that there is no statistically significant correlation between registered nurses' perception of structural empowerment level and job satisfaction. The null hypothesis was rejected ($p < 0.05$). As shown in Table 7, the linear regression indicated that nurses' job satisfaction predicted structural

empowerment at $R^2 = 0.53$, F (1, 87) = 96.89 with p < .000 (Table 8). Nurses' job satisfaction explained 53% of the variability in structural empowerment. Standardized Beta coefficients for the predictor structural empowerment was statistically significant ($\beta = .728$, p value <0.000) with nurses' job satisfaction. The regression equation was Job Satisfaction = 15.96 + 0.536 x (structural empowerment). The equation showed that the coefficient for structural empowerment is 15.96. The coefficient indicated that for every level increase in structural empowerment, one can expect the nurses' job satisfaction increase by an average of 15.96 level. Table 9 summarizes the results for job satisfaction predicting structural empowerment as measured by the Conditions of Work Effectiveness scale (N=87).

Table 7. Regression coefficients for association between job satisfaction (DV) and structural empowerment (IV)

Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	Sig.
1	(Constant)	15.967	4.182		.000
	Structural Empowerme nt	.536	.054	.728	.000

Table 8. The Analysis of Variance Table job satisfaction (DV) and structural

empowerment (IV)

Model		df	F	Sig.
1	Regression	1	96.886	.000
	Residual	86		
	Total	87		

Table 9.Regression model summary for job satisfaction (DV) and structural

empowerment (IV)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.728[a]	.530	.524	6.74716

a. Predictors: (Constant), Structural Empowerment

Hypothesis Two

The second null hypothesis stated that there is no statistically significant association between registered nurses' perception of Magnet hospital characteristics and job satisfaction. The null hypothesis was rejected ($p< 0.05$). A linear regression established that job satisfaction could statistically significantly predict Magnet hospital characteristics $R^2= 0.60$, F (1, 87) = 115.47 p $< .0005$ (Table 10). Nurses' job satisfaction explained 60% of the variability in Magnet hospital characteristics. Standardized Beta coefficients for the predictor structural empowerment was statistically significant ($\beta = .728$, p<0.000) with job satisfaction. Standardized Beta coefficients for the predictor structural empowerment was statistically significant ($\beta = .773$, p<0.000) with job satisfaction (Table 11). The regression equation was Job Satisfaction = 3.129 + 0.561 x (Magnet hospital characteristics). The equation showed that the coefficient for Magnet hospital characteristics is 3.129. The coefficient indicated that for every level increase in Magnet hospital characteristics, one can expect the nurses' job satisfaction to increase by an average of 3.129 level. Table 12, summarizing the regression coefficient for the relationship.

Table 10. The Analysis of Variance Table job satisfaction (DV) and Magnet

hospital Characteristics (IV)

Model		df	F	Sig.
1	Regression	1	115.472	.000[b]
	Residual	78		
	Total	79		

a. Dependent Variable: Job Satisfaction

b. Predictors: (Constant): Magnet hospital Characteristics

Table 11.Regression model summary for job satisfaction (DV) and Magnet hospital
Characteristics (IV)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.773	.597	.592	6.25837

Table 12. Regression coefficients for association between job satisfaction (DV) and
Magnet characteristics (IV)

Model	Unstandardized Coefficients		Standardized Coefficients	
	B	Std. Error	Beta	Sig.
1 (Constant)	3.129	5.016		.535
Magnet Hospital Characteristics	.561	.052	.773	.000

a. Dependent Variable: Job Satisfaction

Hypothesis Three

The third null hypothesis stated that nurses' perception of the structural empowerment level, Magnet hospital characteristics, and the demographic variables (age, education level, ethnicity, years of experience and marital status) are not significant predictors of job satisfaction. The null hypothesis was rejected at $p < 0.05$.

Determining how well the model fits. Stepwise multiple regression was performed to answer the question of which combination of independent variables (level of structural empowerment, Magnet hospital characteristics, and selected demographic characteristics (age, educational level, marital status, years of experience and ethnicity) best predicted nurses' job satisfaction score. The assumptions of multiple regression were tested and satisfied (see section "Regression Assumptions" for more details). Predictors were added at separate steps in order to decide if the addition of independent variables improved the previous model. A summary table of the models is showed in Table 13.

