WHO IS LEADING THE CHARGE? NURSE MANAGERS’ STRUCTURAL EMPOWERMENT, JOB SATISFACTION, AND INTENT TO STAY

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to the Faculty of
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In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
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by
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Summer 2011
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STRUCTURAL EMPOWERMENT, JOB SATISFACTION,
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Janet Lynn Ellis

Summer 2011

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DEDICATION

I dedicate this thesis to my loving family who missed me while I researched and labored over the words to communicate this study. My husband, Roy, was a Saint. He supported me each step of the way; lifting my spirits during times of self-doubt. My daughter, Valerie Mitchell, inspired me to do graduate work by completing her PhD while she was working and adding two grandsons to our family. My sister-in-law, Beverly Mason, who is still nursing at age 75, is an inspiration in how we nurses can enjoy nursing and still make contributions into our senior years. My daughter, Nicole Weddig, step-daughter, Malinda Kephart, and her husband, Grant Kephart, are all nurses and remind me of the importance of good nursing leadership. My husband’s niece, Nicole Chapman, is one of the hard working nurse managers that my study is about.

I also dedicate this thesis to the nurse managers and nurse directors at Enloe Medical Center, who are so dedicated and worked hard, beside me, to transform the work environment for nurses, when I was the Vice President of Nursing at Enloe from 2002-2005.
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ABSTRACT

WHO IS LEADING THE CHARGE? NURSE MANAGERS’ STRUCTURAL EMPOWERMENT, JOB SATISFACTION, AND INTENT TO STAY

by

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Master of Science in Nursing
California State University, Chico
Summer 2011

Little is reported in current literature about structural empowerment, overall job satisfaction, or intent to stay in the job for middle level nurse managers in the U.S. The nurse manager leads the daily charge on the nursing unit to institute changes needed to improve the quality and safety of patient care and to foster an environment where staff nurses thrive.

This descriptive, correlational study measured overall job satisfaction; intent to stay in the position; and structural empowerment in the study group of middle level nurse managers from inpatient units of California acute care hospitals of 100-300 beds. Overall job satisfaction and intent to stay in the position were each measured using a 5-point scale. Structural empowerment was measured using the Conditions of Work
Effectiveness Questionnaire (CWEQ-II). Fifty-one nurse managers responded to the survey, resulting in a response rate of slightly over 34%.

The mean score on the overall job satisfaction score was 3.86 on the scale of 1(very dissatisfied) to 5(very satisfied). The mean score for intent to stay in the position was 3.22 on the scale of 1 (plan to stay less than 1 year) to 5 (plan to stay for more than 10 years). This group of nurse managers felt empowered to do their job in most areas surveyed. However, they rated empowerment lower in the area of resources, especially in having temporary help available when needed. They also indicated few rewards for innovation on the job.

Somewhat surprising findings included the tenure in the position and unionization of the nurses on their unit. Seventy percent of these nurse managers reported being in their position for 5 years or less. This would indicate a fairly high turnover rate for this position. Eighty percent of the nurse managers reported that the nurses at their organization were represented by a union. This is a higher percentage than reported for the state of California and for the nation. The nurse managers where the nursing staff was not represented by a union had higher structural empowerment scores.

Higher structural empowerment scores correlated with greater job satisfaction. However, neither higher structural empowerment scores nor greater job satisfaction scores correlated with greater intent to stay in the position. The author suggests this may reflect the multitude of reasons for leaving one’s position, other than job satisfaction.

Based on these findings, Chief Nursing Officers are advised to assess the work environment, overall job satisfaction, and turnover rates at their organization. It is
also recommended that they evaluate the job performance of nurse managers at their organization and recognize that poor job performance, job dissatisfaction, and turnover could be more reflective of structural empowerment issues than individual capabilities of the nurse managers. They are strongly recommended to ensure an adequate plan is in place to provide temporary help when needed for the nursing units.

More studies of structural empowerment in nurse managers at different types of hospitals are recommended. Research on turnover rates for nurse managers is suggested.
CHAPTER I

INTRODUCTION

The middle level nurse manager has an incredibly important role in contemporary acute care hospitals. The nurse manager role includes responsibility for the quality and safety of patient care; maintaining a positive work environment for staff; ensuring enough qualified staff are available to care for the patients; implementing safe and efficient systems for providing and documenting care; maintaining good relations with upper level management and other hospital departments; working collaboratively with the medical staff; cultivating patient and family satisfaction with the hospital; and doing all this within a limited budget. This is a complex job in a complex environment.

For purposes of this study, the middle level nurse manager is the registered nurse having 24-hour, 7-day operational responsibility for a patient care unit(s) in an acute care hospital and will be referred to as “nurse manager.” Other common job titles for middle level nurse managers include unit supervisor, department head, patient care coordinator, head nurse, and director.

Nurse managers must be well grounded in nursing practice to be effective in these challenging roles (Valadez & Otto, 2007). Generic management functions for nurse managers include planning, organizing, delegating, problem solving, evaluating, and enforcing policies and procedures (Marquis & Huston, 2009). Additional expectations
include empowering staff, building productive work teams, maintaining quality and satisfying customers (Marquis & Huston).

Nurse managers are also challenged to address issues in healthcare that include, but are not limited to, high nursing turnover rates, the nursing shortage, and national concerns over patient safety and quality. Each of these issues has been in the national news for much of the past decade.

For example, nursing turnover and the nursing shortage have a significant impact on the role of the inpatient unit nurse manager since extra time is needed for interviewing, hiring, scheduling, overseeing the orientation process, and evaluating new staff. In addition, there is considerable expense involved with the process of hiring and orienting new staff members (Jones, 2008a). This is especially true for novice nurse turnover. The seminal work on novice to expert by Benner (1984) points out the extensive learning that takes place for nurses in their first year of practice and/or their first year in a type of practice that is new to them. Most nurses begin their career on an inpatient unit. The turnover rate for nurses, in their first year post nursing school, was reported as a staggering 27.1% by the American Association of Colleges of Nursing [AACN] (2008).

In addition, scheduling staff and trying to cover vacant shifts is a very time consuming and often stressful task for nurse managers (Shirey, McDaniel, Ebright, Fisher, & Doebbeling, 2010). These issues are exacerbated in times of nursing shortage and/or periods of high turnover. There is abundant literature concerning the shortage of nurses in U.S. acute care hospitals (Andrews & Dziegielewski, 2005; Buerhaus, Auerbach, & Staiger, 2009; Glazer & Alexandre, 2009; Hayhurst, Saylor, & Stuenkel,
2005; Jones, 2008b; Lin, Juraschek, Xu, Jones, & Turek, 2008). Although this shortage has been temporarily eased by nurses reentering the hospital and/or postponing retirement due to the current recession, it is expected to be a continuing problem for the future (Vanderbilt University Medical Center, 2009; Buerhaus et al., 2009).

The nurse manager role has also been linked to patient care quality (Cohen, Stuenkel, & Nguyen, 2009; Griffiths, Renz, Hughes, & Rafferty, 2009; Lucas, Laschinger, & Wong, 2008; Ten Haaf, 2008), patient safety (Laschinger & Leiter, 2006; Ten Haaf, 2008), staff nurse job satisfaction (Andrews & Dziegielewski, 2005; Force, 2005; Hayhurst et al., 2005; Laschinger, Finegan, & Wilk, 2009; Pearson et al., 2007), and staff nurse retention (Barron, West, & Reeves, 2007; Judkins, Reid, & Furlow, 2006; Pearson et al., 2007). Evidence of the nurse manager influence on these significant nursing outcomes emphasizes the importance of the role.

But do nurse managers feel they have the necessary tools and support to effectively do the job? The workload demands on nurse managers to keep the patient care units adequately staffed have been compounded by national concerns over patient safety and quality ignited by the Institute of Medicine (IOM) (1999) health care quality report “To Err Is Human: Building a Safer Health System.” This report was the basis for the first of eleven books in the “Quality Chasm Series” published by the IOM. Shortly thereafter, the department of Health and Human Services announced the “Quality Initiative” to assure healthcare quality through accountability and public disclosure (Centers for Medicare & Medicaid Services [CMS], 2008) and brought with it public reporting of certain quality measures and patient satisfaction scores. The Joint Commission (2009) added support to improving patient safety through establishment of
its National Patient Safety Goals program, which became effective in 2003, and adds new standards almost every year.

Nurse managers play a key role in educating their staff about these many changes while improving patient care processes and transforming the work environment of nurses at the unit level as called for by the Institute of Medicine (Page, 2004). Marquis and Huston (2009) assert the need for change in nursing has never been greater. Patients and families are encouraged to be partners in their care by speaking up and questioning their care providers (Agency for Healthcare Research and Quality [AHRQ], n.d.). The nurse manager is often the recipient of questions and concerns about care on his/her unit, whether from patients, families, physicians, or health care regulators. All of the above activities add to the workload of the nurse manager.

In addition, nurse managers are also expected to represent the position of top level managers to their staff and to represent the staff perspective to top level managers. Nurse managers then need good working relationships with fellow department managers, nursing and non-nursing alike, to do effective problem solving in the interdependent environment of the healthcare organization. The nurse manager’s role then “is to ensure effective operation of a defined unit of service and to contribute to the overall mission of the organization and quality of care by working through others” (Valadez & Otto, 2007, p. 57).

Brief descriptions of the nurse manager role found in recent literature provide insight into these challenges as well as other challenges contemporary nurse managers face (Laschinger, Purdy & Almost, 2007; Laschinger, Purdy, Cho, & Almost, 2006; Mackoff & Triolo, 2008a; Mackoff & Triolo, 2008b; Paliadelis, Cruickshank, &
Sheridan, 2007; Parsons, Cornett, & Golightly-Jenkins, 2006; Patrick & Laschinger, 2006; Shirey, et al., 2010; Skytt, Ljunggren, & Carlsson, 2007; Thrall, 2006; Way et al., 2007). Indeed, Jane Shivnan, executive director at the Institute for Johns Hopkins Nursing stated that nursing management is “the hardest job in health care right now” (Thrall, p. 71). Parsons, et al. stated, “nurse managers are the linchpin that holds the hospital nursing organization together” (p. 34) and “the challenges are tremendous” (p. 34). Wilson, Leners, Fenton, and Connor (2005) added that “nursing leadership positions...nurse managers...are attracting smaller numbers to the candidate pool” (p. 44) and Andrews and Dziegielewski (2005, p. 286) suggested that “problems remain for nurse managers who are trying to make sure that enough staff are available and appropriately prepared to meet the needs of patients...”.

Given these work challenges, one might surmise that turnover rates of nurse managers could be high. Yet little research has been done in this area. In contrast, staff nurse turnover rates and work environment issues have been written about extensively (Andrews & Dziegielewski, 2005; Barron et al., 2007; Cohen et al., 2009; Force, 2005; Gess, Manojlovich, & Warner, 2008; Grecco, Laschinger, & Wong, 2006; Hayhurst et al., 2005; Laschinger, 2008; Laschinger & Finegan, 2005; Lucas et al., 2008; Pearson et al., 2007; Ten Haaf, 2008; Vacharakiat, 2008). In addition, the work environment of chief nursing officers (CNOs) as well as their intentions to stay in the position have been recently published (Jones, Havens, & Thompson, 2008; Havens, Thompson, & Jones, 2008). However, turnover rates, job satisfaction, intent to stay in the position, and perceptions of structural empowerment were not found in recent literature for U.S. acute care hospital nurse managers.
This descriptive, correlational study provided an opportunity to explore the relationships among structural empowerment (the extent to which the structural components of the job provide the tools to accomplish the work of the job), overall job satisfaction, and the intent to stay of middle level nurse managers in California.

Statement of the Problem

Little is reported in the current nursing literature about structural empowerment, overall job satisfaction, or intent to stay in the job for middle level nurse managers in the U.S. Turnover rates were not found. Turnover rates, vacancy rates, and/or intention to stay information are available, however, for staff nurses (AACN, 2008) and even for CNOs (Jones et al., 2008). Yet it is the middle level nurse manager who leads the daily charge on the nursing unit level to institute the changes needed to improve the quality and safety of patient care and to foster an environment where staff nurses can thrive. It is important to know if the work environment of nurse managers in California is empowering, if they are satisfied with their work and if they plan to stay in their nurse manager position.

