Empowerment and job satisfaction on medical units of a community hospital utilizing Kanter's theoretical framework

by

Hugh Chan

A Thesis submitted to the Faculty of Graduate Studies of

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in partial fulfilment of the requirements of the degree of

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Abstract

The purpose of this qualitative study is to explore and describe nurses' perceptions of job empowerment and satisfaction based on working conditions in a community hospital in a western Canadian city. By listening to and talking with nurses, obtaining first hand experience of the phenomenon being studied facilitated a better understanding as to why nurses feel more empowered and satisfied in relation to the work conditions in which they are employed. The conceptual framework that directed this investigation was Kanter's Theory of Organizational Behavior (1977, 1993). The theory describes structural factors within the work environment, not inherent personality traits or socialization experiences of employees, which influence perceptions of empowerment. It is these perceptions that employees have that impact their sense of work behavior (Kanter, 1977).

Kanter (1977) states access to empowerment structures of opportunity, information, support, and resources are influential in assisting employees to achieve positive results in their areas of work. Therefore, employees who are empowered are more productive within the work environment and more satisfied with the job which leads to work efficiencies within the organizational structure. The findings of this study may be significant for administrators who work in conjunction with nurses to achieve organizational goals and deliver quality and competent nursing care. The study was conducted as a way to gain more insight and to reveal new nursing research into the perceptions of nurses experiencing job empowerment and satisfaction based on working conditions of the environment.

Nine general duty Registered Nurses volunteered to participate in the study. An interview guide was used to elicit rich and descriptive responses from the respondents. Interviews were recorded, transcribed, organized, coded, and categorized. Common themes then emerged from the data and were grouped together. The aim of content analysis is to produce a detailed and systematic recording of themes and issues from the interviews and linking the interviews and themes together under a reasonable category system.

Recommendations for nursing administration, nursing research, continuing education and nursing practice were made based on the research findings. Job empowerment and satisfaction are important facets to a healthy work environment. Working in conditions that are favorable for employees in today's health care environment are important and need to be considered by management. It is hoped that the research being conducted will contribute further to the nursing literature about job empowerment and satisfaction based on working conditions.

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Dedication

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Chapter I

STATEMENT OF THE PROBLEM

Background

Registered nurses are the largest professional group in the health care field who are directly responsible for the provision of healthcare services in a hospital setting. Nurses also interact with many other healthcare professionals in providing care to patients' and addressing families' needs. Nurses and the profession consider the delivery of high quality nursing care an important aspect of nursing. Achieving excellence requires nurses who are empowered to be effective in their roles (Wilson & Laschinger, 1994).

The profession of nursing has been associated with labels such as "dependency and passivity" (Wilson & Laschinger, 1994), and nurses working in the hospital environment have described themselves as powerless, with little authority or influence to affect change within the organization. Powerlessness has led to job dissatisfaction, burnout and low commitment amongst nurses (Wilson & Laschinger). These attitudes have resulted in an increased turnover and absenteeism causing disruptions in the work environment and increasing costs associated with the hiring and training of new staff members (Laschinger, Finegan, & Shamian, 2001a; Manojlovich & Laschinger, 2002). This powerlessness can be attributed to two explanations. First, powerless behaviors have been accredited to the character and personality of the individual nurse. Second, the structure of the work environment is a more important determinant of employee attitudes and behaviors within the organization. By changing these structures, increased job empowerment, job satisfaction and improved patient outcomes will result (Wilson & Laschinger, 1994).

Creating an environment that allows nurses to feel empowered in the work place challenges today's ever-changing health care settings. Despite structural reorganization, funding cutbacks, and regional amalgamation, nursing recruitment, and retention have been difficult issues to solve (Upenieks, 2002). Several studies (Irvine, Laschinger & Havens, 1996; Wilson & Laschinger, 1994) identified ways of solving recruitment and retention issues; however, few have addressed extraneous factors related to nurses' job issues. At the heart of the issue, job satisfaction and empowerment are linked to the structure of the organization and thereby enable nurses' to practice safely, autonomously and independently (Laschinger, et al. 2001a; Manojlovich & Laschinger, 2002; Snarr & Krochalk, 1996).

Empowerment and job satisfaction are terms used extensively in the nursing literature and workplace (Laschinger, Almost, & Tuer-Hodes, 2003; Laschinger, Finegan, & Shamian, 2001b; Laschinger, Sabiston & Kutszcher, 1997; Manojlovich & Laschinger, 2002; Wilson & Laschinger, 1994). Job satisfaction is a critical issue for Registered Nurses (RN) and hospital administrators. Job satisfaction in nursing has been positively related to autonomy and empowerment (Best & Thurston, 2004; Laschinger, et al., 2001a). Job satisfaction can be viewed as a subjective state for individuals which may vary from person to person (Manojlovich & Laschinger, 2002). Job satisfaction also entails the description of feelings that an employee has about the job in general, and the evaluation the employee makes of the job and the environment surrounding the job (Ma, Samuels, & Alexander, 2003). Individuals who are satisfied with their work are more committed to the hospital organization and more likely to contribute to higher morale than nurses who are not as satisfied in the workplace (Snarr & Krochalk, 1996).

Empowerment in the workplace has been examined from varying perspectives. According to Morrison, Jones, and Fuller (1997), the practice of empowering nurses is often a principal component of management and organizational effectiveness. The definition of empowerment is described as organizational productiveness which is increased when power and control are shared with employees in which empowerment plays a crucial role in individual and group development within the organization (Conger & Kanungo, 1988). Empowerment also refers to psychological empowerment which focuses largely on the individual's self-efficacy; or as organizational empowerment which focuses on shared power in the organizational structure and decision-making process (Morrison, et al. 1997). Empowerment of nurses can lead to an increase in job satisfaction, improved patient care, and healthy outcomes. In addition, empowerment has been correlated positively with outcomes of performance, patient satisfaction, organizational commitment, satisfaction with managers, and satisfaction with work (Morrison, et al.).

Providing a link of structural empowerment to job satisfaction has been well researched within the nursing and management literature (Laschinger et al., 2001b; Manojlovich & Laschinger, 2002). In the management literature, the main emphasis has been about control- control of hours, costs, salaries, overtime, use of sick time, inventory, and supplies. Empowerment has been seen as a powerful mechanism for increasing employee involvement within the work place which enables organizations to be more flexible and responsive (Mathieu, Gilson, & Ruddy, 2006). They go on to state that empowered teams tend to have greater authority and responsibility for their work and their effectiveness is determined by the receptiveness or supports of the larger

organizational system within which they work. Argyris (1992) states that open communication, employee independence, power sharing, a genuine participative-democratic climate, valid, and well distributed information are descriptive attributes that help to establish an organizational environment.

Most organizations possess leadership practices that focus either upon the control of expenses or management of employee relationships, but rarely does leadership focus on the release of employee potential. In order for healthcare management to focus on leadership and employee involvement, a new paradigm of health care management must be implemented (McNeese- Smith, 1992). The literature states that hospitals and clinics must become organizations where employees and managers are growing and producing together, focusing on quality patient care, and in addition, enjoy working together (McNeese- Smith, 1992).

In management, empowerment programs that are formalized with procedures and rules are more likely to succeed because they show employees the proper procedures to follow and force management to abide by the empowerment program (Marshall, Talbott & Burkovinsky, 2006). The success of employee empowerment programs rests on the ability of employees to make certain decisions independent of management input. By allowing employees to make decisions increases their job satisfaction and sense of responsibility and translates into improvements in the quality and timeliness with which duties are performed, freeing management for more significant matters (Marshall, et al.). The profession of nursing could utilize this information to develop work environments that help to foster autonomy and creativity in nursing practice. When nurses experience

justice, equity, and respect, they are more motivated to contribute their unique talents to common goals (Brandt, 1994).

Other research has established an important link between empowerment, information (knowledge) flow, power, and effective change (Ford, 2006). Tushman and Nadler (1978) found that effective organizations facilitate the collection of information (knowledge) from external sources as well as the processing of it within and between divisions. According to Kanter (1989), empowering organizations must make more information available to more people at more levels through more devices. Without information, individuals will not extend themselves to take responsibility or explore and release their creative energies. Lawler (1992) has suggested that two types of information are critical to employee empowerment; information about an organization's mission and information about employee performance.

Kanter (1977) links the concept of empowerment directly to job satisfaction. Enabling nurses to feel empowered in the workplace and providing the resources and supports that are available within an organization will provide nurses the opportunity to provide optimal patient care. According to Laschinger and Havens (1996), staff nurses' work empowerment was strongly related to perceived control over nursing practice, which was subsequently related to job satisfaction. Job empowerment will further be discussed in the conceptual framework that will help to guide the research. By exploring the above concepts and providing links of a relationship between empowerment and job satisfaction to organizational structure; this research study will reveal a better understanding of the dynamics between nurses and the hospitals in which they are employed.

Purpose of the Study

The purpose of this proposed qualitative study is to explore and describe nurses' perceptions of job empowerment and satisfaction. Although this phenomenon is not new to the nursing literature, not much has been documented from a qualitative perspective. Talking with and observing nurses who have had first hand experience with the phenomenon, will help to better understand why nurses feel whether they are empowered or satisfied in their current working conditions. The aim of the research is to have nurses voice and express their thoughts and perceptions of job empowerment as it relates to the working conditions that they are employed in. The focus will be primarily in a community care facility in the city of Winnipeg. Much of the literature available has focused heavily on the quantitative aspect of job empowerment and satisfaction of nurses (Laschinger, et al. 2001a; Manojlovich & Laschinger, 2002; Wilson & Laschinger, 1994). This study will focus on the qualitative aspects which will be discussed more in-depth in the methodology chapter.

Research Questions

The research questions that will help to guide this proposed qualitative study are as follows:

1) What are nurses' perceptions of job empowerment and satisfaction?
2) What do nurses' perceive of their working conditions in the facility in which they are currently employed?
3) What perceived strategies can be utilized to improve nurses' perceptions of empowerment and job satisfaction?

Definition of Terms

Empowerment- the composite of individual thoughts and perceptions that affect work behavior and how one perceives self in the work environment (Spreitzer, 1995)

Organizational Culture- the collective values, assumptions, and expectations of a group that impact the perception and reaction to environmental stimuli produced within an organization (Quinn & Spreitzer, 1991).

Job Satisfaction - may reflect day to day comfort, whereas opportunity affects a person's overall mode of work involvement (Kanter, 1977).

Power -the ability to get things done, mobilize resources, and secure or obtain and use whatever it is that a person needs for the goals he/she is attempting to meet. Power is synonymous with "mastery/ autonomy". But does not mean domination or control over others (Kanter, 1977).

Absolute Power - refers to a total monopoly on power, lies in the fact that it renders everyone else powerless (Kanter, 1977).

Commitment - overall attachment to the organization which is shaped in a major way by opportunity (Kanter, 1977).

Opportunity - a dynamic concept in which the relationship of a present position to a larger structure and to anticipated future positions that is critical (Kanter, 1977).

Conceptual Framework

The focus of this study is based upon, and guided by the theoretical perspectives of Rosabeth Moss Kanter's (1977, 1993) work in organizational structures and behavior. Kanter's Theory of Organizational Behavior; also known as the Theory of Structural Power in Organizations, was developed and based on a 5 year study of a large industrial corporation. This theory that she proposes in her book, *Men and women of the corporation* (1977), describes structural factors within the work environment, not inherent personality traits or socialization experiences of employees which influence perceptions of empowerment. It is these perceptions that employees have that would impact on their work behavior (Kanter, 1977). According to Kanter, there are three fundamental constructs within an organization, which are important to the development of employee empowerment. These constructs include access to opportunity, resources, and support (Almost & Laschinger, 2002).

When situations within organizations are structured in such a manner that enables employees to feel empowered, the organization operates in an effective and efficient manner. Despite employee personality characteristics, Kanter argues that the impact of organizational structures on organizational behavior has a greater influence on empowerment (Laschinger, et al., 2001a). Furthermore, Laschinger (1996) has confirmed that employee work behaviors are not a direct result of manifestations of inherent personality traits. It is the work behavior that is a response to working conditions and the organization's structure according to Laschinger. (Appendix A)

Based on Kanter's (1977) investigation of organizational structures, she proposed that an individual's effectiveness on the job is influenced largely by the organizational

aspects of the work environment. Kanter identified (a) power, (b) opportunity and (c) proportion as structural determinants of organizational structures that affect the behaviors and attitudes of employees. Power is derived from the ability to access and mobilize support, information, and resources from one's position, while opportunity refers to expectations for growth and advancement in one's position and proportion describes the social arrangement of individuals who share the same general situation (Upenieks, 2002). In Kanter's view, behaviors and attitudes are developed in response to problems and situations experienced in the work environment. The implication is that behavior and attitudes are affected by access to structures of opportunity, resources, information, and support in the hospital setting (Havens & Laschinger, 1997). These structural determinants will now be further discussed and explored.

Power

Kanter's (1977; 1993) theory proposes that power is derived from structural organizational factors such as the work environment and opportunity for growth as opposed to personal or socialization behaviors. The location of formal and informal power within the organization determines the nature of change and whether organizational goals can be accomplished (Kanter). Formal power is the degree of flexibility, visibility, and relevance that is defined by the job in which the individual is employed. Formal power is seen also as a concept in which a job provides recognition and is relevant to key organizational goals (Sarmiento, Laschinger, & Iwasiw, 2004; Upenieks, 2002). Informal power is related to the degree to which the individual is able to make connections and alliances within and outside of the organization (Kanter, 1993). This informal power leads to a flatter hierarchy and promotion of autonomous work

groups within the organization (Kanter, 1989). Therefore, power can be seen as a test of one's inner strength to determine that what is occurring inside is authentic and appropriate to the position and relevant to the organization's goals.

According to Kanter (1977), power stems from three sources: information, support, and resources. Power can be derived from gaining information early in the decision making process, as well as having substantial input and authority to approve or disapprove of the process. Sources of support convey the power to exercise judgment and implement changes. Lastly, resources allow an individual the capacity to exercise power (Upenieks, 2002). Power is more closely related to autonomy than to control over others. Autonomy is defined as the belief in the centrality of the individual when making responsible and discretionary decisions (Wade, 1999). Accountability for making decisions is one of the components of this concept and it is critically linked to the professional status of nursing. Autonomy can lead to job satisfaction and commitment to the profession of nursing (Wade, 1999). Research has shown that employee empowerment is strongly related to perceptions of autonomy and to the use of a participative work culture which is fostered by nurse managers (Laschinger, et al. 1999). Subsequently, when nurses perceive a lack of autonomy in their job, this is a leading cause of job dissatisfaction for nurses and a major factor when deciding to leave the job.

The degree of power is determined by discretion, visibility, relevance of the job, favorable superiors, the upward mobility of subordinates, sponsorship by superiors, and good alliances with others (DeSito & DeSito, 2004). For nurses to be empowered, they need to have the ability to access knowledge and information to carry out nursing care in a hospital setting. This access includes technical knowledge and expertise as well as

informal information concerning what is going on within the organization (Laschinger, 1996). Resources are referred to as the tools, reference materials, and information needed to accomplish a job. Empowerment can therefore be increased by creating more opportunities to participate in decision making and having greater access to information and resources. Access to resources means having the ability to obtain materials, money and rewards necessary for achieving job demands (Laschinger, 1996). Lastly, support can be seen as sources that maximizes job effectiveness. Examples include positive feedback from management and other senior administrative individuals within the organization, as well as the opportunity to exercise decisions and autonomy within one's job (Kanter).

Opportunity

The structure of opportunity relates to job conditions within an organization that provides individuals with prospects of advancing within the organization and allows the individual to develop their knowledge and skills (Kanter, 1977). Opportunity is also referred to as expectations and the future advancement within an organization (DeSito & DeSito, 2004). Opportunity can also include the ability to have challenging work that increases skills and knowledge; other opportunities that employees' value may be time off or a work schedule that fits their lifestyle. Individuals respond to opportunity in a variety of ways, depending on whether their job or role has low or high potential for it (DeSito & DeSito, 2004). Kanter maintains that opportunity is a key influence on employee work satisfaction and productivity. It can be said that nurses who are in high opportunity jobs, are more likely committed to the organization and more highly motivated to do well and advance their nursing career. These types of individuals are more likely to take a proactive approach to solving problems that arise on the job and

actively participate in changes and innovation (Laschinger, 1996). Individuals who remain in low opportunity jobs exhibit "stuck" behaviors. These individuals tend to limit their work aspirations, are less committed to the organization, and are cautious and resistant to change (Kanter, 1977). Individuals exhibiting such characteristics, tend to seek out peers outside of the organization and disengage from the organization completely.

Proportion

According to Kanter (1977), proportion refers to the social composition of people in approximately the same situation (gender and race). Kanter proposes that the social composition of individuals within the organization may result in relative isolation of some individuals within the group and therefore affect empowerment (Laschinger & Havens, 1997). It is well known that the profession of nursing is predominantly female and that nursing is seen as subservient to medicine (Hatcher & Laschinger, 1996). The number of female to male nurses within the profession of nursing is far greater and outnumbers those of other areas of employment when examining gender numbers. Proportions can also be related to sex, race, ethnicity, or occupation. Being different from the organizational norm can result in an imbalance of proportions. An example of this is the minority worker, who may experience difficulties because of their greater visibility and the ability to speak only their mother language (DeSito & DeSito, 2004). The above reasons may account for the psychological and physical stress that minority workers experience if proportions are not equal amongst all workers within an organization. A positive psychological benefit may occur when the minority worker's self esteem is increased as a result of mastering challenging situations. By not having equal proportions

of workers in the nursing profession, empowerment can be perceived as lacking and therefore affect job performance and satisfaction.

Chapter Summary

Empowered employees who have management support, are encouraged to act on their expertise and judgment (Patrick & Laschinger, 2006). In addition, empowerment is seen as an antecedent of trust, which affects commitment to the organization (Finegan & Laschinger, 2001). Providing ongoing opportunities for employee development helps to further increase feelings of autonomy, self efficacy, and feelings of commitment to the organization. As a result nurses in a hospital setting, would feel more productive and effective in meeting organizational goals and objectives.

This framework has been selected because it gives consideration to both inherent and extrinsic factors that can influence the culture of an organization as opposed to treating the organizational culture as a single entity. From a qualitative standpoint, little work has been done at this level. This theory therefore, can be used to guide the proposed study by providing the theoretical framework to describe and explain nursing job empowerment in today's health care environment. Exploring and examining the structural components of health care organizations can help to ensure that nurses are given the opportunities, resources, and support from management to provide safe and competent care to patients. At the same time, nurses will feel more empowered when the constructs of Kanter's theory are in the workplace.

This first chapter includes the background, statement of the purpose, research questions, definition of the terms, and conceptual framework. This proposed study will

explore the issues of organizational structure (hospital) relating to empowerment and job satisfaction of nurses working in a community based hospital in a western Canadian city.

Chapter II

LITERARTURE REVIEW

The concept of empowerment has existed in the literature for some time, but never adequately defined. Empowerment is prevalent in the literature in nursing, social work, health promotion, and education. (Conger & Kanungo, 1988; Kanter, 1977, 1993; Kuokkanen & Leino- Kilpi, 2000; Kuokkanen & Leino- Kilpi, 2001; Spreitzer, 1995; Thomas & Velthouse, 1990). The majority of the research, both theoretically and empirically, focused on the manufacturing and industrial sectors. Since health care organizations are highly professionalized and require highly personal interactions, the conditions leading to empowerment in health care settings and its manifestations, are likely different from those found in manufacturing organizations (Irvine, Leatt, Evans, & Baker, 1999).