Table 13. Stepwise regression model summary statistics

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.791[a]	.626	.620	6.22259	.626	113.641	1	68	.000
2	.821[b]	.674	.664	5.85288	.048	9.862	1	67	.003

a. Predictors: (Constant), Magnet Characteristics
b. Predictors: (Constant), Magnet Characteristics, Structural Empowerment

There was a significant F change in each step. Model 2 had the highest correlation (R=0.821) and the lowest standard error (se =5.85), thus explaining the most variation. The adjusted R square value of 0.660 means that about 66.0% of the variation in predicting overall nurses' job satisfaction score *can* be explained using this particular model. The *F*-ratio in the ANOVA Table 14, is indicated that "the ratio of the mean sum of squares for regression to the mean sum of squares for the residuals" (Munro, 2004, p. 153). The *F*-ratio tests whether the regression model (model 2) is a good fit. The table shows that the independent variables statistically significantly predict the dependent variable, $F(2, 69) = 69.16$, $p < .005$ (the regression model is a good fit of the data). The null hypothesis of this test is that the multiple correlation coefficient, R is equal to 0. A rejection of this null hypothesis means that at least one regression coefficient (except the intercept) is statistically significantly different to zero.

Table 14. ANOVA results for stepwise regression models

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	4400.243	1	4400.243	113.641	.000[b]
1	Residual	2633.003	68	38.721		
	Total	7033.246	69			
	Regression	4738.082	2	2369.041	69.157	.000[c]
2	Residual	2295.164	67	34.256		
	Total	7033.246	69			

a. Dependent Variable: Job Satisfaction
b. Predictors: (Constant), Magnet Characteristics
c. Predictors: (Constant), Magnet Characteristics, Structural Empowerment

The statistical significance of each of the independent variables was tested. This tests whether the unstandardized (or standardized) coefficients are equal to 0 in the population. If $p < .05$, one can conclude that the coefficients are significantly different from 0.

The independent variables, Magnet characteristics (p<.005) and structural empowerment (p=.003), were all statistically significant for nurses' job satisfaction. The interpretations of the beta weights for each independent variable signify an increase in job satisfaction for each one unit increase in the value of each predictor variable. Specifically, for each one unit increase in Magnet characteristics, nurses' job satisfaction increases on the average by 0.372. For each one unit increase in structural empowerment, job satisfaction increases on the average by 0.256. The demographic variables marital status, ethnicity, education, years of experience and age were not statistically significant (p>.05) and excluded from the final model (Table 15). Summary of multiple regression analysis showed in Table 16.

Table 15. Regression coefficients for association between job satisfaction (DV), Magnet characteristics (IV) and structural empowerment (IV)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.884	5.057		.570	.570
Magnet Hospital Characteristics	.564	.053	.791	10.660	.000
(Constant)	1.659	4.773		.348	.729
Magnet Hospital Characteristics	.372	.079	.522	4.727	.000
Structural Empowerment	.256	.082	.347	3.140	.003

a. Dependent Variable: Job Satisfaction

Table 16. Summary of Multiple Regression Analysis

Variable	B	SE_B	β
Magnet Hospital Characteristics	0.372	0.079	0.552
Structural Empowerment	0.256	0.082	0.347

Note: $p < 0.05$; B = unstandardized regression coefficient;

SE_B= standard error of the coefficient; β= standardized coefficient.

Chapter VI

Discussion

This study is a cross sectional descriptive study, the purpose was to examine the relationship between nurses' perceptions of structural empowerment level, their perceptions of Magnet hospital characteristics, and job satisfaction in a community Magnet-designated hospital located in the northeastern region in the US. Demographic variables such as age, ethnicity, educational level, marital status, and years of experience were examined in a sample of registered nurses to determine the extent to which these variables are related to job satisfaction. This chapter presents a discussion of the findings, the limitations of the study, and the implication of the findings for nursing administration, research, and practice.

The findings of this study indicate that nurses' perceived structural empowerment and Magnet hospital characteristics are associated with their job satisfaction. The study suggests that registered nurses who provide direct patient care in this Magnet hospital perceive a high level of structural empowerment. Additionally, nurses who work at a hospital that has Magnet characteristics demonstrate higher levels of nurses' job satisfaction. However, the study also indicates that the demographic characteristics (age, education level, marital status, years of experience, and ethnicity) do not significantly predict job satisfaction.