The Relevance and Importance to Nursing

The middle level nurse manager plays a vital role in leading operations at the patient care unit level. He/she is responsible for patient care quality and safety and has a key role in job satisfaction and ultimately the retention of staff nurses. It is unlikely that a hospital could achieve its goals for patient care and staff retention without the steady leadership of a cadre of satisfied middle level nurse managers. The results of this study can inform hospital leaders about correlations among the structural empowerment of
middle level nurse managers, overall job satisfaction, and their intent to stay in their current position. Adjustments to the work environment may be possible, if indicated, to ensure a strong group of nursing managers for the future.

Theoretical Underpinnings

Laschinger’s work empowerment theory (Laschinger, 2004) provided the theoretical framework for this study (Figure 1). Laschinger’s work expanded upon Kanter’s (1993) theory of structural empowerment, which describes six components that assist employees to be effective in the workplace. Kanter lists access to information, support from supervisors, resources to do the job, and opportunities to grow and learn as

![Figure 1. Work Empowerment Theory.](http://publish.uwo.ca/~hkl/researchpage.html)


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structural factors in the work environment that empower employees. Kanter adds that these structures are enhanced by both formal and informal power within the organization.

Kanter (1993) contended that the ability to be successful at work often has more to do with the way the work environment is structured than the individual characteristics of the workers. Even great employees can fail if they are not given the tools, and especially the resources, needed to effectively do the job asked of them. Resources refer to what is needed to accomplish the work and includes equipment, financial resources and human resources. The workload can be overwhelming if the nurse manager does not have the necessary financial and human resources available to do what is expected and/or needed.

The structural empowerment component of opportunity may mean opportunities such as the chance to move up in the organization, participation in strategic planning at the organizational level, or the prospect to lead a special committee or work project (Kanter, 1993). Access to information has to do with knowing what is going on in the organization and how to accomplish things at the organization. Employees feel empowered when they know where the organization is going and how they plan to get there. The nurse manager may feel isolated and perhaps powerless if he/she does not have enough information about organizational goals and strategies.

Support from one’s supervisor can help an employee reach new levels of achievement they may not have been able to envision for themselves (Kanter, 1993). For nurse managers, support can mean regular feedback on their performance from the nurse executive or other senior team members. It can also mean access to educational programs to help them improve their performance.
Power comes from both formal and informal sources (Kanter, 1993). Formal power has to do with one’s position in the organization, which increases with flexibility, visibility, and relevance to the organization’s key processes (University of Western Ontario [UWO], 2009). All managers have a certain amount of power based on the fact they have the ability to hire, fire, promote and discipline staff members. Informal power comes from alliances with others within and outside the organization that can help get the work done (Kanter, 1993). Informal power is developed through effective relationships. When the above conditions are present in the work environment, it provides structural empowerment to the employee.

Laschinger (2004) proposed that the components of structural empowerment lead to psychological empowerment, which in turn, leads to positive work behaviors and attitudes including low job stress, low burnout, increased job commitment, and increased job satisfaction. Based on this theory, it is reasonable to think that nurse managers who perceive higher structural empowerment will have higher job satisfaction and may have greater intent to stay in the position.

Perceived structural empowerment in nurses has been demonstrated to increase with one’s hierarchical position in the organization (Laschinger, et al., 2007). For example, managers have demonstrated significantly higher levels of empowerment than staff nurses.

A nurse manager that feels empowered to do his/her job is more likely to empower the employees that work on the unit. It is also more likely that empowered nurse managers will make the nurse manager job look more appealing to potential future
nurse leaders. Having aspiring nurse managers is important to the future of nurse leadership.

Purpose/Aims of the Study

The purpose of this study was to assess the structural empowerment of middle level nurse managers in California, using the Conditions of Work Effectiveness Questionnaire II (CWEQII) (Laschinger et al., 2001) and to explore correlations among the variables of structural empowerment, overall job satisfaction, and intent to stay in the middle level nurse manager position.

Research Questions

The four research questions were: 1) what is the level of nurse manager’s structural empowerment?; 2) what is the level of the nurse manager’s overall job satisfaction?; 3) what is the nurse manager’s intent to stay in the current middle level management position?; and 4) what are the correlations among the variables of structural empowerment, overall job satisfaction, and intent to stay in the current middle level management position? The researcher hypothesized that higher structural empowerment scores will correlate with increased job satisfaction and greater intent to stay in the position and that increased job satisfaction will correlate with greater intent to stay in the position.
Definition of Terms

Middle Level Nurse Manager

The Registered Nurse (RN) manager with 24/7 responsibility/accountability for operations of one or more acute care hospital inpatient nursing units. Common job titles include unit supervisor, department head, patient care coordinator, nurse manager, and director.

Inpatient Nursing Unit

Patient care units of acute care hospitals where patients are cared for 24 hours a day, seven days a week; for purposes of this study, emergency departments, outpatient departments, observation units, operating rooms, post anesthesia care units, and rehabilitation units are excluded.

Job Satisfaction

The extent that an individual finds happiness and meaning in his/her work and feels it is worthwhile.

Intent to Stay

The individual’s intention, or plan, to stay in the current position to the best of his/her knowledge at the time of survey completion.

Structural Empowerment

The extent to which the individual believes he/she has access to opportunity, information, support, resources, formal power, and informal power in his/her work environment.
Qualifications of the Researcher

The researcher is a graduate student enrolled in the Masters of Science program in Nursing at California State University, Chico, who has completed graduate level research and nursing theory courses. She has 35 years of experience in nursing leadership roles including nurse manager, nurse director, and nurse executive. The researcher is also a leadership/management clinical instructor for the Butte Community College Nursing Program in Oroville, CA. She is a member of the American Organization of Nurse Executives, Association of California Nurse Leaders, and the American College of Healthcare Executives, where she is a Fellow.

Transitional Statements

The role of the nurse manager is too important to be ignored when it comes to the work environment, overall job satisfaction, and intent to stay in the position. A steady group of nurse managers, empowered through their structural work environment, are likely to empower their staff. Empowered staff members are more likely to be satisfied with their jobs, have greater organizational commitment and lower turnover rates (Force, 2005; Gess et al., 2008; Hayhurst et al., 2005; Pearson et al., 2007). This descriptive, correlational study will help inform hospital leaders of the structural empowerment of nurse managers, their overall job satisfaction, and their intent to stay in their nurse manager positions. The following chapter provides a review of the literature on the structural empowerment of nurses and nurse managers; the work environment of nurse managers; and nurse manager job satisfaction, turnover and intent to stay in the position.
CHAPTER II

REVIEW OF THE LITERATURE

This study explored the correlations among structural empowerment, overall job satisfaction, and intent to stay in the position of middle level nurse managers in California acute care hospitals. This literature review is organized around the following three areas: 1) structural empowerment in staff nurses, 2) structural empowerment in nurse managers, and 3) other studies related to nurse manager work environment.

CINHAL Plus with Full Text, available through the CSU, Chico library was the main database searched for this study. Other sources used include Academic Search, PubMed, Science Direct, MEDLINE, Cochrane Library, SAGE Journals Online and Wiley Online Library. The search terms nurse manager, manager, and nurse leader were used with the Boolean operator “AND” along with turnover, work environment, job satisfaction, intent to stay, intent to leave, quality, patient safety, and staff nurse job satisfaction. Each brief description of articles found using those search terms was read and articles deemed pertinent were located and read. The “review related articles” feature was used when a relevant article was found. Monthly alerts were established for key searches to maintain currency. The reference lists of relevant articles found were used to identify other pertinent articles to obtain. The authors of key studies were contacted for further information.
Structural Empowerment in Staff Nurses

Laschinger, Finegan, and Shamian (2001) applied the CWEQ-II, a modified version of Chandler’s Conditions of Work Effectiveness Questionnaire (CWEQ), Spreitzer’s 12-item Psychological Empowerment Scale, and Hackman and Oldham’s Job Diagnostic Survey in their random sampling of 404 (72% response rate) Canadian staff nurses and found that increased structural empowerment demonstrated a significant, direct, positive effect on both increased psychological empowerment ($\beta=0.46$) and increased job satisfaction ($\beta=0.38$). Psychological empowerment also had a direct positive effect on job satisfaction ($\beta=0.30$). This suggests that structural empowerment may have an indirect impact on job satisfaction ($\beta=0.15$) via psychological empowerment.

The CWEQ-(II) utilized in this study demonstrated Cronbach’s alpha reliabilities ranging from 0.79 to 0.82 in each of the constructs measured. Spreitzer’s 12-item Psychological Empowerment Scale, a previously validated scale, demonstrated Chronbach’s alpha reliabilities ranging from 0.87 to 0.92 in this study. The reliability of Hackman and Oldham’s Job Diagnostic Survey had been established in previous nursing studies and demonstrated an alpha reliability coefficient in this study of 0.82 (Laschinger, Finegan, Shamian and Wilk, 2001).

Laschinger and Finegan (2005) found that structural empowerment demonstrated significant direct effects on job satisfaction ($\beta=0.52$), interactional justice ($\beta=0.42$), perceived respect ($\beta=0.24$), trust in management ($\beta=0.25$), and organizational commitment ($\beta=0.18$) in a non-experimental, predictive design study ($n=273$ with a 59% return rate) of staff nurses from Ontario, Canada. Structural empowerment also had
indirect positive effects on respect, trust, job satisfaction and organizational commitment. The authors reported that the cross-sectional design of this study limited the ability to make strong causal claims.

Similarly, Greco et al. (2006) tested “a model examining the relationship between nurse leaders’ empowerment behaviors, perceptions of staff empowerment, areas of work life and work engagement using Kanter’s theory of structural power in organizations” (p.41) in a survey of 322 (69% response rate) randomly selected nurses from the College of Nurses Ontario, Canada registry list. Leader empowering behaviors had a strong positive effect on structural empowerment ($\beta=0.71$), which had a strong direct effect on overall person-job fit ($\beta=0.67$), which had a strong direct effect on decreased emotional exhaustion ($\beta=-0.54$). The fit statistics for the final model indicated an acceptable fit (Comparative Fit Index = 0.95). Greco et al. claimed that the findings of this study supported Kanter’s contentions that organizational structures within the work setting were essential in shaping and enhancing work experiences and the work life of employees.

In addition, Laschinger (2008) linked structural empowerment (using the CWEQ-II) with Magnet hospital characteristics and work quality outcomes using a predictive non-experimental design study with 234 (58.5% response rate) staff nurse responses to a questionnaire that had been distributed to randomly selected staff nurses from the Ontario, Canada registry list. Structural empowerment demonstrated a strong positive direct effect on perceived nursing leadership quality ($\beta=0.60$), job satisfaction ($\beta=0.45$), and perceived quality of nursing care ($\beta=0.29$).
Vacharakiat (2008) used a convenience sample of 176 Filipino and American registered nurses working in the U.S. for a descriptive correlational design study to examine and compare relationships between empowerment, job satisfaction, and organizational commitment among Filipino and American registered nurses. While the Filipino nurses had slightly higher scores on the variable of structural empowerment, it was a significant predictor for job satisfaction and organizational commitment in both groups of nurses. However, no relationship was demonstrated between structural empowerment and intent to stay in the position.

Structural Empowerment in Nurse Managers

Considerably more studies related to structural empowerment have been completed with staff nurses than with nurse managers, but Laschinger and colleagues have been creating a body of work in this area in Canada. In a study of 84 (74% response rate) Canadian middle nurse managers, Patrick and Laschinger (2006) found that structural empowerment was positively related to perceived organizational support \((r=0.654, p=0.0001)\) and the combination of structural support and perceived organizational support played a strong role in determining nurse managers’ role satisfaction \((r^2=0.46, p=0.0001)\).

Patrick and Laschinger (2006) put forth the CWEQ-II to measure structural empowerment in this study. The mean score for total empowerment in this group was 21.05 with a possible range from 6-30. A higher score indicates higher levels of structural empowerment. The standard deviation was reported as 3.16. According to the researchers, this was a moderate level of overall empowerment. The highest mean score
of 4.17, on a scale of 1-5, was in the area of “Opportunity” and the lowest mean score of 2.57 was in the area of “Resources.”