Kanter's theoretical framework will help to guide this study by examining working conditions within the hospital organization and its effect on nurses' perceptions of job empowerment and satisfaction. The analysis is based on literature searches from the database: CINAHL, MEDLINE, and PRO-QUEST. A manual search of journal articles also was performed. Literature was researched between the years of 1980-2009.

Empowerment has become an increasingly popular theme within nursing where it is used in a variety of contexts and given an assortment of different meanings. It has been well documented in the literature (Gary, 2002; Almost & Laschinger, 2002; Finegan & Laschinger, 2001; Kuokkanen & Leino- Kilpi, 2000; Laschinger, 1996) that empowered nurses perform their jobs more effectively and exhibit greater commitment to the organization than the less empowered. Nurses are more involved and committed to

achieving the goals of the hospital than their colleagues if given the opportunities to become empowered (Beaulieu, Shamian, Donner & Pringle, 1997; Gary, 2002). According to Parsons (1998), nurses, who have been delegated greater decision- making responsibilities, provide safer, more cost-effective care than those who are not empowered, and they facilitate a smoother work flow within the organization. Although attempts have been made to define and clarify the term and its ideological underpinnings, the term still lacks some coherence and clarity.

Definition of Empowerment

Empowerment, as defined by the *Canadian Oxford Dictionary* (2004), bestows power upon, or makes powerful; invests legally or formally with power or authority. Empowerment is also the action of empowering, the state of being empowered. In the *Etymological Dictionary* (1966), the Latin definition of empowerment; *Potere,* means to be able to and to have the ability to choose. Synonyms for empowerment listed in *The Original Roget's Thesaurus* (1992) include 'make possible, commission, permit, invest with power, authorize, allow, facilitate, and for empowered 'powerful, authoritative'. The prefix *em* means, "to cause to be, to put into, to provide with" (Merriam-Webster's Collegiate Dictionary, 1993, p. 379). Empowerment is generally a desired goal in nursing (Crawford Shearer & Reed, 2004) and is associated with the delegation of power and the nurse's ability or opportunity to take action.

The term empowerment is seen as a multifaceted, contested concept, and perhaps is more easily understood in its absence; that which includes powerlessness, helplessness, hopelessness, alienation, subordination, oppression, and a loss of control over one's life and dependency (Lewis, 2000). Empowerment is known as a transactional and dynamic

process through which the person interacts with his/her environment and becomes more able to do what they need to do through this interaction (Chandler & Roberts, 1998). Hokansen- Hawks (1992) suggests that empowerment in nursing is the interpersonal process of providing the tools, resources, and environment to build, develop, and increase the ability and effectiveness of others to set and reach goals for individual and social ends. Nurses indicated that if certain variables were in place, such as information, managerial support, and opportunities to try new knowledge and skills, they would feel more empowered in the practice setting (Chandler, 1992). Nurses also noted that work relationships with mutual reciprocity between other health care professionals created a dynamic that led to the experience of control, mastery, and efficacy (Chandler & Roberts, 1998). This relationship supports the fact that when nurses are provided with access to information, support, and resources, a feeling of empowerment is created within the individual. There is also evidence to support that empowered individuals do tend to have higher job satisfaction (Upenieks, 2003). Nurses tend to derive a sense of satisfaction with their work when they feel they have been involved directly with the organization's goals and outcomes. Correspondingly, greater autonomy and the sense of self-determination may also be satisfying because any accomplishments are attributed to a nurse's hard work (Bartram, Joiner, & Stanton, 2004). Nurses who are capable of higher satisfaction experience satisfaction when they learn that they have, as a result of their efforts, accomplished something that they personally believe is meaningful.

Empowerment in the Work Place

Empowerment also has particular relevance related to work stress. Empowerment represents work activities and practices that give power, control, and authority to

subordinates. The research consistently has shown that job autonomy and participation in decision making are positively associated with health and well being (Savery & Luks, 2001; Upenieks, 2003). Furthermore, Laschinger and Havens (1997) study of 62 staff nurses in the United States showed that empowerment structures in the nurses' working environment, such as supportive relationships, decision making discretion, and access to vital information and resources were largely associated with reduced job tension. In a larger study of 400 Canadian nurses, Laschinger, et al. (2001b) developed a model to demonstrate that structural empowerment has a positive influence on psychological empowerment, which in turn, is negatively associated with nurse job strain. The findings from this study state that if all resources, support, and information are in place, nurses are more likely to feel a greater sense of autonomy and empowerment and believe that they can influence outcomes at work and patient care, thereby reducing any perceived job strain. These findings are consistent with Kanter's framework in which the organizational structures are what influence and affect job empowerment within the organization.

Characteristics of Empowerment

Historically, the concept of empowerment arose from the self-help and political awareness movements of the late 1960's and early 1970's (Ryles, 1999). Empowerment is associated with an increase in self-esteem and self-worth, inner confidence, and well-being. The word *empowerment* first appeared in the literature during the 1950's at a time of social action and organization in which the emphasis was placed on addressing power imbalances (Crawford Shearer & Reed, 2004). Throughout the 1960's and 1970's, empowerment became rooted in social action and became more influential within the contexts of civil rights, the women's movement, gay rights, and other community based

action. During the 1980's, the psychology literature perceived empowerment as a participatory process through which individuals took control over their lives and environment. It was not until the 1990's, when healthcare providers' and consumers' focus turned to health promotion, that the concept of empowerment appeared on a more regular basis in the nursing and health education literature (Crawford Shearer & Reed). In the context of health education, empowerment is viewed as a process and an outcome; as a process, empowerment involves relationships and the transfer of the power base from one group to another, with the outcome of liberation, emancipation, energy, and sharing of power (Leyshon, 2002).

Empowerment has been defined in terms of qualities and as a process associated with the individual and the environment (Kuokkanen & Leino- Kilpi, 2000). Empowerment is generally described as an abstract concept that is fundamentally positive, by which it offers solutions rather than create problems. Empowerment is also a dynamic concept: when power is given, it can also be taken away. When empowered, individuals, organizations, and communities pursue maximal impact on their own life and eventual choices (Kuokkanen & Leino- Kilpi, 2000). For example, in the hospital setting, nurses may perceive their level of empowerment in terms of personally uniting to achieve one common goal; patient care.

Laschinger and colleagues (Laschinger, 1996; Laschinger & Havens, 1996; Laschinger, et al. 1997; Laschinger, et al. 2001a; Laschinger, et al. 2003; Manojlovich & Laschinger, 2002; Wilson & Laschinger, 1994) conducted research that primarily focused on the conditions that have led to staff nurse empowerment and its consequences for health care organizations (recruitment and retention). The aforementioned studies

suggested that staff nurses do not feel empowered, but rather, a strong positive relationship exists between nurses' perceptions of power and opportunity and their commitment to the organization (Wilson & Laschinger, 1994), and job autonomy (Laschinger, 1996; Sabiston & Laschinger, 1995). Conversely, a negative relationship existed between staff nurse empowerment and burnout (Hatcher & Laschinger, 1996). The staff nurses in the research studies were highly educated professionals, with many years of experience in nursing (an average of 12 years). The perceived lack of empowerment amongst this group of nurses signals a potential problem in health care workers today. It is these correlations that define nursing job satisfaction and feelings of empowerment within nurses' work environment.

Conger and Kanungo (1988), obtained information on empowerment from the cognitive psychology literature which suggests that empowerment is *to enable to act*. In the cognitive and motivational sense, empowerment refers to the intrinsic belief in personal efficacy (Irvine et al. 1999). Conger and Kanungo (1988) refer to Bandura (1986) and cognitive psychology as main sources of empowerment and suggest that any managerial strategy that strengthens personal efficacy beliefs of employees will make them feel more powerful. Leadership theories, they argue, interpret empowerment too narrowly as being concerned solely with the distribution and delegation of power. Conger & Kanungo also described power as not a tool of control or subjection. Rather power is generated through the individual's behavior, actions, and relationship to another person. They also noted that people assumed that empowerment is the same as delegating or sharing power with subordinates. This notion of empowerment is so common that often employee participation is simply equated with empowerment (Conger & Kanungo).

However, for participation in decision making to be empowering, employees also need to have high expectations about their ability to contribute and high expectations about the outcome of the participation. Nurses provide quality health care to their patients on a daily basis that is safe and competent. In addition, nurses place high expectations onto themselves, and strive to their best potential to ensure that patient safety is maintained at all times. The measurement of empowerment as a psychological phenomenon enables researchers to distinguish between the work conditions and management practices on the one hand and the human response to these interventions on the other (Irvine et al., 1999).

Empowerment is described as a facet of motivation or self-efficacy that encompasses a type of intrinsic motivation (Conger & Kanunugo, 1988). Sources of self-efficacy include (a) enactive attainment, (b) vicarious experience, (c) verbal persuasion, and (d) emotional arousal (Conger & Kanunugo). Enactive attainment involves individual mastery of jobs with increasing complexity. Vicarious experience is a means of becoming self- efficacious through the use of the role modeling behaviors exhibited by those who are perceived as successful in their job. Verbal persuasion, another source of self-efficacy, involves the use of words of encouragement to employees from those in leadership or management positions. Emotional arousal, as an empowering tactic, is related to the kind of emotional support provided by management leaders in an effort to create trust and a feeling of caring within a work group. The outcome of empowerment is increased motivation, self-esteem, and productivity (Conger & Kanungo). Conger and Kanungo believe that at the individual level, the elements of self-efficacy consist of the individuals standing, expertise and the ability to act, and to acquire information.

Building on the work of Conger and Kanungo (1988), Thomas and Velthouse (1990) defined empowerment as intrinsic motivation manifested in four cognitions that reflected an individual's orientation to his or her working role. The four cognitions are (a) meaning, (b) competence, (c) self-determination, and (d) impact (Thomas & Velthouse). Meaning was defined as a "fit between the requirements of a work role and a person's beliefs, values, and behaviors (Thomas & Velthouse). Otherwise, meaning concerns the value of the task goal or purpose judged in relation to the individual's ideals. Competence refers to "self-efficacy specific to work- a belief in one's capability to perform work activities with skill". Self-determination was defined as a "sense of choice in initiating and regulating actions" (pg. 667). Self determination also renders the autonomous decision making possible and provides the essential element in generating the motivation to work (Kuokkanen & Leino- Kilpi, 2001). Lastly, impact was defined as the "degree to which a person can influence strategic, administrative, or operating outcomes at work" (pg. 668). Thomas and Velthouse found that worker beliefs and interpretive style are inherent in the empowerment process. They also argue that an individual's belief system, world view, and self concept will create a foundation and guide human behavior, thereby directly influencing the empowerment process. Furthermore, Spreitzer (1996) describes empowerment as a set of cognitions and that empowerment must be assessed through perceptions, not some objective reality. It is the intermingling of the social characteristics and the cognitive components of empowerment that shape the manner in which people perceive themselves within their work environment. (Sprietzer).

Meanwhile, Gibson's (1991) research focused and explored nursing practice and its role in the empowerment of clients. Gibson defines empowerment as a social process

that enhances a person's ability to gain control over factors that affect health and as a product of personal choice and social responsibility. The nurse serves as a means of providing resources and as an advocate for access to those services for clients through (a) the provision of support, (b) active decision making, (c) collaboration, (d) negotiation, (e) education, (f) counseling, and (g) advocacy, (Gibson).

Kanter's (1993) view of empowerment posits that power in organizations is derived from structural conditions, not the personal characteristics or socialization effects of the individual. For Kanter, power is external to the person, whereas for Conger and Kanungo and Spreitzer, it comes from within the person. It is worth noting that all three theorists define empowerment as the ability to get things done in the organization and acknowledge the important role of organizational factors. Empowerment as a psychological construct is distinguishable from work autonomy which is defined as the "characteristics of the job that foster increased feelings of personal responsibility for the work outcomes" (Hackman & Oldham, 1980, p. 79). Autonomy is an attribute of job design and includes the extent to which the job permits the individual to decide on his or her own how to go about doing the work, the extent to which the individual is able to use personal initiative in carrying out the work, and the opportunity for independence and freedom in how to carry out the work (Irvine et al., 1999). Job autonomy has been hypothesized as a determinant of empowerment (Sabiston & Laschinger, 1995). Jobs that are highly autonomous in nature, such as nursing, foster empowerment because they promote a sense of self-determination and afford the individual choices in initiating job related activities. Kanter's theory (1997) identifies specific structural factors which subsequently affect work behavior and attitudes. According to Kanter, worker

empowerment inhibits burnout, while worker powerlessness cultivates burnout. This relationship is pertinent to nursing in terms of powerlessness and burnout which is experienced by nurses within the profession (Lewis & Urmston, 2000).

In Chandler's ((1986) research of nurses' and their working conditions, she studied 246 nurses and how they rated working conditions according to their access to information, support, resources, and opportunity in the hospital setting. She found nurses' perceptions of the structural characteristics of support, information, and opportunity emerged as crucial factors to creating an empowered work environment. Other studies (Laschinger, et al. 1999; Laschinger & Havens, 1996; Sabiston & Laschinger, 1995) have since noted that nurses working in a variety of work settings and organizational positions felt that they were only moderately empowered within their work settings. That is, nurses' perceptions of their access to empowerment structures have been moderate (Laschinger & Sabiston, 2000). Furthermore, Laschinger and Sabiston's research demonstrates that there is a consistent relationship between staff nurses' perceptions of their informal power and perceptions of their empowerment. In general, staff nurses reported a higher level of informal power than formal power within their work situations. Laschinger also suggests that despite individual differences in personality, the work environment is a critical factor contributing to job empowerment and satisfaction. In another study, Laschinger and Finegan (2005), further describe work settings that are structurally empowering, are more likely to have management practices that increase employees' feelings of organizational justice, respect, and trust in management. These conditions further resulted in greater job satisfaction and commitment to the organization. According to the study, when nurses perceived fair management practices, their

perceptions of job satisfaction and organizational commitment increased. This meant that managers, who were concerned with nurses' well-being in relation to organizational decisions and providing nurses' with explanations, were more trusted by nurses'. This resulted in an increase in job satisfaction and organizational commitment from nurses (Laschinger & Finegan, 2005). These findings are a strong indicator that factors in the work environment is likely to increase nursing job satisfaction and retention. These results provide strong evidence that Kanters' theory is accurate in describing working conditions as an important factor contributing to employees' job empowerment and satisfaction within an organization. To add further support for this, Buerus, Staiger, and Auerbach (2000) argue that the nature of the work environment in nursing contributes significantly to employee empowerment and satisfaction. Hence the direct link between the relationship of empowering work structures and job satisfaction and organizational commitment cannot be ignored.

As described earlier, Kanter (1997) states that informal power leads to promotion of autonomous work groups within the organization. Therefore, Laschinger and Sabiston concluded that staff nurses' relationships with others are important in enabling them to gain access to opportunities, information, support, and resources. In addition, several studies have shown that nurse managers' leadership styles and behaviors are related to how empowered staff nurses felt (Laschinger, et al. 1999; Laschinger & Havens, 1996; Kutzscher, Sabiston, Laschinger & Nish, 1997; McKay, 1995; Sabiston & Laschinger, 1995). Managers with transformational leadership styles were more likely than those with traditional styles to empower employees (Laschinger & Sabiston, 2000). Managers who provided staff nurses with a sense of meaning for their work, encourage participation in

decision making, express confidence in employee performance, and promote autonomy increased feelings of work empowerment (Laschinger, et al. 1999). Furthermore, positive relationships were found between nurses' empowerment and their commitment, autonomy, control over nursing practice, participation in decision making, job satisfaction, self efficacy, productivity, and job performance (Kutzscher, et al. 1997). In other words, the more empowered nurses felt, the more positive they felt about these other factors in their work settings.

Other studies have looked at relationships between staff nurses' empowerment and their burnout and occupational stress (Kutzcher, et al. 1997, Laschinger, et al., 1999; Laschinger, et al., 2001b; Laschinger & Havens, 1996). Nurses who had higher perceptions of being empowered had lower feelings of occupational stress and burnout. Individuals who had an opportunity to participate in interdisciplinary special projects also were found to feel more empowered than individuals who did not have this opportunity. The lack of opportunity has been found to be related to burnout (Hatcher & Laschinger, 1996). Kanter (1997) claims that opportunity encourages growth and development by offering people additional responsibilities and challenges that create energy and feelings of success. Hatcher and Laschinger found that decentralized structures in hospitals and a lack of advanced educational preparation for staff nurses' limited opportunities for advancement within the organization for this group of nurses studied. They also found that staff nurses who perceived themselves as lacking access to empowering factors had higher levels of burnout. This finding by Hatcher and Laschinger supports Kanter's suggestion that perceived lack of power and opportunity results in feelings of powerlessness which, in turn, increases susceptibility to burnout. Hatcher and Laschinger

also found staff nurses' overall empowerment scores were moderately low, suggesting that they perceived themselves to have limited access to empowering factors in their current work environments. This finding is consistent with other studies based on Kanter's theory in which staff nurses were found to have low empowerment scores (Battle Haugh, 1992; Chandler, 1986; Wilson, 1999), and were in positions that were powerless because of difficulties in accessing opportunity, information, support and supplies. However, Pines (1981) study contradicted these findings. She found access to information to be an important predictor of burnout. This contrary finding may be explained by the fact that Kanter views access to information as pertaining largely to information relating to the functioning of the unit and the organization as a whole, and not to specific patient care problems which were the focus of Pine's study.

Findings of staff nurses' perceptions of their work empowerment were found to be related to factors that affect their work effectiveness and the achievement of organizational goals. Their perceptions of formal and informal power and empowerment have an affect on their accountability, productivity, and work effectiveness (Laschinger & Wong, 1999). In a study by Laschinger, et al. (1997), they discovered that staff nurses' perceptions of access to work empowerment structures were strongly related to occupational mental health and work effectiveness. Their findings support Kanter's (1993) view that structural organizational factors do play an important role in employees' responses to work situations and subsequently work effectiveness. Work environments that provide opportunities for individuals to learn and grow, and support creative approaches, are considered health promoting work settings (Laschinger, et al., 1997).

Empowerment Strategies

Kanter's (1993) theory provides a basis for developing strategies to empower employees in the workplace. Organizations can use a variety of means to increase employee access to information. Laschinger and Sabiston (2000) describe several strategies that organizations can use to increase nurses' perceptions of empowerment within the facility. These strategies can include the use of organization-wide or unit-wide telephone hotlines or newsletters to share information about changes that will be occurring, educational opportunities, and successes. Bulletin boards on the organizations web site can present similar information as well. At the unit level, staff meetings can be used to seek information and input from staff, providing them with an opportunity to influence decisions that directly affect them and how they work. Nurses also should be encouraged to share stories of how they worked through patient care problems or resolved difficult situations (eg; critical incident debriefing). In this way, they not only share useful and important information, but also act as resources to other staff members. Through discussion and critical analysis of these situations, an increased understanding of a variety of nursing roles and interventions is promoted. Membership with professional organizations also can help to provide nurses with a wealth of information about their professional roles. Hospitals also can direct nurses to resources they need to enhance their professional practice.