The study also supports Kanter's theory. The Theory of Structural Empowerment is very useful to define and measure the structural empowerment in this study. Access to information and resources, understanding the opportunity of professional growth in the hospital, having support from colleagues and managers, and

understanding the different between formal and informal powers are useful IN shaping nurses' perception of structural empowerment within the hospital.

Discussion of the Data in Relation to the Questions

First Research Question

What is the relationship between nurses' perceptions of structural empowerment level and job satisfaction? The result of the linear regression utilized to answer this question found that there is a positive relationship between structural empowerment and job satisfaction. In other words, increasing the nurses' perception of structural empowerment is associated with increases in the level of their job satisfaction. Job satisfaction explained 53% of the variability in structural empowerment, which demonstrates how the structural empowerment has a positive effects on job satisfaction. The results support that when the work environment provides access to structural components of empowerment, the level of job satisfaction among nurses increases. The components of empowerment include opportunity, information, support, resources, formal power, and informal power.

The first component, opportunity, refers to professional growth in the organization and the chance to increase knowledge and skills. The second component, access to information, relates to data and expertise required to perform an individual's job. The third component, support, is defined as the feedback employees receive from colleagues and supervisors, and how that drives them to improve the effectiveness of their work. Access to resources, the fourth component, is having the access to equipment, supplies, money, and adequate personnel needed to meet the organizational goals of the job. The fifth component, formal power, is defined as giving employees in

the organization the legal power to be creative and innovative. The last component, informal power, is defined as having good relationships with colleagues and managers inside and outside of the organization (Kanter, 1993).

There were six subscales used to measure structural empowerment and two items added for a global empowerment subscale. A subscale mean score was calculated. This possible score range is between 1 and 5 for each subscale. High scores represent strong access to the six components of structural empowerment. The nurses perceived moderate access to information (M=3.28) and moderate access to the resources (M=3.49). Also, nurses reported moderate level of feedback (M=3.63) and informal power (M=3.36). The mean score of opportunity was (M=4.03) and formal power (M=4.99) that indicated high perception of opportunity and formal power among the participants. There were two items added to the questionnaire that were used for validation. A global measure of empowerment represents nurses' perception about the empowerment level in their work environment. The nurses reported moderate level of empowerment workplace perception (M=3.76).

The total empowerment score can be determined as follow: low (6-13), moderate (14-22), and high (23-30) with a range of 6 to 30 (Laschinger, Finegan, & Shamian, 2001). In this study, nurses' perception of structural empowerment level was (M=26.54) that indicated nurses have a high level of access to structural empowerment components in the hospital.

Second Research Question

What is the relationship between nurses' perception of Magnet hospital characteristics and job satisfaction? The findings of this question indicate that there is a

strong positive relationship between the Magnet characteristics hospital and nurses' job satisfaction. The coefficient of determination is 0.597; therefore, about 59.7% of the variation in the job satisfaction data explained by Magnet hospital characteristics. In this present study, the Magnet hospital characteristics was consistent with Lake's (2002) study.

Lake (2002) focused on five components that increase the quality of nursing practice environment: nursing participation in hospital affairs (M= 3.3); nursing foundations for quality of care (M=3.06); nurse manager ability (M=3.2); staffing and resource adequacy (M=2.83); and the degree of collegial nurse/physician relationships (M=3.04). (Lake, 2002). The mean of all the subscales were greater than 2.5 which indicated that nurses who work in this Magnet hospital perceive a high quality to their nursing practice environment.

Some of the previous studies indicated that composite scores ranged from 2.51 to 2.63 (Armstrong & Laschinger, 2006; Laschinger, et al., 2014; Laschinger, 2008). The present study composite scores ranged from 2.83 to 3.30 which is higher than previous reported scores. This indicates that the quality of nursing practice environment is very high in this Magnet hospital.

Third Research Question

To what extent and in what manner are nurses' perceptions of the structural empowerment level, Magnet hospital characteristics, and demographic characteristics (age, education level, marital status, years of experience, and ethnicity) related to job satisfaction? A stepwise multiple variable regression was run to predict nurses' job satisfaction from structural empowerment, Magnet characteristics, and the demographic

characteristics mentioned above. The assumptions of linearity, autocorrelation, homoscedasticity, multicollinearity, and normality of residuals were met. Of the seven independent variables tested, only two were found to be significant, specifically Magnet characteristics (β=0.552, p<.005) and structural empowerment (β=0.347, p=.003). These variables statistically significant predicted overall job satisfaction F (2, 69) = 69.16, p < .005. This regression resulted in two significant models Magnet characteristics B= 0.372 and structural empowerment B= 0.256. However, the demographic variables were not statistically significant (p>.05) and excluded from the final model. Based on this study results, perceived structural empowerment and perceived Magnet hospital characteristics are positively associate with job satisfaction.