Managers, like staff nurses, must have access to the resources needed to carry out their jobs effectively. Patrick and Laschinger (2006) contended this includes access to clerical support for non-nursing tasks and access to information and technological support. It is logical that having access to the resources to effectively do your job would increase your overall job satisfaction.

Similarly, Laschinger et al. (2006) used an exploratory model to study antecedents and consequences of nurse managers’ perceptions of organizational support from a sample of 202 (58% response rate) randomly selected and responding first-line nurse managers from the Ontario, Canada registry list. Perceived organizational support was strongly related to job satisfaction (β=0.40) and even more strongly related to organizational commitment (β=0.64). Perceived organizational support was significant, but less strongly, with a negative correlation to emotional exhaustion (β=-0.39).

Laschinger et al. (2007) also measured elements of nurse managers’ perceptions of the quality of their relationships with their supervisors (leader-member exchange quality), core self-evaluation, structural empowerment, psychological empowerment, and job satisfaction in a non-experimental, predictive design study with a sample size of 141 (63% response rate) hospital-based nurse managers obtained from the provincial registry, Ontario, Canada. The results demonstrated that leader-member exchange quality had a significant positive direct effect on structural empowerment (β=0.43); structural empowerment had a significant positive direct effect on psychological empowerment (β=0.43); psychological empowerment had a significant
positive direct effect on job satisfaction ($\beta=0.35$); and core self-evaluation had a significant direct effect on each of the other variables ($\beta=0.18-0.39$). This model provided additional evidence that structural empowerment leads to psychological empowerment and job satisfaction in nurse managers (Laschinger, et al.).

Other Studies Related to Nurse Manager Work Environment

A descriptive, correlational study with a longitudinal component conducted by Way et al. (2007) involved 203 participants (104 from 2000 and 99 from 2002), (57.6% and 47.7% response rates respectively) who were clinical managers from acute care hospitals in Labrador and Newfoundland, Canada. More than 60% of the managers were nurses. The purpose of the study was to investigate the manager’s perceptions of organizational culture during and after organizational restructuring and to test a model linking culture to the outcomes of organizational commitment and intent to stay. The restructuring involved a change in management structure, reduction in layers of management and numbers of management personnel. Surveys were sent to managers in 2000 and 2002.

Hierarchical regression equations confirmed the predictive effect of emotional climate, practice issues, and empowerment on trust and job satisfaction as well as commitment and intent to stay (Way et al., 2007). Empowerment, trust, and satisfaction combined to explain 69% of the variance in commitment. Job satisfaction was a strong predictor for intent to stay. Again, empowerment was demonstrated to have significant impact on job satisfaction and ultimately, intent to stay in the position.
Skytt et al. (2007), used a descriptive, retrospective design to survey 32 (74% return rate) front-line nurse managers in Sweden who left their positions. This study investigated the reasons for resignation, perceptions of difficult situations as managers, and perceptions of support and satisfaction with their work. Five hospitals had been merged into two hospitals in the five years prior to the study. Data were collected by questionnaires and descriptive letters from the nurse managers. The nurses were asked to describe in the letters their reasons to leave, difficult situations they encountered in their manager role, and support of importance to them in their manager role. The letters were analyzed using qualitative content analysis.

Research findings revealed that the majority of nurses left of their own accord (19) while 11 left due to reorganization or other changes. Seventy-five percent of the nurses were still employed in the county council organization they had served in as nurse manager, and as a group, the nurses were significantly more satisfied in their current role than they had been in their nurse manager role (Skytt et al., 2007). Situations that were perceived as being particularly difficult by the managers included implementing changes that they had not been a part of designing. The managers described insufficient support and feedback from supervisors, and salary as reasons to leave their positions. The relationship with their immediate supervisor recurred as a reason to leave, as a particularly difficult situation, and as an important area of support. This strong influence of the direct supervisor on job satisfaction is consistent with evidence seen in the area of staff nurse job satisfaction.

Paliadelis et al. (2007) interviewed 20 (48% response rate) nursing unit managers in New South Wales, Australia as part of their qualitative study on the
perceived support of working nurse managers. The nurse managers reported having very little assistance in transitioning from staff nurse to manager roles. They prepared themselves by reading books in their spare time, by trial and error, and by getting support and advice from more experienced nurse managers. The nurse managers reported poor relations and a lack of respect from the medical staff and from administration, as well as from non-nursing managers. Their greatest support came from other nurse managers and from staff nurse colleagues. The authors reported the limitation of this study was the small sample size, which prevented generalizing the results to other groups. The concept of nurses gaining support and value from relationships with other nurses from within and outside their own organizations is not a new one, but one worth keeping in mind as nurse executives think about the work environment of nurse managers.

Parsons et al. (2006) reported on a Healthy Workplace Initiative in a five-hospital system in Texas involving 61 nurse managers. The purpose of the initiative was to have the nurse managers describe the components of a healthy workplace. Three separate sessions were held to accommodate all 61 managers. Each group was charged with creating a mind map, or conceptual drawing, of the components of a healthy workplace. The mind maps were then compared, analyzed, and consolidated. The characteristics were then compared with the published characteristics of a healthy workplace from the American Association of Critical Care Nurses (AACN) and the Nursing Organizations Alliance (The Alliance) (Parsons et al., 2006). There was considerable overlap in all three documents. However, the nurse managers identified two areas they felt strongly about that were missing from The Alliance principles and the AACN standards. The nurse managers felt it was important to have a workable, safe, and
welcoming physical environment to work in and that effective and efficient business and management processes were in place. This speaks to the importance of the work environment that provides nurses with the resources to effectively do their job.

Mackoff and Triolo (2008a) approached the concept of nurse manager retention from a unique perspective when they interviewed 30 nurse managers from six well known hospitals across the US. The nurse managers had to have at least five years in their current role and were identified as being “outstanding” in their work by the CNO of their organization. The Nurse Manager Engagement Questionnaire (NMEQ), developed by David Cooperrider was provided to the nurses prior to the interview. The interview questions were piloted in a group interview by five nurse managers. The nurses were interviewed by the principal investigator on site at their respective hospitals in the six different cities. All of the interviews were tape-recorded. The tapes were transcribed and then analyzed for individual and organizational signature elements. Dominant themes were tallied and rank ordered by occurrence.

Two important ideas presented included the importance of the “nurse manager’s capacity to maintain the line of sight between their management work, patient care, and organizational mission” (Mackoff & Triolo, 2008a, p. 123) and the importance of distinguishing between the individual characteristics that are dispositional and those that are teachable. The five signature organizational elements identified by the nurse managers included a learning culture, a culture of regard, a culture of meaning, a culture of generativity, and a culture of excellence (Mackoff & Triolo, 2008b). These elements were termed “cultures of engagement.” Nurse executives can improve the quality of nurse manager performance by assisting in the development of the signature elements of
the engaged nurse manager that are teachable and by fostering the cultures of engagement in their organizations that will engage quality nurse managers in their work. The authors suggested further studies to establish a larger evidence base.

Shirey, Ebright, and McDaniel (2008) applied a qualitative descriptive design study with a convenience sample of five nurse managers working in a hospital system in the mid-western U.S. to better understand the situations that contribute to nurse manager stress in the nurse manager role and the decision making process used by nurse managers in those stressful situations. All five of the nurse managers specifically reported or alluded to unrealistic expectations of the role. Stress resulted from the “perceived demands of the role exceeding resources” (Shirey et al., p. 128). The authors suggested further study to understand and effectively support and configure the nurse manager role.

Shirey et al. (2010) used a purposive sample of 21 nurse managers from three U.S. acute care hospitals in their descriptive study to provide a qualitative description of causes of work related stress in the role of nurse manager, coping mechanisms used, and health related outcomes experienced by working nurse managers. One 528-bed magnet-aspiring hospital and two 170-bed non-magnet aspiring hospitals were used to enhance the sample size and provide more than a single organizational context.

Three main themes were reported as general situations that are sources of stress for nurse managers (Shirey et al., 2010). They included people and resources; tasks and work volume; and performance outcomes expectations. The daily staffing and trying to keep enough staff on duty to care for the patients was reported as hugely stressful for nurse managers. The nurse managers claimed they could work 12 hours a day and still be
behind in their work. Nurse managers described the expectations that turnover and job vacancy rates must be improved or the manager would suffer negative consequences.

Sixty-seven percent of the managers reported negative psychological outcomes such as feeling overwhelmed or having a heightened sense of awareness associated with frequent exposure to stressful events (Shirey et al., 2010). The most common negative physical outcome reported (52%) was sleep pattern disturbance. The more experienced nurse managers reported less negative stress related outcomes than less experienced managers.

Focusing on the positive, having support from others, completing and achieving targets, and incorporating quality downtime were identified by the nurse managers as factors that decreased job related stress (Shirey et al., 2010). Two of the 21 participants in the study were employed in a co-manager model where the two of them co-managed three patient care units. They reported less stress-related negative outcomes than the rest of the group. While the authors recognized the limitations of this small sample size, they recommended consideration for the co-manager model as one strategy to manage the workload and reduce the frequency and negative outcomes related to stress in the nurse manager role.

Transitional Statements

Increased structural empowerment has been shown to have a significant positive direct effect on job satisfaction in staff nurses and in nurse managers. Studies, both within and outside of the U.S., involving nurse managers demonstrated job satisfaction was a predictor of intent to stay; increased empowerment had a positive
influence on job satisfaction; and managers reported a lack of organizational support contributed to their leaving or desire to leave their positions. Other studies shed light on the importance of a work environment that provides nurse managers with the resources to effectively do their job.

Given the international scope of the studies presented in this literature review, nurse manager job satisfaction and/or retention are global nursing concerns. However, the studies completed with U.S. nurse managers are relatively limited and more study is indicated. This study provides insight on the perceptions of U.S. nurse managers, in the state of California, about their overall job satisfaction, their structural empowerment levels, and their intent to stay in their nurse manager position. Chapter 3 presents the methodology used for the study.
CHAPTER III

RESULTS AND DISCUSSION

The research design and methods used will be described in this chapter. The sample population, survey instrument, data collection procedure, ethical considerations, data analysis and statistical procedures, and the reliability and validity of the survey instrument will all be discussed.

Research Design

This descriptive, correlational study measured the variables of structural empowerment, overall job satisfaction, and intent to stay in the position for nurse managers in California. The sample population, survey instrument, data collection procedure, ethical considerations, data analysis and statistical procedures, as well as the reliability and validity of the survey instrument are described in detail in this chapter.

Population/Sample

The target population for this study was middle level nurse managers of inpatient units (excluding emergency departments, observation units, operating rooms, post anesthesia care units and rehabilitation units) in acute care hospitals of between 100 and 300 licensed beds in the state of California. The California Office of Statewide Health Planning Department (OSHPD) website was used to obtain a list of general acute care hospitals in California. Hospitals having between 100 to 300 licensed beds were
isolated. Every third hospital from that list, beginning with a randomly chosen number, was selected until 70 hospitals were identified for the study. Contacts, via email or telephone call, were made to these 70 hospitals in attempt to get the email addresses for the nurse managers of the eligible inpatient units. Two of the 70 hospitals, listed on the OSHPD list as general acute care hospitals, were specialty hospitals and were removed from the list.

This method of systematic random sampling was utilized to reduce the number of eligible hospitals to a more manageable number for the researcher to contact. The probability sampling method was selected to reduce the sampling error and increase the validity of the study.

The accessible population was nurse managers of inpatient units in the selected hospitals, whose email address was obtained by the researcher. The email addresses were obtained through a variety of methods including 1) pre-existing nurse manager contacts of the researcher from the selected hospitals; 2) searching the internet for information about the selected hospitals to gain contact information; 3) using the Hospital Phone Book (U.S. Directory, 2009) to get the telephone numbers of the hospitals; 4) phoning the hospitals to speak with nurse managers and/or others to explain the study and request email addresses; 5) use of three research assistants; and 6) sending letters of request to hospitals when asked to do so. The researcher had greater success in getting email addresses than any of the three assistants. On average, it took the researcher five phone calls to each hospital to get an average of three email addresses. Reaching Voice Mail was common and a small percent of the nurse managers returned the phone call. Greater success was achieved if the nurse manager was reached on the phone. Very
few (less than five) nurse managers refused to give their email address following a personal explanation of the study. The email addresses of 170 nurse managers from the selected hospitals were obtained.

