

Mental Health Nurses' Perceptions of Empowerment and Job Satisfaction:  
A Quantitative Perspective

by

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## ABSTRACT

A descriptive correlation study design, directed within the conceptual framework of Kanter's (1977, 1993) Structural Theory of Organizational Behavior, examined mental health nurses' perceptions of empowerment and job satisfaction.

Empowering work settings are both necessary and critical since nurses need to be empowered to fulfill their role within the standards espoused by the nursing profession and to meet the challenges of a dynamic and evolving healthcare system that is flooded with service delivery demands. Empowerment within the workplace can result in job satisfaction which is essential given that empowerment and job satisfaction can lead to positive outcomes such as, quality patient care and professional autonomy. Furthermore, nurses' job satisfaction has a significant effect on patients' satisfaction with nursing care and overall patients' satisfaction with their hospital care.

Mental health nurses' views regarding empowerment and job satisfaction are underrepresented in the literature. The purpose of this research was to describe the nurses' perceptions of these variables and to further shed light on their perspectives.

Fifty-five mental health nurses who were employed within an acute in-patient mental health program were recruited for the study. Four questionnaires, Conditions of Work Effectiveness, Job Activities Scale, Organizational Relationship Scale and the McCloskey/Mueller Satisfaction Scale were employed

to determine nurses' perceptions of the variables of empowerment and job satisfaction. A validation index was included to measure global empowerment.

To test the first hypothesis, multiple linear regression was undertaken to determine the productive relationship of formal and informal power on perceptions of job empowerment. A Spearman's rank-order correlation was used to assess the second hypothesis with regard to the magnitude of the relationship between empowerment and job satisfaction variables. P-values less than 0.05 were considered statistically significant.

The hypotheses were as postulated, mental health nurses' perceptions of formal and informal power were related to their perceptions of workplace empowerment, with formal power being more significant. Moreover, empowerment and job satisfaction were positively correlated. Similar to other research settings which were highlighted within the literature review, mental health nurses were moderately empowered and moderately satisfied within their work setting.

Utilizing Kanter's (1977, 1993) Structural Theory of Organizational Behavior as a guide can assist administrators in creating empowering work environments that can facilitate job satisfaction for mental health nurses. The presence of empowering and satisfying work conditions are vital within the specialty of mental health nursing if nursing care of the mentally ill patient is to be maximized and nurses are to reach their professional goal of providing quality patient care.

Limitations to this research include the small sample size and the

convenience sample methodology. Recommendations for further research involve surveying mental health nurses from other hospital sites and incorporating a qualitative viewpoint.

## DEDICATION

This thesis is dedicated to my family and friends.

Desmond, my son: Thank-you for your support of my nursing studies which have spanned sixteen years. Your appreciation of my journey for higher learning and your deeper understanding of my chosen career has had a profound impact on my life, thank-you.

Keedan and Brooke, my grandchildren: May you start school with the realization that you are only beginning your journey towards higher education...there is so much for the two of you to experience and learn.

Eugene Kowalenko, my father: Words cannot express my gratitude to you for all that you are and for all that you have done for your family. Thank-you for your support which allowed me the opportunity to accomplish many milestones.

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Bill Maddock, my partner: Thank you for your thoughtfulness, kindness and your friendship.

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## Chapter I

### Statement of the Problem

A common theme discussed in the nursing administration literature is the need for healthcare organizations to create more empowering and satisfying working environments for the professional nurse. Empowering work settings are necessary and critical since nurses need to be empowered in order to fulfill their role within the standards espoused by the nursing profession (Laschinger & Sabiston, 2000; Laschinger & Wong, 1999) and the dynamics of an evolving healthcare system that is flooded with service delivery challenges. Empowerment within the workplace can result in job satisfaction which is essential given that empowerment and job satisfaction lead to quality patient care outcomes and professional autonomy (American Nurses Association, 2000; Laschinger & Wong, 1999; Manojlovich & Laschinger, 2002; Rafferty et al. 2007). Furthermore, nurses' job satisfaction has a significant effect on patients' satisfaction with nursing care and overall patient satisfaction with their hospital care (Sengin, 2001).

Restructuring in healthcare settings over the last decade has resulted in major changes to healthcare. In particular, the profession of nursing has been affected by the alterations in service delivery, such as downsizing, and the transformation of healthcare in general. Less nurses are available to care for sicker patients which can lead to increased work assignments for nurses. As a result of these revisions, the work atmosphere for nurses is challenging, stressful and potentially unsafe for patients (Laschinger, Almost & Tuer-Hodes, 2003a; Laschinger & Finegan, 2005a). Moreover, as a result of restructuring, nurses can be left with feelings of distrust towards both management and the organization (Laschinger & Finegan, 2005b).

These organizational changes also involve fiscal budget stipulations that often require administrators to modify their management styles (Patrick & Laschinger, 2006). In turn, this can cause nurses to alter their clinical practice, which can unfortunately devalue nurses and their decisions (Laschinger, Almost, Purdy & Kim, 2004; Laschinger, Finegan, Shamian & Almost, 2001b). Nurses in acute care facilities are accountable for the planning and delivery of patient care, twenty-four hours a day, everyday, making nurses a central partner in the delivery of patient care services. The experience nurses achieve as a result of direct service delivery also provides nurses with an expertise of knowledge regarding quality patient care. Nonetheless, recommendations for change to healthcare practices are frequently suggested and subsequently authorized by administration, often with little or no consultation with nurses. Regrettably, the outcomes of these changes trickle down to impact on nurses and consequently their patients.

Despite these healthcare revisions and the expectations regarding patient care that are placed on nurses, organizational support for the nurses' professional role at work is low (Laschinger, Finegan & Shamian, 2001a). Within the literature, it is well documented that support for the nurse's role is necessary (Canadian Federation of Nurses' Union, 2006; College of Registered Nurses of Manitoba, 2004; McGilton, 2004; McManis & Monsalve, 2003) since untoward changes to nurses' practice can potentially result in stress within the workplace. Nurses' stress, according to Campbell (as cited in Laschinger, et al.), can result in patient dissatisfaction. Furthermore, as a result of stressful conditions, a decrease in quality patient care also can occur, which can further result in nurses experiencing a sense of powerlessness.

The Canadian Nurses' Association (2003), and Aiken and Clarke (2006)

recognize that a supportive work milieu for nurses is fundamental for optimal patient care. Aiken, Smith, and Lake (1994) further illustrate through their research of mortality rates in hospitals that the work environment can directly affect patient outcomes. The authors contend that hospitals, which encompass a caring and supportive work setting for nurses, have lower patient mortality rates than those hospitals that lack these supportive environments. Additionally, Laschinger and Finegan (2005b) make reference to a report by the Institute of Medicine (2004) which identifies the significance of positive work environments for nurses in order to endorse patient safety within hospitals. Irvine and Evans (1995) also discuss the workplace and state that even though a climate of healthcare restructuring exists in Canada, healthcare administrators have control over enhancing job-related factors. These factors include appropriate job design, suitable leadership and acceptable human resource practices which will assist in improving nurses' job satisfaction. These types of "fair" practices are important within the work atmosphere and facilitate a supportive workplace.

The research suggests that a work milieu that is non-supportive, dealing with healthcare alterations and increased work assignments can pose as a challenge for nurses. These issues, to name a few, have an impact on nursing practice. As such, nurses can experience a sense of stress, powerlessness and mistrust. Hence, these unconstructive elements have the potential to influence both patient satisfaction and quality patient care in a negative manner. Recognition regarding the capability of nurses, organizational support and appropriate human resource practices are therefore vital within the work setting. It is of the essence for organizations to ensure their mission and values are designed in a fashion that brings forth a supportive work ambiance for nurses.

Empowering nurses within their work setting can build an environment that is satisfying and respectful for nurses. In turn, these aspects can assist in achieving quality patient care goals which can promote patient satisfaction and patient safety. Moreover, these factors can result in the delivery of optimal patient care services.

Revisions within the healthcare sector also influence nursing practice within the mental health specialty. However, despite the research available on the topics of empowerment and job satisfaction with nurses, no exclusive investigation has been done to specifically examine mental health nurses' perceptions of these two variables.

### Significance of the Study

Mental health nurses play a significant and key role in the delivery of complex mental health services to their patients, and nurses enhance the quality of their patients' lives (Pieranunzi, 1997). Mental health nurses are central to the management and care of psychiatric hospital patients and vital to a mental health treatment team. Nurses have the most one-to-one contact with patients, and patients report they consider talking with nurses more helpful than taking medication or talking with doctors (as cited in Sammut, 1997). Nurses engage in frequent one-to-one interactions, develop therapeutic relationships based on communication, and establish trust with their patients. Mental health nurses "connect" with their patients during acute psychosis and other types of patient presentations regardless of the patient's mental health status.

In addition to the complex role for which mental health nurses are responsible, these nurses work within a milieu that is taxed with demands and challenges due to the varying needs of psychiatric patients. Sullivan (1993) stresses that psychiatric nurses

work within a dynamic environment that at times is difficult to anticipate. Acts of violence from patients against other patients and staff, threats of suicide, and dealing with volatile patient behaviors can take its toll on psychiatric nurses. These unpredictable working conditions can result in consequential and detrimental outcomes to psychiatric nurses such as stress, job strain, burnout, and a lack of empowerment and job satisfaction.

For mental health nurses to be successful in playing a central role in the management of mental health patients and delivering high quality patient care amongst service delivery changes, nurses must be empowered and satisfied within their work setting. As discussed, nurses have a key role in patient care and can positively affect patient outcomes. Accordingly, assessing mental health nurses' perceptions of these variables is a priority in order to ascertain whether the job elements that currently exist within the workplace are perceived as empowering and satisfying for nurses. The presence of empowering and satisfying work conditions are critical within the specialty of mental health nursing if nursing care of the mentally ill patient is to be maximized, and nurses are to reach their professional goal of providing quality patient care.

An empowered and satisfied nursing team is essential in contributing to the fundamental goal of the healthcare organization; the delivery of excellence in patient care. Work environments that afford no power or opportunity to the nurse to meet his or her professional demands, which includes providing quality patient care for their patients, will render a working environment that is both powerless and unsatisfying for nurses.

#### Purpose of the Study

The purpose of this study is to describe mental health nurses' perceptions of empowerment and job satisfaction. The nurses are employed in a hospital's acute care

in-patient psychiatric unit which is part of a mental health program in Manitoba, Canada. Four self-reported questionnaires will be utilized to measure perceptions of empowerment and job satisfaction (see Appendix B). These instruments are the Conditions of Work Effectiveness (CWEQ) (Chandler, 1986), the Job Activities Scale (JAS) and the Organizational Relationship Scale (ORS) (Laschinger, 1996b, respectively). A global measure of empowerment for validation purposes will also be used (Laschinger, 1996b). The McCloskey/Mueller Satisfaction Scale (MMSS, 1989) will measure job satisfaction. A demographic sheet questionnaire will gather data to describe the characteristics of this population.

This research will utilize Kanter's (1977, 1993) Structural Theory of Organizational Behavior as a conceptual framework (see Appendix A). The study is a descriptive correlation design and focuses on mental health nurses who are employed in the specialty of acute care mental health nursing.

One study from a quantitative perspective was located, which focused specifically on the mental health nurse population and its relation to empowerment. Ekwarangkoon (1999) completed a comparative descriptive research study to investigate self-empowerment activities among professional nurses providing care for psychiatric patients. There have been many studies which used Kanter's (1977, 1993) theory within the field of nursing to examine the variable of empowerment (Elefsen & Hamilton, 2000; Laschinger & Havens, 1996; Laschinger & Havens, 1997; Laschinger & Sabiston, 2000; Manojlovich & Laschinger, 2002; McDermott, Laschinger, & Shamian, 1996).

Similarly, there are studies amongst nurses that also have studied both empowerment and job satisfaction utilizing Kanter's theory (Huffman, as cited in

Laschinger et al. 2001a; Manojlovich & Laschinger, 2002; Whyte, as cited in Laschinger et al.). Within other healthcare professions, Kanter's theory has been applied to examine physical therapists' perceptions of empowerment within an acute care teaching hospital setting (Miller, Goddard & Laschinger, 2001). Two studies were located which utilized the McCloskey/Mueller Satisfaction Scale to investigate job satisfaction within the specialty of mental health with nurses (Brodell, 1996) and psychiatric clinical nurse specialists (Flannery & Van Gaasbeek, 1998). One study employed Kanter's theory and the McCloskey/Mueller Satisfaction Scale (1989) to measure empowerment and job satisfaction, in addition to job tension, amongst hospital clinical educators (Davies, 2002).

As previously discussed, there were no studies located which examined mental health nurses' perceptions of both empowerment and job satisfaction within the same study, and no studies were located that utilized Kanter's (1977, 1993) theory specifically with mental health nurses. This study is intended to shed light on the perspectives of empowerment and job satisfaction for those nurses working in the specialty of mental health nursing.

### Hypotheses

The hypotheses to be addressed in this study are as follows:

1. Mental health nurses' perceptions of formal and informal power in the workplace are positively related to their perceptions of workplace empowerment.

Kanter (1993) posits that formal job characteristics and informal alliances within the organization are responsible for employees' access to structural empowerment:



opportunity, information, support and resources. These factors assist employees in successfully accomplishing their work.

2. Mental health nurses' perceptions of workplace empowerment will be positively correlated to their perceptions of job satisfaction.

Kanter (1993) argues that employees perceive empowerment based on their ability to access empowerment structures, which allows them to mobilize the resources that are required so they are able to get their work done. Employees are therefore more productive and this can lead to enhanced job satisfaction. Kanter's theory is supported by Laschinger and colleagues (Laschinger, Almost, Purdy & Kim, 2004) who completed a longitudinal analysis of the impact of workplace empowerment on work satisfaction. The authors found that creating environments that provide access to information, support, resources and opportunities (structural empowerment) have a significant outcome on nurses' satisfaction with their jobs.

Additionally, it is hoped that the demographic questionnaire will shed light on the characteristics of this unique population. Relationships between work empowerment and job satisfaction to mental health nurses' demographic variables of age, gender, years of experience in mental health nursing, full-time, part-time or casual employment status, level of education, and type of education will be examined for possible associations amongst the variables.

#### Definition of Terms

For the purpose of this study, the concepts of empowerment, power and powerlessness are taken from Chandler's (1986) study in nursing that tested Kanter's (1977) structural theory of organizational behavior. The concept of job satisfaction

is taken from Price and Mueller's (1986) definition of job satisfaction.

#### Empowerment

Enables one to have control over the conditions in the work environment that make one's actions possible.

#### Job Satisfaction

The degree of positive affective orientation toward employment.

#### Mental Health Nurse

A registered nurse or registered psychiatric nurse working as a general duty nurse within an in-patient acute hospital in the specialty of mental health nursing.

#### Power

The ability to get things done by mobilizing resources to meet identified goals within the time allotted, as well as control over conditions that make actions possible.

#### Powerlessness

The experience of not having control over the conditions that make action possible.

### Theoretical Framework

This study will use Rosabeth Kanter's Structural Theory of Organizational Behavior (1977, 1993). Kanter originally developed this theory for application in the business setting. Chandler (1986) was one of the initial nurse researchers to apply Kanter's theory to the nursing population. Since Chandler's introduction of this theory to

nursing, the relationships described within Kanter's theory have been supported in many nursing studies (e.g., Elefsen & Hamilton, 2000; Havens & Laschinger, 1997; Laschinger, Finegan & Shamian, 2001a; Laschinger & Havens, 1996). A department of research at the University of Western Ontario is focused on expanding Kanter's structural theory of organizational behavior in the area of empowerment and has empirically tested Kanter's theory in several nursing studies (Laschinger, Finegan, Shamian & Casier, 2000; Laschinger & Havens, 1996; Laschinger & Havens, 1997; Laschinger & Sabiston, 2000) to examine the effect of workplace empowerment on different constructs, including trust, commitment and job satisfaction. Additionally, as noted previously, Kanter's theory has been tested with physiotherapists. Relationships among the constructs in Kanter's theory are depicted in Appendix A.