The results of this study support the theory that structural empowerment and Magnet hospital characteristics have a positive and direct effect on job satisfaction (Laschinger et al., 2014; Lautizi et al., 2009). Although the demographic characteristics did not significantly predict, job satisfaction, some studies support a possible link between them (Al-Aameri, 2000; Ning, Zhong, Libo, & Qiujie, 2009; Zurmehly, 2008; and Xue, 2015).

The majority of the nurses were a high proportion of at least baccalaureate-educated nurses and most of them had more than 20 years of experience. Their age ranged between 20 to 60 years old and most of them were married and white. Thus the sample was quite homogeneous without a lot of variability in the sample demographics and so this may be why these demographic variables did not enter into the equation, especially given the small size of the sample. Considering this point, future studies

should examine demographics characteristics using a larger sample sizes to test if demographics really do impact on nurse job satisfaction.

The results also support Kanter's Theory of Structural Empowerment (Kanter, 1993). Regarding job satisfaction, the study finds that structural empowerment is very important in the organization. Providing nurses with access to resources such as materials and supplies, access to information, and support from both supervisors and colleagues will positively increase the job satisfaction level within the organization. Providing the opportunity to learn and professionally grow in the organization has the same effect on the level of job satisfaction (Laschinger, Wong, Cummings & Grau, 2014).

The study also found that informal power increases access to empowerment structures. Social connections are what drives this, and the communication happens in both formal and informal ways, including through sponsors, peers, bosses, colleagues, and interdisciplinary teams. When these social connections are positively forged, there is an access to informal power that develops, allowing employees to access resources, information, and support (Laschinger et al., 2004). Similarly, increased feedback from administrators and guidance from superiors leads to a higher level of job satisfaction.

Upenieks (2003b) argues there is a connection between Kanter's Theory of Structural Empowerment found in studies focusing on Magnet hospital characteristics. Her findings from (n=305) nurses from two Magnet hospitals and two non-Magnet hospitals found significant differences. These differences fall in the realm of differences in perceptions of Magnet hospital characteristics in their place of employment, the level of workplace empowerment, and the levels of job satisfaction.

As expected, the nurses from Magnet hospitals found significantly higher levels of empowerment compared to those in non-Magnet hospitals (M = 3.55 [.96] and M = 2.63 [.99], respectively, t = 8.56, P = .001) (Upenieks, 2003b).

These studies provide evidence to support the results that structural empowerment in the organization and Magnet hospital characteristics may increase job satisfaction among nurses. Also, the results of structural empowerment and Magnet hospital research suggest conceivable links to Kanter's theory.

Implications

The results of this study may provide important knowledge and implications for nursing practice, administration, and research.

Implications for Practice

The results of this study support the rationale that the structural empowerment and Magnet hospital characteristics are very important. Based on this finding, the following components may be incorporated into hospital policy to increase nurses' job satisfaction levels.

Structural empowerment. Structural empowerment includes providing the opportunity for professional growth in the organization and strategies to increase knowledge and skills (Kanter, 1993). For example, a hospital can initiate a professional development plan for each nurse, then modify it following individual yearly evaluations. The plans should take into consideration the needs of the hospital and the interests of the nurse. Also, hospital policy should have a clear policy with regards to professional growth, such as specific periods of review with stratified levels, and this should be revisited at each yearly evaluation.

Secondly, structural empowerment also includes the opportunity for increasing access to information and data, required to perform an individual's job, and thus increase job satisfaction (Kanter, 1993). Hospitals can implement policies for continuing education to keep nursing staff up-to-date with innovations in the field and increase access to relevant information. Nurses could be incentivized to do this by being paid financial compensation for completing continuing education programs. Also, a hospital can provide free access to specific academic and clinical journals, which will encourage staff to read, analyze, research and implement of the findings of research in their practice.

Support is defined as the feedback employees can have from colleagues and supervisors to improve effectiveness of their work, and this is yet another component of structural empowerment that leads to greater job satisfaction (Kanter, 1993). Hospitals can survey their staff nurses to gain insight into the level of support staff nurses are given by their superiors and their colleagues. Based on the results of such surveys, decision makers can develop plans to improve support and cooperation among staff and leadership. For example, asking staff to acknowledge when they receive support from a colleague may instill a form of accountability, and foster a sense of reward for cooperating.