The accessible population was invited to participate in the study through an email message from the researcher introducing the study and containing a link to the on-line survey. Twenty-two of the messages were “undeliverable” leaving a final sample size of 148 accessible nurse managers for the study. Of those, 51 (N=51) nurse managers accessed and completed the on-line survey for a response rate of slightly over 34%.

The 170 email addresses obtained were less than the 204 to 340 estimated to be obtainable by the researcher. It was much more time consuming than anticipated and three or less nurse manager email addresses per hospital were much more commonly obtained than the greater number that had been expected.

The demographic data gathered included age, gender, highest level of nursing education, number of years in nursing management, and number of years in this management position. These demographic data are commonly collected in studies of nurse managers and were used to evaluate if the accessible population was representative of the target population. In addition, the managers were asked if the nurses at their hospital were represented by a union.

Survey Instrument

Data for this study were collected using an on-line survey via the internet survey company SurveyMonkey.com. There are five major categories to the 29-item survey instrument (Appendix A). The first category is the introductory page that
introduces the survey, explains eligibility criteria and contains the informed consent. The second category includes the demographic data section and comprises six questions on age, gender, highest level of nursing education, number of years of nursing management experience, number of years in this management position, and whether or not the nurses at their hospital are represented by a union. The third category is question number seven, which asks the participant to rate their overall job satisfaction on a 5-point rating scale from very dissatisfied to very satisfied. The fourth category is question number eight, which asks the participant to identify their intention for staying in the position on a 5-point scale from less than one year to more than 10 years. The final category is the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II), which includes 19 items that measure the components of structural empowerment described by Kanter (opportunity, information, support, resources, formal power, and informal power), and a two item global empowerment scale that is used for construct validation purposes (UWO, 2009) and includes questions 9-29.

The CWEQ-II has demonstrated Chronbach’s alpha reliability results ranging from 0.78 to 0.94 in 20 studies (UWO, 2009). “A two-item global empowerment scale correlated positively with the CWEQ-II ($r=0.56$), supporting the construct validity of this instrument” (Laschinger, et al., 2007, p.225). The two items are 1) Overall, my current work environment empowers me to accomplish my work in an effective manner; and 2) Overall, I consider my workplace to be an empowering environment. Chronbach’s alpha coefficient measurement was calculated for each of the components of Structural Empowerment and the Total Empowerment score.
Data Collection Procedure

Email addresses of nurse managers, from the randomly selected hospitals on the OSPD list, were obtained through personal contacts of the researcher, telephone inquiries to the hospitals, and/or via the internet as available. An email message (Appendix B) was distributed to the nurse managers of the selected hospitals utilizing the “blind cc” method to prevent mass distribution of email addresses. This message briefly explained the study, stated the inclusion and exclusion criteria and thanked the nurse managers for considering participation in the study. It also explained that the informed consent was incorporated into the introductory page of the online survey and stated that completion of the survey would serve as evidence of consent to participate in the study. The survey was left open for a period of four weeks. A follow-up email message was sent to the nurse managers, thanking those that had participated and reminding those that have not yet done so, at the end of the second full week of the survey. This follow-up message also told the nurse managers the researcher would send them an Executive Summary of the findings if they were interested and provided their email address to the researcher with a request for results. The survey was closed after the period of four weeks and the data were downloaded to the researcher’s computer.

Ethical Considerations

Permission was obtained from the Human Subjects in Research Committee (HSRC), at California State University, Chico (Appendix C). This study qualified for an exemption from review by the full HSRC board based on exemption category number two. Exemption category number two includes survey procedures when subjects cannot
be identified and the study does not put them at risk of liability or damage to their job or reputation (California State University, Chico, 2009). No individual or organizational identifying information was collected so nurse manager and organizational privacy was protected. All data viewed by the researcher was anonymous in nature and was analyzed and reported in the aggregate. The nurse managers’ employing organizations did not know which nurse managers participated in the survey.

It was not anticipated that participation in this study would pose any risks to the participants. It was estimated that the survey would take the nurse manager from 4 to 7 minutes to complete. The benefits of participation were identified by the researcher as contributions to information about the nurse manager work environment and/or nurse manager workforce that have the potential to inform hospital leaders if adjustments are indicated to ensure a strong group of nurse managers for the future.

The informed consent information was incorporated into the first page of the online survey and clearly stated that participation in the survey was voluntary, their manager would not know if they participated in the survey, and that continuing on to the survey questions would serve as evidence of the nurse manager’s consent to participate in the study. The researcher’s name and telephone number was provided to the nurse managers so they could contact the researcher if they had questions about the study or how the information is to be used.

The collected data has been stored on the researcher’s password protected computer. The data were copied to an external memory device and will be stored in a locked file for a period of 5 years. After 5 years, the data on the researcher’s computer and the external memory device will be destroyed.
Data Analysis and Statistical Procedures

The data from the on-line survey, via SurveyMonkey.com, was downloaded to an excel spreadsheet by the researcher in consultation with CSUC Professor and statistician, Nancy Carter, who provided oversight to the researcher in data analysis. Professor Carter reviewed the SurveyMonkey.com website with the researcher and concurred with this method of data collection. Missing data points were identified and analyzed with Professor Carter’s assistance and the decision was made to use all responses, as the results varied very little when those with incomplete surveys were removed. None of the demographic data elements were unanswered. The overall job satisfaction question and the intent to stay question were answered by all respondents.

The 19 questions comprising the CWEQII were scored using the CWEQ-II User Guide, provided when permission was granted to use the CWEQ-II questionnaire via email correspondence with Professor Heather Laschinger (Appendix D). These calculations resulted in scores ranging from 1-5 in each of the 6 components of structural empowerment described by Kanter (opportunity, information, support, resources, formal power, and informal power). These six scores were then added to provide the total empowerment score with the potential range from 6-30. The two global empowerment questions were added together and averaged to provide the global empowerment score, with the potential range of 1-5, which is used to correlate with the total empowerment score as evidence of construct validity.

Seven respondents failed to answer one or more of the questions used to calculate one of the six components of structural empowerment. In those instances, the two scores for the component were added and averaged instead of the usual three scores.
One individual left one of the two global empowerment scale questions blank. That one score served as their score, rather than the two scores that were summed and averaged for the other respondents. The data were analyzed both by leaving this respondent in the sample and by removing this respondent from the sample.

A description of the sample was created using frequency data (mean, median, mode, range, standard deviation and skewness) from the demographic information collected. This information was compared with descriptive information available from other studies of nurse managers.

Exploratory data analysis was completed by the researcher using both Microsoft Office Excel and Minitab 16 Statistical Software with guidance from Dr. Nancy Carter. The mean, median, and mode were calculated for each of the demographic data and for each of the variables. The distribution of each data element was reviewed to determine if the data were skewed or normally distributed. Histograms were utilized to provide a visual representation of distribution with an overlay of a normal curve. Boxplot graphs were used to identify outliers. Outliers were studied and their impact on study results analyzed.

Confirmatory analysis consisting of calculation of the Pearson product moment correlation coefficient was used to test the hypotheses presented: 1) higher structural empowerment scores will correlate with increased job satisfaction and greater intent to stay in the position and 2) increased job satisfaction will correlate with greater intent to stay in the position. It was necessary to separate hypothesis #1 into two segments: a) higher structural empowerment scores will correlate with increased job satisfaction and b) higher structural empowerment scores will correlate with greater
intent to stay in the position. A 95% confidence level was selected prior to the analysis to interpret the results of the Pearson product moment correlation test. The analysis was completed in the Ministat 16 Statistical software program with the guidance of Professor Carter.

The six demographic variables were also tested for correlation with the total empowerment score, overall job satisfaction, and intent to stay in the position to see what effect, if any they had on the variables. Each of the analyses were performed on the responses of all 51 respondents as well as with the responses from 50 respondents, with the responses of the one outlier on total empowerment removed. Each of these results were compared and contrasted by the researcher.

Reliability/Validity

Reliability of the CWEQ-II instrument has been previously established in multiple studies (UWO, 2009). Evidence of construct and face validity was provided via a pilot study that was conducted with ten experienced nurses who had served in nurse manager roles. They were asked to read the email message to the nurse managers for tone, content, and clarity. They were asked to track the time it took them to open the survey, read the introductory page containing the consent, and complete the survey. They were asked if the questions on the survey were understandable. The feedback on the email messages to the nurse managers was used to refine the email messages and adjust the stated estimated time for completion of the survey. Feedback on the survey questions that were not a part of the CWEQ-II were evaluated for their potential benefit of
improving the survey. The CWEQ-II survey questions were not altered so they could be compared with the CWEQ-II studies that have been previously reported.

Further evidence of construct validity was evaluated by comparing the Global Empowerment Score, which was calculated by summing and averaging the two scores on the two global empowerment items in the survey to the overall empowerment score on the CWEQ-II. In addition, the level of empowerment for nurse managers was compared and/or contrasted with empowerment scores obtained from other groups of nurses in previous studies using the CWEQ-II.

Transitional Statements

This descriptive correlational study explored the correlations among the variables of structural empowerment, overall job satisfaction, and intent to stay in the position of middle level nurse managers. The study consisted of a survey distributed to every third hospital, beginning at a randomly selected number, from the list of general acute care hospitals of California with 100 to 300 licensed beds. The distribution was accomplished through an email message from the researcher to the nurse managers containing the link to the on-line survey. The CWEQ-II instrument was used to measure structural empowerment, a single five-point question measured overall job satisfaction and a single five-point question measured intent to stay in the position. Descriptive statistics were used to describe the demographics of the sample. A confirmatory analysis was performed to test the three hypotheses that were developed. Potential relationships between the variables and the demographic characteristics were analyzed. Chapter 4 presents the results of the survey.
CHAPTER IV

RESULTS

Demographic information for the group of nurse managers responding to the survey are included in this chapter as well as the survey results for each of the three study variables (overall job satisfaction, intent to stay in the position, and structural empowerment scores). Results of testing of each of the three hypotheses are presented and secondary findings are included.

Demographics

The 51 nurse managers of California acute care hospitals (100-300 licensed beds), who responded to the survey, were predominately between the ages of 51-60 years old. Most of the nurse managers were female. The bulk of the managers indicated that the nurses at their hospital were represented by a union. A majority of the nurse managers were educationally prepared at the Masters level. The largest group of nurse managers reported having 6-10 years of nursing management experience. Seventy percent of the nurse managers reported working in their current position for 5 years or less. See Table 1 for demographic data.
<table>
<thead>
<tr>
<th>Category</th>
<th>Answer Options</th>
<th>Response %</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>&lt;30 years old</td>
<td>3.9%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>31-40 years old</td>
<td>11.8%</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>41-50 years old</td>
<td>29.4%</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>51-60 years old</td>
<td>47.1%</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>61 years old or older</td>
<td>7.8%</td>
<td>4</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>84.3%</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>15.7</td>
<td>8</td>
</tr>
<tr>
<td>Highest Nursing Education</td>
<td>Diploma</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Associate Degree</td>
<td>13.7%</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Bachelor’s Degree</td>
<td>37.3%</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Master’s Degree</td>
<td>47.1</td>
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</tr>
<tr>
<td></td>
<td>Doctorate Degree</td>
<td>2.0%</td>
<td>1</td>
</tr>
<tr>
<td>Years Nurse Mgt. Experience</td>
<td>One or less years</td>
<td>5.9%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2-5 years</td>
<td>19.6%</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>6-10 years</td>
<td>39.2%</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>11-20 years</td>
<td>23.5%</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>&gt;20 years</td>
<td>11.8%</td>
<td>6</td>
</tr>
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</table>
Table 1 (Continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Answer Options</th>
<th>Response %</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years this Position</td>
<td>One or Less years</td>
<td>31.4%</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>2-5 years</td>
<td>39.2</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>6-10 years</td>
<td>15.7%</td>
<td>8</td>
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<td></td>
<td>11-20 years</td>
<td>7.8%</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>&gt;20 years</td>
<td>5.9%</td>
<td>3</td>
</tr>
<tr>
<td>Nurses Represented by Union</td>
<td>Yes</td>
<td>80.4%</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>19.6%</td>
<td>10</td>
</tr>
</tbody>
</table>

Study Variables

Overall Job Satisfaction

Most of the nurse managers reported being *somewhat satisfied* (43%) or *very satisfied* (33%) with their job. Only 6% indicated they were *neither satisfied or dissatisfied*. The remaining 18% reported being either *very dissatisfied* (6%) or *somewhat dissatisfied* (12%). The mean and standard deviation values for the overall job satisfaction job satisfaction scale, the intent to stay in the position scale and the empowerment scales are listed in Table 2 along with the Cronbach’s alpha values for the calculated scores in the empowerment scales.