Kanter (1977, 1993) contends that staff behaviors and attitudes at work are a response to individuals' employment positions and the situations that arise in the workplace. The employment position within the workplace is believed to be a factor in power. Kanter (1979) suggests that power in an organization can be a positive virtue. Rather than being associated with "dominance, control and aggression", power can instead signify "efficacy and capacity" (p. 66), attributes that can assist organizations to reach goals. Power can be considered as the ability to tap into and mobilize support, information, resources and opportunities from the individual's position within the organization (Kanter, 1977, 1993).

Kanter (1979) also examined the sequelae of powerless work environments. Kanter noted that staff working in powerless environments can be "rigid and 'turf' minded", attempt to "elevate their own status" and "create islands within their

organization” (p. 70). Furthermore, these employees can create barriers between themselves and others. Powerless individuals “live” within their own universe. Lacking the ability to get what they need, these individuals may seek other methods to cope with their situation. These individuals in turn may use the “ultimate weapon of those who lack productive power-oppressive power: holding others back and punishing with whatever threats they can muster” (p. 67). Additionally, according to Brown and Kanter (1982), powerless work environments can limit staff’s abilities to make meaningful contributions, which will consequently affect productivity within a workplace. These powerlessness factors as described by Kanter, and Brown and Kanter educate administrators by informing this group about the “seeds” of powerless staff and the consequences that ensue.

The concepts of Kanter’s theoretical framework will be discussed in relation to her theory of Structural Theory of Power in Organizations. The theoretical framework has been sectioned into Systemic Power Factors, Access to Job-Related Empowerment Structures, Personal Impact and Work Effectiveness (see Appendix A). The concepts within this framework will be described further.

#### Systemic Power Factors

Kanter (1977, 1993) contends that the lines of power, systemic power factors, are derived from formal and informal arrangements within an organization. These power factors are thought to be parts of a system (Kanter, 1979). High levels of these formal and informal power factors permit employees to further access the lines of power and opportunity, which allows staff to accomplish their work in a meaningful way.

Formal Power. Formal power includes the definition of the staff person's job and his or her ability to use discretion in decision-making. Employee positions are non-routinized and flexible; the person is also visible and therefore noticed within the organization. Staff are also central to the organization's operations and close to any serious or pressing organizational problem. The employment position also allows staff to make innovative contributions (Kanter, 1977, 1993).

Informal Power. Informal power is a result of the person's connections with others within and outside the organization. Internal connections include alliances with sponsors, peers, subordinates and cross-functional groups (Brown & Kanter, 1982). These alliances can provide the individual with the opportunity to get important and prestigious backing or approval.

#### Access to Job-Related Empowerment Structures

There are three structures, or lines, within the job-related empowerment structure. These are the structure of opportunity, the structure of power, and the structure of proportions. The structure of proportions refers to the social composition of people who are in approximately the same situation, such as gender or ethnic background (Kanter, 1977, 1993). The structures of opportunity and power are the primary determinants of work behavior and because of this they will be described more fully.

Structure of Opportunity. The structure of opportunity refers to employees' ability to grow and move within the organization and their ability to be challenged. Kanter (1977, 1993) hypothesizes that an employee "low" in the structure of opportunity limits his or her aspirations; these individuals do not want more responsibility. Furthermore, these individuals may be less committed to the organization and their work, and may

disengage themselves from the organization. Kanter contrasts this with staff “high” in the structure of opportunity who have high aspirations and, perhaps, consider their work more of a central life interest. Individuals high in the structure of opportunity also have a sense of loyalty to the organization.

Structure of Power. The structure of power comes from three lines of power: access to information, support, and supply or resources (Kanter, 1977, 1993). Lines of information refer to “being in the know”, both formally and informally, and having information regarding decisions or policy changes within the organization. Lines of supply, also known as resources, refer to the ability to exert one’s influences outward in order to receive material, money, rewards or other necessary resources for the workplace. Lines of support relate to creative risk-taking and do not require multilayered approval.

In summary, according to Kanter’s (1977, 1993) theory, it is the structures of formal and informal power that are the origin of empowerment in the work setting, and an employee’s standing within these structures will determine the employee’s ability to access job-related empowerment structures of opportunities, power and proportions. Access to empowerment structures within the workplace can lead to a positive personal impact on employees, such as autonomy, commitment, lowered levels of burnout and increased job satisfaction. As a result, work effectiveness occurs, which produces achievement and successes, respect and cooperation in the organization and client satisfaction.

### Summary

This study will be discussed in five sections. Chapter I introduced the statement of the problem that informed of the changes in the delivery of healthcare, and the

importance of empowering and satisfying working conditions in order for quality patient outcomes to be attained. Lack of research in the area of empowerment and job satisfaction with mental health nurses also was noted. The significance of this study was argued which discussed the notable role of the mental health nurse in the delivery of nursing care to the mentally ill, and the necessity of an empowering and satisfying work environment so mental health nurses are able to provide excellence in patient care. An explanation regarding the sample selected for the research and the chosen theoretical model began the discussion regarding the purpose of this study. The research hypotheses were followed by Kanter's assertions regarding perceptions of formal and informal power being linked to structural empowerment and subsequently work satisfaction. The perceptions of work empowerment and job satisfaction based on demographic factors will be reviewed for possible relationships with respect to the variables. The definition of the terms, and finally, the discussion of the theoretical model concluded this chapter. Chapter II will discuss the literature examining empowerment, and studies on both nurse empowerment and job satisfaction, which includes testing Kanter's theoretical model, will be presented. Chapter III will provide a description of the methods used in the study, including a description of the sample and study instruments. Chapter IV will present the results of the research study. The findings, limitations, suggestions with regard to further research, recommendations for nursing administration, and the conclusion of this research will be discussed in Chapter V.

## Chapter II

### Review of the Literature

The review of the literature will commence with an analysis of empowerment within the nursing literature followed by research that utilized Kanter's Structural Theory of Organizational Behavior (1977, 1993) as a conceptual guide. An analysis approach offers a broad representation of the literature, which captures the essence of the construct. Understanding the perceptions of a term is essential and, according to Rodgers (1989), concepts that are utilized within the profession of nursing are important to define and clarify in order to advance the nursing profession. Since empowerment is a variable that is used often within nursing, a review from an analysis perspective will be completed. The review will continue with a discussion regarding job satisfaction studies that employed Kanter's theory.

#### Empowerment

Empowerment is a broad concept with varied connotations. In the literature, the term empowerment renders multiple definitions, diverse, and at times complex discussions on the significance and possible application of this construct. An inquiry into empowerment within the general, and the mental health profession of nursing, was conducted to determine the attitude of this construct amongst the "concept analysis" literature. The review and subsequent interpretation of the concept analyses literature regarding empowerment is not intended to incorporate a concept analysis evaluation of the construct empowerment, but rather the information gleaned from the authors' interpretation of empowerment will be presented.

While there is a profusion of literature on empowerment with many interpretations,



the greater part of the information that was located from a concept analysis position focused on the nurse-patient relationship, with an emphasis on empowering the client. As previously discussed by Rodgers (1989), it is important to understand terms that are used within the profession of nursing. Since the majority of authors examined the important nurse-patient relationship, this perspective is integrated into this review. One article from a concept analysis position was found which centered on empowering the profession.

#### Concept Analysis on Empowerment and Nursing

Several articles were located from the literature which emphasized a concept analysis of empowerment. In redefining empowerment, Gibson (1991) states it is “a social process of recognizing, promoting, and enhancing people’s abilities to meet their own needs, solve their own problems and mobilize resources in order to feel in control of their lives” (p. 359). Rodwell (1996) posits that empowerment is “a helping process; a partnership valuing self and others; mutual decision-making; and freedom to make choices and accept responsibility” (p. 305). Rodwell also comments on a “nurse empowerment” perspective and argues it is critical that the profession of nursing develops a philosophy of valuing and empowering members of the profession. Ellis-Stoll and Popkess-Vawter’s (1998) perspective is similar to that of Gibson and Rodwell’s, and refers to empowerment as an active learning and adaptive process that can facilitate clients to attain lasting health behavior change. They contend that behavior change requires mutual participation, listening, and gaining new knowledge through the nurse-client relationship. Ellis-Stoll and Popkess-Vawter also note the role of motivation in empowerment. However, they stress there is a lack of understanding between the

intricacies of the relationship between motivation and empowerment. Without this understanding, the authors conclude that empowerment may remain a theoretical process.

The concept analysis literature on empowerment from a nursing viewpoint is limited with an emphasis on the relationship that is necessary to facilitate empowerment and the “help” that is required from nurses so patients can ultimately achieve empowerment. However, Rodwell (1996) did indicate the necessity of empowering the profession for successful patient outcomes. The role of motivation with respect to empowerment also was noted regarding the correlation between these two concepts (Ellis-Stoll and Popkess-Vawter, 1998).

#### Concept Analysis on Empowerment and Mental Health Nurses

Barker and Ritter (1996) analyzed the concept of empowerment within the mental health field and describe empowerment as the ability of one to have control over their own personal empowerment, which leads the way to taking control and improving their life. These authors further state that mental health nurses and other professionals have a role to help the mentally ill person, and professionals are responsible for creating the conditions for empowerment that would help the patient “free” themselves from the symptoms of mental illness.

Likewise, Finfgeld (2004) completed an analysis of empowerment of individuals with mental health problems. The findings are suggestive of Barker and Ritter’s (1996) research regarding the need for nurses to play a role in assisting the mental health client to reach empowerment. This role includes nurses lobbying for change regarding the views held by the institution and society, such as stigma, and for nurses to further examine their own perceptions towards patient empowerment, like staff resistance.

Allowing clients to make choices, and supporting the client when the choice is not the best one, is important. Finfgeld recognizes that empowerment does not necessarily occur all at once, with varying degrees of empowerment emerging at different times. Additionally, it is important to note there are barriers to clients experiencing empowerment such as medication side effects and clients exhibiting minimal motivation. Lack of motivation can be a result of the lack of support by family and others towards the client taking an empowering stance. Therefore, nurses are encouraged to take a broad approach to empowering clients by being cognizant of the factors that may hinder the empowerment of those with mental illness.

The concept analyses from a mental health perspective are indicative of the necessity that mental health nurses assist their clients in moving towards empowerment. The information provided shows rationale as to why the empowering of individuals with mental health illness can be challenging, such as the stigma towards those with mental illness and the possible lack of support for the client. This information aids in identifying a significant role for mental health professionals, such as supporting and encouraging client empowerment. This being said, nurses must also recognize and work with clients to overcome the potential barriers that stand in the way of their clients attaining empowerment.

Ryles (1999) assessed empowerment with an emphasis on examining empowerment and its relationship to mental health nurses. Ryles states that characterizing the term of empowerment should be in a positive manner, implying a growth in the competencies of fellow human beings to negotiate their access to scarce resources. He further discusses that empowerment requires the understanding of the intricate social,

political, and economic forces that are present and the impact these forces have on the lives of people.

Accordingly, Ryles' (1999) posits that comprehending these multifaceted forces must include the recognition that the profession of nursing is subject to marginalization by the scientific and medical community. When nurses adopt the "elites'" practices and "pass them off" as their own, this only increases the dominance of the ruling elite. Ryles asserts that mental health nurses need to move forward and away from this dominance. To accomplish this, nurses need to challenge this hegemony, for the sake of the nursing profession and their users. Nurses can achieve this through acknowledging political consciousness within themselves and recognizing the current state of their position and challenge and change the circumstances that hold nurses back (Ryles).

Similar to the general nursing analysis of empowerment, the mental health views also include the important nurse-patient relationship and the need of the professional to help the client move towards empowerment. However, Ryles (1999) discussed empowerment from a perspective that encourages nurses to be cognizant of the factors that hinder their ability to empower their profession. It is well documented elsewhere in the literature that nurses need to move away from the dominance of the medical model and refine their own paradigm. Ryles' perspective aids in pushing the quest for the empowerment of the profession forward and encourages relevant discourse in this area. This is both needed and welcomed since positive patient outcomes for the mentally ill patient are dependent on an empowered nursing workforce.

As cited in Barker and Ritter (1996), Taylor notes that empowerment can be a contested concept and Rappaport argues that empowerment cannot be defined in a single

way. It is evident that empowerment remains a conundrum within the profession of nursing. The varied focus, however, is understood. Nurses must prioritize for patient care and empowering patients to reach healthy outcomes is both a fundamental and significant aspect of the delivery of quality patient care. However, delivering quality patient care also lies in empowering the profession, and therefore attention to the needs of the profession is critical. One can agree that with the absence of a common understanding of empowerment, ongoing discussion and debate with respect to the meaning of empowerment remain.

#### Kanter's Theory

Prior to Chandler's (1986) expansion of Kanter's (1977) work within the profession of nursing, few studies were found that used Kanter's theoretical framework as a model. A search of Kanter's theory on the Internet yielded a site that discussed early research based on Kanter's theoretical perspective. Kanter introduced her theory of power in organizations after she completed her own ethnographic study in an American organization. Since that time, other disciplines, such as education and nursing, have used Kanter's framework as a guide for their studies.

Sagaria (1980) also investigated the relationships posited by Kanter (1977) with regard to formal and informal organizational characteristics, personal attributes, and perceived power of female and male academic administrators. Multiple regression analyses showed that factors such as position type and educational level contributed greatly to the prediction of perceived power. A comparison of standardized regression coefficients indicated that formal organizational attributes were the most significant predictor of perceived power, followed by informal characteristics. These results support

Kanter's contention that both formal and informal organizational factors are significant sources of perceived power. In this study it was found that men and women with comparable formal and informal organizational characteristics had similar perceptions of power.

Similarly, Carlson (1983) explored perceptions of female administrators who were located in institutes of higher learning. Systemic factors such as centralization and organizational complexity were felt to be more essential than positional factors in achieving power in academic settings, and self-power was thought to be related to visibility and effectiveness. Professional sponsors and mentors were important sources of informal support, with relationships with professional colleagues being the most important external contact. Internal peer feedback was considered least important. These latter findings are consistent with Kanter's (1977) position that women hold jobs with low power because of underdeveloped informal networks.

Moscato (1987) completed another early study of Kanter's (1977) theory. Twenty female nurse executives participated in the study to determine what factors augment or restrain their perceptions of power. Moscato used a survey questionnaire based on Kanter's theory as well as in-depth interviews to collect the data. Nurses reported they had high formal power with respect to their jobs being highly visible and important, and their jobs allowed them discretionary decision-making. The nurses further believed they had strong relationships with superiors, peers and subordinates. Their attributes indicated their tendency to favor participatory leadership, teamwork, mentoring subordinates and risk taking. Kanter discusses participation in the workplace and the necessity that participation also includes the ability to make decisions. According to Kanter, power and

opportunity will allow one to have influence over decisions. In Moscato's study, these attributes were present as the nurses did perceive they had power, and therefore discretionary decision-making. The results of Moscato's study support Kanter's assertion that organizational structure shapes work behaviors.

These earlier studies assisted in testing Kanter's theory (1977) and started a trend away from corporate business and looked at the organizational settings within education and nursing. The studies supported Kanter's position regarding workplace behavior such as employees' perceptions that those in a formal position of power are perceived to have power and furthermore, power affords one the ability to make important decisions. Also, non-developed informal power can result in an employee being in a position with limited power. To date, Kanter's theory continues to be tested within nursing with results that continue to support Kanter's propositions.

#### Chandler's Nursing Research Related to Kanter's Theory

Chandler (1986) tested Kanter's (1977) theory which assisted in facilitating a further examination into both Kanter's theory and empowerment for nurses. Chandler tested Kanter's theory in her dissertation and developed a questionnaire, Conditions for Work Effectiveness (1986), from the items in Kanter's Working Conditions Questionnaire. The questionnaire consists of five different areas of work conditions: opportunities, supplies, job activities, information, and support to elicit responses from the nurses regarding their current working conditions, and the nurses, preferred working conditions. Responses are recorded on a 5-point Likert scale. Chandler surveyed 268 staff nurses, nursing mid-managers, and nursing administrators from two hospitals of similar size and geographic location in the United States. A subpopulation from the

sample also was selected to specifically identify what the nurses' perceptions were of antecedents to the work conditions that would promote empowerment (Chandler).