Kanter (1993; 1997) has maintained that access to work empowerment structures is a condition for work effectiveness. Empowered work environments would then help to promote control over the nature of nurses' work. It can then be assumed that if environments that encourage greater employee accountability for work outcomes, it

would then be reasonable to expect that work effectiveness would increase as well (Laschinger & Wong, 1996). Furthermore, according to Kanter, access to information is necessary to fulfill the responsibilities of the job. In order to create access to information, both formal and informal communication channels must be available to staff nurses. This will help to ensure access to verbal and written communications necessary for them to carry out their responsibilities. Holding lunch and learn meetings that are scheduled with senior management and staff nurses would help to facilitate the exchange of information. Managers who share information build a foundation of trust and cooperation amongst nurses (Hatcher and Laschinger, 1996). Kanter also suggest that managers who share the power, empower staff. Empowered employees are then more likely to recognize the abilities of others, participate in team building and organizational activities, and have higher morale. They are able to accomplish tasks, get their jobs done in a timely manner and thereby contribute in a positive and productive manner to meet organizational goals and expectations.

By implementing strategies as previously mentioned in hospital organizations, and through the work of Kanter, it can be assumed that nurses' would feel more empowered and hence outcomes such as work effectiveness and job satisfaction would increase. Nurses' perceptions of their work effectiveness have been linked to workplace empowerment in several studies (Laschinger & Havens, 1996; 1997) and would further provide evidence that a positive work environment is crucial to nurses' and their well being.

In today's age of cost cutting measures and budget shortages, it is often difficult to provide an increase in resources. However, managers and staff nurses can work

together to determine the required resources and supplies that are essential to their specific work area. Staff members can act as resources to each other and to the organization. For example, sharing information from conferences, reading or participation in other activities, staff nurses can learn new ways of doing things or introduce cost-saving materials and interventions that enhance patient care and benefit the organization overall. According to Kanter (1993), resources include rewards for a job well done. Simple recognition measures such as offering words of praise or a pat on the back can promote an atmosphere of collegiality and team spirit. Support for staff nurses must begin at the senior management level. Support includes access to resources and information and sponsoring staff participation in worthy activities. When sponsoring special projects or planned- change activities, administrators and managers can support nurses by ensuring that goals are clearly stated and that the necessary materials and information are provided. Staff nurses need to be encouraged to take advantage of opportunities to participate in organizational, departmental and unit-based committees. Participation in task forces or work groups provides staff members with opportunities to increase their knowledge of what people in other departments do and to form relationships with people outside the immediate work area. These relationships can lead to resources and support that can be taken back to the work unit. By actively engaging in these types of activities, staff nurses increase their visibility and gain recognition for their abilities.

In summary, Kanter's idea about work empowerment does have merit in nursing settings. Being made aware of empowering strategies, nurse administrators, nurse managers, and staff nurses can increase access to the structures of empowerment within

work units and organizations. Kanter has recommended that spreading formal authority through such mechanisms as participative management, decentralization, and the development of autonomous work units, in order to build organizational work effectiveness (Havens & Laschinger, 1997).

Strengths and Weaknesses of the Literature

Much has been documented in the literature about the relationship between nurses' job empowerment and the organizational structure from a quantitative perspective. Laschinger has studied varying aspects of job empowerment of nurses. The majority of her studies have focused on a quantitative aspect that explores nurses' perceptions of empowerment and satisfaction with survey type questions. In one study, Laschinger and Wong (1999) examined Kanter's work, which maintained that access to work empowerment structures were a condition for work effectiveness. If these environments encouraged greater employee accountability for work outcomes, it would be reasonable to expect that work effectiveness would also increase. What is not well documented and researched in the literature is the actual lived experiences of nurses from a qualitative perspective. Laschinger's work also explains that empowerment is significantly related to job structures within the organization and alliances with other health care professionals. These are important influences in nurses' access to information, support, and resources, which are necessary to getting their job done (Laschinger & Wong, 1996).

There are many studies that have tested Kanter's theory of empowerment for staff nurses in hospital settings. (Goddard & Laschinger, 1997; Irvine, et al., 1999; Haugh & Laschinger, 1996). Most of the studies conducted (Finegan & Laschinger, 2001; Goddard

& Laschinger, 1997) provide strong empirical support for the tenets of Kanter's theory. Nurses who were surveyed reported moderate feelings of empowerment as measured by a job satisfaction scale developed by Kanter and adapted by Laschinger. Nurses also reported a need for greater access to opportunity, information, support, and resources in their work environments (Desisto, & Desisto, 2004). From these quantitative studies, nurses' reported moderate feelings of empowerment as measured by a job satisfaction scale, and they reported a need for greater access to opportunity, information, support and resources in the work setting.

One interesting study by Specht (1996) examined nursing accountability as a specific consequence of empowerment and shared governance in 35 United States nursing based settings. When empowerment strategies were implemented in these nursing based settings, there was a positive correlation pertaining to perceptions of nursing autonomy and accountability, which in turn influenced job satisfaction amongst nurses. An interesting note from this study was that nursing accountability scores were highest amongst nurses working in specialty units, such as critical care and specialized medical and surgical units, and lowest on general medical and surgical units (Specht). Specht concluded that further work was required to measure and clarify this phenomenon and to develop valid and reliable measures for future use and study. An alternative method of measuring and clarifying empowerment would be to explore nurses' lived experiences and dialogue with them, rather than complete informal and impersonal survey type questionnaires. This is a strong argument for conducting a research study on nursing empowerment from a qualitative perspective. Therefore, it is the aim of this research study to examine and explore why nurses on generalized medical and/or surgical units

would feel less empowered. The focus would be on the words and descriptions of the participants and adding their voices to the literature for future use.

Laschinger and Wong (1996) have also declared that no other studies linking accountability and nurses' perceptions of empowerment from Kanter's perspective were done. However, work has been conducted that associated staff nurse empowerment with concepts related to accountability, such as work autonomy and control over nursing practice (Huffman, 1995; Laschinger & Havens, 1996; Sabiston & Laschinger, 1995).

After extensive review of the literature, there is an apparent gap in knowledge between nurses' lived experiences of working within the hospital organization and their perception of job empowerment and satisfaction. From a qualitative perspective, not much has been documented on nurses' feelings of job empowerment. Therefore, it is hoped that the voices of nurses working in a community hospital, will be utilized by hospital organizations to better nurses' perceptions of job empowerment and satisfaction. Reporting the lived experiences of nurses will contribute a large amount of information to the gap in knowledge within the literature.

Chapter Summary

This chapter has explored and discussed the concept of empowerment from varying perspectives. It is through this discussion that the concept of empowerment is better understood. By understanding empowerment, relationships between nurses and the organizational workplace are better understood. A strong positive relationship exists to support staff nurse empowerment. By utilizing key strategies to gain access to information, support and resources and to create opportunities to grow and develop

within the profession of nursing, nurses will begin to feel more committed and satisfied to the organization.

Chapter III

Methodology

This chapter discusses the method and research design utilized in the study. The chapter contains information on the research design, methods of data analysis, sample and the setting of the research study and its participants. A discussion of the limitations of the study and ethical considerations of the subjects for the study also will be discussed.

Research Design

Qualitative research is a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live (Holloway & Wheeler, 1996). From the literature review not much has been documented or studied about the lived experiences of nurses based on job empowerment and satisfaction related to the organizational structure of the hospital. This study will focus and explore these lived experiences of nurses based in a community level hospital in a western Canadian city. The study design will be a qualitative descriptive study using constant comparative analysis. This type of approach is essentially the interpretation of phenomena appearing in text or written word (Streubert & Carpenter, 1999). It is this perception of experience that gives meaning to each individual's perception of a particular phenomenon and is influenced by everything internal and external to the individual. The purpose of this study is to explore and describe the experience of community hospital nurses working within a hospital organizational structure and its relation to their perceptions of empowerment and job satisfaction. What is important to the researcher is that the experience being described is presented as it is, and not by what anyone thinks or says about it. Therefore, the investigation of phenomena important to nursing requires that researchers study the

experiences of individuals as it is presented in everyday life. Qualitative research also emphasizes understanding more than description and is based on interpretation (Holloway & Wheeler, 2002). One aspect of qualitative research is to see informants not in terms of groups of individual characteristics, but rather as individuals who can offer a picture of what it is like to be themselves as they make sense of an important experience (Cohen, Kahn & Steeves, 2000). By utilizing Kanter's conceptual framework, this study will explore nurses' perceptions of job empowerment and satisfaction within the hospital organizational structure.

Sample and Setting

A goal of this research study is to obtain a sample that is representative of nurses working in a community care facility in a western Canadian city. This study was conducted on two or three medical units within the hospital setting. The field is the place where individuals of interest experience life (Streubert & Carpenter, 1999). Conducting interviews with nurses in an area that is safe and confidential for the nurses is paramount in maintaining confidentiality of the participant. A meeting place off the hospital setting was ideal and arranged with each individual nurse prior to the time of the interview.

Sample selection provided the participants for the proposed study. Qualitative sampling required the selection of a setting with the high potential for information richness (Polit, Beck & Hungler, 2001). In a qualitative research study, participants may be located at a single site, yet most importantly, they must be individuals who have experienced the phenomenon being explored and can articulate their lived experiences (Creswell, 1998). If unable to obtain the appropriate number of participants from one ward, then a second or third ward may be used to obtain the targeted sample population.

Random sampling is not in keeping with the phenomenological method (Cohen, et al., 2000). Choosing people by picking randomly has no basis for a relationship and therefore is not a reliable method of gaining in-depth information. A purposeful sample allows the researcher to select sample members purposefully based on information needs from earlier findings (Polit, et al., 2001). Sample size is determined on the basis of informational needs. A guiding principle in sampling is data saturation, where sampling to the point at which no new information is gathered and redundancy is achieved. Wolcott (1994), suggests that a large sample size is rooted in quantitative research, where there is a need to generalize. He maintains that a large sample in qualitative research does not enhance the research, it can actually do harm to the study, as it might lack the depth and richness of a smaller sample. When the sample size is too large, the specific response of participants and their meanings might be lost or not respected (Holloway & Wheeler, 2002).

For the purpose of this study, approximately 8-10 participants were sampled. Saturation must be considered as a factor when determining sample size because data collected will reach a point that the information will become repetitive and therefore no new information will be gathered, thus reaching a "saturation point". The repetitive nature of data is the point at which the researcher declares that saturation has been achieved (Streubert Speziale & Rinaldi Carpenter, 2003). The participants will be Registered Nurses (RN), with current licensure with the College of Registered Nurses of Manitoba (CRNM). For the purpose of this study, nurses who are employed at the general duty level and provide direct patient care are eligible to be selected for the study. Additional inclusion criteria for the study include being able to read, write, and speak

English (for the purpose of communication). Other inclusion criteria should include nurses who have worked on a medical unit for more than two years, and at least worked a 50% EFT or higher position. The above information could be obtained from talking with the unit manager to help ensure that nurses who are selected for the study are truly eligible to participate. Once one or two nurses have been recruited, it is hoped that by through word of mouth, that a snowball effect will occur and that more nurses will be recruited for the study in this manner. One limitation that may affect sample selection is the varying shift work patterns of nurses. Planning ahead to meet with nurses to at pre-determined times and coordinating with their work schedule and family life may be an obstacle when gathering data for the interview. Posters will also be placed in staff meeting rooms and staff lounges to provide more exposure to possible participants when recruiting and advertising for the research study. Access to the facility has been obtained and included in the appendices. (Appendix)

Data Collection

Interviews are the most common form of data collection in qualitative research. Nursing has adopted this technique of obtaining information from patients in order to obtain information and an inside view from the patient's perspective (Holloway & Wheeler, 2002). It can be said that interviews are easy to carry out, yet interviewing can be a complex process and not as simple as it seems. According to Weiss (1994), studies using interviews have contributed a great deal to the understanding of society and human beings. Therefore the purpose of the interview is the discovery of the participants' feelings, perceptions, and thoughts.

The most common method of data collection is the open ended interview, which this study will incorporate. Open ended interviews provide participants with the opportunity to fully explain and describe their experience of the phenomena (Streubert & Carpenter, 1999). Researchers often choose qualitative interviews over ethnographic methods when their topics of interest do not center on particular settings, but their concern is with establishing common patterns or themes between particular types of respondents (Warren, 2002). One must also be cautious when collecting data during the interview process. The participants may say things that are in the "heat of the moment" and after the interview, may regret having said their choice of words. The researcher must be sensitive to this and ensure that censorship of the interviews is allowed, so that the participant are not left feeling guilty or having fears of repercussions from management for speaking openly about their opinions. The interviews are generally conducted in person and at a place and time that is most comfortable for the participants. The more comfortable each participant is, the more likely he or she will reveal the information that is being sought. The basic driving force of human consciousness is to make sense of the experience. By trying to reach an understanding of their world and life situation by telling their stories, individuals try to make sense of their own experience to themselves (Cohen, et al., 2000). The interview can be formal or informal; often informal conversations with participants will generate more ideas and responses. Depending on the response of the participant, questions are formulated as the interview proceeds rather than asking pre-planned questions. This means that each interview will differ from the next in sequence and wording, although distinct patterns common to all interviews in a specific study often emerge in the analysis (Holloway & Wheeler, 2002).

For the purpose of this study, semi- structured interviews will be utilized. This is one of the more common methods used in qualitative research. The questions are contained in an interview guide (Appendix B), with a focus on the issue or topic area to be discussed. However the sequencing of questions is not the same for every participant as it depends on the process of the interview and the responses of each individual. The interview guide does ensure that the researcher collects similar types of data from all participants. Although the researcher's aim is to gain the participant's perspectives, they must remember that they need some control of the interview so that the purpose of the study can be achieved and the research topic explored (Holloway & Wheeler, 2002). During the interview, researchers can use prompts or probing questions to follow up and elicit more descriptions. These interviewing strategies help to reduce anxiety for both researcher and participant. The purpose of probes is to search for elaboration, meaning or reasons. Exploratory questions ask what the experience was for the participant and how did it make them feel. Summarizing the last statement from the participant can encourage more discussion and dialogue. (Polit & Beck, 2004).

The length of time for an interview depends on the participants, the topic of the interview, and the methodological approach (Holloway & Wheeler, 2002). The average length of time for an interview is usually three hours. This should be the maximum time because concentration on the questions and topic will likely falter and both the researcher and participant may lose focus and become distracted from the study's objective (Polit, et al., 2001). For the purpose of the study, the researcher will put a 1 hour and thirty minute time limit on the interview process.

There are a number of methods and techniques that can be utilized when recording the interview data. All practical methods should be considered so that the data gathered are recorded and stored appropriately (Holloway & Wheeler, 2002). Several methods of data recording during interviews include tape recording the interview, and note taking during and after the interview. All of these methods will be incorporated into this research study. Before analyzing the data, researchers must preserve the participants' words as accurately as possible. The ideal form of recording interview data is tape recording. Permission must be obtained prior to tape recording. Audio tapes contain the exact words of the interview and ensure that the researcher does not forget important answers and statements from the participant (Polit, et al,. 2001). Note taking is equally important; however it might disturb the participant during the interview. Contextual notes can be made before and after the interview when events and thoughts are still clearly in the mind of the researcher.

A main feature of qualitative interviewing is its flexibility. Researchers have the freedom to prompt for more information and participants are able to explore their own thoughts as well as exert more control over the interview as their ideas have priority (Holloway & Wheeler, 2002). This flexibility allows the participant to react spontaneously and honestly to questions or to articulate their ideas slowly and reflect on them. Researchers then can follow up and clarify the meanings of words and phrases immediately. Conversely, the collection and especially the analysis of interview data is time consuming and labour intensive (Holloway & Wheeler, 2002).

Triangulation enhances credibility by using multiple referents to draw conclusions about what constitutes truth and what has been compared to convergent validation (Polit

& Beck, 2004). As Polit and Beck state, the aim of triangulation is to "overcome the intrinsic bias that comes from single- method, single- observer, and single- theory studies" (p. 431). Triangulation is also considered by qualitative researchers as a research strategy to ensure completeness of findings or to confirm findings (Streubert Speziale & Rinaldi Carpenter, 2003). By adding depth to the research study, researchers are offered a more accurate and reflective picture of the phenomenon under study. Triangulation simply helps to capture a more and complete contextualized portrait of the phenomenon under study. For the purpose of this study, an independent party, who understands qualitative research, will help to review the data collected. Not only will this help to verify the researcher's findings; it will also help to strengthen the reliability and credibility of the data collected from the participants. Review of the transcribed audiotapes will further be beneficial to the study. Once the tapes and transcripts have been reviewed, going back to the participants and verifying and describing what they meant and verbalized is a valid way of ensuring trustworthiness of the findings. This method also helps to generate more data by clarifying notes collected from the participants. Not only does this generate more information, but it adds to the credibility of the findings as an additional source of information for which to substantiate findings from the participants. Furthermore, extensive review of the researcher's field notes; during and after the interview will hold valuable information and further aid in the strengthening of the study. By incorporating the interviews, transcribed notes and notes from member checks, triangulation from the above three sources will add valuable credibility to the research study to ensure trustworthiness of the findings.

Data Analysis

Data analysis is a complex and time consuming activity. There is no rigid process for interpreting the data; however there are distinctive and different approaches to analysis. The purpose of data analysis is to organize, provide structure to and elicit meaning from collected research data (Polit, et al., 2001). The process of analysis typically involves the following stages: transcribing interviews and sorting field notes, organizing and ordering data, coding and categorizing, building themes, and listening to and reading the material collected over and over again (Holloway & Wheeler, 2002). Themes often develop within categories of data. The search for themes not only involves the discovery of similarities with participants, but also the search for variation (Polit, et al., 2002). Content analysis is well suited to research that investigates a broad range of notions or ides. Polit and Hungler (1995) suggest that content analysis is typically applied in qualitative investigations which ask the "what" questions.

Verbatim transcripts of each interview will be made into "raw" data for analysis. The raw data will then be proof read while listening to the audio taped interviews, thereby providing a general sense of each interview (Sandelowski, 1995). Not only does this help to review the data collected, it also allows the researcher to put audio data to written format and cleans up the interviews and makes the data more accurate when interpreting and analyzing. The aim of content analysis as a method is to produce a detailed and systematic recording of themes and issues from the interviews and linking the interviews and themes together under a reasonable category system (Burnard, 1991). Polit and Hungler (1995) also state that discovering themes within the interviews provides patterns of meaning which yield valuable insights about the participants.

The basic technique for the analysis of this study is known as analytic description. It includes the following three steps: (a) deciding the unit of analysis; (b) developing a category system for classifying units of analysis; and (c) developing a rationale to guide coding of the data into categories (Wilson, 1989). Through a process known as open coding, the raw data are read line by line repeatedly to discover key words that can be used as the unit of analysis and then coded accordingly. Codes may describe a line, sentence, or an entire paragraph. Categories are then developed by pulling the codes together. Codes help to identify similar phrases, patterns and commonalities within the data (Berg, 2001). Reduction is also necessary to help organize and summarize the categories resulting from this method of analysis. By carefully comparing and clustering the categories, relationships between the categories are established resulting in content themes. These themes in essence, summarize the meaning of the data which addresses the research questions.