Intent to Stay in the Position

The scale for measuring the intent to stay in the position ranged from *I plan to stay for less than 1 year*, to *I plan to stay in the position for more than 10 years*. 
Table 2

*Mean Values and Standard Deviation (SD) of Empowerment, Overall Job Satisfaction, and Intent to Stay in the Position for Nurse Managers (n=51)*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Score Range</th>
<th>Mean</th>
<th>SD</th>
<th>Chronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Empowerment</td>
<td>6-3</td>
<td>22.23</td>
<td>4.16</td>
<td>.88</td>
</tr>
<tr>
<td>Opportunity</td>
<td>1-5</td>
<td>4.15</td>
<td>0.79</td>
<td>.80</td>
</tr>
<tr>
<td>Challenging work</td>
<td></td>
<td>4.27</td>
<td>0.94</td>
<td></td>
</tr>
<tr>
<td>Gain new skills</td>
<td></td>
<td>4.24</td>
<td>0.82</td>
<td></td>
</tr>
<tr>
<td>Tasks using own skills</td>
<td></td>
<td>3.92</td>
<td>1.04</td>
<td></td>
</tr>
<tr>
<td>Information</td>
<td>1-5</td>
<td>4.11</td>
<td>0.91</td>
<td>.90</td>
</tr>
<tr>
<td>Info about current state of org.</td>
<td></td>
<td>4.29</td>
<td>0.85</td>
<td></td>
</tr>
<tr>
<td>Info about values of management</td>
<td></td>
<td>4.0</td>
<td>1.11</td>
<td></td>
</tr>
<tr>
<td>Info about goals of org.</td>
<td></td>
<td>4.04</td>
<td>1.07</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>1-5</td>
<td>3.67</td>
<td>1.01</td>
<td>.94</td>
</tr>
<tr>
<td>Info about things you do well</td>
<td></td>
<td>3.69</td>
<td>1.05</td>
<td></td>
</tr>
<tr>
<td>Things you could improve</td>
<td></td>
<td>3.74</td>
<td>1.04</td>
<td></td>
</tr>
<tr>
<td>Helpful hints/advice</td>
<td></td>
<td>3.59</td>
<td>1.10</td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>1-5</td>
<td>2.88</td>
<td>0.87</td>
<td>.86</td>
</tr>
<tr>
<td>Time for paperwork</td>
<td></td>
<td>2.98</td>
<td>0.88</td>
<td></td>
</tr>
<tr>
<td>Time to do job requirements</td>
<td></td>
<td>3.20</td>
<td>0.96</td>
<td></td>
</tr>
<tr>
<td>Acquire temporary help</td>
<td></td>
<td>2.54</td>
<td>1.07</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 (Continued)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Score Range</th>
<th>Mean</th>
<th>SD</th>
<th>Chronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Power</td>
<td></td>
<td>3.49</td>
<td>0.90</td>
<td>.73</td>
</tr>
<tr>
<td>Rewards for innovation</td>
<td>1-5</td>
<td>3.0</td>
<td>0.99</td>
<td></td>
</tr>
<tr>
<td>Flexibility in job</td>
<td></td>
<td>3.61</td>
<td>1.22</td>
<td></td>
</tr>
<tr>
<td>Visibility of work related activities</td>
<td></td>
<td>3.87</td>
<td>0.94</td>
<td></td>
</tr>
<tr>
<td>Informal Power</td>
<td>1-5</td>
<td>3.93</td>
<td>0.74</td>
<td>.79</td>
</tr>
<tr>
<td>Collaborating with physicians</td>
<td></td>
<td>3.98</td>
<td>0.85</td>
<td></td>
</tr>
<tr>
<td>Being sought by peers</td>
<td></td>
<td>4.08</td>
<td>0.95</td>
<td></td>
</tr>
<tr>
<td>Being sought by administration</td>
<td></td>
<td>3.96</td>
<td>1.02</td>
<td></td>
</tr>
<tr>
<td>Collaborate with other professionals</td>
<td></td>
<td>3.69</td>
<td>1.01</td>
<td></td>
</tr>
<tr>
<td>Overall Job Satisfaction</td>
<td>1-5</td>
<td>3.86</td>
<td>1.18</td>
<td></td>
</tr>
<tr>
<td>Intent to Stay in Position</td>
<td>1-5</td>
<td>3.22</td>
<td>1.01</td>
<td></td>
</tr>
</tbody>
</table>

The largest number of the nurse managers indicated they planned to stay in the current position for the next 2-5 years (43%). Another 24% indicated they planned to stay for 5-10 years, while 12% indicated their intention of staying for more than 10 years. An additional 18% reported plans to stay for 1-2 years and only 4% indicated plans to stay less than one year.

**Structural Empowerment**

The total empowerment score was calculated by adding the means of each of the six empowerment subscales (opportunity, information, support, resources, formal
power, and informal power). The nurse managers had the highest score in the opportunity subscale (4.15), indicating higher empowerment in this area. Opportunity was closely followed by the information subscale (4.11), and then the informal power scale (3.93). The next highest mean on one of the six subscales was in the area of support (3.67), followed by formal power with a mean of 3.49. The lowest mean score for one of the six subscales was in the area of resources with a mean of 2.88. See Table 3 for a summary of the nurse managers’ perceptions of their access to the items measured on the empowerment subscales.

Cronbach’s alpha reliabilities across the 6 subscales of empowerment ranged from .73 to .94. The mean of nurse managers’ total empowerment scores was 22.23 out of a possible 30. The range of scores was from a low of 9.92 to a high of 28.67. The low score was an outlier depicted on the boxplot graph. The next lowest score was 13.25. The mean with the outlier removed was 22.48. The Skewness score drops from -0.69 to -0.41 with the outlier removed. Major study variables were calculated with and without the outlier. The outlier is included in the results reported in Table 2. Results of the hypotheses are reported with and without the outlier. All results reported include the outlier unless specifically stated otherwise.

The mean score for the global empowerment scale, which was calculated by summing and averaging the scores of the two global empowerment scale questions, was 3.67 with a standard deviation of 1.3. The scale range is 1-5, with higher scores indicating higher levels of perceived empowerment. The range for this study matched the scale range with the lowest score a 1 and the highest a 5. The mode was 4 (n=14). The data were negatively skewed (-.84). The global empowerment scale correlated strongly
### Table 3

**Summary of Nurse Managers’ Perceptions of Support and Resources in their Nurse Manager’s Position**

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A lot or a fair amount</td>
</tr>
<tr>
<td>Opportunity—tasks use all of your own sills and knowledge</td>
<td>84%</td>
</tr>
<tr>
<td>Information—current state of hospital</td>
<td>82%</td>
</tr>
<tr>
<td>Opportunity—challenging work</td>
<td>80%</td>
</tr>
<tr>
<td>Visibility—work related activities</td>
<td>67%</td>
</tr>
<tr>
<td>Support-information—things you could improve</td>
<td>66%</td>
</tr>
<tr>
<td>Opportunity—gain new skills/knowledge</td>
<td>65%</td>
</tr>
<tr>
<td>Information—values of top knowledge</td>
<td>65%</td>
</tr>
<tr>
<td>Support—information about things you do well</td>
<td>62%</td>
</tr>
<tr>
<td>Flexibility—on the job</td>
<td>59%</td>
</tr>
<tr>
<td>Support—helpful hints/problem solving advice</td>
<td>55%</td>
</tr>
<tr>
<td>Resources—time available to accomplish job requirements</td>
<td>43%</td>
</tr>
<tr>
<td>Rewards—for innovation</td>
<td>28%</td>
</tr>
<tr>
<td>Resources—time available to do necessary paperwork</td>
<td>27%</td>
</tr>
<tr>
<td>Resources—acquiring temporary help when needed</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Note.* Total does not equal 100% due to rounding.
with Total Empowerment Score ($r = .77, p < .001$) providing additional evidence of construct validity of the CWEQ-II.

Tests of Hypotheses

Confirmatory analysis consisting of calculation of the Pearson product moment correlation coefficient was used to test the three hypotheses. The first hypothesis, higher structural empowerment scores will correlate with increased job satisfaction was supported by analysis with $r = .34$ and $p = .014$. The second hypothesis, higher structural empowerment scores will correlate with greater intent to stay in the position was not supported at the 95% confidence level selected by this researcher ($r = .21$, $p = .14$) until the total empowerment outlier was removed from the study ($r = .28$, $p = .006$). The third hypothesis, increased job satisfaction will correlate with greater intent to stay in the position, was not supported by analysis ($r = .76$, $p = .597$), even with the empowerment outlier removed.

Secondary Findings

When the demographic data were analyzed for correlation with the major variables (overall job satisfaction, intent to stay in the position, and total empowerment), the only demographic variable that correlated, at the 95% confidence level, with one or more of the study variables was whether or not the nurses at the manager’s organization were represented by a union. There was a moderate linear relationship between higher total empowerment scores and no union representation of the nurses with a Pearson coefficient $r = .37$ and $p = .008$. Additionally, there was a statistically significant difference in the mean scores on overall job satisfaction in the nurse managers who had 5 years or
less of management experience (3.23) as compared to those who had 6 or more years of management experience (4.01) when tested with a One-way ANOVA test ($p=.02$).

The six component subscales of empowerment (opportunity, information, support, resources, formal power, and informal power) were tested with Pearson Coefficient Correlation to determine if any of the subscales had correlation with the variables of overall job satisfaction or intent to stay in the position. Overall job satisfaction correlated with formal power ($r=.49, p=.000$), support ($r=.37, p=.009$), and resources ($r=.29, p=.033$). Intent to stay in the position correlated with informal power ($r=.30, p=.031$) and opportunity demonstrated correlation but not at the 95% confidence level ($r=.25, p=.077$). Each of the above correlations was stronger when the total empowerment outlier was removed. Intent to stay in the position correlated with the opportunity subscale at the 95% confidence level with the outlier removed ($r=.36, p=.011$).

Transitional Statements

In summary, four research questions were answered. The nurse managers perceived a fair amount of empowerment in their work environment. The area of lowest perceived empowerment was access to resources and within that category the lowest score was for access to temporary help when needed. Most of the nurse managers were at least somewhat satisfied with their jobs; however, 18% indicated they were not satisfied. The majority of the managers (43%) indicated they planned to stay in the position for 2+ to 5 years; 22% for 2 or less years; and 35% intend to stay for more than 5 years.
The hypothesis that higher structural empowerment scores would correlate with higher job satisfaction was supported. The hypothesis that higher structural empowerment scores would correlate with greater intent to stay in the position was not supported until the one outlier in total empowerment scores was removed from the study. The hypothesis that greater overall job satisfaction would correlate with greater intent to stay was not supported.

Secondary findings included that a lack union representation of nurses at subject hospitals correlated with higher empowerment scores; that nurse managers with 6 or more years of management experience had higher overall job satisfaction; and that some of the empowerment subscales correlated with overall job satisfaction and intent to stay in the position. Chapter 5 provides a discussion of the findings and conclusions.
CHAPTER V

DISCUSSIONS AND CONCLUSIONS

This final chapter will provide a discussion of the findings with sections on the demographics, overall job satisfaction, intent to stay in the position, structural empowerment, the correlation of the study variables and the secondary findings. It will also discuss the limitations of the study, implications for practice, implications for research, and implications for education. It will conclude with the summary/conclusions and recommendations.

Discussion

Demographics

The demographics of the nurse managers in this study are fairly consistent with data published about U.S. nurse managers in terms of age, gender, and years of nursing management experience. There were, however, differences in the highest level of nursing education, the number of years in this position and the number of the nurse managers who reported the nurses at their facility being represented by a union.