In a factor analysis of Chandler's (1986) study, only three (support, information and opportunity) of the five original work conditions tested were empirically validated. Scores on all of the scales were low to moderate. From the interviews of the subpopulation, it was determined that visibility and accessibility of administration were necessary conditions to show staff support. Other important work factors were the circulation of information from administration, and the development of effective formal and informal interdepartmental relationships. Additionally, the nurses' position and status in the organization were determining factors in the nurses' perception of empowering working conditions.

Chandler's study assisted in establishing empirical evidence within a nursing setting to support Kanter's (1977) claim that working conditions have an impact on empowerment. Chandler was instrumental in testing Kanter's propositions with a large sample of staff nurses in a hospital setting, which over time has expanded to other nursing settings, further broadening the testing of Kanter's assertions of workplace empowerment.

#### Laschinger's Testing of Kanter's Theory

Laschinger has completed comprehensive work in the area of nurse empowerment and the testing of Kanter's (1977, 1993) theory. Building on Chandler's (1986) work, all of the studies reviewed have tested Kanter's theory and utilized the CWEQ. Over the years, Laschinger and colleagues have tested and revised the CWEQ as a means of expanding Kanter's propositions. Laschinger introduced two other measurements,



formal and informal power, to further examine and test Kanter's theory. Additionally, Laschinger et al. (2000) utilized a revised CWEQ, JAS and ORS in their study examining empowerment, organizational trust and commitment. The revised CWEQ, the CWEQ II, has undergone extensive statistical testing which included a second order confirmatory factor analysis for structural empowerment. The JAS II and ORS II followed a similar rigorous procedure. Details of Laschinger's work will be discussed further, with a number of studies using the formal and informal measures of power and the modified tools.

#### Nurse Empowerment and Kanter's Research

Laschinger's research from the University of Western Ontario, which studied Kanter's research as a theoretical framework, constitutes the majority of studies available on empowerment with respect to the testing of Kanter's theory. However, other researchers (e.g., Nedd, 2006; Upenieks, 2003) have also utilized Kanter's work and their findings are included in this review.

Wilson and Laschinger (1994) tested Kanter's (1977) theory using a descriptive correlational design with a convenience sample of 161 nurses. The purpose was to investigate the relationship between nurses' perceptions of access to job power, opportunity and commitment to the organization. Instruments to study the variables were the CWEQ, Part A and Part B of the Organizational Description Opinionnaire (ODO) (alpha = 0.86 and 0.89 for ODO Part A, and ODO, Part B, respectively) and the Organization Commitment Questionnaire (alpha = 0.82 to 0.93). Nurses perceived they had a moderate amount of job-related empowerment ( $\underline{M}$  = 12.25), moderate access to opportunity ( $\underline{M}$  = 3.25), and moderate access to the sources of support ( $\underline{M}$  = 3.07),

resources ( $\underline{M} = 2.97$ ) and information ( $\underline{M} = 2.83$ ). These nurses also reported a moderate degree of commitment to the organization ( $\underline{M} = 4.41$ ). In addition, these nurses believed their managers had moderate access to power as measured by the ODO questionnaire ( $\underline{M} = 2.83$ ).

McDermott, Laschinger, and Shamian (1996) replicated Wilson and Laschinger's study with acute care nurses in a teaching hospital and found slightly lower job related empowerment ( $\underline{M} = 11.65$ ) and a moderate commitment to the organization ( $\underline{M} = 4.89$ ). The results of these studies were similar to a study by Dubuc (as cited in Laschinger, 1996) with military nurses.

These studies linking empowerment and commitment to an organization statistically support Kanter's propositions that perceptions of power and opportunity are associated to commitment to the organization. Organizational commitment is critical for administrators to secure since nurses, who are committed, will espouse the values and policies of an organization. Committed nurses also may positively influence the delivery of quality patient care.

Hatcher and Laschinger (1996) researched the proposition that access to power and opportunity in an employee's position is related to low levels of burnout. Kanter's (1977, 1993) theory directed the study and a descriptive correlational design was used. Nurses responded with a moderate degree of empowerment ( $\underline{M} = 10.66$ ), a moderate degree of access to opportunity ( $\underline{M} = 2.82$ ), information, ( $\underline{M} = 2.51$ ), support ( $\underline{M} = 2.66$ ) and resources ( $\underline{M} = 2.67$ ). They also perceived their immediate manager's power as low ( $\underline{M} = 2.39$ ). Utilizing the Human Services Survey, nurses' perceptions of burnout (emotional exhaustion, depersonalization and personal accomplishment) were measured (alpha =

0.75 to 0.91 range for all three subscales). Surprisingly, despite the moderate level of empowerment, nurses in this study reported lower burnout scores than those noted in the literature. These nurses also perceived high levels of personal accomplishment, moderate levels of emotional exhaustion and low levels of depersonalization. The authors concluded this finding might be a result of sample selection bias and the possibility that those who were experiencing burnout elected not to participate in the study.

According to Hatcher and Laschinger (1996), reconfiguring the work environment in a manner that meets the empowerment needs of nurses, such as providing nurses with access to resources, support and opportunities, can alleviate burnout. Although this sample of nurses did not indicate high levels of burnout, managerial interventions to decrease the likelihood of burnout, such as providing access to structural empowerment, is still relevant for administrators to implement. In turn, empowered nurses can focus on the delivery of patient care. Management also has an important role in fostering support and concern for employees. According to Hatcher and Laschinger, care for the employee can prevent burnout.

Limitations to the aforementioned studies include the inability to obtain a random sample and the large response rate from critical care nurses (64%), which in turn, then limits the generalizability of the study to other nursing populations (Wilson & Laschinger, 1994). Other limitations that were identified (Hatcher & Laschinger, 1996) include the lack of previous research in the area of staff nurse empowerment and burnout, and the need for further analyses of the psychometric properties of the CWEQ.

#### Earlier Testing of Kanter's Theory with Nursing Management

Earlier research examining Kanter's theory (1977) also was performed with the

nurse manager population. Laschinger and Shamian (1994) completed a descriptive correlational design which examined staff nurses' and managers' perceptions of empowerment. Additionally, the connection between the concepts of Kanter's (1977) theory and managers' self-efficacy for performing leadership role competencies were explored. Measures used were the CWEQ, the ODO and the Managerial Self-Efficacy Questionnaire (alpha = .78 to .96). A demographic questionnaire also was included. Front-line managers perceived a considerably greater degree of job-related empowerment than staff nurses did ( $M = 14.65$ ;  $M = 11.65$ , respectively,  $t = 6.05$ ,  $p = .001$ ) and greater access to opportunity, information, support and resources. Managers' perceptions of job-related empowerment also were significantly related to their perceptions of self-efficacy for their role ( $r = 0.79$ ,  $p = 0.0001$ ).

Likewise, Frank (as cited in Laschinger, 1996a) used a comparative descriptive design to investigate operating room (OR) nurse specialists' and OR nurse generalists' perceptions of access to information, resources, support and opportunity in their current positions. The specialists' and generalists' perceptions of their managers' power also were examined along with the OR nurse managers' perceptions of empowerment. A stratified, proportional random sample was obtained. ANOVA revealed differences among the three groups for all subscales with the exception of resources. Managers' differences were higher than both the specialists and the generalists for overall empowerment. Within the groups, strong correlations ( $p = .001$ ) were determined between perceived empowerment and immediate manager's power ( $r = .72-.76$ ).

Additionally, Goddard (as cited in Laschinger 1996a) compared front-line and middle managers' perceptions of Kanter's (1977) work empowerment in three acute care

urban hospitals. As predicted, the findings showed that middle managers perceived a greater access to empowerment structures ( $M = 14.66$ ) than front-line managers ( $M = 12.82$ ) ( $t = (79) = -3.43$ ,  $p < .001$ ).

Similarly, Haugh and Laschinger (1996) examined perceptions of empowerment between staff and managers. In a convenience sample, perceptions of empowerment were investigated between public health nursing staff and their managers. Managers had notably higher scores than staff nurses on perceived access to opportunity ( $t = 3.01$ ,  $p < .01$ ), information ( $t = 4.37$ ,  $p < .01$ ) and overall empowerment ( $t = 2.73$ ,  $p < .05$ ).

The results of these studies, which featured a hierarchical perspective of empowerment within organizations, support Kanter's (1977) contention that power and empowerment come from the position the person occupies within the organization. Staff nurses were found to be less empowered than their managers. However, front-line managers are often in powerless positions in comparison to middle managers in the organizational hierarchy. Accordingly, there is empirical support (Frank; Goddard, as cited in Laschinger, 1996a, respectively; Haugh & Laschinger, 1996; Laschinger & Shamian, 1994) towards the theory that those in higher positions have greater access to the sources of empowerment. Better access to sources of empowerment, such as information, for those in higher hierarchical positions is understandable and valid since important information in an organization often flows from the top of the hierarchy down to staff. Therefore, it is logical that staff's perceptions of empowerment would depend on where their position is located in the organizational structure.

Limitations to these studies include the small sample size of managers (Laschinger

& Shamian, 1994). However, empirical support for the study hypothesis proposed a priori support of the results. Laschinger (1996a) notes the use of survey methodology, the problem of low return rates and generalizability as limitations to the studies (Frank; Goddard, as cited in Laschinger, respectively; Haugh & Laschinger, 1996). In spite of these limitations, findings are consistent with theoretical assumptions (Laschinger).

#### Measures of Formal and Informal Power

As mentioned, earlier studies measured job-related empowerment using the CWEQ. However, Laschinger (1996a) determined that to adequately test Kanter's (1977, 1993) theory, two additional constructs were necessary. Based on the recommendations of Kanter, measures of formal and informal power were necessary. Thus, the Job Activities Scale (JAS) and Organizational Relationship Scale (ORS) were developed. Pilot testing of each of the instruments with a group of nurses prior to use established face validity. Alpha reliabilities range from .71 to .85 in studies using these instruments. Kutzscher (as cited in Laschinger, 1996a) tested the expanded model concurrently with Sabiston and Laschinger (1995).

Kutzscher (as cited in Laschinger, 1996a) looked at the relationships between perceived work empowerment and staff nurses' perception of the degree of participative management in their work setting as well as formal and informal power. Two hospital sites were used: a small community hospital, and a larger organization. The study design was a descriptive correlational survey. Similar to the other studies (Hatcher & Laschinger, 1996), nurses had moderate work empowerment scores. The Work Unit Description scale ( $\alpha = 0.87$ ) was employed to measure perceptions of the degree of participative management in the work setting. These results also were moderate ( $M =$

3.09;  $\underline{M} = 2.96$ , small and large site, respectively). Comparable to Sabiston and Laschinger's (1995) results, the expanded model was upheld by regression analysis showing that formal and informal power accounted for 57% of the variance in work empowerment ( $\underline{R}^2 = .57$ ,  $\underline{F} (2,162) = 109.22$ ,  $\underline{p} = 0.001$ ). Perceptions of formal and informal power, and work empowerment explained 46 % of the variance in perceived degree of participative management ( $\underline{R}^2 = .4604$ ,  $\underline{F} (3,156) = 44.34$ ,  $\underline{p} = .001$ ), lending support for the primary hypothesis of the study. This research supports Kanter's (1977, 1993) theory that perceptions of formal and informal power are significant predictors of job-related empowerment. Employees who perceived a high access to the structures of job-related empowerment perceived themselves to have control over their work.

Employing a descriptive correlational design, Sabiston and Laschinger (1995) investigated registered nurses' perceptions of formal and informal power as predictors of job-related empowerment and autonomy. Instruments utilized for the study were the work empowerment tool, the measures of informal and formal power, the ODO and the Job Description Questionnaire ( $\alpha = 0.85$ ). As with other studies, (Hatcher & Laschinger, 1996; McDermott et al. 1996; Wilson and Laschinger, 1994) nurses had moderate scores on the overall empowerment scale ( $\underline{M} = 11.20$ ). The nurses' perceived informal power ( $\underline{M} = 3.06$ ) was higher than the nurses' perceived formal power ( $\underline{M} = 2.72$ ). Perceptions of the nurses' immediate supervisor were moderate ( $\underline{M} = 2.71$ ), with perceptions of work autonomy being rated as high ( $\underline{M} = 3.61$ ). A regression analysis was performed to determine the combined effect of the degree of formal and informal power on perceived access to job-related empowerment structures. The analysis revealed that 48% of the variance of job-related empowerment was explained by measures of formal

and informal power ( $R^2 = 0.48$ ,  $F(2,76) = 35.12$ ,  $p = 0.001$ ). Both of the systemic power variables contributed significantly to the prediction of job-related empowerment ( $t(77) = 3.729$ ,  $p = 0.0004$  and  $t(77) = 4.229$ ,  $p = 0.0001$ , respectively). The collective power variables (formal, informal and overall empowerment) described 34 % of the variance in perceived work autonomy ( $R^2 = .34$ ,  $F(3,73) = 11.25$ ,  $p = 0.001$ ). These findings support Kanter's (1977, 1993) theory with regard to formal and informal power being significant predictors of access to the basis of job-related empowerment, and therefore control over work.

Limitations of these studies include the survey methodology and the general problem of limited response rates and generalizability. Laschinger (1996a) does note the findings are consistent with theoretical predictions and because of this, the limitations are somewhat offset.

These studies (Kutzscher, as cited in Laschinger, 1996a; Sabiston & Laschinger, 1995) support Laschinger's (1996a) research into testing Kanter's (1977, 1993) theory by introducing measures concerning formal and informal power. The results indicate significant statistical support for the JAS and ORS. The reviews of the studies that follow continue to use the CWEQ. Several of these studies also used the JAS and the ORS in the further testing of Kanter's model.

#### Expanding Measures of Kanter's Theory

Laschinger, Wong, McMahon, and Kaufmann (1999) conducted a cross-sectional correlational survey design on two sites to test a model linking specific leader-empowering behaviors to staff nurses' perception of workplace empowerment, occupational stress and work effectiveness. This research linked Kanter's (1977, 1993)



organizational theory with Conger and Kanungo's (as cited in Laschinger et al.) organizational model of leader empowerment process. Questionnaires used for the study were the CWEQ, the JAS, the ORS, the Leadership Empowering Behavior Scale, (alpha = 0.71 to 0.90), the Lyon's Job Tension Index, (alpha = 0.88, as cited in Laschinger and Haven, 1996) and the Global Work Effectiveness Scale (alpha = 0.81). As measured by the CWEQ, the scores from the nurses in the two sites did not differ significantly.

Overall, the nurses perceived their workplace to be moderately empowering ( $M = 10.91$ ,  $SD = 1.96$ ). The global empowerment score was also moderate ( $M = 3.31$ ,  $SD = 0.99$ ). The global empowerment score is two questionnaire items that are used for validity purposes of the CWEQ (alpha = .78 to .91). The nurses also perceived the behaviors of their leaders to be moderately empowering ( $M = 3.86$ ,  $SD = 1.15$ ). Confidence in the employee and fostering autonomy rated the most empowering leader behaviors ( $M = 4.25$ ,  $SD = 1.42$ ;  $M = 4.21$ ,  $SD = 0.98$ , respectively). Nurses in this research did not perceive a high degree of job tension ( $M = 2.65$ ,  $SD = 0.58$ ) and scored their work effectiveness as quite high ( $M = 5.45$ ,  $SD = 0.90$ ). The overall empowerment scale was significantly correlated with leadership ( $r = 0.61$ ) and moderately with all leadership subscales ( $r = 0.38$  to  $0.59$ ). The strongest associations were creating meaningful work and facilitating goal achievement. Nurses in this study felt their perceptions of empowerment and job tension, and judgments of their competence to get their work done, were connected to their managers' empowering behavior.

The results of this research (Laschinger et al. 1999) show that leader/manager-empowering behaviors significantly affect employees' perceptions of formal and informal power and access to empowering structures. The study prompts leaders to move

towards instilling behavior that can contribute positively to the organization. Behaviors include enhancing the meaningfulness of work by introducing initiatives like providing purpose and meaning to the employee's work, and stimulating employees to bring forward their problem-solving abilities and decision-making capabilities (Laschinger et al.).