Increasing access to resources will also help increase job satisfaction. Access to resources includes access to equipment, supplies, money, and adequate personnel needed to meet the organizational goals (Kanter, 1993). An example of how a hospital can increase access to resources is by providing payment to attend conferences and providing new equipment and technology to improve the patient care. Employing

advanced practice nurses as resources to each patient care unit may also elevate the level of nursing practice by providing expert role models.

Formal power is defined as giving employees in the organization the legal power to be creative and innovative and is an important factor with regards to increasing job satisfaction (Kanter, 1993). Hospitals can implement policies that allow nursing managers to use their authority and make decisions based on their position and this may increase the level of formal power given to them. .

Informal power is defined as having good relationships with colleagues and managers inside and outside of the organization (Kanter, 1993). Greater informal power possessed by nurses leads to greater job satisfaction (Kanter, 1993). Hospitals can provide conferences and continuing education programs that educate nursing staff about the leadership concepts of team building, and thus improving inter and intra-professional communication skills

Magnet Hospital characteristics. Hospitals need to encourage nurses to participate in hospital affairs by involving them in the internal governance of the hospital, and providing them with opportunity to participate in policy decisions. Encourage nursing administration to listen and respond to nurses concerns, and making career development based on individuals' needs. Nursing administration has to have equally distributed of power and authority with other top-level hospital executives.

Hospitals can implement policies in nursing practice to improve quality of care by providing training programs to new staff nurses. The principle of care at Magnet hospitals should be based on a nursing model instead of a medical model. Staff nurses should be encouraged to develop a plan of care for all patients.

The hospital also can improve the ratio of nurse to patient in an effort to improve the quality of care patients receive, and provide an opportunity for nurses to spend more time with their patients.

Hospitals need to focus on improving relationships between nurses and physicians and create a collegial atmosphere in the work environment through the development and implementation of such programs as TEAM STEPS that encourage interdisciplinary quality management and shared governance and authority (Lake, 2002).

Implications for Nursing Administration

This study holds an imperative for nursing administration, and it delivers a unique message to them. Nursing administration plays a vital role in increasing job satisfaction among nursing staff. Nursing administration should act as the voice on behalf of staff nurses. Without a strong nursing administrator, nurses cannot have access to structural empowerment and Magnet characteristics.

The role of the nurse administrator is a vital path to the development of nursing staff. Effective nurse managers can provide staff nurses with access to structural components of empowerment: opportunity, information, support, resources, formal and informal power. If they share their power and authority with their staff they help to create a good work environment and make them feel more empowered. Being a backup for nurses and providing praise and recognition for those who deserve it, and giving them the opportunity to share in decision making are hallmarks of an effective nurse administrator. The nursing administrator serves as a role model for staff and this may have a positive impact on nurses leadership development.

Effective nursing administrators can help nurses to improve their knowledge and position within the hospital, and can help nurses develop professional goals. They also need to provide opportunities to improve the educational level of their staff nurse by providing encouragement and supplying scholarship programs for advanced study.

Engaging nursing staff in research and evidence-based practice related to structural empowerment and Magnet hospital characteristics are vital to this effort, as is improving the quality of nursing practice.

Implications for Research

The results of this study indicates a strong relationship between nurses' perception of structural empowerment, Magnet hospital characteristics, and job satisfaction that may encourage researchers to test interventions that increase structural empowerment and Magnet characteristics. The findings may encourage researchers outside the United States to replicate the study in other cultures to determine if cultural factors may be related to these variables. This study suggests that nurses' perception of structural empowerment level, and Magnet hospital characteristics are significant predictors of nurses' job satisfaction. The demographic characteristics (age, education level, marital status, years of experience and ethnicity) need to be examined in larger samples to test if they have a real impact on nurses' job satisfaction. Also, this study suggests to compare Magnet and non-Magnet hospitals with respect to these predictors of nurses' job satisfaction.

In order to advance the study, secondary data is recommended for future research. Data needs to be analyzed to determine which specific Magnet hospital characteristics (nurse participation in hospital affairs; nursing foundations for quality of

care; nurse manager ability, leadership, and support of nurses; staffing and resource adequacy; and collegial nurse-physician relation) has more influence on nurses' job satisfaction.