The age of this study population was slightly older than reported for nurse managers in the 2008 National Sample Survey of Registered Nurses (NSSRN) (Health Resources and Services Administration [HRSA] and Bureau of Health Professions [BHPr]). This study revealed 16% of the nurse managers were 40 years old or younger,
as did the 2008 NSSRN; however, in this sample, 55% were fifty years old or older as compared to 52% in the NSSRN 2008. This may reflect the general aging of the nursing workforce that has been reported over recent years. For example, the average age of the working nurse in California rose from slightly less than 43 years old to slightly over 47 years old between 1991 and 2008 (California Board of Registered Nursing [BRN] & University of California, San Francisco [UCSF] School of Nursing, 2008).

Males made up 16% of this study sample as compared to the 9% reported for nurse managers in the NSSRN 2008 study. While nursing remains a predominately female occupation, the number of males entering nursing has been increasing and 14.4% of the working nurses in California were males according to the 2008 survey of California Registered Nurses (California BRN & UCSF School of Nursing, 2008). The higher percentage of males in this study population may reflect the increasing number of males in nursing in recent years, a higher percentage of males in nursing in California as compared to the rest of the nation, a higher percentage of working male nurses in management positions, a combination of the aforementioned, or simply that this is a small sample and cannot be generalized to other populations.

The percent of the nurse managers that had a Masters Degree (47) or Doctorate (2) is greater than other studies of nurse managers reviewed by this researcher. Parsons et al. (2006) reported 19% of the 61 nurse managers had graduate level education; Judkins et al. (2006) reported 42% of the 12 nurse managers had their MSN; and Shirey et al. (2010) reported 19% of 21 nurse managers with a MSN. Admittedly, these are all small samples. The large studies of Canadian nurse managers reported between 30 and 40% of the managers prepared at the Masters level or above (Laschinger
et al., 2007, Laschinger et al., 2006, and Patrick & Laschinger, 2006). It seems imprudent to make any generalizations about the education level of the nurse managers due to the time lapse since several of the studies and the small sample size for all of the U.S. studies.

The number of years of nursing management experience reported is fairly consistent with ranges reported elsewhere, with this study group having the bulk of respondents reporting between 6-10 years of experience (39%) and 11-20 years of experience (23%) compared to Judkins et al. (2006) who reported 67% had 8 or more years of management experience and the Canadian studies reported means of 10 years (Laschinger et al. 2006) and 14 years (Patrick & Laschinger, 2006). It is difficult to generalize in this area because the reporting age ranges are different in each of the studies.

Seventy percent of the nurse managers in this study had been in this nursing position for five or less years. This is lower tenure in the position than reported in other studies. Judkins et al. (2006) reported 33 % of the managers being in the position for seven years or less and the Canadian studies of nurse managers reported means of five or more years (Laschinger et al., 2007; Laschinger et al., 2006; & Patrick and Laschinger, 2006). According to the NNSRN 2008 (HRSA & BHP, 2008) study, 80% of the nurse managers were in the same position at the same hospital as they had been the year prior; which compares to 69% in this study. This would indicate that nurse managers in this study group may be experiencing higher turnover rates than other groups of nurse managers.
Turnover in nurse managers can be costly for an organization in several ways. There is the financial cost of recruiting, interviewing, selecting, and orienting a new manager. There are potential costs of not having a leader/manager on the unit during the transition from one manager to another, which could manifest itself in many ways; such as a lack of monitoring of overtime hours, a lack of leadership to carry issues forward to senior management, etc. Turnover of the unit leader is likely to result in a loss of momentum on organizational initiatives that were in progress at the time of turnover. The uncertainty of who the new leader will be and what they will be like may result in reduced productivity on the part of unit staff as they speculate on how this change might affect their work environment. Additional time will be spent by senior leaders within the organization as they explain organizational processes and procedures to the new manager that are outside the realm of a new manager orientation program.

Multiple factors could be contributing to a higher turnover rate in this sample of nurse managers; some of them having nothing to do with job satisfaction. For example, retirement, relocation due to a spouse’s employment, promotion to a new position within the organization, illness or injury, and a decision to further one’s education are all reasons one might leave their position even though they had been satisfied with the job. Considering that almost 55% of this group of nurse managers was over 50 years old, it seems reasonable that many of them would be looking towards a retirement date in the not so distant future. Age may also be a contributing factor for wanting to change to a position that requires less working hours than the nurse manager role. There are also reasons to leave a job if the job demands are perceived as unrealistic and the manager does not feel successful in their role. Nurse managers are expected to staff the unit,
maintain staff satisfaction, ensure quality and safety in the care provided, and live within
the budget. They likely have to explain and are held accountable for staff turnover,
patient care errors, patient/family complaints about care, and budget overruns. The
minimum staffing ratios mandated in California may result in extra pressures on the nurse
manager as they try to accommodate a fluctuating patient census. In this researcher’s
experience, the nurse manager may be expected to pick up the slack in terms of direct
patient care during times of staffing need. Yet, there may be no one to pick up the slack
in terms of the nurse manager’s workload that still needs to be completed when the
staffing crisis has been averted.

The largest contrast to the national data is the percentage of managers who
work where nurses are represented by a union. Eighty percent of the nurse managers in
this study reported their nurses being represented by a union as compared to the 19%
reported in the NSSRN 2008 study and the 16% reported by Jones, et al. (2008) in the
study of CNOs. California has higher unionization than most other states (Marquis &
Huston, 2012). The RNs at close to 56% of California general acute care hospitals with
100-300 licensed and staffed beds were represented by a union in 2007-2008 (Spetz,
Seago, Keane, Herrera, & Ash, 2010). It is probable that the rate of unionization among
this size of California hospitals has increased since 2008.

The high rate of unionization in this study sample is significant in at least a
couple ways. It may limit the generalization of the results of this study to other areas with
similar unionization rates. It is also significant due to the finding that no union
representation of the nurses correlated to higher empowerment scores in the managers
and higher empowerment scores correlated to higher job satisfaction in the managers.
This may indicate that special consideration is needed to assist nurse managers in their role in a unionized environment.

**Overall Job Satisfaction**

While most of the nurse managers reported being at least somewhat satisfied with their job, there were still 18% who indicated some level of dissatisfaction. Nurse manager job satisfaction rates were not found in the literature to provide a comparison with this study group; however job satisfaction rates for CNOs and staff nurses are available. The 18% of this group that indicated some level of dissatisfaction, is higher than the 15% of CNOs who reported some level of job dissatisfaction, on a similar scale, in the CNO study (Jones, et al., 2008). The nurse managers’ mean for job satisfaction on a 1-5pt. scale was 3.86 in this study. That compares to a mean of 4.17 reported by the California Board of Registered Nursing [BRN] (2008) in their survey of RNs. It is somewhat surprising to this researcher that the job satisfaction of nurse managers would be lower than that reported for staff nurses, considering the increased autonomy and flexibility that managers generally have in their role. The comparisons of the job satisfaction of this group of nurse managers to the CNOs and/or the staff nurses may or may not be relevant.

Job satisfaction of the nurse manager is important, not only because it can contribute to the manager staying in their position, but also because of the ways it can spill over into the staff performance. Managers can motivate staff by displaying a positive attitude and being enthusiastic in their work (Marquis & Huston, 2012). It would be difficult for the manager who is unsatisfied with their job to maintain a positive attitude and remain enthusiastic about work.
Intent to Stay in the Position

Roughly, a third of the nurse managers recorded their intent to stay in the current position for more than five years. This seems low considering that 31% of the nurse managers were new in their position within the past year. If two-thirds of the nurse managers turn over every five years, it would seem difficult for an organization to gain the kind of momentum that is needed at the unit level to make positive change. There is always a learning curve when one adopts a new position. This learning curve is likely to be much steeper for the new nurse manager as compared to an experienced one; but even the experienced nurse manager has things to learn about the role in a new organization.

Structural Empowerment

According to the workplace empowerment theory, presented by Kanter (1993) and expanded upon by Laschinger (2004), the way a job is structured can significantly affect the ability of the individual to be effective in the job and is connected to improved job satisfaction. Nurse managers need a work environment that is structured to provide them with the tools to effectively carry out this important role.

The responses of this study group of nurse managers to the questions on the CWEQ-II reveal that the managers feel they have a fairly empowered work environment. They feel very empowered in several areas but less so in a few areas. See Table 4 for a summary of the areas where nurse managers reported satisfaction with their level of structural empowerment and those where they perceived less than desired.

The nurse managers reported a higher overall empowerment score (mean of 22.32) than has been reported in previous studies of nurse managers (Laschinger, 2004; Patrick & Laschinger, 2006). This may be due to the very few studies measuring
Table 4

*Nurse Managers’ Perceptions of Level of Support in their Position*

<table>
<thead>
<tr>
<th></th>
<th>Less than Desired</th>
<th>Satisfied with Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opportunity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. tasks that use all of their own skills and knowledge</td>
<td>a. acquiring temporary help when needed</td>
<td></td>
</tr>
<tr>
<td>b. challenging work</td>
<td>b. time available to do necessary paperwork</td>
<td></td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. on the current state of hospital</td>
<td>c. time available to accomplish job requirements</td>
<td></td>
</tr>
<tr>
<td>b. on the goals of top management</td>
<td><strong>Rewards for innovation</strong></td>
<td></td>
</tr>
<tr>
<td>c. on the values of top management</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. information on things you could improve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. information about things you do well</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visibility in work related activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Flexibility on the job</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Structural empowerment in U.S. nurse managers. It may also indicate that structural empowerment has been increasing in recent years as the role of nursing has evolved. It is unclear how structural empowerment might be different in the Canadian hospitals where more studies of structural empowerment in nurse managers have been completed.
Laschinger et al. (2004) reported a mean structural empowerment score of 20.03 for first-line managers and 21.06 for middle managers. Patrick and Laschinger (2006) reported a mean of 21.05 and described it as a moderate level in a study of middle managers. In more than 20 studies of staff nurses, reported by Laschinger (2011), the highest mean for total empowerment was 20.21 and the lowest was 17.10. It is typical for frontline nurse managers to report higher empowerment than staff nurses and for middle managers to report higher empowerment than frontline managers (Laschinger, 2011).

There is insufficient information available to know how total empowerment scores for staff nurses or for nurse managers from the U.S. compare with those of the Canadian staff nurses and nurse managers, where more studies have been completed using the CWEQII.

The nurse managers in this study recognized their position provides significant visibility within the organization. This may have contributed to their perception that what they do is meaningful work. The nurse managers also reported a fair amount of flexibility in their job. This is consistent with their perceptions of not receiving a lot of advice on problem solving and ample opportunity to use all their skills and talents. It may also reflect the flexibility that a salaried position has on work schedules. These components add to the manager’s perception of empowerment to do their job effectively.

The most significant opportunity for improvement revealed by the data is in the area of access to resources, especially in the area of the availability of temporary help when needed. An overwhelming majority (82%) of the nurse managers indicated that only “some, a little, or no” access to temporary help when needed. The subscale for resources also had the lowest score of any of the structural empowerment subscales in the
studies of Canadian nurse managers (Laschinger et al., 2004; Patrick et al., 2007). Shirey et al. (2008) reported nurse managers identifying stress related to having too few resources to accomplish their work and specifically described daily staffing issues as particularly stressful.

The implications of not having access to temporary help when needed may be significant for nurse managers. The question about access to temporary help when needed did not specify if the temporary help was needed to provide patient care or if it was to assist the manager with non-patient care work. The two different scenarios might have different implications. If there are too few nurses available to meet the minimum staffing ratios, in California, the manager is faced with a variety of options; each presenting their own challenges. The manager may be expected to provide direct patient care, resulting in even less time for the nurse manager to do the job requirements they indicate they are already struggling with. This may make the manager less available to do problem solving with staff and planning for future shifts. The manager may have to refuse new admissions to the unit due to limited staffing; possibly resulting in unhappy patients/families and perhaps hospital administration. The manager may convince staff to work extra, even though they really do not want to; which could result in strained relationships. Overtime hours worked by staff to accommodate an increased census may result in budgetary overruns, which the manager likely has to explain. Any of these scenarios have the potential to increase nurse manager stress and contribute towards nurse manager burnout. Nurse manager stress and burnout can contribute to negative organizational outcomes (Marquis & Huston, 2012).
The nurse managers also identified a lack of time to complete their work. This may be exacerbated by the situation of a lack of temporary help when needed. Only 27% indicated they had ample time to complete their paper work. Perhaps that would not be an issue if they had adequate temporary help when needed.