Ellefsen and Hamilton (2000) undertook a comparative study utilizing Kanter's (1977, 1993) theory as a conceptual guide. Nurses in the United States and Norway were compared with respect to how they experienced empowerment. Formal power (JAS) accounted for 51% of the variance of the overall empowerment, and combined formal power (JAS) and informal power (ORS) explained 62% of the variance in both of the hospitals. Scores of the CWEQ were moderate for opportunity ( $\underline{M} = 3.37$ ;  $\underline{M} = 3.34$ , Norway and United States, respectively) information ( $\underline{M} = 3.04$ ;  $\underline{M} = 2.93$ , respectively), support ( $\underline{M} = 2.96$ ;  $\underline{M} = 2.99$ , respectively) and resources ( $\underline{M} = 2.73$ ;  $\underline{M} = 2.63$ , respectively). Nurses from both settings who held leadership positions recorded higher results on the power constructs. As discussed previously, those in management-type positions have recorded higher scores of empowerment (Haugh & Laschinger, 1996). Similar to Laschinger's research, this study also supports Kanter's proposition that those in leadership positions perceive power at a higher level than those in front-line positions.

Another study by Laschinger, Finegan, Shamian and Casier (2000), employed a non-experimental predictive survey design to test a model derived from Kanter's (1977, 1993) theory associating staff nurse work empowerment to organizational trust and organizational commitment. Measures of the research variables were the revised work empowerment tool (CWEQ II), as well as the measures of formal and informal power

(JAS II, ORS II, respectively), the Interpersonal Trust Scale (alpha = 0.70 to 0.85) and the Organizational Commitment Questionnaire (alpha = 0.82 to 0.93). As reported in previous studies, (Hatcher and Laschinger, 1996; Laschinger, et al. 1999) nurses perceived themselves to be moderately empowered with a total empowerment of ( $\underline{M}$  =11.00) and a global empowerment score of ( $\underline{M}$  = 3.04). The results of this study revealed that staff nurses' moderate perceptions of workplace empowerment affected their trust in management. Nurses reported higher levels of trust in peers ( $\underline{M}$  =3.81) and confidence in peers ( $\underline{M}$  =3.81), as compared to trust in management ( $\underline{M}$  =2.60) and confidence in management ( $\underline{M}$  =2.67).

As previously noted, it is evident through the research findings that the impact of leadership behavior on nurses' perceptions of empowerment cannot be underestimated. Nurses require leaders who are supportive of nurses and take the time to build relationships with their staff. Furthermore, leaders need to work towards eliminating powerlessness in the work place by fostering a sense of purpose and meaning to staff's work. Since commitment and trust of nurses are related to their perceptions of empowerment, work environments must provide easy access to the structures that empower nurses, such as opportunity and power, so nurses may carry out their professional nursing responsibilities. Providing nurses with the tools and opportunity to do their job can perhaps facilitate trust and confidence between staff and management.

In a study by Almost and Laschinger (2002) a theoretical model linking nurse practitioners' (NPs) perceptions of workplace empowerment, collaboration with physicians and managers, and job strain were tested. Instruments used included the work empowerment measure along with the measures of formal and informal power, the

Collaborative Behavior Scale – Part A and B ( $r = 0.78$  to  $0.98$ ) and the Job Content Questionnaire ( $\alpha = 0.61$  to  $.80$ ). A predictive, non-experimental design was used. The findings of the research showed that both the acute care nurse practitioners ( $M = 12.89$ ) and the community setting nurse practitioners ( $M = 14.71$ ) perceived themselves to be moderately empowered. There was a high level of collaboration with physicians, a moderate level of collaboration with managers, and a low level of job strain.

These findings suggest that collaborative relationships with others are critical in the workplace and these supportive interactions can lower perceptions of job strain. According to Laschinger, Finegan, Shamian and Wilk (2001c), job strain is prevalent in healthcare and can result in burnout amongst nurses. Of significance, Laschinger and colleagues also discuss the relationship between job strain and physical health, including depression and possible premature death from cardiovascular disease. Decreasing the detrimental characteristics of job strain within the workplace is an obligatory requirement due to the potential consequences of job strain. Limitations to this study are that the responses to the questionnaires were primarily from nurses in Ontario; therefore, the findings have limited generalizability.

In a follow-up to Laschinger's et al. (2001c), previous study, which will be discussed further (see empowerment and job satisfaction studies), these authors (Laschinger, et al. 2003b) examined the variables of work empowerment, psychological empowerment and burnout. All scales used to measure the study variables had acceptable internal consistency with reliabilities of  $.77$  to  $.91$ . The variable of burnout was measured at Time 2 to determine the effect of continued exposure to an increasingly stressful work environment due to the uncertainty of downsizing. The researchers

hypothesized that structural and psychological empowerment at Time 1 (Laschinger et al. 2001c) would predict burnout at Time 2. Specifically, the authors believed that structural empowerment would enhance feelings of psychological empowerment; therefore, perceptions of burnout would show a decrease three years later. Results showed that structural empowerment had a statistically notable direct effect on psychological empowerment at Time 1 ( $\beta = .44$ ) and an indirect effect on burnout through psychological empowerment ( $-.105$ ). Psychological empowerment at Time 1 had a significant effect on perceived emotional exhaustion at Time 2 ( $\beta = -.28$ ).

The information from the data suggests environments that consist of opportunities to access information, support and resources, and having the chance to learn and grow resulted in increased feelings of psychological empowerment. Nurses' perceptions of empowerment at Time 1 predicted a significant proportion of reported levels of burnout at Time 2 ( $R^2 = .107$ ). The authors note that empowered nurses emerged at Time 2 with lower rates of burnout three years later. Limitations of longitudinal studies (Laschinger et al. 2003b) include the possibility that some historical event occurred that may have impacted these results and those other events may have accounted for the results. Notwithstanding, the authors argue it is difficult to imagine a historical event that would have impacted on all of the subjects in the same manner.

Tigert and Laschinger (2004) investigated the variables of empowerment, magnet hospital characteristics and critical care nurses' mental health. The data were a secondary analysis of a larger descriptive correlational study. Instruments utilized were the CWEQ II, JAS II, ORS II, NWI-R (Cronbach's reliability coefficients = .86, total), the State of

Mind subscale, and the Emotional Exhaustion subscale (Cronbach's reliability coefficients = .78 and .89, respectively).

The combined outcome of workplace empowerment and magnet hospital characteristics were significantly related to the nurses' perceptions of mental health. Nineteen percent of the variance in emotional exhaustion was clarified by empowerment and perceptions of magnet hospital traits ( $R^2 = .19$ ,  $F(2, 71) = 8.06$ ,  $p = .001$ ). Critical care nurses were only moderately empowered. They perceived the highest access to opportunity ( $M = 3.90$ ) and the lowest access to support ( $M = 2.54$ ). In this study, access to structural empowerment was associated with positive outcomes, such as positive employee mental health. As the theoretical predictions suggested, increased levels of empowerment were linked with greater autonomy, control over the practice environment, and nurse-physician collaboration. The important role of the manager is once again stated with respect to ensuring that work settings are conducive to accessing empowerment. Furthermore, the attainment of nurses having control over the practice setting, autonomy and positive nurse-physician relationships (magnet hospital traits) are necessary if nurses are to feel supported within their work environment.

Armstrong and Laschinger (2006) used an exploratory study design to examine structural empowerment, magnet hospital characteristics, and patient safety in a small Canadian hospital. The authors contend there may be a link between these variables; however, this association has not been studied previously. The CWEQ II, which included the measures of formal and informal power, the global empowerment scale (all subscales ranged from  $\alpha = .70 - .95$ ), Lake's Practice Environment Scale of the Nursing Work Index (all subscales ranged from  $\alpha = .65 - .84$ ) and the Safety Climate Survey ( $\alpha$

= .81), were the tools employed for the study. Nurses in this research reported moderate levels of empowerment ( $M = 17.1$ ,  $SD = 4.26$ ). Informal power ( $M = 2.93$ ) was higher than formal power ( $M = 2.69$ ) and the nurses further perceived their access to opportunity ( $M = 3.54$ ,  $SD = 0.83$ ), information ( $M = 2.52$ ,  $SD = 1.08$ ), support ( $M = 2.51$ ,  $SD = 0.92$ ) and resources ( $M = 2.91$ ,  $SD = 0.83$ ) as moderately empowering. These findings are similar to Tigert and Laschinger (2004).

The first hypothesis was as predicted and found that overall empowerment was significantly related to all magnet hospital professional practice characteristics ( $r = 0.316 - 0.612$ ). Similarly, the second hypothesis also was as predicted and established that overall empowerment was positively related to a patient safety culture ( $r = 0.50$ ). Moreover, the configuration of structural empowerment and magnet hospital characteristics were a noteworthy predictor of staff nurses' perceptions of patient safety, which explained 46% of the variance ( $F = 13.32$ ,  $df = 1,31$ ,  $p = .0001$ ).

The results of these studies (Armstrong & Laschinger, 2006; Tigert & Laschinger, 2004), which included the investigation of magnet hospital attributes within the work setting, are suggestive of the importance of access to structural empowerment within the workplace. Nurses need work environments that enhance professional practice and decrease job stress. In turn, positive perceptions of one's mental health and a positive patient safety culture within the work- setting can be promoted. An additional review of magnet characteristics and an association with job satisfaction will be discussed further (see empowerment and job satisfaction).

Limitations to this research are that the correlational study design cannot infer causal relationships (Tigert & Laschinger, 2004) and a small sample size was obtained

from a rural setting (Armstrong & Laschinger, 2006). These studies are therefore difficult to generalize; however, the study does establish a possible link for further inquiry into empowerment, magnet hospital attributes, and positive perceptions of mental health and patient safety.

A study further testing Kanter's (1977, 1993) theory explored long-term care nurses' perspectives of empowerment and respect with regard to their organizational commitment. DeCicco, Laschinger, and Kerr (2006) surveyed 79 RNs and 75 RPNs (Registered Practical Nurses) in Ontario. The tools included the CWEQ II, JAS II, ORS II, Global Empowerment, Spreitzer's 12-item Psychological Empowerment Questionnaire (Cronbach's alpha range = .62 - .89), Esteem subscale of the Effort Reward Imbalance Questionnaire (Cronbach's alpha range = .70 - .91), and the Affective Commitment subscale from Meyer, Allen, and Smith's Organizational Commitment Questionnaire (reliability = .82). Both groups felt they were moderately empowered ( $\underline{M}$  = 19.42,  $\underline{SD}$  = 4.44;  $\underline{M}$  = 17.69,  $\underline{SD}$  = 3.85, RN, RPN, respectively). Access to opportunity was the most empowering with perceived access to resources as the least empowering for both RNs and RPNs. The findings of these subscales are similar to those in Ellefsen and Hamilton's (2000) study. Psychological empowerment was higher ( $\underline{M}$  = 15.93,  $\underline{SD}$  = 2.11;  $\underline{M}$  = 15.72,  $\underline{SD}$  = 2.03, RN, RPN, respectively) in the long-term care nurses than in hospital nurses (DeCicco et al.). Variations existed between the RNs' and RPNs' perceptions of respect within their work setting ( $\underline{M}$  = 5.10,  $\underline{SD}$  = 1.42;  $\underline{M}$  = 4.42,  $\underline{SD}$  = 1.49, RN, RPN, respectively). Both groups ( $\underline{M}$  = 4.56,  $\underline{SD}$  = 1.24;  $\underline{M}$  = 4.16,  $\underline{SD}$  = 1.27, RN, RPN, respectively) had moderate levels of organizational commitment.

The RN is responsible for most of the collaboration with the healthcare team and is



further responsible for sharing in decision-making with the physicians; therefore, in the long-term care setting the RN is considered to be in a leadership position. Alternatively, the RPN is considered lower in the hierarchical structure. The authors discuss the differences of the nurses with respect to their roles within the work setting as possible reasons for the differences reported between the two groups. Limitations to this study are the use of the self-reported questionnaires, and the correlational study design which precludes the ability to state cause and effect relationships.

Nedd (2006) investigated the concepts of empowerment and intent to stay. Intent to stay can be explained as one's "estimated likelihood of continued membership in an organization" (Price & Mueller, p. 546, as cited in Nedd). Kanter's structural theory of empowerment guided the study. Four questionnaires were used: the CWEQ (alpha = .96), JAS (alpha = .81), ORS, (alpha = .92) and the Intent to Stay (alpha = .86). Nurses in this study perceived they had the greatest access to opportunity ( $M = 3.44$ ). Intent to stay was positively correlated with the JAS, ORS, overall work empowerment, and all four subscales of opportunity, information, support and resources ( $r = .39 - .52$ ,  $p = <0.0$ ).

Comparable to other studies (Almost & Laschinger, 2002; Laschinger et al. 1999), this study supports the strength of instituting empowering work environments for nurses. Additionally, the research implies a possible connection between an empowered work atmosphere for nurses and their intent to stay with an organization. Limitations to this study include the self-reported perceptions of the nurses. Also, opinions of the nurses who decided to participate may be different from those who decided not to respond to the research invitation. These factors make it difficult to generalize the findings to other settings.

Piazza and colleagues (2006) studied the perceptions of empowerment with nationally certified and non-certified nurses. The CWEQ II, JAS II, ORS II and the global empowerment scale were used for this study. The research had an overall response rate of 58% (265 returned questionnaires). Nationally certified nurses represented 39.9% of the respondents and were moderately empowered ( $M = 3.68$ ) in comparison to non-certified nurses ( $M = 3.45$ ). Certified nurses also had higher levels of perceived formal power ( $p = <.038$ ) and perceived informal power ( $p = <.000$ ). Furthermore, certified nurses perceived greater access to the subscale of information ( $p = <.010$ ) than the non-certified group.

These findings possibly link the benefits of certification in a specialty area with respect to their positive perceptions of empowerment. The research was the first to make a possible link with certification and empowerment. Limitations to the study include utilizing a convenience sample and one community hospital in Connecticut participated in the study, making it difficult to generalize the findings to other hospital sites. Moreover, the certification status was self-reported by those who participated.

Another study testing Kanter's (1977, 1993) theory was used with new nurse graduates. Cho, Laschinger and Wong (2006) examined structural empowerment and tested a model to determine if an association existed between structural empowerment and six areas of work life, engagement/burnout, and organizational commitment. A predictive non-experimental survey design was undertaken. The CWEQ II, JAS II, ORS II and the global empowerment scale were used. The six areas of work life were measured with the 29-item Areas of Worklife Scale (AWS) ( $\alpha = .70 - .82$  in previous studies). Five items were selected from the Emotional Exhaustion subscale of the

Maslach Burnout Inventory-General Survey (alpha = .91) to measure engagement/burnout. Organizational commitment was measured with the Affective Commitment Scale (reliability coefficient = .79).

The study showed that the new graduates were moderately empowered ( $\underline{M} = 19.31$ ) and moderately committed ( $\underline{M} = 3.95$ ). Sixty-six percent of the nurses reported severe levels of emotional exhaustion in comparison to the norms ( $>3.00$ ) (Maslach and colleagues, as cited in Cho et al. 2006). The new nurses reported greatest access to opportunity ( $\underline{M} = 4.27$ ) and the least access to information ( $\underline{M} = 2.75$ ) and formal power ( $\underline{M} = 2.78$ ). Access to resources ( $\underline{M} = 3.08$ ) was the empowerment subscale most strongly associated with emotional exhaustion. These findings support Maslach and Leiter's contention that a major reason for burnout is not having enough time or resources to do one's job.