The transcribed interviews and notes were then checked by a member of the thesis committee to ensure validity and trustworthiness of the data. In a member check, researchers provide feedback to study participants regarding the data generated from the interviews and then obtain the participant's reactions (Polit & Beck, 2004). Polit and Beck state that if researchers are to provide their interpretations of the interviews are good representations of the participants' views, then the participant should be given the opportunity to react or provide further explanation. For the purpose of this study, once the data has been analyzed, and themes have been developed and summarized, will this be brought back to the participants to confirm the findings. Further explanation of the trustworthiness of the findings will be described later in this chapter.

Ethical Issues

Legal rights and ethical aspects have to be considered in all research methods. Researchers must apply principles that protect participants in the research from harm or risk and follow professional and legal rules (Holloway & Wheeler, 2002). Researchers must recognize the right of participants to refuse participation in the project or to withdraw if they wish at any point in the study. A study protocol that does not consider the ethical aspects without due regard to the law would potentially infringe upon human rights of the participants and would be flawed (Polit, et al., 2001)

Obtaining informed consent is the first step in the research study. Researchers who do not obtain consent from participants can potentially commit the crime of battery and the tort of trespass to the individual (Montgomery, 1997). Polit, Beck, and Hungler (2001) defined informed consent as follows: "Informed consent means that participants have adequate information regarding the research; are capable of comprehending the information; and have the power of free choice, enabling them to consent voluntarily to participate in the research or decline participation" (p. 78). For consent to be valid, a person must be competent to give consent, they need to know in broad terms what they are consenting to and consent should be voluntary and not coerced. There are also issues concerning research with children and the elderly. However, for this study, there will be no children (under 18) or individuals older than 65 participating. Obtaining consent also preserves the dignity, rights, safety and well being of the participants (Holloway & Wheeler, 2002). A consent form (Appendix C) and cover letter (Appendix D) has been created that will allow the participants to read the purpose of the study and allow them to

sign so that permission to conduct the study will be obtained prior to any interviews being conducted.

Another aspect that researchers must consider is privacy and confidentiality. The Declaration of Helsinki (WMA, 2000, paragraph 21) states, "every precaution should be taken to respect the privacy of the subject, the confidentiality of the patient's information and to minimize the impact of the study on the subject's physical and mental integrity and on the personality of the subject". Earning the trust of the participant is paramount when conducting any research study. Maintaining the anonymity of the participant is equally as important. Qualitative studies have small sample sizes and it is not always easy to protect identities. By changing minor details so that participants cannot be recognized will ensure that the identity will be kept anonymous. Only the researcher will be able to match the real names and identities with audio tapes, notes, and transcriptions. All materials and data gathered during the interviews will be kept secure and participants will be given numbers or pseudonyms to protect anonymity (Holloway, & Wheeler, 2002). Only the researcher, transcriber and thesis committee will have access to the interviews to ensure that privacy and confidentiality of the research participants are maintained. All data collected will be stored in a locked file cabinet and on protected computer files.

Trustworthiness of the Findings

When applying qualitative methods to the process of research study and design, researchers will encounter issues concerning the value or trustworthiness of the research findings (Sandelowski, 1993). Emden and Sandelowski (1999) have stated that "no one set of criteria can be expected to 'fit the bill' for every research study" (p. 6). It important to keep in mind that rigor in qualitative research must be accurately represented by the

study participants statements and experiences. Sandelowski (1986) warns of two threats to the applicability of qualitative research: elite bias when favoritism is shown toward articulate participants and holistic fallacy when the researcher feels overly confident with his/her conclusions. To avoid these threats and ensure rigor of the study, the researcher should provide detailed descriptions of the research data and repetitive review of the interview manuscripts when developing themes (Appleton, 1995; Guba & Lincoln, 1989).

Guba and Lincoln (1994) have identified operational techniques supporting the rigor of the work: credibility, dependability, confirmability, and transferability. The term trustworthiness is a collective term applied to qualitative research for judging the rigor of scientific research namely internal validity, external validity, reliability, and objectivity (Guba & Lincoln, 1989). The true value of a qualitative study or its credibility is the extent to which it establishes the truth or reality of a given inquiry (Appleton, 1995).

Credibility

Credibility is said to be present if participants can recognize their own experiences through the descriptions of the data (Appleton, 1995; Guba & Lincoln, 1989; Sandelowski, 1993). By verifying participants' data to the research questions, it allows the researcher to assess the participants intended responses. It also gives the opportunity for the participants' to correct themselves and provides a chance to add more information if something was missed (Guba & Lincoln, 1989). This allows the researcher the opportunity to reflect and evaluate the effectiveness of the research questions and highlight any outstanding features of the participants' responses. Member check, as described by Guba and Lincoln, is another important technique for establishing the

credibility of qualitative data. Reframing the question to the participant will ensure that the researcher allows the participant to review and provide additional feedback to ensure that the information provided is credible or not.

Dependability

Dependability of a study needs to be demonstrated by researchers so that the credibility of the findings is assured. Without credibility, there can be no dependability (Lincoln & Guba, 1985). The processes of the study need to be consistent and stable over time (Miles & Huberman, 1994). Guba and Lincoln (1994) recommend the use of an audit process from beginning to end of the interview be incorporated so that a clear trail of the data is followed. Audio taping of interviews is the ideal choice and also increases the reliability of the research findings (Appleton, 1995). The above strategies were used in this study to ensure reliability and consistency. The conceptual framework helped to frame the research questions and interview guide. The use of committee members and fellow colleagues helped to review the transcripts and any emerging themes from the analysis.

Confirmability

To ensure confirmability of research findings, researchers should document findings by leaving an audit trial, which is a recording of activities over time that another researcher can follow (Streubert Speziale & Rinaldi Carpenter, 2003). The ability to illustrate as clearly as possible the evidence and thought processes that led to the conclusions of the study are important so that other researchers and readers will be able to follow the actual sequence of how data were gathered and transcribed throughout the analysis process.

Transferability

Transferability refers to the probability that the study findings have meaning to others in similar type situations (Streubert Speziale & Rinaldi Carpenter, 2003). Guba and Lincoln (1985) essentially refer to transferability as the generalizability of the data, which by the findings can be transferred to other settings or groups. They also suggest that the researcher is responsible for providing sufficient descriptive data in the report so that other readers can evaluate the applicability of the data in other contexts and settings.

Access

Ethics approval was obtained from the Faculty of Nursing Ethical Review Committee at the University of Manitoba. Access to a community based facility in a western Canadian city was secured.

Chapter Summary

This chapter described the methods and research design used to conduct this proposed qualitative study. The strategies of conducting semi-structured interviews and content analysis are well suited for an inquiry of this nature and have been applied to this investigation.

Chapter IV

Findings

This chapter describes the results of the data analysis. Data for this study were collected over a 2 month period. Nine participants were interviewed from a community hospital. All interviews were tape recorded and hand written notes taken. The tapes were then listened to and transcribed by the researcher to a Microsoft Word document. Data derived from the interview questions were subjected to qualitative analysis and themes emerging from the data were identified. Content analysis was used to analyze the qualitative data. Themes emerged from the content analysis that were a reflection of the participants' feelings and thoughts. Three themes were identified in the data from the participants' experiences: (1) decision making, (2) communication and (3) support from management and peers. The emergence of these themes helped to answer the research questions of the study which were:

4) What are nurses' perceptions of job empowerment and satisfaction?
5) What do nurses perceive of their working conditions in the facility in which they are currently employed?
6) What perceived strategies can be utilized to improve nurses' perceptions of empowerment and job satisfaction?

Description of the Participants

Nine participants were recruited and participated in this study. The coding of transcripts, number of interviews and pseudonyms used for each participant are presented to ensure the clarity of the findings. Demographic data described the nurses who participated. The data include such items as nurse's age, gender, employment status,

years of nursing, and educational background. Participants were selected for the study through informal information sessions that were conducted on three medical wards of the community hospital. Nine nurses then volunteered for the study. Ages of the nine participants ranged from 24 to 49, with an average age of 34.5 years. All interview participants were Registered Nurses and female, with varying amounts of nursing experience, ranging from 1.5 to 10 years. Three of the participants were from the medical float pool. They had worked on the three clinical units at some point whenever they were floated to there; while the remaining six participants, were from the three clinical units. Educational background varied for each participant. Of the nine participants, six had a baccalaureate degree in nursing, while the remaining three had a Diploma Certificate from a community college.

Interview and Transcript Codes

All nine participants were interviewed once. No follow up interviews were required as the clarity and truthfulness of the interviews were tape recorded and reviewed by the writer; and one interview was reviewed by the chair of the thesis committee. All nine interviews were designated the pseudonym Interview A through to Interview I to help differentiate each nurses' response and for coding purposes. Data saturation was achieved with the nine participants because their statements began to become repetitive and the emerging themes become consistent in nature and in description from the participants.

Decision Making

The decision making process was important for all participants. Participants felt that if they were given the opportunity to make important decisions, not only the daily nursing care of their patients, but also in key decisions in their work environment, they would feel more empowered. Therefore, the decision making process was a common theme identified by the participants. Several sub-categories were identified from the particiipants' responses that affected decision making. These sub-categories were: lack of experienced staff to make informed decisions, management's influence on decision making, and being appreciated by peers and management

Lack of experienced staff to make informed decisions

One participant described her experience while caring for a palliative patient. She pointed out that many of the nurses were not comfortable in providing analgesics to the patient. Nurses feared that if they accidentally overdosed the patient, they would make him/her too sleepy and contribute to the patient's hasty death. However, this particular participant described how she dealt with the situation and how it was a good reminder of how nurses need to make decision making an integral part of the nursing process.

> ...people hadn't been giving her pain medications...it was just like a nursing decision...and just to be able to go in there...I talked to the doctor right away, got that medication, you know, scheduled forcing people to give it...she passed away a couple of days later and after that I knew that she was more comfortable and I felt really good about that. (Interview A)

This participant felt that the best way to advocate on behalf of this dying patient was to make the decision to go forward to the physician and relay concerns that the patient was not comfortable in this situation. Nurses had not been giving any analgesics

to this patient on a regular basis. Despite being criticized by her fellow peers, she felt that this was the right decision.

> Well, I made a point that we needed to be doing more. And that, we, this lady had been sort of overlooked…it was especially being a newer nurse. But in the end, I mean, I did what, well, what I know was right. (Interview A)

One participant who recently graduated from nursing and worked for about a year on one of the clinical units, described a conversation that she had with her unit manager in regards to the decision making process about a particular patient. In this situation, the participant who had limited experience in dealing with the discharge planning process, was asked to provide input into her patient's discharge home by the unit manager. Discharge planning for this patient only involved the discharge planning committee (other health care disciplines, i.e. social work, physiotherapy and occupational therapy) and did not take into account the nursing perspective.

> Actually the nurse manager said…asked me what I thought about her going home cause the doc had already written down that she was going home, so she asked me what I thought about her going home and I said "I don't think it really matters what, what I think, she's just so, in so much pain that if we send her home, she's going to come back". So there I felt like she was actually asking my opinion and my input, which was nice. But I did feel as though I had some say in it, you know, even though decisions were being made towards the other way, I didn't think that it was, I really thought it was kind of pointless and a waste of money to send her back home… (Interview D)

When the manager asked for the nurse's input into the patient discharge, the participant felt that being asked by management was respectful and that her comments or opinions were being valued by others. The manager's actions and comments demonstrated some thought and concern in regards to the nurse's decision making skill as described in her statement:

> But the fact that she even asked me was, was actually really, I appreciate that! (Interview D)

The participant felt being asked by management made her feel part of the health care team. In contrast, the same participant also felt when nurses' opinions were not listened to, it was not empowering and changes needed to be made to address the situation. One change suggested by nursing was to have standing orders in place for routine procedures and practices. Standing orders which were readily available would help to facilitate nurses' practice when delivering PRN (as needed) medications, without having to wait for a physician to call back.

> I often felt as though, making decisions was, umm, like you, you just had so many loops to go through you know…I think that's where some things need to be changed in the whole nursing profession…We're given higher education, but we aren't given the uh, you know, we aren't given enough to back us in our education…you know all this information, but you know, you still have to go ask. (Interview D)

One participant described her decision making experience, whether it was positive or negative, as having an impact on her decision making ability. The participant felt that the more "experiences" she had with decision making, that her confidence would be increased and her ability to make quality sound decisions in regards to patient care would be positive as well. The participant also believed that increasing her confidence level with the decision making process was empowering which led to increased feelings of job satisfaction. The participant stated that the knowledge gained from the decision making process was a confidence booster with different situations or scenarios arising on a daily basis.

> Yeah, I have just noticed that along the way, um, as time goes by, the more I know, the more experiences I have, good or bad too, because I learn from all of them. But the more knowledge as my confidence level in

> nursing has gone up, um I just feel happier at work and way more satisfied with my job. (Interview E)

Participants felt most satisfied when they are able to provide input into a patient's care plan. They feel they are actually listened to and included in the decision making process. As a consequence of being included, decisions happen as a result of their input into patient care. However, the same participant did note frustration and anger when she was not listened to by others. She described the feeling of being insulted and annoyed when other health care disciplines (especially physicians) did not take her suggestions seriously in regards to patient care.

> Angry, definitely. I was a bit angry and annoyed…I don't want to say it like hurt, but you know, how you feel but feel insulted he didn't take it seriously or listen to what you have to say (Interview E)

The same participant did mention that, because she was a new graduate nurse, she also experienced some conflict with management due to her lack of experience.

> She just jumped down my throat, she you know, she was yelling at me about you have to determine if it's cardiac. I couldn't even explain to her anything I [had] done yet. She was petty and I think that because I was new, I think I was a grad nurse at the time, so obviously I felt terrible and I didn't even know what to say, but she wouldn't let me explain…so I mean there are times when you actually get you know, yeah yelled at or embarrassed (Interview E)

As time went by, the participant felt that, with the experience, she was able to make better decisions and also felt more empowered. She also felt that she was more valued for her experience and knowledge by others on the ward.

> You know what I think, is that with the more experience I get and the longer I work, the more empowered I'll feel, I think, like I said the big thing is the more, valued I feel like for my input, people listening to what I have to say is a huge part for me, but that goes for me. That goes hand in hand with the knowledge. (Interview E)

Appreciation by others also is important, especially when first starting out in the nursing profession. Most participants believed when they went to approach their manager for help or feedback, they were aware that their concerns were being listened to and addressed. As well, they were able to attain positive feedback from management.

> Yeah, being appreciated is the most, like in just you know, with umm, being able to approach like your manager and stuff with, you know, your concerns and her feedback and...especially the new nurse. (Interview H)

One participant, who had over 10 years experience on the medical floor, was quick to validate the fact that the lack of experience of newer nurses on the unit did not equate to job empowerment.

> Where I work now, umm, we don't actual, I would honestly say we don't have a whole lot of it, it doesn't empower us to a great deal. Like we've got eleven new grads and that there in there is no empowerment. We don't make decisions. Our manager makes all the decisions on our floor. The only time we get to make decisions is over the weekend. And that's pretty much the reality the way we work. (Interview I)

One participant made the observation over the span of her career that most new nurses are afraid to speak up and make their voices heard. She believed what contributed to not speaking up and being heard was the lack of experience of and confidence in new graduate nurses. The fact is that new graduate nurses lack the experience of making quality and informed decisions and may make them feel uncomfortable and inadequate when talking to either physicians or management. Although management is present on the floor, lack of experience or seniority does not hold any influence to making important decisions regarding patient care.

> The nurse manager is there all the time, so she listens, but a lot of times I don't think it's not up to her...I don't know if everybody feels this way, maybe because I'm getting a little bit older, and cause if you talk to a nurse in her 20's or early 30's, she's going to feel differently. But just because I'm getting to close to 50 and I'm just sick and tired...so I'm

> probably more vocal than them and maybe that's why I feel that at least they listen to me but just like something that's not going to do anything" (Interview B)

Trust from Management

Participants described their managers on the clinical units as making the majority of the decisions for nurses. The manager's intent was meant to make things more practical and rational for nurses when providing daily nursing care. Participants also believed that managers on the clinical units assumed that nurses were sometimes unable to make rational and practical decisions on their own. Some participants still believed that, even though management made the daily clinical unit decisions from patient care to the functioning of the clinical unit, the participants believed that their ideas of improving patient care and running the clinical unit were still better. One participant described her involvement in this situation as somewhat productive. She also noted her frustration when her ideas were not well received by the manager.

> Most of the times yes, but there has been instances where my idea would have been better. (Interview C)

One participant described a situation involving her manager and how she was supported with her decision making skills. The participant believed she was more empowered and autonomous when making health care decisions regarding her patient's care. The ability to provide input and be listened to also made her feel confident and satisfied in her work.

> I guess it would mean some autonomy, having some autonomy, being able to make my own decisions whether I would be backed up by my boss, hopefully, but I guess my own co-workers as well being involved…I can at least, you know, put what I think in, we discuss it and someone listens to me…that's when I feel the most empowered and the most satisfied with my job. Yeah, yeah, definitely. (Interview E)

The fact that management makes the majority of the nursing decisions on the floor is not empowering to anyone. To be controlling takes over the premise of autonomy of an individual and leaves nurses helpless to make any type of educated decision in regards to patient care. The only time this particular participant noted that she was able to make independent decisions on her own was when the manager was not there on evenings, nights, and weekends. Furthermore, the participant stated the manager, even when present on the clinical unit, still made the majority of decisions on her behalf, regardless of the input that the participant had in terms of her knowledge of the patient that she was taking care of.

> She monitors like, we're doing discharge planning, she actually monitors everything. She may only give you sections of it to do at times. Like, she has a really firm control over everything. (Interview I)

Other participants from this clinical unit shared the same perspective as the previous participant. The participants believed that when the manager was present on the clinical unit, it was less empowering to them because the manager made the majority of the decisions and ignored opinions and concerns of the nurses. Although some of the participants shared similar opinions, one participant described the absence of her manager as a positive experience. When she was placed in charge for the shift, she believed being in that position of authority allowed her the opportunity to make sound clinical decisions, without any fear or intimidation from the manager if present on the clinical unit.

> The fact that I have been charge nurse at times on nights or on the weekends when my nurse manager is not there, and, I can have that label and make some decisions. (Interview E)

Other participants described feeling dissatisfied as this was evident in further comments made.

> It can be very frustrating because you know that you know what you're doing and you can make the decisions. It's like having an admission on the floor. If she's in the building, we could have one empty bed, one patient coming up and we still can't make the call. We have to wait until she comes onto the floor to make the call as to where to put the patient. (Interview I)

On a different clinical unit, one participant described the feeling of helplessness, being ignored and not feeling valued by her manager when it came to decision making. She commented,

> From a nursing point of view too, cause it's you know, little things that may not seem important, but over time they can develop into big problems. And if you're not going to be listened to when you have the concerns and you can't do anything without it. (Interview B)

This participant particularly felt powerless in making nursing decisions because she felt that nurse's opinions were never taken seriously when it seemed to matter the most. Several participants echoed the same sentiments with her comments:

> Most of the time yes, but there has been instances where my idea would have been better. (Interview C)

> Like why am I writing these notes? Nobody's reading them. But that's totally opposite in emerg and that's why I have this incredible satisfaction in emerg, cause I see them reading my note. (Interview D)

The recurrence of not being listened to by the manager or management and others reflected throughout the participants' comments. Some participants even felt that the manager was intimidating when they went to ask her questions. These participants believe that their manager utilized scare tactics that instilled fear in nurses whenever they asked questions, which led to an ongoing cycle of intimidation and fear.