Limitations

The first limitation to this study concerns the use of convenience sampling, limiting ones ability to generalize to the greater population. Results of convenience samples are difficult to replicate. However, this type of sampling is very popular in the discipline of nursing. The small sample size using one community hospital also imposes limits to one's ability to generalize to larger organizations. This study should be conducted with larger samples in other types of hospitals including large teaching institutions and medical centers to ensure the prediction that the demographics data did not impact nurse job satisfaction and is not a function of Type II error.

Of a potential 289 nurse participants only 97 nurses who provide direct patient care in a Magnet designated community hospital returned the survey. Despite two informational sessions the final response rate was 34.25%. This is marginally acceptable. Factors which may have affected the response rate were data collection after the Christmas holiday and surveying the nurses immediately prior to implementation of a new Electronic Health Record. Both of these factors were a challenging time for most staff nurses.

Another limitation is that this is a descriptive study design and data were collected in one time. There is a need for longitudinal research in the future. Such research designs allow for the examination of these variables over time. It is also

recommended that a cohort study which allows observing subjects in a similar group be conducted.

Conclusions

A stepwise multiple variable regression was run to predict nurse's perception job satisfaction from structural empowerment, Magnet characteristics, and demographics characteristics (age, education level, marital status, years of experience, and ethnicity). The assumptions of linearity, autocorrelation, homoscedasticity, multicollinearity and normality of residuals were met. The seven independent variables tested, only two were found to be significant, specifically Magnet characteristics ($\beta=0.552$, $p<.005$) and structural empowerment ($\beta=0.347 p=.003$). These variables predicted overall job satisfaction $F(2, 69) = 69.16$, $p < .005$.

The result of this study may provide knowledge about nurses' perceptions of their structural empowerment and Magnet characteristics as they relate to their job satisfaction. It may also allow a future opportunity to replicate this study in different countries that also have Magnet-designated hospitals such as Saudi Arabia where two hospitals have recently received Magnet recognition. This study may increase nursing knowledge and provide information that may be used to develop future nursing administrators capable of enhancing nurses' job satisfaction in clinical practice.

Cover Letter

NURSING SATISFACTION IN A MAGNET HOSPITAL

Information about Participation

You are invited to participate in a survey examining nurses' perceptions of the structural empowerment, and Magnet characteristics related to their job satisfaction. This survey is part of a nursing research study being conducted by Ahlam Abdullah, MSN, RN, as part of a doctoral dissertation in the College of Nursing at the University of Rhode Island.

The risk of participation in the study is minimal. Your participation is completely voluntary and any decision not to participate will not result in any penalties or loss of benefits of any kind. There is no direct benefit of your participation in this study, except it may help the nursing profession by adding new knowledge of relationships of structural empowerment, Magnet characteristics and job satisfaction.

The survey will take about 20 minutes to complete and every effort will be made to ensure participant confidentiality. You may choose not to answer any question or stop completing the survey at any point. All information not completed with the survey will be destroyed. On the other hand, if you choose to participate, all information will be held   in strict confidence. Your response will be considered only in combination with other participant responses. Benefits include the opportunity to reflect on your practice. Research has demonstrated reflection to be beneficial in nursing practice. Your responses will provide important information for nursing.

Participation in this study is not expected to be harmful or injurious to you. However, if this study causes you any injury, you should write or call Ahlam Abdullah at 571-494-7914, or Dr. Marlene Dufault at the University of Rhode Island at (401-874-5307). If you have other concerns about this study or if you have questions about your rights as a research participant, you may contact the University of Rhode Island's Vice President for Research, 70 Lower College Road, Suite 2, University of Rhode Island, Kingston, RI, (401) 874-4328.

Participation in this survey is voluntary. You do not have to participate. If you do decide to participate, your access to and responses in the survey will remain anonymous and confidential.

This information is provided so you may make your decision about participation. There is no form to sign for consent to participate in this study. If you decide to participate, your access to and completion of the survey will

serve as your consent. Again, your access to the survey and responses are anonymous and confidential.

If you have any questions, you may contact Ahlam Abdullah at 571-494-7914, or Ahlamabdullah2@gmail.com

Thank you,
Ahlam Abdullah, PhDc, RN

<div style="border: 2px solid #c0392b; padding: 10px;">
<p align="center">**Section A:** DEMOGRAPHIC DATA</p>
</div>

Instruction: Please provide your answer with a cross (X) in the appropriate box:

.