Similar to the aforementioned study, Laschinger, Wong and Greco (2006) also completed a study investigating the variables of empowerment and work engagement/burnout. Person-job fit also was examined. The staff nurses were moderately empowered by their overall score ( $\underline{M} = 18.43$ ) and they felt they had the greatest access to opportunity ( $\underline{M} = 3.98$ ) and the least access to formal power ( $\underline{M} = 2.49$ ), which are similar to Cho's et al. (2006) study findings. Fifty-three percent of the nurses were in the severe level of burnout (scores  $>3.00$ ). On average, the nurses reported high levels of burnout ( $\underline{M} = 3.17$ ). These levels may be related to their perceptions of their workload. As a result of the testing of the hypothesized model, the analysis implied that the impact of empowerment on burnout/engagement was partially mediated by fit with various sections of work life described in Maslach and Leiter's

model. As such, empowerment affected nurses' perceptions of engagement/burnout through its effect on person-job fit. Moreover, the nurses' access to empowerment structures were necessary for their perceptions that there was a fit with their own values and the values of the organization.

These research results (Cho et al. 2006; Laschinger et al. 2006) support Kanter's (1977, 1993) theory and Maslach and Leiter's model, and emphasize access to empowering work structures are necessary to create positive responses to work. Some of the study findings with both the new nurse graduates and staff nurses are adverse and suggest that nurses in these studies experienced high levels of burnout. Therefore, the role of the manager to seek ways to empower the workplace and find creative ways to ensure adequate nurse staffing ratios, and provide resources so nurses are able to fulfill work expectations, is critical. Managers can enhance nurses' perceptions of empowerment by facilitating empowering work environments which may assist in decreasing levels of burnout.

Limitations to the studies include the cross-sectional design and the inability to support strong causal claims. Additionally, there was a low alpha reliability on the AWS control scale in Cho's et al. (2006) study which is suggestive of the need for further refinement of this measure.

Comparable to the aforementioned studies (Cho et al. 2006; Laschinger et al. 2006), Greco, Laschinger, and Wong (2006) also looked at the link with structural empowerment and work engagement/burnout. The participants of this research are the same respondents in Laschinger's et al. (2006) study. In this research, leader empowering behaviors also are investigated. A model was tested with 322 staff nurses

in Ontario. The model incorporated Kanter's (1977, 1993) theory with Maslach and Leiter's work engagement model, and Conger and Kanungo's conception of leader empowering behavior.

As previously stated (Laschinger et al. 2006), empowerment was moderate. Expressing confidence in employees and ensuring autonomy were the most-used empowering leadership behaviors ( $\underline{M} = 4.04$ ,  $\underline{SD} = 1.53$ ;  $\underline{M} = 3.84$ ,  $\underline{SD} = 0.98$ , respectively). Staff nurses believed that participative decision-making was the least-used leader empowering behavior ( $\underline{M} = 3.25$ ,  $\underline{SD} = 1.51$ ). Nurses perceived the strongest degree of fit in the areas of work life were related to community, value congruence and rewards ( $\underline{M} = 3.57$ ,  $\underline{SD} = .77$ ;  $\underline{M} = 3.20$ ,  $\underline{SD} = .79$ ;  $\underline{M} = 3.20$ ,  $\underline{SD} = .7$ , respectively). The greatest degree of mismatch for the nurses in the work area related to workload, fairness and control, respectively, with control considered borderline ( $\underline{M} = 2.73$ ,  $\underline{SD} = .69$ ;  $\underline{M} = 2.73$ ,  $\underline{SD} = .69$ ;  $\underline{M} = 3.0$ ,  $\underline{SD} = .77$ , respectively). The level of burnout experienced by the nurses was higher than those found in previous studies with nurses in Ontario (Hatcher & Laschinger, 1996).

The analysis maintained a model in which the impact of leaders' empowering behavior on burnout/engagement was fully mediated by structural empowerment and fit Maslach and Leiter's six areas of work life. The findings of the study support the theories of Kanter (1977, 1993), Maslach and Leiter and Conger and Kanungo, and reinforce the significance of leadership behavior in constructing positive responses to work. A limitation to the study is its cross-sectional design which renders it difficult to generalize since data is collected at one point in time.

Matthews, Laschinger, and Johnstone (2006) examined staff nurses' perceptions of empowerment with respect to the organizational structure of their chief nursing executives (CNE). The executives were either in a line organizational structure (vice president of patient care in a line structure with operational responsibility for clinical care) or a staff organizational structure (responsible purely for the professional practice of nurses). The CWEQ II and the global empowerment scales were used.

Two hundred and fifty-six nurses were surveyed from two large teaching hospitals to ascertain their perceptions of empowerment. One site had the CNE in a line structure; the other site's CNE was within a staff structure. Nurses who had their CNE in a line configuration reported higher levels of empowerment ( $M = 18.80$ ,  $SD = 3.24$ ) in comparison to the CNE in a staff position ( $M = 18.60$ ,  $SD = 3.91$ ).

Furthermore, the nurses working within a line structure reported greater access to resources. Access to the subscales of information, resources and formal power was an important predictor of the nurses' global empowerment in the site which had the line structure, whereas only access to support was determined to be important in the hospital with the CNE in a staff structure.

Notwithstanding the organizational structure, nurses in these types of leadership roles must have support from senior management to empower staff nurses, including nurse managers. In turn, an empowered workforce can be experienced by all nurses. Suggestions by the authors to create empowering work environments included shared governance models and professional practice structures.

In a study investigating structural empowerment and organizational support, Patrick and Laschinger (2006) conducted a study with middle nurse managers. A

secondary study was completed with 84 nurse managers in Ontario. Instruments used were the CWEQ II ( $\alpha = .76 - .79$ ), the global empowerment scale ( $r = .56$ ), the short form of the Eisenberg's Perceived Organizational Support Survey ( $\alpha = .90$ ) and the Alienation from Work Scale ( $\alpha = .85$ ). The managers reported moderate empowerment scores ( $M = 21.06$ ,  $SD = 3.16$ ) with a moderate level of organizational support ( $M = 4.76$ ,  $SD = 1.03$ ). The participants were most satisfied with opportunity ( $M = 4.17$ ,  $SD = .67$ ) and least satisfied with resources ( $M = 2.57$ ,  $SD = .71$ ). The managers, to some extent, were satisfied with their current role ( $M = 3.62$ ) and least satisfied with their progress in achieving their own goals in their position ( $M = 3.47$ ,  $SD = .76$ ). Structural empowerment and organizational support were both significant predictors of role satisfaction, predicting 46% of the variance in role satisfaction for middle nurse managers.

The results of this research point toward a link between empowerment and perceptions of organizational support, that is, when the managers are given positive feedback and are further recognized for their contributions, they in turn feel valued by the organization. When managerial support is lacking, management can become frustrated with their position and the expectations placed upon them.

The middle managers in this study felt only somewhat supported by their organization. The managers also perceived they could not meet the administrative demands of their position due to their perceived limited access to resources; as such, they felt they could not accomplish their goals. These findings point towards the importance of empowerment amongst middle managers. Moreover, strong organizational support is necessary so managers can experience satisfaction in their role. This is vital since

empowered managers are necessary in the creation of environments that support nurses. Additionally, empowered managers may provide leadership, mentorship and guidance to unit nurses as a means of recruiting nurses for the managerial role.

A limitation to Matthews' et al. (2006) study is that the returned surveys are the self report measures of those who decided to participate. Patrick and Laschinger's (2006) research design was a cross-sectional study which is a one-time snapshot, and therefore strong causality statements cannot be made. Also, with the latter study, the Province of Ontario was dealing with the SARS outbreak and this may have been a factor in the responses of middle nurse managers.

Kanter's early work from the domains of business and education inspired the profession of nursing to explore her theoretical framework with extensive testing of the theory. Overall, nurses are moderately empowered in their workplace. Studies also have been congruent with Kanter's (1977, 1993) theory that one is more empowered as they rise in the organizational hierarchy, and employees who have access to sources of power within their workplace and work position view themselves as powerful. Additionally, relationships between empowered employees promote positive outcomes, such as a commitment to an organization, less job burnout and less job strain. The position of management in promoting an empowered workplace has been stated several times. This leadership role is critical in facilitating empowerment within the workplace, and subsequently, as previously noted, an empowered work setting can promote job satisfaction. Also, an important link has been proposed with respect to structural empowerment and magnet hospital characteristics, patient safety and intent to stay within



an organization. Furthermore, the link with Kanter's model to Maslach and Leiter's six areas of worklife has been suggested.

### Mental Health Nurses' Research into their Perspectives of Empowerment and Job Satisfaction

Only one abstract was located that specifically examined mental health nurses' perception of empowerment (Ekwarangkoon, 1999). A general search of the Internet located one quantitative abstract regarding empowerment among professional nurses caring for psychiatric patients in a hospital in China. A search through academic databases failed to yield any other results. Due to the limited data provided in this abstract, interpretation was difficult and therefore the information will not be presented.

Two studies were found that utilized the McCloskey/Mueller Satisfaction Scale (MMSS) in studies with mental health nurses. Flannery & Van Gaasbeek (1998) examined job satisfaction utilizing the MMSS with psychiatric clinical nurse specialists. Nurses working in a hospital with a private practice component were considerably more satisfied with professional opportunities ( $F = 2,47, = 4.827, p = 0.0124$ ), praise and recognition ( $F = 2,46, = 6.226, p = 0.0040$ ), and control and responsibility ( $F = 2,48, = 7.548, p = 0.0014$ ) in comparison to those clinical nurse specialists who worked in a hospital setting only. Brodell (1996) also used the MMSS in a study with mental health nurses. In that study the subscales were combined with research questions. There were no corresponding references with the questions to the subscales, and due to this, the study was difficult to interpret and therefore will not be discussed.

The research examining empowerment specifically with mental health nurses is limited. Moreover, job satisfaction using the McCloskey/Mueller scale with this

population is also limited. It is hoped therefore that the research presented within the study will assist in understanding the perceptions of mental health nurses with respect to empowerment and job satisfaction within the workplace.

In summary, research examining Kanter's (1977, 1993) theory has been completed in many nursing specialty areas such as public health nurses, nurse practitioners, college nursing educators, acute care hospital nurses and nurse managers. However, as mentioned previously, there are no studies located that specifically investigated mental health nurses' perceptions of empowerment utilizing Kanter's (1977, 1993) theory as a conceptual framework. Empowering the profession is essential in all areas of nursing. Thus, understanding the perceptions of nurses working within the area of mental health nursing are integral to capture, since studies of empowerment with mental health nurses are under-investigated with this population. As important, presenting information to administrators and policy makers will provide valuable and insightful data that can hopefully assist in the empowering of mental health nurses.

#### Empowerment and Job Satisfaction: Testing Kanter's Structural Theory

Several studies utilizing Kanter's (1977, 1993) theory have examined empowerment and its effect on job satisfaction. The testing of Kanter's theory with respect to job satisfaction is limited; however, the research has suggested an association between empowerment and job satisfaction, this being nurses' perceptions of empowerment are correlated to their perceptions of job satisfaction. The succeeding review will discuss the research examining these two variables.

Laschinger and Havens (1996) tested Kanter's (1977, 1993) theory in examining relationships between staff nurses' perceptions of work empowerment, control over

nursing practice, as well as job satisfaction and perceived work effectiveness. Two separate hospitals were used in the study with their responses compared to one another. Measures included the CWEQ, the JAS, and the ORS with additional scales of Control Over Nursing Practice, Job Satisfaction Scale (Bass & Avolio as cited in Laschinger and Havens) and the Work Effectiveness Scale. Alpha reliabilities in the scales used for this study were rated as acceptable (.76 to .95)

Nurses in both of the settings were moderately empowered and moderately satisfied in their jobs. There were strong positive correlations between access to empowerment structures and overall work satisfaction ( $r = 0.656$ ,  $p = 0.000$ ). These findings support Whyte's (as cited in Laschinger & Havens, 1996) study that found a strong positive relationship between perceived work empowerment and job satisfaction. Limitations to this study are that the hospitals involved in the studies volunteered, and these settings may not necessarily be representative of other acute care settings.

Laschinger et al. (2001b) tested Karasek's Demands-Control Model of Job Strain by analyzing the impact of perceived job strain on nurses' perceptions of structural and psychological empowerment, work satisfaction and organization commitment. Job satisfaction was measured with a 4-item global measure adapted from Hackman and Oldham's Job Diagnostic Survey (as cited in Laschinger et al.) This instrument has been used in the past with nursing populations and has an acceptable internal consistency reliability ( $r = 0.83$ ). Findings showed that nurses who perceived their jobs to consist of high psychological demands with a high degree of control reported more access to structural empowerment ( $t = 4.65$ ,  $df = 242$ ,  $p = .001$ ), believed they were more psychologically empowered ( $t = 6.97$ ,  $df = 242$ ,  $p = .001$ ), were more committed to their

organization ( $t = 3.3$ ,  $df = 242$ ,  $p = .001$ ), and were more satisfied with their work ( $t = 3.52$ ,  $df = 242$ ,  $p = .001$ ). The results support the assertion that the amount of job strain staff nurses' encounter is linked to how they experience their work environment.

Similarly, Laschinger et al. (2001c) examined job strain and job satisfaction, and also expanded and tested Kanter's (1977, 1993) theory by adding psychological empowerment to Kanter's model. Spreitzer (1995) describes psychological empowerment as an affective psychological state that employees have to experience for interventions to be successful. In the proposed study, psychological empowerment was projected to be an outcome of structural empowerment. It was believed that psychological empowerment would result in enhanced job satisfaction, both directly and indirectly, by diminishing job strain. A survey approach was utilized with 404 registered nurses. The Psychological Empowerment Scale (Spreitzer, 1995) was employed to measure psychological empowerment which included four subscales to assess: meaningful work, autonomy, competence and impact. Job satisfaction was investigated by using a 4-item global measure of work satisfaction.

The findings indicate a relationship between job strain and work satisfaction ( $\beta = -0.39$ ). Structural empowerment had a direct, positive effect on psychological empowerment ( $\beta = 0.85$ ); in turn, psychological empowerment had a direct positive effect on job satisfaction ( $\beta = 0.79$ ) in addition to a direct negative effect on job strain ( $\beta = -0.57$ ). The authors contend that psychological empowerment is a human response to managerial interventions to enact empowering work environments, and therefore decreased job strain and increased job satisfaction are reasonable outcomes. However, although there was a direct negative effect of job strain on job satisfaction ( $\beta = -0.06$ ), it

was insignificant. The researchers reanalyzed their data by eliminating structural and psychological empowerment, and found there was a relationship between job strain and job satisfaction.

The results of this research suggest that job strain had an effect on perceptions of job satisfaction. As noted previously, structural empowerment has been linked empirically to job satisfaction (Laschinger & Havens, 1996; Whyte, 1995; as cited in Laschinger et al. 2001), however, Laschinger and colleagues (2001c) conducted the first study to show the intervening role of psychological empowerment. The cross-sectional nature of the design, and the inability to make strong cause and effect statements, place limitations on this study. However, according to the authors, priori theory-driven forecasting offset the limitation to some extent and supports generalization to theory rather than populations.

Manojlovich and Laschinger (2002) conducted a study from a secondary data analysis to better understand the elements of job satisfaction for hospital nurses. Similar to another study measuring empowerment and job satisfaction (Laschinger et al. 2001b) utilizing Kanter's (1977, 1993) theory, job satisfaction was measured with the 4-item global measure adapted from Hackman and Oldham. Manojlovich and Laschinger contend that job satisfaction is a function of circumstances within the workplace as well as attitudes and behaviors, which the authors argue are shaped by personality characteristics. The authors hypothesized that mastery and achievement needs would explain the added variance in job satisfaction. They further hypothesized that the effect of structural and psychological empowerment on job satisfaction is moderated by mastery and achievement needs.

Both structural and psychological empowerment were significant independent predictors of job satisfaction ( $\beta = 0.39$  and  $0.33$ , respectively), and it was determined that neither mastery ( $\beta = -0.002$ ,  $p = .970$ ) nor achievement needs ( $\beta = 0.02$ ,  $p = .749$ ) were predictive of job satisfaction. Job satisfaction ( $\alpha = .81$ ) was found to be evenly correlated with the CWEQ subscales. The study results support Kanter's (1977, 1993) assertion that work behaviors and attitudes are molded by the work environment, rather than by personality characteristics. Furthermore, nurses who are empowered experience job satisfaction. The connection between employee empowerment and job satisfaction suggest the need for managers to ensure that employees have access to the structures that are necessary to promote empowerment within the workplace. Limitations to Manojlovich and Laschinger's (2002) research include the weak alpha reliability coefficient (0.61) used to measure achievement needs. Due to achievement being the least significant variable in the study, results need to be interpreted cautiously.