> Yeah, like if you asked her something, she'll make you feel intimidated. So no one wants to ask....we don't ask as much as we should I don't think. (Interview G)

However, not all the participants felt the same when they were asked the same question during the interview. One participant felt that, even though her unit manager took the "mother hen" approach to all decision making, she still felt comfortable working on that floor because she was mentored and looked after.

> I guess because we're all so new she kind of takes the mother hen approach so she doesn't really let us do a lot of decision making on our own. So, you know, for now I'm in a, I'm in a place where I'm comfortable being you know, kind of mentored, mothered. (Interview C)

From this perspective, this newer nurse actually felt that her manager was helping her out in a positive way with certain decision making skills. This left the participant to concentrate on other matters, while the manager helped to make the decisions that the newer nurse will be able to make with more experience and time.

One interesting point that another participant mentioned is the fact that, if men comprised the majority of the nursing profession, things would be looked at from a different perspective.

> So if there's any empowerment, it's because we kind of stick together and because the management…but it's not right, it's not right. No and not to do any, cause you're a guy, but you're gonna see the difference. If nursing would have been a profession where you know, 70% were men, it would be different…you know because that many of us are women and you're kind of by nature, you know caring and nurturing, and we have that guilt that kind of we carry with us all the time. A lot of stuff is done to us because they know that we can take it and we're not going to say much. (Interview B)

This was the only participant who expressed these views. No other participants expressed any concerns regarding gender as an issue with respect to preferential treatment. Although this participant expressed her views on the issue of gender, this topic will be elaborated in the discussion chapter.

Being Appreciated by Peers and Management

The feeling of being valued and validated by peers and management also was apparent in the participants' statements. The majority of participants felt validated by peers and/or management by making the right, informed decisions based on the situation at the time. The participants felt that if decisions were made properly by the management, these decisions would result in positive outcomes of patient care.

> I had kind of assessed the situation properly. I was on the right track. So I find that to be a little more rewarding...Yeah, OK, I was right and thinking it through, I had thought it through properly and I came to the conclusion that would have been promoted by, you know, the staff anyways. So I guess in a way I do. (Interview F)

The fact that nurses think they are more valued and validated for the choices they make when supported by their own peers is relevant in the decision making process.

> Sometimes their umm, their support means more than management...because you work with them all the time (Interview F)

Another participant described decision making as wanting more autonomy which would eventually lead to the perception that nurses could be making more independent decisions on behalf of patients.

> So yes, I wish that there was a little more autonomy, yeah...give us the tools that we've been trained for. (Interview D)

The significance of clinical decision making is that nurses would feel more "empowered" when making the right choice and validated by their fellow peers or by management.

> It's good rapport with your colleagues and a sense that you're being backed up and....with your colleagues and with management. That you are un, that people trust your decisions and people trust your nursing skills and your assessment you know. At the end of day you know, for someone to come along and say "you know, you did a really good...that was a you

> know you really caught that" If you saw something, and you know, that often gives me satisfaction. (Interview D)

The same participant also stated when she was given the opportunity or at least attempted to make any decisions in regards to her patient's care, she felt satisfied. When it came time to make future decisions, she felt more confident when doing so.

> Yeah, so then I felt satisfied that I had at least attempted it. You know that it was documented and then it gave me more backing to my decisions (Interview D)

When not listened to, participants tended to feel negative towards their working conditions and management. These perceptions then created the mindset that nurses may not even want to show up for work the next day and create the cycle of helplessness and continual frustration.

> It was brutal getting up to go to work. I was not excited. (Interview D)

Participants feel more empowered when they are listened to by management and others. The key aspect is not to just listen to concerns and opinions, but also to understand and problem solve these concerns with nurses. Working collaboratively together is important and cannot be overlooked in today's health care environment. The participants considered clinical decision making an important part of their nursing practice in providing quality, safe and competent health care.

Communication

Communication was the second theme that emerged from the data analysis. Several sub categories emerged: feedback from peers and management, fear and intimidation, and invisible management. Many nurses cited communication between management and other health professionals as an important factor in job empowerment and satisfaction in the hospital setting. One participant stated:

> You know communication is obviously meant to be toward empowerment. (Interview A)

Feedback from Peers and Management

The majority of participants who were interviewed for this study stated receiving feedback from management was recognized as being important to them because it gave the feeling of being appreciated, and that those individuals were actually listening to their issues and concerns that were being raised. Another nurse described her relationship with her manager as understanding and comfortable.

> My nurse manager, like she, she's very good and she understands the type of person that I am, and like I have, I…I…I'm very comfortable with my relationship with her. (Interview C)

When the manager did provide positive comments, some of the participants were initially shocked and taken aback when their manager was positive with them. One participant commented on the positive feedback that her manager provided in regards to patient care.

> I gave my, what I thought we could do to treat the wound and she totally agreed which made me feel very good because, I thought, "oh good, like I think I knew what I was talking about" ...like she was very, you know, she was very complimentary about like, well good job, you know and obviously I was tremendously satisfied so with that result. (Interview E)

Another participant also described the positive comments that she received from her manager and, at the same time, some of the positive feedback came from her fellow colleagues.

> My boss gives me compliments or says that was a great job or someone else says that some things you know, yeah, just hearing positive feedback…from people that are more senior and that definitely gives me a boost and makes me feel very satisfied and empowered. (Interview E)

Positive feedback from either management or co-workers provided the participant with the perception that her opinions were being respected and valued. Receiving "nice complements" left the participant with a feeling of satisfaction.

Contrary to the feeling of personal job satisfaction, some participants thought management did not display much attention or care towards them. This general dissatisfaction from some participants was evident in their statements. Most of the participants were simply seeking acknowledgement and some sense of compassion from management, to know that they actually cared about the nurses and did not brush them off or ignore their concerns or issues.

> Making you feel as though she cares about me, that would, like, that you know, that would make, that would make me feel very satisfied. That if, the manager would acknowledge where I'm doing something right…or just to actually take a genuine interest. (Interview D)

> I was almost a little bit offended by that just because I hadn't received any feedback from her, whatsoever. (Interview A)

The lack of feedback from management was one source of particular frustration for most participants on all the clinical units. The absence of positive or constructive feedback of any sort does not help in the professional development of nurses working on that unit. The lack of feedback from management proved to be exasperating for some of the participants. The feeling of not being listened to was voiced by several of the participants.

> Having the feeling that you're listened to, and that you have a voice, and you're opinion counts for something. (Interview B)

> You know, if there was just a bit more an open environment. (Interview A)

Even the tone of voice greatly influenced how communication was perceived by others.

> He [physician] yelled it across at her and I was, yeah, so I mean there are times when you actually get you know, yeah yelled at or embarrassed, wasn't even taken aside and said anything to. (Interview E)

> Umm, I think just the openness of communication, umm…I feel personally with my manager, she's a little bit tough to communicate with in that she's slightly abrasive, she's a strong personality and I don't necessarily want to spend extra time with her…that would need to be worked on would be how do you make that communication as open to everyone as possible? (Interview A)

Most participants did not think that manager A was the ideal person to hold a conversation with because of her abrasiveness and personality. The participants perceived the manager as being difficult to deal with which resulted in limited and short conversations with her. A few more participants had similar discussions with the same manager. Again, this further supported the fact that communication with this individual proved to be frustrating and difficult.

> Yeah, like just, just she's just angry and she's just, you know, yeah, and she's certainly not approachable about it…well she doesn't really talk, it's just you know, she kinda will basically get angry and that's it. She doesn't really communicate with her staff. (Interview H)

> You kind of feel like you're talking to the wall. (Interview B)

Fear and Intimidation

The feeling of being intimidated by management instills fear in employees. The fact that a person needs to use fear and scare tactics when someone is seeking help is detrimental to, not only to the person who asks the question, but also to the facility in which one works. The feeling of intimidation by others may then create a negative or toxic environment in which one works. Working conditions are not deemed ideal, the

conditions become deplorable which may impact a nurturing or caring work environment. If new employees or new graduate nurses are employed, they may be more susceptible to this toxic environment if they are continually exposed to negative comments. The potential fall out from this may eventually lead to resignation of these nurses from the facility. The support, positive feedback, and open communication from others would help nurses cope with working conditions and deal with extreme situations.

> I think sometimes she listens and sometimes she's just kind of intimidating, like so…yeah, like if you asked her something, she'll make you feel intimated. So no one wants to ask…we, we don't ask as much as we should, I don't think…she always seems to be at, I mean maybe she is at meetings and things, but she's just not around and I find her intimidating and have problems asking her for help. (Interview G)

The negativity and intimidation perceived by this participant further harbors bad sentiments towards management and may lead to a possible deterioration in relationships between nurses and the administrative team. In addition, the tone of voice by management can have an impact on employees and how they interact with one another.

> Like she makes it, she makes it sound like why, why are you even asking me this?...I don't even know how to describe it. It's just, you just want to get away…I try not to uh talk about the manager too much at work. (Interview G)

One participant mentioned a situation in which she was not listened to by senior nurses and management. Furthermore, she was ridiculed by both parties.

> You know what probably, like early on as a new nurse, um, I think maybe you know, what happens where you are brand new, when expect yourself to have your own ideas and thoughts, um, whether they're valid or not. I think sometimes, certain nurses, senior nurses and nurse managers um don't listen and they'll actually rudely make you feel dumb maybe or I used to be a little more cautious or careful about questions I asked. (Interview E)

Another participant believed that when proper documentation occurred, neither physicians or management bothered to read the nurses' notes. According to the participant, the disregard of nurses' documentation showed a lack of respect and demonstrated further the participant's notes and documentation were not taken seriously at all.

> And often they don't read the note, which makes me even feel more stupid. Like why am I writing these notes? Nobody's reading them. But that's totally opposite in Emerg and that's why I have this incredible satisfaction in Emerg, cause I see them [Physicians and management] reading my note. (Interview D)

This participant found that working in the Emergency Department was more satisfying, simply because the physicians read nurses' notes on patients. When physicians provided positive feedback, the participant believed she was more empowered because there was a sense of respect and belonging having others listen to and respect your writing and professional opinions about patients.

Participants repeatedly mentioned problems or concerns with regards to staffing levels, lack of equipment, and lack of support. When management did listen to the nurses, no actions were taken and the nurses felt betrayed.

> Some people have brought it up to our boss and she says she is going to do something when we talk to her, but she never has. We are sure she never has…if we saw something was being done about it, I think we would all feel a little better, but we are so frustrated. (Interview E)

Invisible Management

The three clinical units that were selected for the study were all medicine. The three managers who worked there had been on the units for many years and were well experienced. Of the three, two of the managers were nearing retirement within the next 5 years. Participants viewed each manager with whom they worked differently; their

statements reflected the concerns and issues they had with the managers, both positively and negatively. The statements from participants were enough to solicit varying opinions on each manager and their management style or lack there of.

Of the three managers, two (A and B) had different styles of management style and leadership, and there was a marked difference in how the participants responded from those clinical units when asked how supportive their manager was. The participants viewed managers A and B unfavorably because the managers did not empower the nurses. Managers A and B had less than favorable responses from the participants. The management style from managers A and B were significantly different from manager C, because managers A and B did not allow their staff to perform the majority of decision making on the clinical unit. Managers A and B wanted total control and did not provide any flexibility so participants would not have felt any empowerment in the work place. The managers were not supportive when participants asked for help or when opinions were sought on certain matters regarding patient care.

> I think sometimes she listens and sometimes she's just kind of intimidating. Like if you asked her something, she'll make you feel intimidated, so no one wants to ask. (Interview G)

Whether the managers were off the unit or in the office performing administrative duties, participants viewed the physical absence of managers A and B in a negative manner.

> Sometimes she's around quite a bit, but usually she's in her office or at a meeting. I see her in the morning, then I see her when she's leaving and sometimes not in the middle. (Interview G)

Furthermore, when manager A was absent from the clinical unit, nurses had to make important decisions, whether it was for direct patient care or ensuring staffing

levels were met. One participant was placed in charge while the manager was away from the clinical unit. She was faced with the task of having to find staff to be a constant attendant for a patient who was restless and non-compliant. When the manager arrived back to the clinical unit, the participant was questioned repeatedly about her decision to order extra staff, when the manager clearly did not want such a thing to occur. The manager's main concern was due to budgetary constraints and reasons.

> They just kind of leave it to the charge nurse and I've been in charge a couple of times when this has happened. It's about the budget, she's [manager] very adamant about being within the budget. So, you know, patient safety is compromised and you don't feel like you've done a good job, when you're not keeping your patient's safe. (Interview H)

Manager A also was known to make nurses second guess their decision making and thereby placed the individual in a position that left her feeling guilty, second guessing their clinical decision making, and inadequate to complete the job in a professional and dignified manner. With this type of behavior by the manager, some participants were resigned to the fact that their manager's behavior will never change and accept her for who and what she is.

> You kind of realize that this is the way that the person runs her floor and she's not going to change and you kind of either accept it or you move on, you know? (Interview H)

> Well, if you're charge nurse, you're triple; quadruple guessing your decision to accept constant care. Because you know in the morning, you're going to hear about it, you know. Because she is very, very adamant about people staying within the budget and that's a huge stress, you know. (Interview H)

The other manager (C) who operated the third clinical unit was seen as a manager who empowered and allowed nurses to think independently and be a part of the clinical

decision making process. Participants from this clinical unit also described their manager as being supportive and guiding in nature.

> Probably because she gives the most amount of trust.. But I've never had a time when she's ever said no I can't help you, when I've had to go to her for help. (Interview F)

Many participants pointed to the lack of visibility of managers' A and B on the clinical units which led to communication breakdowns.

> She's not that open or easy to come to. And that's just another one of the issues on our ward is that our manager is busy with many meetings and different things going on…Umm again, my own communication, if I'm going to be nervous about communicating to her, of course things aren't going to get resolved. So it's uh yeah, it's just, you know, this open communication issue is of course going to be on going…I've talked with her but it didn't do anything, so it would be a good thing to be a bit more open about that. (Interview A)

The lack of visibility of managers and/or senior management on the medical unit was a focal point of frustration for the participants. With an absent or invisible manager (managers A and B), with whom participants could not communicate concerns and issues, proved to be more and more exasperating for the participants. One participant even described the physical absence of her manager (A) as frustrating. Furthermore, when the manager was away at meetings and returned to the unit, the manager did not know what happened in her absence. This participant found manager A's behavior exasperating and annoying. Misunderstood issues ranged from finding staffing to cover shortages, to helping with discharge planning to help deal with relations between staff and patients, and even with other health care professionals.

> She's in meetings all day. She is not really up, at the front line. She doesn't really know what is happening. Or maybe if she was in this debriefing, you know, she would kind of understand like, what our concerns are, our challenges are for the day, you know. (Interview H)

One participant described working for the manager who was overbearing, did not allow the nurses to make clinical decisions, and thereby made them feel less empowered. She compared this manager to her current manager in Emergency and noted a significant difference in style, leadership and flexibility.

> I have increased confidence, it's because the manager supports me, it was just awesome, I'm staying. There's no way I'm leaving now, cause you know, like, I've been supported. Having a front line manager backing me, has changed the way I approach nursing practice. (Interview D)

Participants from one clinical unit reached the conclusion that communicating with manager B was futile and irrelevant. Nurses' needs and concerns were not met by management and the lack of opportunity for discussion led to disdain towards management further eroding future communication between both parties. Alternatively, some participants thought if the manager was not present on the unit, participants were allowed to be more autonomous with their decision making. However, the majority of participants believed, when certain issues arose on the clinical unit, they would rather have their manager present on the ward to help deal with the issues and resolve them in timely and effective manner.

Feedback and support from fellow co-workers or colleagues were instrumental in helping the participants deal with issues that suddenly occurred when dealing with patient care and other issues from the clinical care areas.

> If there's any empowerment, it's because we kind of stick together. (Interview B)

Holding forums or debriefings with other participants opened lines of communication to discuss ideas, problem solving techniques, and discussion of unique patient care related cases.

> Umm I guess more debriefing, I think that would, it's just to have a bit more open conversations about you know either mistakes, umm or things that maybe didn't' go so well, ok, well how can we do better next time? What education do you need? What tools do you need? You know, umm or when things have gone well, it's just that you know you made a good decision there that coped well. (Interview A)

The ability to talk with other nurses, not just on the same clinical unit, but from other medical wards, gave the participants different perspectives of how things could be approached in a different manner and further opens lines of communication to develop relationships with other nurses. Aside from holding information sessions and workshops to discuss new policies and procedures, most participants believed if communication was facilitated so that they could talk to other nurses from other clinical units, it would greatly open different avenues of discussion and communication. Participants also stated if structural opportunities were made available, such as allowing them to participate on Nursing Practice Councils, these councils would allow for the discussion of clinical nursing issues.

Another area of interest raised by some participants dealt with communication with patients and their families. Negative feedback and/or comments from both patients and families were identified by participants as detrimental to the targeted individual.

> It really got to me the verbal abuse and she really put me down a lot but also I was exhausted and I was babysitting him constantly and actually at one point I had to call the security to hold him. (Interview E)

Another participant wished she had better coping skills when dealing with patients and families.

> Difficult family members, like being able to deal with difficult family members better, that is something that I wish that I could do. (Interview C)

Dealing with patients and families requires a different skill set and cannot be really learned from a textbook. Typically, these types of situations can only be learned on the job and dealing with the experience first hand.

Overall, communication was a theme viewed by participants as important to them. Feedback was considered essential by the participants because they believed that their concerns about patient care were being listened to and appreciated by management and this contributed to feelings of job empowerment and satisfaction. The lack of feedback from management towards nursing was viewed negatively, and thereby affected the participants' perceptions of empowerment in the workplace.

> I felt each time, I honestly felt my input wasn't valuable. I don't' want to say it like hurt, but you know how you feel, but feel insulted, they didn't take it seriously or listen to what you have to say…so when that happens, there is no empowerment. (Interview E)

Even if communication was not a problem between management and nursing, participants found that managers still found some way to put fear and intimidation into the minds of nurses. Even the absence of the managers on the clinical units was viewed negatively by the participants and left participants having to deal with several issues alone and without guidance from the manager.

Support: (from management and peers)

The third theme that emerged from the data analysis was support from management and nursing colleagues. Sub categories emerged from the data including management support, nursing opportunities, educational opportunities, barriers to support, support from senior management and belittlement and intimidation. The participants cited support from management, peers, nurse educators, and the nurses' union as resources that helped Registered Nurses become empowered in the work place.

Participants stated when these resources were in place or remained in place; they were able to function at an appropriate level of nursing skill set within the environment in which they worked.