1. **What is your age?**

………………………………………………………..

2. **Ethnicity**

☐ White

☐ Hispanic or Latino

☐ Black or African American

☐ Native American or American Indian

☐ Asian / Pacific Islander

☐ Other …………………………………………….

4. **Highest educational level:**

☐ Diploma

☐ Associate Degree

☐ Baccalaureate

☐ Master Degree

☐ DNP, PhD

5. **Marital status**

☐ Married

☐ Divorced

☐ Widowed

☐ Single

6. How many years have you worked as an RN in this hospital?

………………………………………………………………….

Appendix C

<div style="border: 2px solid #c0504d; padding: 10px;">

Conditions of Work Effectiveness Questionnaire-II (CWEQ-II)

</div>

Instruction: For each of the following questions please **circle one** number that **best reflects** your perception of having empowerment structures: access to opportunity, information, support, resources, formal and informal power.

The following 4 scales refer to Kanter's 4 empowerment structures: access to opportunity, information, support and resources.

HOW MUCH OF EACH KIND OF <u>OPPORTUNITY</u> DO YOU HAVE IN YOUR PRESENT JOB?

		None		Some		A Lot
1.	Challenging work	1	2	3	4	5
2.	The chance to gain new skills and knowledge on the job.	1	2	3	4	5
3.	Tasks that use all of your own skills and knowledge.	1	2	3	4	5

HOW MUCH ACCESS TO <u>INFORMATION</u> DO YOU HAVE IN YOUR PRESENT JOB?

		No Knowledge		Some Knowledge		Know A Lot
1.	The current state of the hospital.	1	2	3	4	5
2.	The values of top management.	1	2	3	4	5
3.	The goals of top management.	1	2	3	4	5

HOW MUCH ACCESS TO <u>SUPPORT</u> DO YOU HAVE IN YOUR PRESENT JOB?

		None		Some		A Lot
1.	Specific information about things you do well.	1	2	3	4	5
2.	Specific comments about things you could improve.	1	2	3	4	5
3.	Helpful hints or problem solving advice.	1	2	3	4	5

HOW MUCH ACCESS TO <u>RESOURCES</u> DO YOU HAVE IN YOUR PRESENT JOB?

	None	Some	A Lot

1.	Time available to do necessary paperwork.	1	2	3	4	5
2.	Time available to accomplish job requirements.	1	2	3	4	5
3.	Acquiring temporary help when needed.	1	2	3	4	5

The following 2 subscales are measures of Kanter's formal (Job Activities Scale or JAS) and informal power (Organizational Relationships Scale or ORS).

JAS
IN MY WORK SETTING/JOB: None   A Lot

1.	The rewards for innovation on the job are	1	2	3	4	5
2.	The amount of flexibility in my job is	1	2	3	4	5
3.	The amount of visibility of my work-related activities within the institution is	1	2	3	4	5

ORS
HOW MUCH OPPORTUNITY DO YOU HAVE FOR THESE ACTIVITIES IN YOUR PRESENT JOB?

                                            None   A Lot

1.	Collaborating on patient care with physicians.	1	2	3	4	5
2.	Being sought out by peers for help with problems	1	2	3	4	5
3.	Being sought out by managers for help with problems	1	2	3	4	5
4.	Seeking out ideas from professionals other than physicians, e.g., Physiotherapists, Occupational Therapists, Dieticians.	1	2	3	4	5

The 2-item global empowerment subscale listed below is used only for construct validation and is not included in the total empowerment score.

                              Strongly Disagree   Strongly Agree

1.	Overall, my current work environment empowers me to accomplish my work in an effective manner.	1	2	3	4	5
2.	Overall, I consider my workplace to be an empowering environment.	1	2	3	4	5

Appendix D

Practice Environment Scale of the Nursing Work Index

Instruction: This scale includes five components of Magnet hospital culture that described by Lake (2002): nursing participation in hospital affairs; nursing foundations for quality of care; nurse manager ability; staffing and resource adequacy; and the degree of collegial nurse/physician relationships. For each of the following questions please check the appropriate box that best reflects your description of the Magnet characteristics in the hospital.