Laschinger et al. (2003a) tested a theoretical model that linked nurses' perceptions of structural empowerment (Kanter, 1977, 1993), magnet hospital characteristics, and job satisfaction in three separate studies of nurses in different work settings (urban tertiary setting, rural and nurse practitioner setting, respectively). Similar to other studies measuring empowerment and job satisfaction (Laschinger et al. 2001b; Manojlovich & Laschinger, 2002), utilizing Kanter's theory, job satisfaction in Study One, and Study Three were measured with the 4-item global measure adapted from Hackman and Oldham ( $\alpha = 0.84$  and  $0.84$ , respectively). Study Two utilized the Nurse Job Satisfaction Questionnaire ( $\alpha = .88$ ). A secondary analysis of data from the three studies was undertaken. All three studies yielded similar results; nurses perceived their

job setting to be moderately empowering ( $\underline{M}$  = 17.9,  $\underline{S.D.}$  = 3.31;  $\underline{M}$  = 18.37,  $\underline{SD}$  = 2.82;  $\underline{M}$  = 20.96,  $\underline{SD}$  = 3.08, respectively). These nurses also rated moderate levels of magnet hospital characteristics ( $\underline{M}$  = 2.68,  $\underline{SD}$  = 0.55;  $\underline{M}$  = 2.78,  $\underline{SD}$  = 0.50;  $\underline{M}$  = 3.20,  $\underline{SD}$  = 0.46, respectively). Consistent with the second hypothesis, both empowerment and magnet characteristics were significantly independent predictors of job satisfaction, which accounted for 41.5 % of the variance in Study One ( $\beta$  = .51 and  $\beta$  = .20), 31.5 % of the variance in Study Two, ( $\beta$  = .17 and  $\beta$  = .49) and 50 % of the variance in Study Three ( $\beta$  = .59 and  $\beta$  = .19).

The results from these three independent data sets are supportive of the hypothesis associating Kanter's (1977, 1993) structural empowerment and magnet hospital characteristics. Also, key findings indicate that access to empowerment structures increased nurses' perceptions of magnet hospital attributes and in turn increased nurses' job satisfaction (average  $\underline{R}^2$  = .41). Nurse practitioners' results regarding their perceptions of empowerment, and magnet hospital characteristics, were considerably higher than the staff nurses, and are similar to the empowerment perceptions of managers in other studies (Goddard, as cited in Laschinger, 1996; Laschinger and Shamian, 1994; McDermott et al. 1994). There is support for the hypothesis that work environments that provide access to empowering structures of information, support, resources and opportunities to learn and grow, as well as offering job activities that are flexible (Kanter, 1977, 1993), can create work settings that support professional practice work environments (magnet hospital characteristics). Furthermore, strong alliances with the team, including physicians, are necessary to support professional practice in magnet hospitals. The results advocate the utilization of approaches from Kanter's (1977, 1993)

theory of workplace empowerment to foster job satisfaction and commitment among staff nurses and subsequently promote professional practice.

Similarly, Upenieks (2003) conducted a comparative study with nurses examining whether magnet hospitals provide enhanced levels of empowerment and job satisfaction, in contrast to those hospitals without magnet characteristics. Kanter's (1977, 1993) theory of structural behavior was employed as the theoretical guide for the study. Nurses who worked in magnet and non-magnet-type hospital settings were surveyed to ascertain their perceptions of magnet hospital characteristics, workplace empowerment and job satisfaction. The CWEQ II subscales showed that power ( $\underline{M}$  = 3.16;  $\underline{M}$  = 2.70, magnet and non-magnet, respectively), opportunity ( $\underline{M}$  = 3.94;  $\underline{M}$  = 3.88, respectively) and empowerment ( $\underline{M}$  = 3.55;  $\underline{M}$  = 2.63, respectively) were higher in the magnet hospital than the non-magnet hospital. As hypothesized, those nurses working within a magnet hospital setting were significantly more empowered than those in non-magnet-type hospital settings. The results of the research further indicated that the attributes of a magnet hospital increased job satisfaction amongst nurses working in today's hospital environment.

The examination of Kanter's (1977, 1993) theory and its association with magnet hospital characteristics within the workplace suggest and support a possible relationship. Access to workplace empowerment structures enhanced the perceptions of magnet hospital characteristics in the work setting, in turn, this increased job satisfaction for nurses. Implementing factors that can lead to magnet hospital characteristics, such as promoting supportive relationships within interdisciplinary teams, can be beneficial in promoting nurses' professional practice within the workplace and ensuring the delivery



of excellence in patient care, which promotes the attainment of favorable organizational outcomes. Also, there is the suggestion that magnet characteristics can enhance patient safety. Kanter's (1977, 1993) theory of structural empowerment can help facilitate the attainment of magnet hospital characteristics by providing the framework of empowering structures within the workplace, which encourages and supports professional practice environments.

Sarmiento, Laschinger, and Iwasiw (2004) tested a theoretical model specifying relationships among structural empowerment, burnout and work satisfaction by employing a descriptive correlational design. A sample of 89 full-time college nurse educators participated in the study (61% response rate). Measures used were the CWEQ, JAS, ORS, Maslach Burnout Inventor Educator Survey and the Global Job Satisfaction Scale (Hackman and Oldham). Nurse educators perceived their work setting to be moderately empowering ( $M = 12.18$ ); global empowerment was also moderate ( $M = 3.23$ ). The educators also reported moderate levels of formal ( $M = 3.12$ ) and informal power ( $M = 3.13$ ). Additionally, educators in this study were only moderately satisfied with their jobs ( $M = 3.33$ ).

Perceptions of workplace empowerment were significantly related to all components of burnout ( $p < 0.01$ ). High levels of work empowerment in combination with low levels of burnout were significant predictors of the educators' job satisfaction. Job satisfaction was most strongly associated to access to support ( $r = 0.610$ ), followed by access to resources ( $r = 0.57$ ), information ( $r = 0.52$ ) and opportunity ( $r = 0.493$ ). Both empowerment and burnout were significant predictors of job satisfaction, but empowerment overall was the stronger of the two ( $r = 0.69$ ,  $p = 0.01$ ). Results show

support for Kanter's contention that greater access to formal and informal power in the workplace plays a role in accessing workplace empowerment. Furthermore, overall access to information, opportunity, resources and support has positive effects on staff, such as less burnout and greater amounts of job satisfaction. Limitations to this study include the inability to generalize these results to university educators and the possibility of response bias.

Laschinger and Finegan (2005b) investigated empowerment and the attainment of trust and respect in the workplace. Job satisfaction also was tested within the study. The work empowerment tools were used to measure formal and informal power and empowerment, the Moorman's Justice Scale (alpha = .81 - .91) tested interactional justice, respect was measured by Siegrist's Esteem Scale (alpha reliability = .76) and Mishra's Trust in Management Scale (alpha reliability = >0.70) measured management trust. Job satisfaction (internal consistency reliability = .89) and organizational commitment (internal consistency reliability = .88) were measured with subscales from the Pressure Management Indicator.

Nurses in this study perceived their work setting to be somewhat empowering ( $\underline{M} = 17.8$ ,  $\underline{SD} = 3.28$ ). Nurses were most satisfied with the subscale of access to opportunities ( $\underline{M} = 3.97$ ,  $\underline{SD} = .79$ ) and less satisfied with access to support ( $\underline{M} = 2.64$ ,  $\underline{SD} = .85$ ). These findings are consistent with other studies (Armstrong & Laschinger, 2006; Tigert & Laschinger, 2004). The nurses further reported only moderate amounts of interactional justice. Moreover, the nurses perceived a lack of respect within their work environment, and had only moderate levels of trust in management ( $\underline{M} = 3.24$ ,  $\underline{SD} = 1.6$ ). The nurses scored their managers as lowest on their ability to be honest and their concern for their

employees. Finally, these nurses only perceived moderate degrees of job satisfaction ( $M = 3.99$ ,  $SD = .83$ ) and organizational commitment ( $M = 3.84$ ,  $SD = .72$ ).

These findings are related to the degree to which nurses perceived access to workplace empowerment and consequently to their levels of trust and respect within the work setting. Subsequently, these factors can facilitate staff satisfaction with their jobs and commitment to the organization. As discussed, the importance for management to create environments that promote an empowering work setting cannot be underrated. Empowering work environments are essential if nurses are to reach their professional goals of providing quality patient care.

Kanter's (1977, 1993) theory of empowerment and the link to job satisfaction has been suggested. The studies discussed have proposed that nurses' perceptions of empowerment persuade their views of job satisfaction. The studies also tested other variables, such as control over nursing practice, burnout, job strain, and trust and respect, in addition to job satisfaction. Results point toward the importance of empowerment within the workplace to attain positive outcomes as mentioned. As discussed previously, the role of the manager to build effective relationships with staff is paramount in promoting an empowered workplace. The research supports Kanter's (1977, 1993) theory that empowerment can promote positive outcomes in the work environment.

#### Testing of Kanter's Theory and the McCloskey/Mueller Satisfaction Scale

Davies' (2002) conducted a study testing Kanter's (1977, 1993) theory of workplace empowerment, job tension and job satisfaction amongst hospital clinical educators. The McCloskey/Mueller Satisfaction Scale (MMSS) along with a global measure of job satisfaction (Bass & Avolio, as cited in Davies) were utilized for the

satisfaction section of the study. The Job Tension Index (alpha = .78 to .81) examined job related tension. Clinical educators rated their access to opportunity ( $\underline{M} = 3.67$ ), information ( $\underline{M} = 3.48$ ), support ( $\underline{M} = 3.14$ ) and resources ( $\underline{M} = 2.80$ ) as being moderate. Job tension was also perceived to be moderate ( $\underline{M} = 2.93$ ). The educators further rated their perceptions of job satisfaction ( $\underline{M} = 3.54$ ) and global job satisfaction ( $\underline{M} = 3.01$ ) as moderate as well.

Results of Davies' (2002) research found there was a strong positive relationship between overall empowerment and overall satisfaction ( $r = .641$ ,  $p = .0001$ ). Also, job satisfaction was most strongly associated with access to support ( $r = .597$ ), access to information ( $r = .550$ ), access to opportunity ( $r = .510$ ) and access to resources ( $r = .470$ ). A comparison of the empowerment variables to the subscales of the MMSS established that overall empowerment was most strongly linked to the satisfaction variables of control and responsibility ( $r = .726$ ), praise and recognition ( $r = .667$ ), opportunities for interaction ( $r = .447$ ) and professional opportunities ( $r = .440$ ). Davies (2002) noted that these four satisfaction variables were consistently found to have the strongest correlation with the empowerment variables. The nurses in Davies' research also rated their access to formal power as being more significant than informal power with regard to the variance in empowerment.

As noted by Davies (2002), the MMSS has not been associated with Kanter's (1977, 1993) theory previously; therefore, Davies' results could not be compared to previous studies which utilized Kanter's structural theory as a conceptual guide. However, Davies' study did find a strong relationship with the satisfaction variable of control and responsibility, and this finding is consistent with the literature regarding a

positive association between empowerment and control over practice (Davies). Davies' research assists in establishing a link with empowerment and job satisfaction, specifically with the MMSS tool. Her study supports the literature with respect to the connection that structural empowerment in the workplace can result in job satisfaction for nurses.

### Summary

As Kanter's model continues to be tested, the findings generated regarding work empowerment and its correlation to job satisfaction is encouraging and provides administrators with substantial information that can be used to promote structural changes to facilitate an empowering and satisfying workplace for nurses. Additionally, empowered work structures can facilitate professional practice models, which is integral given that professional practice facilitates quality patient care outcomes. The association of empowerment to job satisfaction is significant to establish since this type of configuration within the workplace can support mental health nurses in delivering quality services that promote favorable outcomes for patients with mental illness.

## Chapter III

### Methodology

This chapter will describe the methodology of the study that was used for this quantitative research. The research design, setting, sample, sample criteria, data collection instruments, demographic, data collection and data analysis will be discussed. Additionally, limitations and ethical considerations will be presented.

#### Research Design

A descriptive correlational survey design was utilized to evaluate job-related empowerment and job satisfaction with nurses who were employed in a hospital's acute care psychiatric setting. The purpose of the descriptive correlational design is to describe relationships among the variables (Polit & Hungler, 1999). The intention of this research is not to imply causality; therefore a non-experimental design had been selected. According to Polit and Hungler a descriptive correlational design is appropriate to observe, describe and document characteristics of a situation. Polit and Hungler also state that many nurse researchers have used the survey method to approach the investigation of a wide range of phenomena. Both methods of the descriptive correlational design and the survey are practical, inexpensive and easy to manage.

#### Setting

This study was conducted in the Province of Manitoba. Data were collected from hospital Registered Nurses and Registered Psychiatric Nurses working in acute adult in-patient psychiatric units that are part of a regionalized mental health program.

### Sample

A sample of 150 mental health nurses were recruited for participation in the study. Due to the low response rate that is often associated with mail-type research, this number was selected to assist in ensuring statistical significance. In consultation with a statistician, it was determined that a response rate of 51 participants would provide a two-sided test correlational analysis with 80% power at  $\alpha = 0.05$ , to detect a correlation of at least 0.8 given an assumed null hypothesis correlation of 0.6. This sample size will therefore be appropriate given an estimated survey completion of 34%. Of the 150 surveys delivered to the units, 56 were returned. One survey was returned after the study had ended and thus excluded from the study. The final sample therefore consisted of 55 useable surveys (37% return rate).

### Sample Criteria

Criteria for the admission into the study included: registered psychiatric nurses, registered nurses, full-time, part-time and casual nurse status who were employed specifically within a hospital's adult in-patient psychiatric units.

### Data Collection Instruments

The instruments selected for this study are standardized questionnaires previously used in nursing populations (see Appendix B). The Conditions of Work Effectiveness Questionnaire (CWEQ) (Chandler, 1986) was developed based on Kanter's (1977) work. The CWEQ is a 31-item scale that measures nurses' perceptions of their ability to access the four empowerment structures which were specified by Kanter: opportunity, information, support, and resources. The Job Activities Scale (JAS) (Laschinger, 1996b) is a 9-item scale that measures staff nurses' perception of formal power within the work

environment. The Organizational Relationship Scale (ORS) (Laschinger, 1996b) is an 18-item instrument that measures staff nurses' perceptions of informal power within the work environment. The responses to the aforementioned questionnaires are recorded on a 5-point Likert scale. The McCloskey/Mueller Satisfaction Scale (MMSS) (1989) is a 31-item scale, which will capture eight types of job satisfaction for hospital nurses. Similar to the empowerment questionnaires, the MMSS questionnaire items are each rated on a 5-point Likert scale. A brief demographic questionnaire was developed and included to determine a description of the sample population (see Appendix C).

Conditions of Work Effectiveness Questionnaire (CWEQ). The CWEQ (Chandler, 1986) is a 31-item instrument which is used to ascertain the respondents' perceptions of overall workplace empowerment. Questions are posed to measure the respondents' access to empowerment and are divided into four subscales of opportunity (7), information (8), support (9) and resources (7). Responses to the questions are to be noted on a 5-point Likert scale, which ranges from 1 (None) to 5 (A Lot). Items are scored, with the mean score being obtained by summing and then dividing the items. High scores will indicate higher levels of perceived access to opportunity, information, support and resources. An overall empowerment score is obtained by calculating the sum of the four sub-scales of the CWEQ (score range 4-20). High scores represent strong access to opportunity and power structures in the organization.

Previous studies with staff nurses using the CWEQ have shown acceptable Cronbach alpha reliability for each subscale ranging from .73 to .91 for opportunity, .73 to .98 for information, .73 to .92 for support, and .66 to .91 for resources (Laschinger, 1996b). The total CWEQ is in the range of .80 to .96 (Laschinger 2002). It is important



to note that the low ranges associated with the subscales of opportunity and resources are not characteristic of other alpha reliability scores within these specific subscales. The majority of these scores were higher. In this study, the Cronbach alpha reliability coefficients were .86 for opportunity, .85 for information, .90 for support and .85 for resources. The total CWEQ for the current study was .80 (see Table 1).