The other significant opportunity for improvement in the work environment identified through the CWEQ-II in this study group of nurse managers was in the area of rewards for innovation on the job. The majority (72%) felt there were only some, a little, or no rewards for innovation on the job. Only 6% indicated there were a lot of rewards for innovation. Yet, innovation seems necessary if we are to create the kind of transformational change that has been suggested for nursing by Page (2004) and the IOM (2010).

Correlation of Study Variables

The positive correlation of structural empowerment with overall job satisfaction in this study adds further support for the work empowerment theory developed by Kanter (1993) and expanded by Laschinger (2004). It is consistent with findings in studies reported by Patrick and Laschinger (2006), Laschinger et al. (2007), Laschinger (2008), and Vacharakiat (2008).

Structural empowerment however, did not correlate with greater intent to stay in this study until the one outlier on the total empowerment score was removed. Vacharakiat (2008) reported that while structural empowerment was a significant predictor for job satisfaction, there was no relationship demonstrated between structural empowerment and intent to stay in the position. Intent to stay in the position was not measured in the other studies that measured structural empowerment in nurse managers.
Overall job satisfaction did not correlate to greater intent to stay in the position, even when the total empowerment outlier was removed from the study. While this is consistent with Vacharakiat’s (2008) findings, it was in contrast to Way et al., (2007) who reported that job satisfaction was a strong predictor for intent to stay. Perhaps this is because there are so many different reasons to change positions; such as retirement, promotion, etc. Considering the age of this group of nurse managers, it would seem reasonable that many of them are looking towards retirement in the near future. Or perhaps, nurse managers enjoy their work but find it so demanding that they seek positions which they believe will require less work and/or hours.

**Secondary Findings**

The secondary finding that nurse managers working at hospitals where nurses are not represented by a union, had higher structural empowerment scores may not be surprising. It could reflect that managing in a union environment adds a layer of bureaucracy that results in the nurse manager feeling less empowered. For example, a nurse manager may want to implement some type of new program suggested by the staff on the unit, but be unable to do so without getting prior approval from the representing union. Greater focus on teaching the nurse managers to work with the unions to garner their teamwork in working towards organizational goals may be indicated (Marquis & Huston, 2012).

The finding that the nurse managers with six or more years of management experience reported higher job satisfaction than those that had less experience may be indicative that more experienced nurse managers have the expertise to handle the job demands of the role more effectively and/or comfortably than those with less experience.
This may indicate the need for additional support for newer nurse managers. It could also indicate that newer managers have different expectations of the nurse manager role than more seasoned counterparts. It makes sense than someone who has worked in a management role would be more knowledgeable about what the role will entail than someone who is new at it. It is also reasonable that the job feels easier to someone who is experienced in the role versus someone who is not. This is consistent with the novice to expert concepts presented by Benner (1984).

The individual components of the work empowerment scale that significantly correlated with overall job satisfaction were formal power, support, and resources. The components of formal power include flexibility and visibility of the job along with rewards for innovation. Support structures include information on what you do well, what you could improve in, and help in problem solving. Resources include time to do paperwork, time to accomplish the job requirements, and access to temporary help when needed. It is understandable that the above components, if available in ample amounts, could enhance the work environment of nurse managers and result in overall job satisfaction.

The only structural empowerment subscale that significantly correlated with intent to stay in the position measured informal power. This subscale included the questions on collaborating with physicians, other members of the interdisciplinary team, peers, and managers. Relationships with others may be as important a factor to nurse managers as has been reported for staff nurses in terms of intent to stay in the position.
Limitations of the Study

There was no way to control for duplicate responses from the same individual in this anonymous on-line survey format. However, there was no evidence to indicate this was an issue (e.g. more responses than anticipated, a group of extremely high or extremely low scores, or many identical scores on all items).

The small sample size of this study limits its generizability. The process of making cold calls to hospitals in attempt to get the email addresses of nurse managers was very time consuming and limited the potential sample size. The study could reach many more nurse managers if distributed via state hospital associations, who have email access to CNOs at all their member organizations. The CNOs could then forward the survey to all the nurse managers that meet the eligibility criteria at their organization. An endorsement to complete the survey from the CNO would likely increase the percentage of nurse managers that would take the time to complete the survey. The California Hospital Association was approached with the request to distribute the survey in this manner but the Board of Directors did not see the value for the hospital members to participate and declined the request.

This study looked at nurse managers in acute care hospitals of between 100 and 300 beds. The work environment for nurse managers who work in these facilities might be quite different from those who work in larger hospitals, teaching hospitals, specialty hospitals, and small rural hospitals, limiting the generizability of the results. The high representation of nurses by unions in this study may limit the generalizability of the results to hospitals where the nurses are represented by a union. It is unknown how the increased percentage of males, the slightly older age range, and the increased
percentage of graduate education of this study population might limit generalizability of the data to other areas.

It is possible that the nurse managers with higher structural empowerment in their position may have been more likely to have and/or take the time to complete the survey. The researcher teaches nursing leadership and interfaces with nurse managers from a few of the hospitals that were on the selected list. It is possible that the nurse managers who know the researcher were more likely than others to complete the survey. Ways that their responses might be different from others is unknown.

Implications for Practice

CNOs should assess the work environment and overall job satisfaction of nurse managers in their organization. Examining the nurse manager turnover rate as well as their own satisfaction with nurse manager overall job performance could be beneficial. CNOs cannot be successful if the nurse managers within their organization are constantly turning over, are dissatisfied with their jobs, or are performing poorly. All three of the aforementioned contribute to negative organizational outcomes. CNO job success is dependent on effective nurse managers. Correction of problems in the nurse manager work environment can result in improved organizational performance in areas such as staff satisfaction and retention, patient satisfaction, quality care, and financial operations. These can translate to CNO success. Considering whether problems in nurse manager turnover or perceived poor job performance could be more reflective of the structural environment than the individual nurse managers’ talents would be appropriate. If the job is not structured in a manner that provides adequate resources to do the job, the turnover
and/or dissatisfaction will continue. The nurse manager role is too vital in hospital operations to let it be diminished through poor structure and/or a lack of support.

It is especially important to develop a strategy for providing temporary help when needed, if an effective plan is not currently in place. A variety of methods for providing temporary help have been utilized by healthcare organizations. Some include establishing a voluntary float pool, cross-training between similar units, having agreements with temporary staffing agencies, offering cash bonuses for staff who work extra hours on short notice, establishing an internal registry for hospital employees who are willing to work extra, and flexible budgeting that realistically adjusts to increases in census and/or unforeseen staffing gaps. No one solution is right for every organization.

A CNO led and/or sanctioned quality improvement team of nurse managers and staff nurses to study this issue and develop recommendations for a comprehensive plan to address the issue of temporary help when needed could prove beneficial in several ways. It could have a positive impact on manager and staff morale as they see senior management recognizing the importance of the issue. They could feel empowered because they have been asked to help solve the problem. The initiative is likely to have increased success because the managers and staff nurses have helped create the solution to the problem. Performing a literature search on ways that other organizations have met this challenge would be a good starting point.

The CNO may need to provide education to other members of the senior management team about the complexities of patient care staffing and the need for access to temporary nursing help that may be outside the control of the nurse manager. It may be important that the CNO make the business case for providing adequate resources for
nurse managers to prevent costly turnover in the same manner that made hospitals realize staff nurse turnover was having a detrimental effect on financial operations and an unreasonable workload was contributing to the turnover.

Exploring ways to reward the nurse managers for innovation would likely be welcomed by the managers and reap benefits for the organization. An organizational celebration following successful completion of an initiative to design a method for handling temporary staffing needs, such as described above, is an example of providing a reward for innovation. Not all rewards need to be in the form of monetary compensation. Recognition is an important reward that can be provided in any budgetary climate.

Implications for Research

There has been little study of structural empowerment in nurse managers, especially in the U.S. Further study could provide additional information about how nurse managers view their work environment. Similar studies with very large hospitals, teaching hospitals, specialty hospitals, and smaller rural hospitals would provide further insight into these issues from other perspectives. A study distributed by state hospital associations could reach a far greater audience than this study was able to reach.

Research on turnover rates for nurse managers might be revealing, although challenging to acquire. Further study on the factors that influence nurse managers’ intent to stay in the position would help answer questions about why overall job satisfaction has less impact on intent to stay than might seem logical. Research on the ways that union representation of the nurses at a facility affects the work environment of nurse managers
is suggested. Does overall job satisfaction in the nurse manager correlate to overall job satisfaction in the staff nurses on a given unit would be an interesting research question.

Implications for Education

The vital role that nurse managers play in staff nurse job satisfaction and retention, patient care quality and safety, and hospital operations in general must be continually reinforced through education. Educators can encourage potential future nurse leaders by expressing the value of this important role. This researcher believes that nursing educators should recognize nursing management/leadership as an advanced practice component of nursing. Educational programs in nursing leadership and management must be available if nurse leaders are to be effective in this complex role. Nursing education programs can partner with local health care institutions in the provision of leadership education that can be mutually beneficial for both organizations. Educational programs for nurse managers may need to be structured differently than typical academic programs to accommodate the managers heavy work schedule. Teaching classes for working nurse managers keeps nursing educators in touch with current issues that nurse managers are facing in daily work. Strong relationships between nurse managers and nursing educators strengthen both roles.

Leadership education should include information on Kanter’s (1993) structural empowerment theory, enhanced by Laschinger (2004), which describes how the components of structural empowerment can enable the individual to be effective in their job, resulting in greater job satisfaction and greater organizational commitment. The understanding that capable individuals can fail to be effective in their role if they lack the
resources to do the job they have been asked to do is an important concept. This education is important for hospital leaders at all levels.

Education for nurse managers on strategies for partnering with nursing unions to reach organizational goals for safe, quality patient care in a fiscally responsible manner is needed in areas of high nursing unionization, such as California. This is especially difficult and important when the unionization has been fairly recent. According to Huston (2012) there is an “art of using unions to assist the organization in building a team effort to meet organizational goals” (p. 501). Nurse managers may need educational help to develop this art.

Summary/Conclusions, and Recommendations

This study contributes to the body of knowledge about the structural work environment of nurses, and specifically California nurse managers of inpatient units at hospitals with 100 to 300 licensed beds. It provides insight into a few opportunities for improvement to the work environment of nurse managers and suggests that the investigation of turnover in nurse managers may be warranted.

Kanter’s (1993) theory, expanded by Laschinger (2004), that greater structural empowerment correlates to overall job satisfaction was further supported by this study. The contention that overall job satisfaction correlates to greater intent to stay in the position was supported when one outlier was removed from the data. Evidence did not support the hypothesis that greater overall job satisfaction would correlate to greater intent to stay in the position.
Nurse managers in this study perceived a fairly empowered work environment with a couple of exceptions. They did not feel they had adequate resources to do the job—especially in terms of access to temporary help when needed and they felt there were little to no rewards for innovation on the job.

Effective and satisfied nurse managers are instrumental to creating healthy work environments where staff nurses can thrive and provide safe and appropriate care to patients. It is vital that nursing administrators have qualified, stable leaders in these important roles if they are to achieve their organizational goals. Recommendations include increasing nurse manager’s access to temporary help when needed, implementing rewards for innovation on the job, and further investigation on the issue of nurse manager turnover.
REFERENCES
REFERENCES


Page 1 of Survey:
The purpose of this page is to introduce the survey, explain eligibility criteria, and discuss the informed consent.

Introduction: This study is being completed as part of the researcher’s Masters in Nursing Program. It emanates from the researcher’s recognition of the vital and complex role played by nurse managers at acute care hospitals.

Eligibility Criteria: You are invited to participate in this survey if you are the RN manager with 24/7 responsibility/accountability for the operations of one or more inpatient nursing units (excluding emergency departments, observation units, operating rooms, post anesthesia care units, and rehabilitation units) in an acute care hospital. The survey questions are about your perceptions of your job as a nurse manager.