PES-NWI Items by Subscale (United States)	strongly disagree (1)	Disagree (2)	Agree (3)	strongly agree (4)
Nurse Participation in Hospital Affairs subscale (9 items)				
Staff nurses are involved in the internal governance of the hospital				
Opportunity for staff nurses to participate in policy decisions				
Opportunities for advancement				
Administration that listens and responds to employee concerns				
A chief nursing officer who is highly visible and accessible to staff				
Career development/clinical ladder opportunity				
Nursing administrators consult with staff on daily problems and procedures				
Staff nurses have the opportunity to serve on hospital and nursing committees				
A chief nursing officer equal in power and authority to other top-level hospital executives				
Nursing Foundations for Quality of Care subscale (10 items)				
Use of nursing diagnoses				
An active quality assurance program				
A preceptor program for newly hired nurses				
Nursing care is based on a nursing, rather than medical model				
Patient care assignments that foster continuity of care				
A clear philosophy of nursing that pervades the patient care environment				
Written up-to-date care plans for all patients				
High standards of nursing care are expected by the administration				

Active staff development or continuing education programs for nurses				
Working with nurses who are clinically competent				
Nurse Manager Ability, Leadership, and Support of Nurses subscale (5 items)				
A nurse manager who is a good manager and leader				
A nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician				
Supervisors use mistakes as learning opportunities, not criticism				
A supervisory staff that is supportive of the nurses				
Praise and recognition for a job well done				
Staffing and Resource Adequacy subscale (4 items)				
Enough staff to get the work done				
Enough registered nurses to provide quality patient care				
Adequate support services allow me to spend time with my patients				
Enough time and opportunity to discuss patient care problems with other nurses				
Collegial Nurse Physician Relations subscale (3 items)				
A lot of teamwork between nurses and physicians				
Physicians and nurses have good working relationships				
Collaboration (joint practice) between nurses and physicians				

Appendix E

Warr–Cook–Wall (WCW) Job Satisfaction Scale

Job Satisfaction Instruction. The next set of items deals with various aspects of your job. I would like you to tell me how satisfied or dissatisfied you feel with each of these features of your present job. Each item names some aspect of your present job as a Register Nurse. Just indicate how satisfied or dissatisfied you are with it by using this scale.

Items	Very Dissatisfied (1)	Dissatisfied (2)	Neither satisfied nor dissatisfied (3)	satisfied(4)	Very Satisfied(5)
The physical conditions in which you work					
Freedom to choose your own working methods					
Your fellow workers					
The recognition you get for good work					
Your immediate manager					
The amount of responsibility you are given					
The rate of pay for nurses					
The opportunity to use your abilities					
Relations between management and staff					
Future chance of promotion					
The way the hospital is managed					
The attention paid to your suggestions					
The hours of work					
The amount of variety in your job					
Your job security					

Appendix F

Institutional Review Board

THE
UNIVERSITY
OF RHODE ISLAND
DIVISION OF RESEARCH
AND ECONOMIC
DEVELOPMENT

THINK BIG WE DO℠

OFFICE OF RESEARCH INTEGRITY
70 Lower College Road, Suite 2, Kingston, RI 02881 USA
p: 401.874.4328   f: 401.874.4814   uri.edu/research/h/tro/offices/researchintegrity

FWA:	00003132
IRB:	00000599
DATE:	January 9, 2015
TO:	Marlene Dufault
FROM:	University of Rhode Island IRB
STUDY TITLE:	NURSING SATISFACTION IN A MAGNET HOSPITAL
IRB REFERENCE #:	609343-3
LOCAL REFERENCE #:	HU1314-158
SUBMISSION TYPE:	Amendment/Modification
ACTION:	DETERMINATION OF EXEMPT STATUS
EFFECTIVE DATE:	January 9, 2015
REVIEW CATEGORY:	EXEMPT # 2

Thank you for your submission of materials for this research study. The University of Rhode Island IRB has determined this project falls into the **EXEMPT REVIEW** category according to federal regulations 45 CFR 46. Per URI IRBpolicy, the project has been reviewed by either the IRB Chair or the IRB Administrator. **Approval is valid for the duration of the project.**

No changes to procedures involving human subjects may be made without prior IRB review and approval. You must promptly notify the Office of Research Integrity of any problems that occur during the course of your work using Appendix S - Event Reporting.

If you have any general questions, please contact us by email at researchintegrity@ds.uri.edu. For study related questions, please contact us via **project mail through IRBNet**. Please include your study title and reference number in all correspondence with this office.

Andrea Rusnock, Ph.D
IRB Chair

- 1 -

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