Two items which were introduced in 1996 as a validation index also are used to measure global empowerment (Laschinger, 1996b). These two items are rated on a 5-point Likert scale, which ranges from strongly disagree (1) to strongly agree (2). The respondents were asked the question of whether their work environment empowers them to accomplish their work, and whether they consider their workplace to be an empowering environment. Cronbach alpha reliability coefficients for the global empowerment measure have been noted to be between .73 to .94 (Laschinger, 2002). In this present study, the Cronbach alpha reliability coefficient for global empowerment was .91 (see Table 1).

Job Activities Scale (JAS). The JAS (Laschinger, 1996b) has been revised to improve the internal consistency. It is now a 9-item scale that measures staff nurses' perceptions of formal power within the workplace. After reversing the score of item number 5, items are summed and then divided to obtain a score ranging from 1 to 5. High scores are representative of job activities that give high formal or position power. The alpha reliability with the JAS has been improved with the deletion of items and/or refinement of items following psychometric analyses of several data sets. Studies with staff nurses show the alpha reliability to be between .70 to .86 (Laschinger). The present study had a Cronbach alpha reliability coefficient of .82 (see Table 1).

Organizational Relationship Scale (ORS). The ORS (Laschinger 1996b) is an 18-item instrument that measures staff nurses' perceptions of informal power within the workplace. Items are designed to capture the staff nurses' perceptions of political alliances, sponsor support, peer networking and subordinate relationships in the work setting. A convenience sample of registered nurses was used to pilot test the ORS instrument to establish content validity. Items are summed and averaged to yield a result ranging from 1 to 5. The ORS has been found to have internal consistency of .85 to .90 (Laschinger). High scores are representative of high informal power. Similar to previous studies, this current study indicated a Cronbach alpha reliability coefficient of .92 (see Table 1).

McCloskey/Mueller Satisfaction Scale (MMSS). The MMSS (1989) is a 31-item scale which is designed to measure eight types of job satisfaction for hospital nurses. The satisfaction scale is comprised of satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition and control/responsibility. These items are each rated on a 5 - point Likert scale, ranging from very dissatisfied (1) to very satisfied (5). For each subscale, the scores are added and then divided by the number of items to arrive at the mean. McCloskey's (1974) original scale grouped items as safety rewards, social rewards or psychological rewards. The 1974 scale was revised and used in a study by McCloskey and McCain (1987). The earlier versions of the scale had reported face and content validity, and test-retest and alpha reliability. Subsequently, the current version of the scale is a result of rigorous testing of the measurement characteristics. Factor analysis supports the existing 8-subscale structure. These eight subscales support the original

proposed three theoretical dimensions. Cronbach alphas for each of the eight subscales range from .52 to .84. The smaller alphas are representative of the subscales with fewer items. The Cronbach alpha reliability coefficients in this study showed a range between .54 and .87, with the overall MMSS having an alpha of .85 (see Table 1).

Table 1  
Cronbach Reliability Coefficients for Study Instrument

Instrument	Alpha Coefficients
<b>Conditions for Work Effectiveness Questionnaire</b>	.804
<b>Subscales:</b>	
Opportunity	.861
Information	.858
Support	.903
Resources	.850
<b>Job Activities Scale</b>	.829
<b>Organizational Relationship Scale</b>	.920
<b>Global Empowerment</b>	.914
<b>McCloskey/Mueller Satisfaction Scale</b>	.855
<b>Subscales:</b>	
Extrinsic Rewards	.564
Scheduling	.876
Balance of Family and Work	.572
Co-Workers	.545
Interaction Opportunities	.706
Professional Opportunities	.808
Praise and Recognition	.621
Control and Responsibility	.856

#### Demographic Questionnaire

The demographic questionnaire was developed to determine the respondents' age

group, gender, employment status, years of experience in mental health nursing, type and level of education.

#### Data Collection Procedure

Data were collected after the proposal received ethical approval from the University of Manitoba, and access obtained from the Regional Health Authority. A research assistant and the researcher delivered questionnaires to the psychiatric units within the mental health program. Data collection took place over a 12-week period. Thirteen questionnaires were delivered to each unit and twelve questionnaires were left in the “casual” nurses’ office. Approximately 2 weeks later, questionnaires were again delivered to the units, with each unit receiving ten further questionnaires. No further questionnaires were left in the casual nurses’ office since a supply of previous questionnaires delivered to this office still remained when the office was visited 2 weeks later.

Completed questionnaires took approximately 20 minutes to complete and were anonymous. Completed questionnaires were either mailed back to the researcher in a self-stamped, self-addressed envelope, or left on the in-patient psychiatric unit in a taped box that was labeled for the study. The research assistant and researcher frequented the patient units to pick-up completed questionnaires that had not been mailed and were left in the boxes. Participants who requested study results were instructed to provide their address on a separate sheet of paper which was returned by the participant along with the completed questionnaires. The participants who requested a copy of these results had this information mailed to them. The returned questionnaires constituted consent of the

participant to participate in the study. Reminders were sent to all participating units after 2 weeks, and again after 5 weeks.

#### Data Analysis Procedure

Statistical analysis of the data was completed utilizing the Statistical Package for the Social Sciences (SPSS) for Windows standard version of 14.0. The means and standard deviations of each scale and subscale were calculated. The demographic characteristics were examined using descriptive statistics. To test the first hypothesis, multiple linear regression was undertaken to determine the productive relationship of formal and informal power on perceptions of job empowerment. As the data were not consistently normally distributed, a Spearman's rank-order correlation was used to assess the second hypothesis with regard to the magnitude of the relationship between empowerment and job satisfaction variables. P-values less than 0.05 were considered statistically significant.

Analysis of internal consistency was completed for the scales and subscales utilizing the Cronbach alpha reliability coefficient. A Mann-Whitney test was calculated to determine if differences existed among male and female participants or if variations were present based on employment status and educational groups with respect to the variables. The latter analysis was initially examined by a Kruskal-Wallis test. A t-test then followed to establish the mean between the male and female respondents, the employment groups and between the education groups. Analysis of variance was performed for any possible distinction in nurses' responses based on their length of employment or their age group. A post-hoc student Newman-Keuls' test was selected to compare the possible groups with respect to their years of clinical practice or their age

group. A statistician affiliated with the University of Manitoba was consulted for the project.

### Limitations

The study is descriptive in nature, and for that reason results are limited to describing the phenomena of interest. A convenience sample was used and therefore those selecting to participate may be different from those who refuse. Generalization to a larger population may be limited since this sample is of mental health nurses employed in one hospital. The McCloskey/Mueller scale, while used within nursing populations, has only been found to be utilized with one study which tested Kanter's (1977, 1993) theory. This being said, Davies' (2002) study did find statistical significance between empowerment and job satisfaction.

### Ethical Implications

Returned questionnaires constituted consent from the nurses who participated in the study. Nurses were advised through the letter to participate that participation is strictly confidential and voluntary. The nurses were also advised that they were under no obligation to participate. Only the research assistant, the researcher, the committee and the statistician had access to the completed questionnaires. Participants were advised to not place any identifying information on the questionnaires, as participation is confidential. The research assistant and researcher delivered the questionnaires to the patient care units. Participants were given the phone number of the researcher and the Committee Chair, should they have had questions regarding the study. Confidentiality and anonymity were further assured by the researcher and research assistant.

Questionnaires will be stored in a locked file and destroyed after seven years. No individual information will be shared with others or with nursing administration.

There are no perceived harmful effects of this study, and the benefits, while perhaps minimal to the participants, may benefit the nursing profession and add to the knowledge of empowerment and job satisfaction, particularly with mental health nurses.

### Conclusion

In summary, a descriptive correlational design was utilized to ascertain the perceptions of empowerment and job satisfaction amongst mental health nurses working in a hospital's psychiatric units in Manitoba. A demographic questionnaire was developed to further describe the attributes of this unique population.



## Chapter IV

### Results

The purpose of this study was to describe perceptions of empowerment and job satisfaction. A descriptive correlational survey design was employed to examine these constructs with mental health nurses who were employed in an acute mental health setting. Two hypotheses were explored:

1. mental health nurses' perceptions of formal and informal power in the workplace are positively related to their perceptions of workplace empowerment; and,
2. mental health nurses' perceptions of workplace empowerment will be positively correlated to their perceptions of job satisfaction.

The participants were hospital registered nurses and registered psychiatric nurses working within adult in-patient psychiatric units that are part of a regionalized mental health program. One hundred and fifty questionnaires were delivered to the units and 56 mental health nurses completed the study questionnaires. One questionnaire arrived late and was excluded from the study. Therefore, fifty-five of the questionnaires were included in this research.

Cronbach alpha reliability coefficients for these instruments, with regard to past research, were previously discussed (see Chapter 3). In this study, the Cronbach alpha for the total CWEQ was .80, the Cronbach alpha reliability coefficients for the CWEQ subscales were: .86 for opportunity; .85 for information; .90 for support; and .85 for resources. The JAS was .82, the ORS was .92 and global empowerment was .91. The MMSS Cronbach alpha reliability showed a range between .54 and .87, with the overall MMSS at .85.

Descriptive statistics summarized the demographic data. Additionally, descriptive statistics evaluated the means and standard deviations of the study's scales and subscales. The SPSS computer program was utilized for the data analysis.

The results of the research will be presented in the following order: a portrayal of the participants of this research will be introduced, a discussion regarding the descriptive results of the study variables, specifically, the empowerment and job satisfaction scales and subscales, the findings of the tests of the hypotheses and finally, further demographic attributes of the respondents with regard to the study variables will be explained concluded by the summary.

#### Sample Participants

A demographic questionnaire described the attributes of this population of mental health nurses. The participants were primarily female (81.8%). The largest age group responding to the survey was in the 45 to 54 age cluster (30.9%). Respondents were most likely to be employed on a full-time basis (56.4%). The majority of mental health nurses were educated at the diploma level; registered psychiatric nurses (RPN) (34.5%), and registered nurses (RN) (27.3%), followed by registered nurses with a degree (25.5%) (see Table 2).

	Frequency	Percent %	
<u>Gender</u>			
Male	10	18.2	
Female	45	81.8	
<u>Age Group</u>			
18 – 34	15	27.2	
35 – 44	12	21.8	
45 – 54	17	30.9	
55 – 65+	11	20	
<u>Employment Status</u>			
Full-time	31	56.4	
Part-time/Casual	24	43.6	
<u>Type and Level of Education</u>			
RPN RPN/RN	19	34.5	
RN	15	27.3	
RPN BSc PN	7	12.7	
RN BN/BSc N	14	25.5	
	n	Mean (years)	SD
Years in Mental Health Nursing	55	13.82	10.93

### Descriptive Results

Four questionnaires were used to ascertain the nurses' perceptions of

empowerment and job satisfaction. These tools are the Conditions of Work Effectiveness (CWEQ) (Chandler, 1986), the Job Activities Scale, (JAS) and the Organizational Relationship Scale (ORS) (JAS and ORS, Laschinger 1996b, respectively). A global measure of empowerment was used to validate the CWEQ (Laschinger, 1996b). The McCloskey/Mueller Satisfaction Scale (MMSS) measured job satisfaction.

The means and standard deviations for all scales and subscales used in the study were calculated and summarized (see Table 3). Although the number of participants necessary to reach power analysis (80% power at  $\alpha = 0.05$ ) was obtained with respect to number of respondents required for the study, some of the participants did not answer all of the questions. Notwithstanding this, the majority of all of the scales and subscales met power analysis.

Table 3  
Observed Means and Standard Deviations for Instrument Scales and Subscales

Instrument	<u>n</u>	<u>Mean</u>	<u>SD</u>
<b>Overall Empowerment (Total CWEQ)</b>	55	11.21	2.41
<b>Subscales:</b> Opportunity	51	3.10	0.73
Information	55	2.44	0.76
Support	52	2.73	0.83
Resources	51	2.93	0.67
<b>Formal Power (JAS)</b>	50	2.65	0.63
<b>Informal Power (ORS)</b>	53	3.32	0.74
<b>Global Empowerment</b>	55	3.03	1.06
<b>Job Satisfaction (Total MMSS)</b>	54	3.26	0.60
<b>Subscales:</b>			
Extrinsic Rewards	55	3.66	0.76
Scheduling	55	2.80	1.06
Balance of Family and Work	47	3.12	0.78
Co-Workers	55	4.01	0.86
Interaction Opportunities	54	3.53	0.71
Professional Opportunities	55	2.95	0.88
Praise and Recognition	53	3.21	0.80
Control and Responsibility	54	2.75	0.92

Mental health nurses perceived themselves to be moderately empowered as noted by their overall empowerment score ( $\underline{M} = 11.21$ ,  $\underline{SD} = 2.41$ ). An overall empowerment score is obtained by calculating the sum of the four subscales of the CWEQ (score range 4-20). The nurses rated their informal power to be moderate ( $\underline{M} = 3.32$ ,  $\underline{SD} = 0.09$ ), while their perceptions of their formal power were not high ( $\underline{M} = 2.65$ ,  $\underline{SD} = 0.08$ ).

Of the four subscales of empowerment, mental health nurses in this study concluded that opportunity was the most empowering factor ( $\underline{M} = 3.10$ ,  $\underline{SD} = 0.73$ ). Access to information ( $\underline{M} = 2.44$ ,  $\underline{SD} = 0.76$ ) was the least empowering factor.

Job satisfaction was measured utilizing the McCloskey/Mueller Satisfaction Scale (MMSS). Mental health nurses reported their job satisfaction as being moderate overall ( $\underline{M} = 3.26$ ,  $\underline{SD} = 0.60$ ). The results of the most satisfying and least satisfying of the subscales of the MMSS illustrated that mental health nurses perceived higher satisfaction with co-workers ( $\underline{M} = 4.01$ ,  $\underline{SD} = 0.86$ ), and extrinsic rewards ( $\underline{M} = 3.66$ ,  $\underline{SD} = 0.76$ ) and minimal satisfaction with scheduling ( $\underline{M} = 2.80$ ,  $\underline{SD} = 1.06$ ) and control and responsibility ( $\underline{M} = 2.75$ ,  $\underline{SD} = 0.92$ ).

### Hypotheses Testing

To test the first hypothesis, that mental health nurses' perceptions of formal and informal power in the workplace would be positively related to their perceptions of workplace empowerment, multiple linear regression was undertaken to determine any relationship. Multiple regression is used to ascertain what variables contribute to the explanation of the dependent variable and to what degree (LoBiondo-Wood & Haber, 2002). As the data were not consistently normally distributed, a Spearman's rank-order correlation was used to assess the second hypothesis with regard to the magnitude of the

relationship between empowerment and job satisfaction variables. P-values less than 0.05 are considered statistically significant.

The first hypothesis was supported. Multiple linear regression showed that 61% of the variance in empowerment was explained by formal and informal power collectively. Notwithstanding that jointly both formal and informal power were significant predictors of mental health nurses' perceptions of empowerment ( $\beta = 2.278$ ,  $t = 6.176$ ,  $p = .001$  and  $\beta = .951$ ,  $t = 2.989$ ,  $p = .004$ , respectively), formal power was stronger than informal power.

The second hypothesis, tested with a Spearman's rank-order correlation proposed that mental health nurses' perceptions of workplace empowerment would be positively correlated to their perceptions of job satisfaction. Correlations of the empowerment variables and the job satisfaction variables are described in Table 4. The results identify a positive relationship between overall empowerment and overall job satisfaction ( $r = .620$ ,  $p = .000$ ).

With respect to the empowerment structures, the measurement of overall job satisfaction was related most strongly to access to opportunity ( $r = .647$ ,  $p = .000$ ), followed by access to support ( $r = .583$ ,  $p = .000$ ) and access to information ( $r = .477$ ,  $p = .000$ ). Access to resources was not significant.