> I think you would feel that you're happy to come into work in the morning. I would feel that you are making a contribution in your job and learning and receiving, I don't know what the word is, but that you get a lot of your profession, positive relationships between co-workers. (Interview A)

> And I think that support and feedback from co-workers has an extreme amount, like when you're having fun together but uh, it makes for a lot of, a very satisfying environment to work in. (Interview A)

Management Support

According to the participants, managers A and B were described as non-supportive when it came to decision making abilities and did not allow participants to have a voice in regards to concerns of daily nursing care. Of the three clinical units, participants identified manager C who was supportive in clinical decision making and empowered individuals to think critically for themselves. However participants from the other two clinical units stated the managers' lack of visibility on the clinical unit impacted greatly the ability to make decisions without appropriate feedback from the managers. Another participant offered this perspective when discussing the physical absence of manager's A on the clinical ward.

> I think it's her way of saying, she has a lot of faith in our decisions, she supports us and I guess her way of showing her support is to kind of be more hands off (Interview F)

When managers A and B were not visibly present on the clinical unit, participants felt that this signified the manager's faith in the nursing profession to being able to make

sound, quality decisions. Other participants described similar characteristics of their manager on other clinical units.

> We get to make a lot of decisions on my floor…like she's not as involved in everything that we're doing as some managers are (Interview G)

> It's better than having someone breathing down your neck and following you around. Like you don't need that, that's not support. So I'm more independent anways, so I prefer to kind of do my own thing. So to me, I think it's more a complement I think to be kind of, left to do your own thing. (Interview F)

> You know, when she is not there on weekends or if she is on holidays or in the evenings, we seem to manage fine. The ward does not fall apart. It's the autonomy and independence. (Interview E)

The fact that the managers were not present also signifies that nursing is quite used to the managers' absence from the unit on a regular basis. In these instances the nurses on the clinical unit made the majority of decisions about patient care and how the clinical unit functioned on a daily basis as evidenced by the participants' statements.

Opportunities for Nurses

Participants described scheduling and timing as important factors when facilitating or being allowed to attend workshops, seminars, and information sessions. Although participants cited opportunities as important, most described having the time to go and attend these sessions were most important to them.

> I found lately, a lot of the in-services are when I'm working nights…or it's off my last night. Like, I really don't want to get up at 1 o'clock to go for a 45 minute in-service where I always fall asleep. (Interview F)

The three clinical units that were sampled had areas on the unit in which educational workshops and seminars were posted so interested nurses could attend. There was no question that opportunities were made available to those nurses who were working; it was simply the matter of being able to attend. If a participant was working on

the same day the seminar was scheduled or it was on their day off, most found it difficult to either get the day off or had prior commitments on the day off. One participant stated:

> So the opportunities are there. It's whether or not you can actually juggle it with everything else is going on. (Interview F)

Management normally were supportive of opportunities for nurses by scheduling workshops and seminars that were educational in nature. Management does indeed try to make every effort possible to ensure nurses have the time off to attend educational workshops, conferences, and seminars. One issue mentioned by participants was that educational opportunities or workshops should be conducted on the clinical unit or within the workplace facility. Most stated when these workshops or seminars were scheduled outside of the facility, it meant that nurses had to take unpaid educational days or go on their days off. The loss of income or taking a vacation day when not necessary, was an impeding factor for nurses. The majority of participants wanted the workshops to be held at work while they were working, or close by the hospital because the majority stated they lived near the facility and it would be easier to attend the sessions.

> The education thing again, for the hospital, to provide more things at our fingertips to educate us and keep us up to date. They do, like, I said, but I do not find a lot of things. I do have to go on my own and find things and pay and sign up on my own time and that's okay, but it would be nice if it was a little more at work. (Interview E)

Other participants also described the lack of time to attend educational sessions. Although the sessions were abundant on the ward, the majority of nurses simply could not find the time to attend those sessions. Participants either described having to work the same day as the conference or it was their only day off they needed time to recuperate and could not bother to attend an educational session.

The participants described hearing about other facilities in which nurses connected with working groups such as Nurse Practice Council for Medicine and Surgery, were able to meet, discuss, and further elaborate on nursing practice and ideas. Participants believed that if they attended more of these Nurse Practice Council meetings, they would be the vehicle to project their voices and concerns. The participants stated that they were interested in having a working group created and would join. They believed they would be more empowered in the workplace to discuss issues and concerns with other nursing colleagues.

Other supports

Participants believed that a Clinical Resource Nurse or Charge Nurse, who took over from the manager while they were not present on the clinical unit, was significant to them. According to the participants, an experienced Charge Nurse was essential to help the ward run smoothly on a day to day basis. Not only could ward nurses go to the Charge Nurse for advice and opinions, they also acted as a mentor to nurses, especially those who recently graduated from nursing.

> I think on the teaching unit, a charge nurse is probably warranted. I think it would be a good resource. Someone who has a lot of experience…I think that someone that doesn't have a patient load, that can help, like process orders, would be a huge thing. But someone to bounce stuff off, because half the time, the manager is in meetings all day, you don't see her and it's not necessarily stuff that you need a manager for…but someone to just kind of guide you in the right direction. (Interview F)

Some of the other participants who were interviewed also described similar thoughts of having a senior person or mentor as beneficial while helping to guide their daily nursing practice.

> The senior nurses that have been doing it for so long and they're just so approachable and you, and knowledgeable and like, their experience is

> just, you know impeccable and they're so, umm, ready to share that with you. That's great! As a new nurse, you need that. (Interview H)

Most of the newer or less experienced participants described having a mentor as an experience that was positive and conducive to their learning. In some instances, opportunities were present for ward nurses to become preceptors and mentors for graduate or student nurses.

> There's always opportunities to be a preceptor or, do different things. (Interview F)

Others also mentioned that being a preceptor to nursing students and in charge as other opportunities made available to them that were well supported by the management.

> I consider opportunities for me like preceptorship which I have had a chance to do. I think that is a good opportunity. (Interview E)

Most participants viewed helping newer graduate nurses as an opportunity because they believed they were more empowered in helping the newer graduates and providing opportunities and experiences from which newer graduate nurses could learn. Senior and experienced nurses assist in the mentoring process by being supportive to the newer nurses and thereby help to cultivate a culture of support on the unit.

> We have a lot of new RN's, we have very few senior staff right now…most of the people are within the last two years, graduated...we have shift partners, like specific people that we work every shift with and my shift partner is really great. So that makes all the difference in the world. I'm staying on that rotation just to be with a shift partner that I trust and who trusts me and I can bounce ideas off of. (Interview C)

The collaboration of this partnership helps to team up a junior nurse beginning their nursing career with a senior nurse. Similar to a mentorship program, this "buddy" assists or facilitates the junior nurse, helps to answer questions, and acts as a support for the junior nurse. Newer nurses can confide in more senior nurses when in doubt or

needing advice. Having a senior nurse made a difference to the newer graduates because the senior nurse can provide advice or examples of experiences that newer nurses had not yet. Senior nurses may also help to ease any anxieties that a newer graduate nurse may experience. Other participants also described their thoughts on the issue.

> It's because people are newer grads and they've said that it's made a huge difference. I mean calling someone a year more senior than me is not an experienced nurse. (Interview C)

> Co-workers and your superiors, you can talk to somebody like a co-worker, you have someone to talk to and vent to. I would also say my nurse manager because I have definitely gone to her and talked to her about things. (Interview E)

Another participant stated that having another nurse available to "bounce ideas off of" helped her to feel more secure and confident in the job.

> I think I'd like ask her more questions and maybe feel a little secure about what I'm doing. Like I, it would be nice to have someone to run things by. Especially when you're new, it'd be nice to say well what do you think about this? But I just do that with my co-workers, so… (Interview G)

Newer nurses found shift partners supportive. Not only do shift partners help to build confidence in individuals, this practice also helped to maintain consistency in staffing and rotations, so that the same individual was always present and able to provide help, support, and act as an informative resource.

> I work with a group of fantastic nurses! Just in approachability, the senior nurses that have been doing it for so long and they're just so approachable and you, need knowledgeable and their experience is just impeccable and they're so ready to share that with you. That's great! As a new nurse, you need that! (Interview H)

Further opportunities for career advancement were made available to all nurses on the clinical units; yet at the same time, these opportunities were limiting to some participants because they only had a diploma in nursing. Certain jobs required a

baccalaureate degree in nursing as a prerequisite to the job, thereby limiting some nurses from advancing and broadening opportunities. One participant had an opportunity to apply for a position that involved a new system to monitor the patient's medication record.

> I'm kind of stuck, cause I only have my RN, so I'm trying to work on my BN, but it's, I find it too difficult to do when I was full time and with the boy and having shift work and all that...They had a med req position, that someone, the person who had done the piloting on our ward, had actually recommended me for, before they had posted it. So I thought, well I'll throw my name in cause this girl referred me and they're like "sorry you don't have your BN. (Interview F)

For some nurses, it was not a matter of having available job opportunities; rather these nurses did not meet certain requirements or pre-requisites of the particular job. Some of the participants stated however, that if they had met the basic requirements of the job, such as having a baccalaureate degree in nursing, the opportunity to advance would certainly have been open. However, if participants did not meet job requirements, (they simply were limited from applying for the job); they were resigned to the fact that they could not advance their nursing career and were content with their current job position.

> It does make sense to have it, you have more opportunity. But if the time is not right, and it doesn't work with where you are in life, you can only do what you can only do...I think just cause I'd have more options. (Interview F)

Educational Opportunities and Supports

Supportive strategies that management utilized included paid educational sessions, which better prepared the participants to meet the daily needs of patients and families and function effectively and efficiently in their work environment. One participant commented on management sending nurses to Code Blue sessions.

> They have started paying people for Code Blue training and I am so happy. (Interview E)

When educational opportunities were made available to nurses, most found the sessions or in-servicing helpful in developing new knowledge and acquiring new nursing skills. Management was supportive of this initiative by making the direct link to education and learning while enabling job empowerment and satisfaction of nurses. One participant described her feelings of appreciation towards her manager for providing her the opportunity to attend educational sessions.

> So, I feel like, um, like I said, I was interested in wound care and my nurse manager was excellent about trying to find things for me to attend or whatever, um and sent me you know tried to send me to as many things as she can. That's totally empowering to me because the more I learn, the more I am needed, the more people ask me my opinion and like it all kind of works together. (Interview E)

There were some limitations, however, when educational funds were lacking and not readily available to nursing staff. This limitation precluded participants from getting time off or money to attend conferences and workshops.

> You know the hospital could actually support education, but uh, I don't think they have the money for that, I know we do get money from other places so, in terms of getting an LOA for going back to school, I know… (Interview D)

Management was supportive in another situation in which participants had to explain themselves to the physicians in regards to patient care issues. The physicians simply did not listen to participants' voicing concerns. Only when the manager spoke up, did the physicians do something.

> Well, you know, you have the support right there behind you. So if they're [Physcians] not going to listen to you, they might listen to her [Manager]. (Interview G)

Management supported participants by providing timely information about what educational opportunities were available and what was happening with new policies and procedures and current events that were occurring on the unit. The participant believed that, with help and support from management, this would lead to more empowering behavior on the clinical unit and thereby result in better job satisfaction and ultimately better patient outcomes.

> I feel we get a lot. Our nurse manager at report every morning gives us updates on what is happening and what seminars are out there. She is very supportive that way. I don't know if everybody has that, but I think that they could. She kind of advocates for us, for our knowledge and education. Yeah, I don't think there has ever been a time when I thought I wish we had some so and so or someone to talk too. (Interview E)

> Like wound care. The bosses sent me to a 2 day workshop. That was so great, so I felt that it was so valuable and I learned so much, but it was not enough, you know. I want more, I want more of that and she knows that and she does her best to try to help you in areas that you are interested in, so. (Interview E)

The participant believed that her investment in attending workshops and seminars provided important nursing knowledge that added to her daily practice.

Being advised in a timely fashion of when workshops were taking place was also an important factor to consider in the lives of nurses. When nurses were notified in this manner, scheduling conflicts were avoided, and participants could coordinate other conflicting appointments.

> Unless they come up to our ward in a memo and they post it, our nurse manager is really good because she tells us what is going on and we can attend. (Interview E)

The health care team consists of many individuals who care for patients and families. To work as a team takes a lot of determination, will power, and strength to coordinate the care for a patient. The participants stated they work with a diverse group

of health care individuals, ranging from health care aides, physicians, pharmacists and physiotherapists. Since all health care providers have a wide variety of expertise and skills, the working relationship that exists between the different health care professionals is unique and complex. Coordinating patient care between the varying disciplines can be a daunting task, but when all the disciplines work together, the end result of better patient care can be achieved. The participants stated their colleagues or peers and other health care professionals, were helpful and supportive in this regard.

> I think the staff are awesome. Like you can ask pretty much anybody anything, anytime and someone will help you...usually the managers are approachable. Some are helpful, some aren't. but I think you're better off asking questions, as opposed to just doing something and really getting in trouble after the fact. (Interview F)

There are other health care disciplines that nurses found helpful when questions arose about patient care. Allied Health Professionals such as Respiratory Therapy, Physiotherapy, Occupational Therapy and Pharmacy have been traditionally a part of this group and were known to be helpful, knowledgeable, and supportive towards nurses.

> There's Respiratory. If, if I have questions like, chest tubes and things. They're there all night. (Interview G)

The majority of participants stated they enjoyed the positive support from their peers and colleagues. Several participants described working with their colleagues and peers as an experience in which they learned from them and respected and admired them.

> There's a few people that I really enjoy working with. Um, I learn a lot from them and admire them. (Interview G)

> You call the second floor with orthopedics and they know what to do, and if they have the time, they'll come and help. (Interview B)

Participants also went to their colleagues to speak in confidence for all matters relating to either nursing or personal situations. Participants knew they could trust their colleagues and that they could open their heart and confide with others.

> You get to be away for those times and you can talk to somebody like a co-worker, you have someone to talk to and vent to...and debriefing and have support...I would say also my nurse manager because I have definitely gone to her and talked to her about things, you know, mostly my co-workers, but if something is bigger then I go to her. (Interview E)

One participant echoed the same feelings, not just because she found that her colleagues were supportive, but also pointed out that other non nursing individuals or management cared as much as their colleagues did.

> Nobody realizes or recognizes [your achievements] and you have to get your satisfaction from your co-workers. (Interview D)

For the most part, most participants felt happy and pleasant when going to work because of the positive relationships between their co-workers and the good rapport and professionalism displayed by their fellow colleagues. Participants viewed positive relationships between other co workers as important; they believed positive work relationships were a contributing factor towards job empowerment. Having these types of working relationships are important because participants feel confident and secure when working with other colleagues and other health care disciplines.

Barriers to Support

Participants described barriers to support as being negative and a significant factor when delivering quality care to their patients. Participants stated having to stay overtime to complete paperwork and other miscellaneous duties without compensation, as examples in which they were not supported by management. However, when the time came to be paid for overtime, participants were verbally reprimanded for staying

unnecessarily. No participant liked to stay after the shift was over, no matter the length of time. However, the participants felt compelled and guilty for leaving incomplete tasks for the next shift. Most of the participants were willing to stay because of the sense of duty and obligation to ensure the job was complete and not burden the next shift with extra tasks. Nonetheless, if one is not appreciated for staying after a shift, most participants would not stay extra at all, even if it meant finishing up the minutest item. Management verbally reprimanded participants for staying beyond their scheduled shift; therefore most participants did not end up staying beyond their scheduled shift.

> It's not like it's everyday, but to have to have a boss that gives you flack. You know you couldn't manage it, you needed to stay an hour later or half an hour or forty five minutes…yeah, but to get the flack about it too? Do you think I wanted to? Like you know, but don't, the fact that a lot of nurses think it's even better not to even try for the overtime. What does that say about that kind of support, financially?...Supporting us and give us the acknowledgement that says we understand you are super busy and that overtime is going to happen and not give you a hard time about it and that we're putting that into our budget and we won't abuse it, nobody does, like I said, we hardly use it appropriately. (Interview E)

The lack of genuine caring exhibited from Managers A and B was another issue that disturbed participants. Participants believed even when managers were displaying signs of compassion, these actions were not genuine caring or sympathy. The manager's actions were not considered authentic because previous behavior from managers were viewed negatively by the participants. Most participants viewed these random acts of caring with a certain skepticism and were wary of the manager, even when they all attended coffee breaks or meals together.

> Making you feel as though she cares about me, that would me feel very satisfied. That if the manager would acknowledge where I'm doing something right. You know, bring me into the office for something right, not always for something wrong. Or just to actually take a genuine interest…even with the fifth floor, the manager sits with the nurses on

> their breaks. Everyone's ticked off with her, because she's always hard on the nurses right? So there's not really a reprieve, it's not break cause you're still playing the politics of that situation then. (Interview D)

Another participant described the lack of support from management when requesting extra support staff, such as health care aides.

> When I ask for constant care, uh, the manager makes if very difficult to get it and um, I'm not happy about that. Like I think if we need it, we should be able to get it if we think we can get it. (Interview G)

The fact the manager did not provide the help the participant was seeking is disturbing. This theme is similarly related to the theme of decision making that was discussed previously. The participant recognized the need to have a constant care attendant to watch over her patient because of the patient's risk for falls and pulling out intravenous lines, oxygen tubing, and feeding tubes. The ability to make this decision rested solely on the participant's assessment of the patient. When management failed to support or facilitate decision making, the participant believed that she was not empowered in the job. The poor judgment call by management was another indication that management ignored any decisions the participant made based on clinical and empirical evidence in regards to patient care and safety. This sentiment of being helpless resonated among the majority of the participants in the study. The participants stated that other peers and colleagues also experienced similar situations involving management; overall they were normally frustrated with the lack of support from management. The nursing supervisor on the evening shift who covered for the facility after the day time managers leave, provided support for decision making by approving any required overtime, whether for sick calls, missed breaks, or staying late.

> The hospital administrator comes up knowing this is going on and he tells me that if there is any overtime, fill it out and he will sign it. Obviously

> that was appropriate you know and I spread that around. That's supportive, yeah, but that almost makes it okay, when it is acknowledging that and giving us the cudos for it, makes a world of a difference. (Interview E)

The nursing supervisor and manager C were individuals within the management circle whom participants described as being helpful and supportive when help was requested. Most participants believed that the nursing supervisor listened to their concerns and expressed a genuine interest.

The same participant also described feelings of being exhausted, upset, and frustrated when not recognized or appreciated for staying beyond her regular shift.

> So I'm just mad, exhausted and angry. You know, I'm sure everyone feels that way. I don't think anyone is happy about it. (Interview E)

Others found the nursing supervisor supportive and helpful.

> They're good. Yep, there's a couple of them, they're pretty good. (Interview G)

An interesting comment made by one participant was the public did not seem to understand a day in the life of a nurse. According to this participant, if the public understood what nurses had to do in a day's work, that they would be more appreciative and understanding of nurses.

> If the public could understand more about what a day involves, what kind of care we are actually giving, what things we are actually responsible for, and that we truly understand then maybe they wouldn't be so harsh with us on the front line. It seems that whatever they are mad at is directed to us and we understand that, but boy, they sure don't realize that, you know, you get that all day long and if you have five to ten patients on nights, if every family has an issue and wants to yell at you, wow, that is a lot and yeah, well exactly. (Interview E)

Three of the participants who were interviewed came from the medical float pool. Essentially, this float pool was a group of nurses who were sent to clinical medicine units

to help with baseline staffing needs and shortages. The participants believed that having worked in the float pool, they were not appreciated by other clinical units and sometimes were taken advantage of by being assigned extra heavy patients or having menial nursing tasks delegated to them by the regular unit nurses. The float pool participants firmly believed that the regular unit nurses did not want to do the routine and mundane tasks and would rather pass it onto others who were not regular staff on the clinical unit. One participant, in particular, felt undervalued and not respected by the regular nurses on the clinical units. Her sense of self esteem also was tarnished because of the way she was treated by the nurses on the clinical units. The main concern from her was the feeling of belonging or not being wanted on any particular clinical unit. She did not detect any animosity in any of the other areas of the hospital she was floated, namely surgical clinical units.