Benefits of Participation: Information may be gained about the nurse manager work environment and/or nurse manager workforce that can inform hospital leaders if adjustments are indicated to ensure a strong group of nurse managers for the future.

Risks of Participation: It is not anticipated that participation in this study will pose any risks to you.

Confidentiality/Anonymity: Your survey information will be strictly confidential and no identifying data will be collected about you. All data will be reported as aggregate data.

Time Commitment: It is estimated that the survey will take approximately 4-7 minutes to complete.

Voluntary Participation: Your participation in this study is totally voluntary. Your supervisor/employer will not know whether or not you have participated. Your electronic submission of the survey will serve as your consent to participate.

Contact Information Available: You may contact Ms. Jan Ellis at 530-570-9371 if you have any questions about the study or how the information is to be used.

Continuing on to the survey questions will serve as evidence of your consent to participate in the study.
Page 2 of Survey Instrument:

1. I am:
   - Less than 30 years old
   - 31 to 40 years old
   - 41-50 years old
   - 51 to 60 years old
   - 61 years old or older

2. I am:
   - Female
   - Male

3. Please enter your highest level of nursing education:
   - Diploma
   - Associate Degree
   - Bachelors Degree
   - Masters Degree
   - Doctorate Degree

4. Please enter your number of years of nursing management experience:
   - One year or less
   - Two to five years
   - Six to ten years
   - Eleven to twenty years
   - More than twenty years

5. Please enter your number of years in this management position:
   - One year or less
   - Two to five years
   - Six to ten years
   - Eleven to twenty years
   - More than twenty years

6. Are the nurses at your hospital represented by a union?
   - Yes
   - No

7. Which description best fits your overall satisfaction with your job:
   - Very dissatisfied
   - Somewhat dissatisfied
   - Neither satisfied or dissatisfied
   - Somewhat satisfied
   - Very satisfied
8. Which statement describes your intentions for staying in this position:
   o I plan to stay in this position for less than 1 year
   o I plan to stay in this position for 1 to 2 years
   o I plan to stay in this position from 2+ to 5 years
   o I plan to stay in this position from 5+ to 10 years
   o I plan to stay in this position for more than 10 years

9. How much OPPORTUNITY do you have for challenging work in your present job?
   o None
   o A little
   o Some
   o A fair amount
   o A lot

10. How much OPPORTUNITY to perform tasks that use all of your own skills and knowledge do you have in your present job?
    o None
    o A little
    o Some
    o A fair amount
    o A lot

11. How much OPPORTUNITY to gain new skills and knowledge on the job do you have in your present job?
    o None
    o A little
    o Some
    o A fair amount
    o A lot

12. How much ACCESS TO INFORMATION about the current state of your hospital do you have in your present job?
    o No knowledge
    o A little knowledge
    o Some knowledge
    o A fair amount of knowledge
    o A lot of knowledge

13. How much ACCESS TO INFORMATION about the values of top management do you have in your present job?
    o No knowledge
    o A little knowledge
    o Some knowledge
    o A fair amount of knowledge
    o A lot of knowledge
14. How much ACCESS TO INFORMATION on the goals of top management do you have in your present job?  
   o No knowledge  
   o A little knowledge  
   o Some knowledge  
   o A fair amount of knowledge  
   o A lot of knowledge

15. How much ACCESS TO SUPPORT in regards to specific information about things you do well do you have in your present job?  
   o None  
   o A little  
   o Some  
   o A fair amount  
   o A lot

16. How much ACCESS TO SUPPORT in terms of specific comments about things you could improve do you have in your present job?  
   o None  
   o A little  
   o Some  
   o A fair amount  
   o A lot

17. How much ACCESS TO SUPPORT in terms of helpful hints or problem solving advice do you have in your present job?  
   o None  
   o A little  
   o Some  
   o A fair amount  
   o A lot

18. How much ACCESS TO RESOURCES in terms of time available to do necessary paperwork do you have in your present job?  
   o None  
   o A little  
   o Some  
   o A fair amount  
   o A lot
19. How much ACCESS TO RESOURCES in terms of time available to accomplish job requirements do you have in your present job?
   - None
   - A little
   - Some
   - A fair amount
   - A lot

20. How much ACCESS TO RESOURCES in terms of acquiring temporary help when needed do you have in your present job?
   - None
   - A little
   - Some
   - A fair amount
   - A lot

21. In my work setting/job the rewards for innovation are:
   - None
   - A little
   - Some
   - A fair amount
   - A lot

22. In my work setting/job the amount of flexibility in my job is:
   - None
   - A little
   - Some
   - A fair amount
   - A lot

23. In my work setting/job the amount of visibility of my work-related activities within the institution is:
   - None
   - A little
   - Some
   - A fair amount
   - A lot

24. The amount of OPPORTUNITY to collaborate on patient care with physicians in my present job is:
   - None
   - A little
   - Some
   - A fair amount
   - A lot
25. The amount of OPPORTUNITY for being sought out by peers for help with problems in my present job is:
   o None
   o A little
   o Some
   o A fair amount
   o A lot

26. The amount of OPPORTUNITY for being sought out by managers for help with problems in my present job is:
   o None
   o A little
   o Some
   o A fair amount
   o A lot

27. The amount of OPPORTUNITY for seeking out ideas from professionals other than physicians, e.g. Physical Therapists, Occupational Therapists, Dietitians in my present job is:
   o None
   o A little
   o Some
   o A fair amount
   o A lot

28. Overall, my current work environment empowers me to accomplish my work in an effective manner.
   o Strongly disagree
   o Somewhat disagree
   o Neither disagree or agree
   o Somewhat agree
   o Strongly agree

29. Overall, I consider by workplace to be an empowering environment.
   o Strongly disagree
   o Somewhat disagree
   o Neither disagree or agree
   o Somewhat agree
   o Strongly agree

Used with permission.
NURSING WORK EMPOWERMENT SCALE
Request Form

I request permission to copy the Nursing Work Empowerment Scale as developed by Dr. G.
Chandler and Dr. Heather K. Spence Laschinger. Upon completion of the research, I will provide
Dr. Laschinger with a brief summary of the results, including information related to the use of the
Nursing Work Empowerment Scale used in my study.

Questionnaires Requested:
Conditions of Work Effectiveness-I (includes JAS and ORS): YES
Conditions of Work Effectiveness-II: YES
Job Activity Scale only: YES
Organizational Relationship Scale only: YES
Organizational Development Opinionnaire or Manager Activity Scale: YES
Other Instruments:

Please complete the following information:
Date: November 25, 2009
Name: Janet Ellis
Title: Masters In Nursing Student
University/Organization: California State University, Chico
Address: 7346 Cana Hwy
Chico, CA 95923
Phone: 530-345-2348
E-mail: janetellis@sunset.net
Description of Study: I am in the early stages of planning a research project on nurse manager turnover. I
may have the opportunity to conduct a study through the California Hospital Association which would
give me access to 90% of the hospitals in California.
Permission is hereby granted to copy and use the Conditions of Work Effectiveness
Questionnaire.
Date: November 25, 2009 Signature:

Dr. Heather K. Spence Laschinger, Professor
School of Nursing, University of Western Ontario
London, Ontario, Canada N6A 5C1
Tel: 519-661-4065 Fax: 519-661-3410
E-mail: hkl@uwo.ca
Email Message to Nurse Managers

Dear Inpatient Nurse Manager,

You are invited to participate in this survey about work environment, overall job satisfaction, and intent to stay in the position for inpatient nurse managers if you are the RN with 24/7 responsibility/accountability for one or more inpatient units (for purposes of this study, emergency departments, observation units, operating rooms, post anesthesia care units, and rehabilitation units are excluded). It will take you approximately 4-7 minutes to complete. This survey is part of a thesis study being undertaken as part of my Masters in Nursing program at CSU, Chico. The study emanates from my recognition of the vital and complex role played by nurse managers in acute care hospitals. You will find the informed consent in the introductory page of the survey. Individuals and organizations will not be identifiable. Your participation in the survey will serve as your consent to participate. Please feel free to contact me by phoning 530-570-9371 or emailing janetellis@sunrise.net. Thank you for considering participating in this survey.

The link below will take you directly to the survey.

http://www.surveymonkey.com/s/N2MPKZ5

Thank you,

Janet Ellis, RN, BSN, FACHE
APPENDIX C
October 1, 2010

Janet Ellis
7346 Casa Hwy
Chico, CA 95973

Dear Janet Ellis,

As the Chair of the Campus Institutional Review Board, I have determined that your research proposal entitled "WHO IS LEADING THE CHARGE? NURSE MANAGERS' STRUCTURAL EMPOWERMENT, JOB SATISFACTION AND INTENT TO STAY" is exempt from full committee review. This clearance allows you to proceed with your study.

I do ask that you notify our office should there be any further modifications to, or complications arising from or within, the study. In addition, should this project continue longer than the authorized date, you will need to apply for an extension from our office. When your data collection is complete, you will need to turn in the attached Post Data Collection Report for final approval. Students should be aware that failure to comply with any HSRC requirements will delay graduation. If you should have any questions regarding this clearance, please do not hesitate to contact me.

Sincerely,

[Signature]

John Mahoney, Ph.D., Chair
Human Subjects in Research Committee

Attachment: Post Data Collection Report

cc: Carol L. Huston (200)
HUMAN SUBJECTS IN REVIEW COMMITTEE

Amendment

Under Federal law relating to the protection of Human Subjects, this amendment is to be completed by the Principal Investigator if there are any changes to the original, approved application. Please return to HSRC Chair, c/o Marsha Osborne, HSRC Assistant (898-5413), Office of Graduate Studies, Student Services Center, Room 460, Zip 875.

Name: Janet L. Ellis  EmpI ID #: Student ID# 001353210

Phone(s) and Email: 530-345-2348; 530570-9371; janetellis@sunet.net

Faculty Advisor (If student): Prof. Carol Huston

Phone and Email Address: (530)898-5891; chuston@csuchico.edu

College/Department: Nursing

Title of Project: Who is leading the charge? Nurse Managers’ structural empowerment, job satisfaction, and intent to stay.

Changes to Original Approved Application: The distribution plan and the sample population have been revised. The invitation to participate in the survey which contains the link to the online survey will be distributed by the researcher to a sampling of Nurse Managers of inpatient units in California general acute care hospitals that have between 100 and 300 licensed beds. The original plan of having the California Hospital Association (CHA) distribute the invitation letter via their email distribution list to the Chief Nursing Officers at their member hospitals was not approved by the CHA board of directors.
HUMAN SUBJECTS IN REVIEW COMMITTEE
Post Data Collection Questionnaire

Under Federal law relating to the protection of Human Subjects, this report is to be completed by each Principal Investigator at the end of data collection.

Please return to: Marsha Osborne, HSRC Assistant
Office of Graduate Studies
Student Services Center (SSC), Room 460
CSU, Chico
Chico, CA 95929-0875

Or Fax to: Marsha Osborne, 530-898-3342

Name: Janet Ellis Chico State Portal ID: 001353240
Phone(s): (530) 388-2348 (530) 898-5737 Email: janet.ellis@csuchico.edu

Faculty Advisor name (if student): Carol Huston Phone: (530) 898-5737

College/Department: CSUC, Chico Nursing, Dept.

Title of Project: Who is leading the charge? Nurse Managers' structural empowerment, job satisfaction, and intent to stay.

Date application was approved (mo/yr): 1/11 Date collection complete (mo/yr): 3/8/11

How many subjects were recruited? 170 How many subjects actually completed the project? 81

*HARM--Did subjects have severe reactions or extreme emotional response? Yes

If yes, please attach a detailed explanation:

Your signature: Janet Ellis Date: 4/2/11

*Final clearance will not be granted without a complete answer to this question.

Approved By: John Mahoney, Chair
Date: 1/28/11

********************************************************************

VERY IMPORTANT: If you will or have used this research in your project or thesis you are required to provide a copy of this form (with John Mahoney's signature in place) to your graduate committee.

Do you want a photo copy of this form mailed to you? 
If yes, provide address:

********************************************************************