> You sometimes had to float, that is what I hated most. Just bouncing around and not having a place to be. I didn't feel satisfied when I did that at all. I felt like I wasn't contributing. I would go on one floor and do a set of vitals and a chem. strip and okay, that's good. I didn't feel important at all, but anyways, no one will stay because we never have a float, someone extra you can pull from. (Interview E)

Support from Senior Management

Participants also described upper management as important to providing support and being resourceful to them. The Chief Nursing Officer was one support that the participants described as helpful and willing to listen.

> She's the top manager. If you ever really had a problem, it would be, she would be the one to talk to…no, on the fifth floor, but other floors, the managers are very good, yeah. (Interview D)

Although not all upper management was easily available or approachable, one individual, the Major of the Salvation Army was. He made his presence known by going to the clinical units and saying "hello" to all staff members.

> Well the Major used to come around every once in a while, but he's gone. And it was kind of a, I think he was pushed out. And there are rumors that the WRHA had been fighting. You don't really feel supported or empowered if, the big wigs at you know…He would just show up on a Saturday, how are things? How are things going? He was always there at Christmas, handing stuff out for the patients…Just the way he was very, he was very approachable…for anybody, for anything and he would stop and talk to anybody. You kind of felt a lot of support from that. (Interview F)

Someone in upper management who came to the clinical units and showed genuine support and concern meant a lot to the participants. To actually be listened to and to be heard was important to the participants. One participant described her manager from emergency as supportive, in contrast to the manager on the medical unit.

> Yeah, it's so, so different between the emerg and the [medical unit], right? Because I have such an awesome manager and I've gotten round to certain things, she just backs me so much. (Interview D)

The same participant further described her confidence level as improved and elevated since transferring down to the Emergency Department.

> I think that's exactly why I feel so empowered in Emerg, because I feel confident now that I can, that I'm going to be back and that, that I don't have to feel like, you know, if I make a decision, is that, I think, I'm less conservative now. Like I'm more aggressive in trying to do things to get people out you know…that I know I'm going to be backed up, instead of on the floor, where you're still terrified to do any, any small decision" (Interview D)

With an increased sense of empowerment and confidence, this participant clearly stated that Emergency was an area that was most supportive to her. If participants were

looked after, supported, and given the tools to better nursing practice, participants would select areas to work in that foster professional growth and nursing knowledge.

Belittlement and Intimidation

One theme participants described was being belittled and intimidated by management. The belittlement and intimidation by management led to decreased confidence levels in clinical unit individuals. Manager B on the fifth floor provided no support to the nursing staff, other than supporting the physicians and health care aides.

> Yeah and everybody else is right, except for you. Like, she will back the docs, the, the health care aides. Everybody else, but the nurse and having a front line manager backing me has changed the way I approach my nursing practice...so there is always a, a drive to get movement and you know there is no drive upstairs. There's nothing...the air is just sucked out of you. That's just dead you know, you're nothing. (Interview D)

However other participants described opposite feelings when there was a lack of support from management.

> She treats everybody like that. But at the beginning, I would take this so personally...you kind of realize that this is the way that the person runs her floor and she's not going to change and you kind of either accept it or you move on, you know. (Interview H)

Participants identified their relationship with the health care aides on the floor as troublesome. While other health care disciplines were helpful and supportive, most participants identified health care aides as a problem. When participants asked the aides to assist or instructed them to do something, participants were not listened to by the health care aides. Participants were frustrated, resentful, and poor relations existed between the nurses and the health care aides. Most of the participants described this as a strained relationship between them and the aides. The degree of not listening to directions for care from nurses, exhibited by some of the health care aides and the apparent

disregard by management of the concerns also proved to be frustrating for participants. The lack of respect from the health care aides when receiving specific instructions or directions for care from the participants were equally exasperating. When the manager was informed of these occurrences, not only did the manager not discuss the issues with the health care aides, but she reprimanded the participant for bringing up the subject. Several participants described the power struggle encountered on a daily basis between nurses and aides.

> The health care aides have been given so much, so much power, that as a nurse, if you, like I had a problem with one of the health care aides and I was given the riot act [by the manager]...the manager backed up the health care aide. (Interview D)

> The relationship with the health care aides makes me very unhappy...because they are ultimately not responsible, cause they don't have any, they're not really held responsible, we are...I don't know why my nurse manager doesn't come down harder on them...Our aides don't' take orders from us....well they do what they decide to do I guess...they definitely don't take orders, like instruction from me. (Interview C)

> There's still way too much power that those aides have. They take way too long of breaks...there is the power, there's hierarchy, that's the way the hospital is set up. (Interview D)

> I take crap from everybody else on top of me. So there's no reason why they shouldn't be held accountable to somebody, you know. Especially the manager, who's running the floor and saying oh, like, turning a blind eye. (Interview D)

Although a few participants mentioned the strained relationship that existed between themselves and health care aides, it was enough of a serious issue that participants took the matter to heart. If the managers were not going to listen to the participants' concerns, the participants hoped that someone else would.

Conclusion

In summary, the results from the data collection and analysis are presented in this chapter. The qualitative data that were analyzed from all the participants produced three common themes. The three themes that emerged from the analysis were decision making, communication and support (from management and peers). The comments expressed from all the participants were all genuine and valid. Varying degrees of responses were elicited from the participants and this helped with the richness of the data obtained. The participants perceived that the ability to make clinical decisions, good communication with others, and support from management and peers was equally related to feelings of job empowerment and satisfaction.

Chapter V will discuss this research in relation to the conceptual framework of Kanter's Theory of Organizational Behavior. Limitations of the study will be discussed, as will recommendations for further areas of research and study. Implications for nursing administration will also be discussed.

Chapter V

Discussion and Conclusions

The research is a descriptive qualitative study using content analysis. The experiences of nurses' perceptions of job empowerment and satisfaction in relation to the organizational structure within a community based hospital are explored. The discussion and limitations of the research findings are presented in conjunction with the three research questions. Recommendations for nursing management, nursing practice, nursing education and recommendations for further research also are presented in this chapter.

The purpose of this qualitative study was to explore and describe nurses' perceptions of job empowerment and satisfaction based on working conditions in a community hospital in a western Canadian city. By listening to and talking with nurses, obtaining first hand experience of the phenomenon being studied facilitated a better understanding as to why nurses feel more empowered and satisfied in relation to the work conditions in which they are employed. The conceptual framework that directed this investigation was Kanter's Theory of Organizational Behavior (1973, 1977). This theory describes structural factors within the work environment, not inherent personality traits or socialization experiences of employees, which influence perceptions of empowerment. It is these perceptions that employees have that impact their sense of work behavior (Kanter, 1973). Kanter believes that access to empowerment structures of opportunity, information, support, and resources are influential in assisting employees to achieve positive results in their areas of work. Therefore, employees who are empowered are more productive within the work environment and more satisfied with the job which thereby lead to work efficiencies within the organizational structure. The findings of this

study may be significant for administrators who work in conjunction with nurses to achieve organizational goals and deliver quality and competent nursing care.

Study Participants

The qualitative design of the study involved nine Registered Nurses who all worked on one of three medical units at a community hospital in a western Canadian city. The participants had varying amounts of work experience, ranging from 1.5 years to 10 years. All nine participants were female, no male nurses volunteered for the study. Five of the participants had a baccalaureate degree in nursing and the remaining individuals had a diploma in nursing.

Data were gathered using a semi-structured interview guide (see Appendix B) developed by the writer to elicit responses from the participants. The investigation used a qualitative approach to answer the research questions. Polit and Hungler (2004) state that discovering themes within the interviews provides patterns of meaning which yield valuable insights about the participants. The themes that emerged from the content analysis were as follows: (1) decision making, (2) communication and (3) support from management and peers.

Nurses in management positions were never interviewed from the three clinical units. However, the responses from the participants clearly identified there were significant differences in the three managers in terms of personality, leadership style, and behavior. For simplicity, the three managers have been identified as A, B and C. Responses from the participants in regards to managers A and B were similar in that the participants found them not supportive to nursing staff, difficult to communicate with, and inflexible. In contrast, manager C was viewed more favorably by participants

because she was more supportive, flexible, easy to get along with, and caring of her nursing staff. The role of the manager may also have significance in how participants responded. Newly graduated nurses' perceptions may be impacted early in their career from management and this may affect work place practice, beliefs, philosophies and the way newer nurses may practice nursing care towards patients.

Conceptual Framework

Kanter's (1977) Theory of Organizational Behavior was the conceptual framework utilized to help guide the research. The theory proposes that an individual's effectiveness on the job is influenced largely by the organizational aspects of the work environment. Kanter identified (a) power, (b) opportunity and (c) proportion as structural determinants of organizational structures that affect the behaviors and attitudes of employees.

Power

Kanter (1977) believes that behaviors and attitudes are developed in response to problems and situations experienced in the work environment. Kanter conceptualized power as the ability to mobilize resources to get things done. According to Kanter, power is further broken down into formal and informal power.

Formal power stems from workplace positions that are visible and essential to achieving organizational goals. Formal power is seen as a concept in which a job provides recognition and is relevant to key organizational goals (Sarmiento et al., 2004; Upenieks, 2002).When jobs are created so there is a lot of discretion or flexibility in how work is accomplished and are highly visible within the organization, these jobs contain high degrees of formal power (Laschinger, et al., 2003). Formal power also includes the

accountability that nurses have for patient outcomes and nurse responsibilities for daily nursing practice. In this research study, participants believed when they were given opportunities to make clinical decisions in regards to patient care and outcomes; they thought they were more empowered when they were given the opportunity to participate in the decision making process. Subsequently, participants stated when they were listened to by management and physicians and their decision making was respected, participants felt more confident in their clinical decision making. Although some participants described lack of experience or having recently begun their career in nursing, responses from the participants were similar in regards to decision making in the clinical setting. Participants viewed respect in decision making as an integral part of their nursing practice and important in delivering safe and competent nursing care.

Informal power occurs when strong relationships among superiors, peers, and subordinates are encouraged within the work setting and the resulting alliances refer to informal power. In order for participants to access informal power and build relationships, they must develop associations from inside and outside their work place setting. (Faulkner & Laschinger, 2008; Laschinger, et al., 2003). Responses from participants were mainly targeted towards good communication between themselves and their colleagues, management, and being appreciated by others. Participants also believed the absence of management from the clinical unit did not support good relationship building between nurses and the manager. The themes that emerged from the data collection seem to suggest that informal power is viewed by the participants as important and having these structures in place will lead to increased levels of empowerment.

Maintaining high levels of formal and informal power thereby help to facilitate access to the lines of power and opportunity that enable employees to complete their work efficiently and effectively. Behavior and attitudes are affected by access to structures of opportunity, resources, information, and support in the hospital setting. If nurses perceived they were given access to resources, supports, and opportunities, then the participants would feel empowered in the workplace. Consequently, employees who have access to these empowerment structures are more likely to be motivated and more committed to the organization (Faulkner, & Laschinger, 2008)

Participants stated that if they were given greater autonomy to make decisions in all aspects of patient care, they would feel more empowered. Other studies found that nurses who have access to these empowerment structures are more likely to be motivated and more committed to the organization (Faulkner & Laschinger, 2008). Furthermore, Laschinger and Finegan (2005) found that structurally empowering work environments are the likely outcome of leadership practices that help to foster employee feelings of respect and trust. Participants felt most empowered when their decision making was respected and when communication was well established between themselves and management. As a result of positive communication between management and trust in clinical decision making, participants believed there was greater trust earned and gained between themselves and management.

In order for nurses to participate in decision making, nurses need to have high expectations about their ability to contribute to the organization with high expectations about the outcome of the participation (Faulkner & Laschinger, 2008). Some of the participants believed they were appreciated and respected by management and other

medical professionals. One participant described her experience of having her opinions listened to and respected in regards to a patient being discharged. Although the patient was not quite ready to be discharged, the participant's concerns were noted by both the manager and physician and subsequently the patient remained in hospital until plans and resources were in place for discharge. Participants on the clinical units had a knowledgeable and intimate relationship with their patients. For the most part, nurses are the ones who spend the majority of time with patients by performing routine vital signs, physical assessments, performing hygiene, dressing changes, and listening to patients' concerns. When participants concerns were listened to and good communication was well established, a sense of informal power was created for the participants. This finding is well supported by Kanter (1977) who stated that power (formal and informal) is derived from structural organizational factors, such as the work environment and opportunity for growth as opposed to personal or socialization behaviors. The interview data revealed that participants believed they had more feelings of empowerment through formal and informal power when listened to, which is consistent with Kanter's research. When one's decision making skills are respected and listened to, the work environment created is one in which growth and opportunities are created for the individual which therefore creates an atmosphere of collegiality and teamwork amongst health care professionals. When formal and informal power facilitate access to power and opportunity, employees then feel enabled to accomplish their work meaningfully in an efficient and effective manner (Laschinger, et al., 2003).

Power can also be seen as a test of one's inner strength to determine how the nurse's position is appropriate and relevant to the hospital's goals. Kanter (1977) also

states that power is derived from gaining information early in the decision making process and having substantial input and authority to approve or disapprove of the process. Feelings of empowerment were consistently demonstrated with the research findings and the participants' statements in which they felt that decision making and support from management were key factors to a sense of empowerment within the hospital work environment.

Opportunity

Opportunity, as described by Kanter (1977), relates to job conditions within an organization that provides individuals with prospects of advancing within the organization and thereby allows the individual to develop their knowledge and skills. Participants believed that opportunities were present in the workplace as long as the manager of the clinical unit was able to provide those opportunities. Responses from the participants were different in terms of which manager they worked for. Participants described managers A and B as not providing opportunities for participants to make decisions on their own, did not communicate appropriately, and did not provide support when participants requested help or when opinions where sought on patient care. Therefore, participants believed these types of behaviors were less empowering in the workplace and subsequently led to decreased levels of job satisfaction. However, manager C was well liked by the participants because of her supportive and nurturing nature. Participants viewed manager C's behavior as empowering and reported higher levels of job satisfaction and empowerment. If empowering structures and opportunities are made available, employees will feel more satisfied as described in Kanter's theory.

Kanter (1977) also maintains that opportunity is a key influence on employee work satisfaction and productivity. Nurses who are in high opportunity jobs are more likely committed to the organization and more highly motivated to do well and advance their nursing career (Armstrong & Laschinger, 2006). Participants in this study described opportunity as the ability to attend educational sessions, workshops, and conferences to further their career and knowledge base. However, the ability to attend the workshops on days off or while working was seen as challenging. The literature supports the view that, if opportunities to information, support, and resources are not available or inaccessible in the workplace, then nurses reported moderate feelings of job empowerment (Desisto, & Desisto, 2004). In fact, participants reported dissatisfaction at not being able to attend workshops and conferences due to work schedules. They also wished management and the hospital were able to make workshops and conferences more accommodating by either providing the time off to attend or by making the workshops available at the hospital while participants worked. Participants believed if these changes were made to accommodate work schedules, they would feel more empowered to attend workshops and conferences to further nursing knowledge and practice. At the same time, nurses who report moderate feelings of job empowerment also reported a need for greater access to opportunity, information, support, and resources in the work setting. Faulkner and Laschinger (2008) demonstrated that nurses who have access to empowerment structures are more likely to be motivated and more committed to the organization. Conversely, individuals who do not have access to these structures are less committed and have lower aspirations (Laschinger, 2004; Laschinger & Finegan, 2005).

Participants in this research study also reported that they were not given opportunities for career advancement due to lack of experience or educational background. In particular, one participant described not being selected for a position because she did not have her Baccalaureate in Nursing. This participant lacked the educational qualifications, but met all of the other job requirements nonetheless, she was not awarded the position. Opportunity is a workplace condition that reflects the possibilities for learning and advancement within the organization (Faulkner & Laschinger, 2008). Kanter (1977) maintains that opportunity is a key influencing factor to employee work satisfaction and productivity. Individuals who are in high opportunity jobs are more likely to be committed to the organization, more highly motivated in the job position, and more likely to advance in their nursing career (Laschinger & Finegan, 2005). Even though one participant identified the lack of opportunity due to educational requirements, further study is warranted to determine if other nurses share similar experiences. Individuals, who are unable to advance to a better position in the organization, clearly identifies a gap in the nursing literature that requires further research to understand the phenomenon in question.

Participants believed that communication between management was also important to feelings of job empowerment. Participants described managers A and B as not easy to communicate with, difficult to speak freely with them, and their comments unsupportive. Manager C was viewed by participants as being easy to communicate with and always received positive feedback about concerns or opinions raised. Kanter (1977) states that any form of positive feedback from management and other senior administrative individuals within the organization, as well as the opportunity to exercise

decisions and autonomy within one's job, are seen as sources that maximizes job effectiveness and efficiency. After thorough analysis of the qualitative data, any form of positive feedback from management affected how participants perceived empowerment within their work environment. When participants felt degraded and talked to in a condescending manner by management or others, participants did not feel confident or well supported. The research has shown that, if nurses are given the support needed, they are more likely to feel a greater sense of autonomy and empowerment and believe that they can influence the outcomes of work and patient care (Donahue, Piazza, Griffin, Dykes, & Fitzpatrick, 2008; Faulkner & Laschinger, 2008; Finegan & Laschinger, 2001; Laschinger, et al., 2001b; Laschinger, et al., 2003;). Furthermore, Faulkner and Laschinger (2008) describe support as feedback and helpfulness received from colleagues, managers, and others to get the job done effectively and efficiently. The health care system as a whole may need drastic changes to ensure nurses' concerns are heard.

Any negative responses from participants associated with a lack of support from management, resulted in lowered feelings of empowerment, a theme well supported by the literature (Armstrong & Laschinger, 2006; Laschinger, et al., 2003; Faulkner & Laschigner, 2008). Statements as evidenced from the participants as they described negative influences from their managers, impacted negatively on their work practices and patient care. When negative relationships existed between participants and management, participants reported a hostile work environment which made it difficult to work efficiently and effectively with one another. The literature states that hospitals must become organizations where employees and management grow and produce together,

while focusing on quality patient care, and in turn enjoy a positive working relationship together (Laschinger, et al, 1999; Patrick & Laschinger, 2006).

The majority of participants also discussed the absenteeism of their managers in relation to communication. When managers are not physically present on the clinical unit, the participants described not being able to keep in frequent communication with their manager and its negative impact on the working conditions of that clinical unit. Some participants viewed the lack of communication negatively because there was an obvious disconnect between communication and the lack of leadership presence when certain issues arose on the unit which needed to be handled and addressed by the manager in a timely fashion. Participants described issues, such as admissions and discharges, dealing with patient and family complaints and issues, or dialoguing between physicians and allied health professionals as concerns. The literature has shown that nurses do in fact report reduced access to support and resources from nurse managers who are absent as limiting nurses from providing high-quality care (Laschinger, et al., 1999). Lucas and Laschinger (2008) found that access to these empowerment structures (presence of manager) provides a means to learn and grow in a job, resulting in greater motivation, commitment, and innovation. Therefore, the manager should be available on the clinical unit to engage and facilitate such discussions. The need to further investigate the lack of communication between managers and nurses would be worthy of future research to see if the absenteeism of a manager had any further impact to communication and empowerment of nurses.

Kanter (1977) suggests managers who share power will empower their staff. Empowered employees are more likely to recognize the abilities of others, participate in

team building and organizational activities, and have higher morale. Employees are able to accomplish tasks, get their jobs done in a timely manner, and thereby contribute to a positive and productive manner to meet organizational goals and expectations. From this research study, participants described situations in which they were left in charge of the ward while the manager was away attending meetings and conferences. These participants described feelings of being more empowered and more confident as compared to when the manager was present on the ward.

A small number of the participants who were interviewed viewed the manager's absenteeism negatively because of the added responsibility while the manager was away; a particular concern with managers A and B. Participants stated these managers were away from the floor for the majority of the time. Participants believed that, regardless of the manager's presence on the clinical unit or not, they still felt the burden of added responsibility of operating the clinical unit's day to day activities, in addition to their patient care workload. Some of the participants believed they were caught in a "catch 22 situation" which hampered and affected their overall work performance, efficiency, and effectiveness with their patients. The leadership style exhibited by managers A and B did not inspire confidence in nurses and perhaps undermined nurses' abilities to make sound clinical decisions on behalf of the patients being looked after. The sharing of power by management should be another area that needs to be explored further because of the perceptions associated with added responsibility while management is away from the medical units.

Proportion

Lastly, Kanter (1977) identifies proportion as another determinant of job empowerment and satisfaction. Proportion refers to the social composition of people in approximately the same situation (gender and race). She proposed that the social composition of individuals within the organization may result in relative isolation of some individuals within the group and therefore affect empowerment (Laschinger & Havens, 1997). This research study did not reveal any information in regards to the social composition of the clinical units on which these participants worked. Although male nurses are employed in the facility, the researcher was unable to ascertain exact numbers of males working on the three clinical units. Since there was no male nurse volunteers, it would be difficult to determine what type of response would have come from the male nurses had they volunteered and been interviewed. However, it is worthy to mention one participant's response to male nurses who are, in her view, were treated differently by management, physicians, and other allied health care professionals, as compared to their female counterparts. The other eight participants did not identify or mention that gender differences were an issue to them.

Limitations

Limitations of this study include the sample size of nurses who chose to participate from one western Canadian hospital. The convenience sample was an indication of those who chose to participate and is a reflection of their views which may not be typical of others who chose not to participate. It can also be pointed out that no male participants were able to provide their perspective on their views since none elected to participate in the study. Having no male participants in the study is an important

limitation to be considered because data saturation had been achieved when common themes began to emerge from those who participated.

Implications for Nursing

Nursing Practice

Individuals in areas of clinical and educational practice can use the knowledge generated by this research to increase their understanding of job empowerment and satisfaction. Nurses can help one another by supporting each other, offering words of encouragement, and providing positive feedback in terms of making working conditions more favorable for all. Nurses and managers need to take a proactive approach and be more actively involved with current work practice and organizational working conditions. Workshops and conferences need to be made easier to attend or have nurses' schedules more flexible to ensure attendance. The issue that was brought forward was the perceived opportunities and how to attend workshops and conferences. Participants expressed this view as career advancement and not just because it was a job requirement. By attending these workshops and conferences, new ideas can be shared with others and therefore utilized in the work environment. All participants agreed that if they were able to attend workshops and conferences, that they would feel more empowered and satisfied in their job.

Nursing Administration

The study has generated ideas and knowledge that has significant implications for nursing administration related to job empowerment and satisfaction. Administrators should become familiar with Kanter's (1977) basic fundamentals of organizational behavior and implement these empowerment concepts into the workplace. Other models

that could be looked at could include Benner's model of novice to expert. Managers can best access this knowledge and theory from taking advance courses that focus on theory fundamentals. Having a Master's degree would certainly expose managers to concepts and theoretical underpinnings of the frameworks and allow them to understand the principles involved. Kanter's views are important because she highlights the importance of organizational structures being in place (opportunity, resources, and information) to provide employees with the power and ability to perform the job (Lucas & Laschinger, 2008). Management needs to take a proactive approach when listening to nurses' concerns and opinions. Organizations should have regular meetings between administrators and nurses to discuss ideas, nursing practice, and concerns with their employees. Nursing leadership councils have existed in facilities to address such issues between managers of the clinical units, senior administrators, and frontline staff. At these councils, they can meet and discuss issues that are important to the clinical units and organization as a whole. Nurses need to be made aware that such councils exist within their facilities, so that concerns and issues can be brought forward and listened to by both nursing administrators and other colleagues.

Participants reported that the absence of management on the clinical unit was negatively affecting work dynamics. When the manager was not present, participants found it difficult to discuss issues and concerns that arose on the clinical unit. In conjunction with the absence of managers, communication was another issue that participants reported. Communication between participants and manager was lacking at times. Participants believed that having regular staff meetings would help to address issues and concerns. Participants described needing more regularly scheduled staff

meetings so that their concerns and issues could be discussed and addressed. Management must then ensure that all issues are dealt with in an expedient manner and addressed accordingly, so that each particular situation is resolved without further conflict.

Nurses also need to know that they can approach management at any time without the fear of being reprimanded. Participants believed that they would be disciplined for addressing issues that seemed trivial, but were of valid concern to them, whether it was related to patient care or dealing with other staff members on the clinical unit.

Management also needs to let their staff know that they are well supported, whether they are on the ward or away from the ward. Participants described the absenteeism of their manager as not being supportive. Participants believed that having their manager present on the clinical unit was important and vital to the effective and efficient operation of the unit. More importantly, the presence of the manager provided a voice of support when making all and difficult clinical decisions about patient care.

Continuing Education

If nurses are not empowered or given the ability to learn new facets of knowledge, then nursing as a profession cannot proceed forward. Nursing education, therefore, must be taken seriously and must be readily and easily available to nurses. The majority of participants interviewed identified that there were many workshops to attend. The concern expressed was having the available time to attend these workshops and conferences. Issues ranged from having a flexible work schedule to coincide with shift work, location of the workshops, and monetary funds needed to attend the educational

sessions. Management should make it a priority to help nurses attend workshops and conferences according to the availability of nurses' work schedule.

In regards to nursing education, nursing curriculum should play an important role in helping to promote empowerment behaviors. Undergraduate nursing programs should include concepts of empowerment throughout the curriculum and not just in one or two courses. Nursing educators, faculty members and instructors are the perfect role models to demonstrate empowerment behaviors. The learning process for students is a unique dynamic and it should involve both the students and faculty members teaching the subject. Learning the basic fundamentals of empowerment principles will help nursing students understand that job empowerment and satisfaction are important facets once they begin to work in health care settings. Faculty members and instructors are individuals that are best suited to do this. Understanding these principles in the classroom and perhaps having role playing exercises regarding empowerment will help nursing students have a greater appreciation for opportunities when presented to them. Even current Registered Nurses can attend seminars on job empowerment and gain better insight and understanding as to what opportunities are available and utilize all resources that may be in place to better themselves and their nursing practice.

Nursing Research

Further research in the area of empowerment and satisfaction from a qualitative perspective would be helpful. There are few studies in the nursing literature that address nurses' thoughts and feelings about job empowerment and satisfaction. Qualitative studies would add the voices of nurses to the nursing literature and provide researchers further insight into the phenomena that nurses experience. The majority of studies

(Armstrong & Laschinger, 2006; Laschinger, 2004; Laschinger, et al., 2003) were conducted from a quantitative perspective and only asked survey type questions, thereby not eliciting any personal thoughts from the nurses. This study has revealed that participants do not feel empowered or satisfied when their opinions are not taken into consideration by management and others in the health care field. Participants believed they are an integral part to the health care team. When there was no support from management and others, they felt less empowered and satisfied in the work environment. Nurses have always known what it takes to perform the job and what is required of them. However, if management does not heed their concerns or opinions, working in an environment that is not supportive leaves one feeling less empowered and satisfied.

Further research could be conducted as to how nurses perceive opportunities or the lack of opportunities that are present in the work place. It would also benefit nursing to have more qualitative research into the perceptions of empowerment and satisfaction to help elicit richer and more descriptive responses, rather than conduct more quantitative surveys. Another recommendation is that this study could be further expanded to include a tertiary health care facility in western Canada. A larger population of nurses would be available, and the data collected and generated would uncover a rich and more diverse response from nurses.

Conclusion

In summary the data collected in this study has contributed towards the body of knowledge of job empowerment and satisfaction. The findings of the study support Kanter's (1977) Theory of Organizational Behavior and the factors that influence job empowerment and satisfaction. The "voice" from participants who seek empowering

structures and opportunities in the workplace to function and perform the job effectively and efficiently are added to the nursing literature.

The research data revealed that participants did indeed experience the phenomenon in question and the research questions of the study have been answered. The themes extracted from the data certainly support the notion that participants felt more empowered when structures and opportunities were present in the workplace. Participants described in vivid detail of their experiences with job empowerment and the workplace. When opportunities, resources, and information are made available, the perceptions of employees are positive towards their feelings of empowerment and satisfaction.

The study results suggests that Registered Nurses would feel most empowered and satisfied in their job if they were allowed to make decisions on their own, if communication was open and non-discriminating, if opportunities were easily made available, and if they were well supported by management. Management needs to take the results of this study and any future research related to job empowerment and move forward so that an environment that fosters creativity, empowerment, and satisfaction is created. When nurses believe they are empowered and satisfied in their work environment, the organization as a whole benefits and the end result is better patient care and outcomes. Further research is recommended to investigate effective strategies that will allow nurses to feel empowered and satisfied in the workplace.

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Appendix A

Kanter's Theoretical Framework

Appendix A

Kanter's Theoretical Framework:

Relationship of Concepts in Rosabeth Kanter's (1979) Structural Theory of Power in Organizations

Reference: Laschinger, Finegan, & Shamian, (2001)a

Appendix B

Interview Guide

Appendix B

Interview Guide

Demographic Questions

1. How old are you? Male or Female?
2. How many years have you been working as a nurse?
3. How many years have you been working on a medicine unit?
4. How many years have you been working at St. Boniface General Hospital?

Interview Questions

1. Describe for me what job empowerment means to you and your current practice.
    a. Can you tell me an experience at work where you felt empowered?
2. Describe for me what would make you feel empowered at work and why?
3. Describe for me what job satisfaction means to you and your current practice.
    a. Can you tell me an experience at work where you felt satisfied?
5. Describe for me what makes you feel satisfied at work and why?
6. Describe for me what makes you unhappy in your workplace.
7. Can you describe a situation in which you were dissatisfied with work and why?
8. What resources do you have in the workplace to do your job?
    a. What would you like to have put in place to help you do your job more efficiently?
    a. If they were put into place, would they make you feel more empowered?
    b. If they were put into place, would they make you feel more satisfied?

9. What resources do you have in the workplace to do your job?

    a. What would you like to have put in place to help you do your job more efficiently?

    a. If they were put into place, how would that contribute to your feelings or perceptions of empowerment?

    b. If they were put into place, how would they contribute to your feelings of satisfaction?

10. What opportunities are present in your workplace?

    a. What opportunities would you like to see put in place on your unit?

    b. If they were put into place, how would that contribute to your feelings or perceptions of empowerment?

    c. If they were put into place, how would they contribute to your feelings of satisfaction?

11. a. What could the hospital do to make you feel more empowered with your work and current practice?

    a. What could the hospital do to make you feel more satisfied with your work and current practice?

    b. What could the unit manager do to make you feel more empowered with your work and current practice?

    c. What could the unit manager do to make you feel more satisfied you're your work and current practice?

Appendix C

Consent Form

Appendix C

Consent Form

Research Project Title: Empowerment and Job Satisfaction on Medical Units of a Tertiary Hospital Utilizing Kanter's Theoretical Framework

Researcher: Hugh K. K. Chan

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

This certifies that I, _____ having met the conditions for this study, agree to participate in the study entitled "Empowerment and job satisfaction on medical units of a tertiary hospital utilizing Kanter's theoretical framework". The proposal has been approved by the Ethical Review Committee of the Faculty of Nursing, University of Manitoba. Specificially, I understand and agree to the following:

1. The purpose of this study is to explore and describe the experience of tertiary care nurses working within a hospital organizational structure and its relation to their perceptions of job empowerment and job satisfaction.

2. The study is being conducted by Hugh K. K. Chan as part of the requirements of his Masters program. The members of the thesis committee include: Dr. Judith Scanlan (Advisor); Dr. Dean Care (Internal Member), Dean, Faculty of Nursing; Dr. Michelle Bowring (External Member)

3. I have been provided with an explanation of the study.

4. I understand that my participation in the study involves one interview and any follow up interview with the principle investigator. Interviews will be held at time and place mutually agreed upon convenient to me and the principle investigator, will be tape recorded, and last approximately one and a half hour to two hours.

5. I understand that I may withdraw from the study at any time without penalty to myself. I may also decline to answer specific questions during the interview if I so wish.

6. I understand that any information which I provide during the course of the study will be kept confidential at all times. Only the principle investigator, members of

his thesis committee, and a transcriber will have access to the tapes and transcripts of the interviews in which I participate. The tapes and transcripts will be identified by a code number only. My name will not appear on any tape or transcript. Only the principle investigator will know the names of those who participate in the study and this list will be kept separate from the list of the code numbers. Both lists will be kept in a secured and locked filing cabinet. Further, I understand that I will not be identified in any way in the report of the study.

7. I understand that the results of this study may be published and that anonymity and confidentiality will be maintained if the results of the study are published.

8. I understand that I may contact Hugh Chan, Principle Investigator at any time if I have any further questions about my participation in this study. His telephone number is 256-3642 (home) or 294-7188 (cell) or □ HYPERLINK "mailto:hoi1@shaw.ca" □hoi1@shaw.ca□ (email).

9. I understand that if I wish to receive results of the study, that I am entitled to such.

10. I understand that I will receive remuneration upon completion of the study (approximate value $20.00)

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

This research has been approved by the Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

My signature below indicates my willingness to participate in this study.

_____

Participant's Signature Date

_____

Researcher and/or Delegate's Signature Date

_____ YES, I would like to receive a summary of the research results

_____ NO, I would not like to receive a summary of the research results

If YES, please indicate your mailing address below:

Name_____

Address_____

_____

_____

Appendix D

Cover Letter for Participants

Appendix D

Cover Letter for Participants

Dear Study Participant:

My name is Hugh Chan. I am a graduate student at the University of Manitoba. As part of my Masters program, I will be conducting a research investigation entitled "Empowerment and job satisfaction on medical units of a tertiary hospital utilizing Kanter's theoretical framework". The overall question guiding this study is "How does the hospital organization help to empower nurses and keep them satisfied in their jobs?"

The purpose of this qualitative study is to explore and describe the subjective feelings and thoughts of nurses' perceptions of empowerment and job satisfaction. The relationship between empowerment and organizational structure of the facility also will be explored. As well, the relationship between job satisfaction and organizational structure will be described through the voices of the participants. The focus will be primarily in a tertiary care facility in the city of Winnipeg. Much of the literature available has focused heavily on the quantitative aspect of job empowerment and satisfaction of nurses. This study will focus on nurses' "lived experiences" of empowerment and satisfaction.

I am asking you to volunteer your time and energy to participate in this study. It is essential to the study to understand the thoughts and perceptions of nurses in regards to empowerment and job satisfaction as it relates to the organizational structure that nurses work in. If you chose to take part in this study, you will be asked to participate in one interview which will last approximately one to one and a half hours. Each interview will be audio recorded and any additional notes will be taken at the time of the interview. Should you find that you do not wish to answer a particular question, you may do so at any time. An interview guide will help to direct the structure and format of the process. Interviews will be conducted off site from the facility at any location of your choosing. If any follow-up is required for further clarification or explanation, I will contact you and make further arrangements at that time.

It is important that you understand that all information provided by you and recorded by me during the course of the study will be kept confidential at all times. Only I, the members of my thesis committee will have access to the tapes and transcripts of the interviews. These tapes and transcripts will be identified with a code number only and your name will not appear on any of this information.

My committee consists of Dr. Judith Scanlan, (Thesis Chair), Dr. Dean Care (Internal member), and Dr. Michelle Bowring (External member).

The final results of the study will be published and arrangements can be made for you to receive a copy of the summary if you so desire. If you have any concerns or complaints about this project you may contact myself [redacted] or thesis chair, Dr. Judith Scanlan at 474-7452 or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

If you chose to participate, we will set a time and place for the interview. At that time, you will sign a Consent Form and receive a copy for your future reference. This proposal has been approved by the Nursing Research Ethics Board of the Faculty of Nursing, University of Manitoba.

Thank you for considering this request, I look forward to meeting and talking with you.

Sincerely,

Hugh Chan, RN. BN.

Appendix E

Recruitment Poster

Appendix E

Recruitment Poster

A research study entitled "Empowerment and job satisfaction on medical units of a tertiary hospital utilizing Kanter's theoretical framework" is being conducted on your ward.

If you chose to discuss your perceptions and feelings of job empowerment and satisfaction in the workplace, you may be eligible to participate in this study. This study is looking for 10 nurses to participate. If you would like to participate in this study, please contact Hugh Chan RN, BN Remuneration will be provided for your time. Thank you for your interest.

Appendix F

Ethics Approval

Access Letters

UNIVERSITY OF MANITOBA | OFFICE OF RESEARCH SERVICES
Office of the Vice-President (Research)

CTC Building
208 - 194 Dafoe Road
Winnipeg, MB R3T 2N2
Fax (204) 269-7173
www.umanitoba.ca/research

AMENDMENT APPROVAL

15 July 2009

TO: **Hugh Ka Kuen Chan**
Principal Investigator

FROM: **Lorna Guse, Chair**
Education/Nursing Research Ethics Board (ENREB)

Re: **Protocol #E2007:030**
"Empowerment and Job Satisfaction on Medical units of a Community Hospital Utilizing Kanter's Theoretical Framework"

This will acknowledge your email dated July 14, 2009 requesting amendment to your above-noted protocol.

Approval is given for this amendment. Any further changes to the protocol must be reported to the Human Ethics Secretariat in advance of implementation.

GRACE HOSPITAL

June 19, 2007

Hugh Chan

Winnipeg, MB
R2N 1T9

COPY

Dear Mr. Chan:

RE: Empowerment and Job Satisfaction of Medical Units of a Community Hospital Utilizing Kanter's Theoretical Framework

Following review by the appropriate departments, your Request for Research Access for this study was reviewed by our Administrative Committee on June 19, 2007.

Approval for this study has been given for you to proceed.

I would also ask that you supply this office with confirmation of Ethical Approval, and should there be any amendments with the study, inform of us said amendments at the same time you are in contact with Ethics.

I wish you well in your Study and would appreciate being advised of the results.

Yours sincerely,

Elizabeth Anne Cowden
BSc, MB, CHB(Hons), FRCP (Glasg), FRCPC, MD
Chief Medical Officer
Grace Hospital

EAC/er