A Spearman's rank-order correlation evaluated the relationships of the empowerment variables to the subscales of the MMSS and showed that overall empowerment was most significantly related to the job satisfaction variables of control and responsibility ( $r = .739$ ,  $p = .000$ ), praise and recognition ( $r = .612$ ,  $p = .000$ ), scheduling ( $r = .513$ ,  $p = .000$ ) and interaction ( $r = .493$ ,  $p = .000$ ). The satisfaction variable of control and responsibility was significantly correlated with all of the

empowerment variables: opportunity ( $r = .709$ ,  $p = .000$ ), support ( $r = .684$ ,  $p = .000$ ), information, ( $r = .584$ ,  $p = .000$ ) and resources ( $r = .310$ ,  $p = .021$ ). The satisfaction variables of praise and recognition, scheduling, and interaction also correlated strongly with the empowerment variables with the exception of the subscale of resources.

A Spearman's rank-order correlation further showed that three of the satisfaction variables that correlated with overall empowerment also correlated with formal and informal power, control and responsibility ( $r = .642$  and  $r = .566$ ,  $p = .000$ , respectively), praise ( $r = .697$  and  $r = .543$ ,  $p = .000$ , respectively) and interaction ( $r = .459$  and  $r = .584$ ,  $p = .000$ , respectively). The satisfaction variable of scheduling correlated with formal power only ( $r = .426$ ,  $p = .001$ ).

Table 4 Empowerment and Job Satisfaction Correlations

	Total Empowerment	Opportunity	Information	Support	Resources	Formal Power	Informal Power
Total Satisfaction	.620**	.647**	.477**	.583**	.258	.539**	.579**
Extrinsic	.302*	.274 *	.200	.195	.370**	.002	.149
Schedule	.513**	.563**	.443**	.405**	.240	.426**	.264
Balance	.306*	.250	.256	.206	.231	.015	.220
Co-worker	.334*	.417**	.288*	.329*	.038	.271 *	.592**
Interact	.493**	.460**	.351**	.527**	.226	.459**	.584**
Professional Opportunities	.410**	.479**	.265	.471**	.111	.571**	.460**
Praise	.612**	.653**	.451**	.646**	.162	.697**	.543**
Control and Responsibility	.739**	.709**	.584**	.684**	.310*	.642**	.566**

\*\* . Correlation is significant at the 0.01 level (2-tailed)

\*. Correlation is significant at the 0.05 level (2-tailed)



### Results of Study Variables to Demographic Variables

A demographic questionnaire gathered data to describe the characteristics of this population. As a result of the response rates to some of the categories within the demographic questionnaire, some of the groups were combined with others. For example, only 2 respondents were within the age group of 18 to 24. Therefore, the age groups of 18 to 24 were combined together with the 25 to 34 age category. Also, there was only 1 respondent over the age of 65. To account for this, the age categories of 55 years to 65 years and older were merged.

Full-time permanent and full-time term employment was integrated since there were only 2 respondents who identified themselves as full-time term. Part-time permanent and part-time term employment also were collapsed with casual employment as there were no part-time term participants, and 3 respondents were employed casually. Additionally, the education category of RPN/RN was amalgamated with the RPN category since there was only 1 participant who identified as a RPN/RN. Furthermore, there were no RPN, B.Sc.MH respondents, and therefore this category was eliminated. For the purpose of this study, the RPN and RN will refer to those who are diploma nurses. The RPN, B.Sc.P.N, will be referred to as a RPN degree nurse, and the RN, BN or the RN B.Sc.N will be referred to as a RN degree nurse.

As noted previously, the majority of the respondents were female (81.8%) and primarily in the 45 to 54 age group (30.9%). A Mann-Whitney test was calculated to determine any differences between male and female participants with respect to the variables. A test of this type evaluates the difference in two different groups (Polit & Hungler, 1999), and is effective in analyzing the differences between the male and female

respondents. A t-test was then performed to determine the mean between the female and male group participants. Significant differences ( $p < .05$ ) between genders were found in both the empowerment and job satisfaction scales and subscales.

Applying the Mann-Whitney test, the JAS, which measures formal power ( $U = 128$ ,  $p = .034$ ), was found to be stronger for females than for males ( $M = 2.73$ ,  $SD = .65$ ;  $M = 2.31$ ,  $SD = .45$ , respectively). Similarly, global empowerment ( $U = 121$ ,  $p = .022$ ) also was stronger in females ( $M = 3.18$ ,  $SD = 1.03$ ;  $M = 2.35$ ,  $SD = .973$ , respectively). Additionally, the empowerment subscale of opportunity was more significant ( $U = 133$ ,  $p = .044$ ) with females in comparison to males ( $M = 3.20$ ,  $SD = .703$ ;  $M = 2.65$ ,  $SD = .719$ , respectively).

A Mann-Whitney also was used to evaluate the satisfaction variable of relationship with co-workers, which was significantly elevated ( $U = 120$ ,  $p = .019$ ) in female participants in contrast to males ( $M = 4.16$ ,  $SD = .738$ ;  $M = 3.35$ ,  $SD = 1.08$ , respectively). Also, professional opportunities, another satisfaction variable, was rated higher ( $U = 129$ ,  $p = .033$ ) by females when compared to males ( $M = 3.05$ ,  $SD = .924$ ;  $M = 2.52$ ,  $SD = .570$ , respectively). Moreover, the Mann-Whitney showed that the variable of total satisfaction ( $U = 123$ ,  $p = .026$ ) was significantly stronger in females ( $M = 3.34$ ,  $SD = .609$ ) when compared to males ( $M = 2.88$ ,  $SD = .461$ ).

A Mann-Whitney was further used to determine any differences with respect to the employment status of participants when examining the variables of empowerment and job satisfaction. A t-test was then computed to determine the mean between the employment groups, full-time, or part time, and/or casual status. Only the satisfaction variable of balance was found to be significantly stronger in staff who worked part-

time/casual ( $U = 166$ ,  $p = .000$ ) in contrast to those employed on a full-time basis ( $M = 3.52$ ,  $SD = .741$ ;  $M = 2.80$ ,  $SD = .658$ , respectively). An ANOVA statistical test determines significant differences between the means of three or more groups (Polit & Hungler, 1999). In this study, an ANOVA procedure was undertaken to assess for differences between the empowerment and job satisfaction scales and subscales, and the length of employment of the nurses. There were no significant variances in mental health nurses' years of clinical practice with respect to the empowerment scales and subscales. However, a significant difference was found with regard to nurses' perceptions in the job satisfaction subscale of control and responsibility. Analysis of variance showed that the satisfaction subscale of control and responsibility was significantly different ( $F(4,50) = 2.673$ ,  $p = .043$ ) for mental health nurses, depending on their length of employment. A post-hoc test was used to further compare all possible groups with respect to the empowerment and job satisfaction scales and subscales, and the length of employment of the nurses.

The post-hoc test often follows the ANOVA when a significant difference is determined (Polit & Hungler, 1999). The post-hoc allows for the comparison of the means to ascertain where the differences lie. With the post-hoc, the Type 1 error for the comparison is controlled at the level which is set (Salkind, 2000). The results of the post-hoc student Newman-Keuls test, set at  $P = <.05$  for this study, showed that those nurses in the 26 years and more length of employment ( $M = 3.53$ ) were more satisfied with the satisfaction subscale of control and responsibility in comparison to nurses with 10 to 19 years of employment ( $M = 2.38$ ).

An ANOVA was performed to evaluate the different age groups to further test for

possible differences in perceptions of the empowerment and job satisfaction variables based on the age groups. As previously noted, ANOVA (Polit & Hungler, 1999) is appropriate when evaluating potential differences between three or more groups. ANOVA revealed a distinction between age groups in the empowerment subscale of information ( $p = .043$ ). The variables of job satisfaction also showed variations in the satisfaction scales of extrinsic ( $p = .045$ ), and control and responsibility ( $p = .026$ ). However, a post-hoc student Newman-Keuls test for multiple comparison revealed that only the job satisfaction subscale of control and responsibility was significantly higher ( $p = <.05$ ) for the age group of 55 plus ( $M = 3.41$ ) in comparison with nurses in the 35 to 44 age group ( $M = 2.30$ ).

Education groups also were reviewed for differences in the nurses' perceptions of empowerment and job satisfaction. An initial statistical examination with a Kruskal-Wallis test of the RPN and RPN degree nurses, as well as the RN and the RN degree nurses, found no variation in the nurses' perceptions of empowerment or job satisfaction. Since no differences between these four educational groups could be statistically established, it was decided to amalgamate the RPN with the RPN degree group, and similarly the RN was integrated with the RN degree group.

After reconfiguring these 4 educational groups into 2 groups, RPN and RN, a Mann-Whitney was performed to ascertain if any findings could be determined between nurses who were specifically prepared as a mental health nurse (RPN) and those nurses who were not (RN). As discussed, a Mann-Whitney test is used to evaluate the difference in two different groups (Polit & Hungler, 1999). The Mann-Whitney revealed that significant distinctions did exist between the 2 groups with respect to their

perceptions of empowerment. The Mann-Whitney was followed by a t-test to calculate the mean with respect to the RPN and RN education groups.

Overall perceptions of empowerment and formal power ( $U = 237$ ,  $p = .01$ ;  $U = 254$ ,  $p = .03$ , respectively) were increased in the RN group ( $M = 11.88$ ,  $SD = 2.28$ ;  $M = 2.81$ ,  $SD = .59$ , respectively) when compared with the RPN group ( $M = 10.48$ ,  $SD = 2.37$ ;  $M = 2.48$ ,  $SD = .65$ , respectively). Moreover, the subscales of support ( $U = 240$ ,  $p = .02$ ) and resources ( $U = 258$ ,  $p = .04$ ) also showed variations between these 2 groups and revealed that the RN group felt they had more access to the empowerment scales of support ( $M = 2.96$ ,  $SD = .75$ ) and resources ( $M = 3.11$ ,  $SD = .68$ ) in contrast to the RPN group ( $M = 2.48$ ,  $SD = .86$ ;  $M = 2.73$ ,  $SD = .60$ , respectively).

In summary, the participants of this research were primarily female, employed full-time, and educated as a RPN diploma nurse. The mental health nurses who responded to this study are moderately empowered and moderately satisfied in their work setting. These nurses perceived that opportunity was the most empowering factor, and the nurses were most satisfied with the co-workers with whom they worked. With respect to the hypotheses tested, both hypotheses were supported in this research. The first hypothesis showed that both formal and informal power were significant predictors of mental health nurses' perceptions of empowerment, with formal power being stronger than informal power. The second hypothesis also was sustained and the result identified a positive relationship between overall empowerment and overall job satisfaction.

Considerable variations were established between female and male mental health nurses. Formal power, global empowerment and opportunity were stronger in females than in males. Also, the satisfaction subscales of relationships with co-workers,

professional opportunities and total satisfaction, were rated higher in females in comparison to males. Significant differences were determined further with regard to the RPN and RN educated nurses. The distinction showed that RN nurses were overall more empowered and identified more strongly with formal power, as compared to informal power. Furthermore, the RN respondents felt more supported and believed they had greater access to resources.

Chapter V will discuss this research in relation to Kanter's theory and previous empirical studies. Limitations to this study will be discussed as well as recommendations regarding further areas of research. Implications for nursing administration also will be addressed followed by the conclusion to this study.

## Chapter V

### Discussion

The study is a descriptive correlation design and focuses on mental health nurses who are employed in the specialty of acute care mental health nursing. A quantitative survey design was used to examine the constructs of job-related empowerment and job satisfaction. The conceptual model selected to direct the study was Kanter's (1977, 1993) Structural Theory of Organizational Behavior. Kanter contends that the systemic power factors of formal and informal power influence access to the empowerment structures of opportunity, information, support and resources. These power factors, and subsequently the access to empowerment structures, assist employees to successfully accomplish their work. Therefore, employees are empowered and as a result are more productive within the work setting. Empowerment can furthermore lead to job satisfaction, and subsequently an empowered work environment can result in employees attaining work effectiveness.

The findings of this study may be of significance to administrators who partner with nurses to deliver quality nursing care and accomplish organizational goals. The presence of empowering and satisfying working conditions for nurses can facilitate the attainment of quality outcomes, such as reaching excellence in patient care and meeting corporate objectives. The attributes within Kanter's Theory of Structural Behavior in Organizations (1977, 1993) can be used as a reference to achieve an empowered work environment for nurses.

The following discussion will describe the results of this study in relation to Kanter's (1977, 1993) theory and previous research in nursing. An introduction to the

participants of this research will be presented, followed by a discussion regarding the tests of the hypotheses. Demographic variables with respect to the participants' perceptions of the study variables will be explored further. Limitations and recommendations for further areas of research as well as implications for nursing administration will be addressed, followed by the conclusion.

### Study Participants

Fifty-five mental health nurses participated in this research. Overall, the respondents of this research were primarily female and in the 45 to 54 age group. The participants are similar to other studies examining empowerment with a large response from females (Laschinger et al. 2000; Laschinger & Havens, 1996) and those in the 40 age plus category (Almost & Laschinger, 2002; Laschinger et al. 2003a). The majority of the respondents were employed on a full-time basis and primarily educated at the diploma level. Employment status and educational background of this study's respondents are similar to the characteristics of the participants in Laschinger's et al. (2003a) study.

### Discussion of Tests of Hypotheses

Kanter (1977, 1993) contends that empowerment emanates from the systemic power factors of formal and informal power. In turn, formal and informal power facilitates the access to the empowering structures of information, support and resources. Moreover, access to empowering structures allows employees the opportunity to learn and grow.

Formal power includes the definition of the staff person's job. Formal power also consists of staff positions that are non-routinized and flexible. More power is derived



when the person can utilize their own discretion in decision-making with respect to the tasks within their job. The employee is also in a highly visible role. Formal power, with regard to the profession of nursing, would include the accountability the nurse has for patient outcomes. Formal power also would include the many job tasks that are associated with each and every nursing shift to ensure patient care needs are being met. Accordingly, there is a formal job description that outlines the responsibility of the nurse.

Informal power comes from the person's connections with others both within and outside the organization and includes alliances with sponsors, peers, subordinates and cross-functional groups (Brown & Kanter, 1982). For the participants of this research to access informal power and hence build relationships, these nurses would need to develop alliances from inside and outside their work unit. External alliances outside the hospital with other in-patient mental health sites also would assist in developing informal power.

The first hypothesis postulated that mental health nurses' perceptions of formal and informal power in their workplace would be positively related to their perceptions of workplace empowerment. Consistent with Kanter's (1977, 1993) theory, the findings in this research were similar to other studies with registered nurses. Kutzscher's (as cited in Laschinger, 1996) and Sabiston's (1994) studies found that job-related empowerment also was explained by the participants' perceptions of both formal and informal power. Similarly, nurse educators' (Davies, 2002; Sarmiento et al. 2004) perceptions of formal and informal power also resulted positively in their perceptions of empowerment.

In this study, both formal and informal power were significant to the nurses and influenced their perceptions of empowerment. However, more variance in empowerment was clarified by formal power than informal power with regard to accessing the

empowerment structures. Mental health nurses in this study related more significantly to their formal job tasks within their job description and to the formal expectations placed upon them with respect to their position as a staff nurse. These results are comparable to the findings that were found in other studies with nurses. Davies (2002), Kutzscher (as cited in Laschinger, 1996) and Sabiston, (1994) found in their research that nurses' perceptions of formal power were more significant than informal power with regard to accessing empowerment structures.

The correlation of formal and informal power to the empowerment structures supports Kanter's theory (1977, 1993) in this study. However, as mentioned, mental health nurses perceived that formal power was stronger than informal power. These findings are not surprising since providing patient care creates a variety of formal expectations on nurses. Understandably, these patient care expectations result in front-line nurses relating strongly to the formal requirements of their job description. Since accountability is a paramount expectation within nursing, ensuring certain tasks are completed, assuming responsibility for patient safety, and having a highly visible role can result in nurses perceiving empowerment from a more formal perspective.

Mental health nurses work in an environment that can, at times, be unpredictable and unsafe. A mental health unit can be unsettling and volatile when patients are agitated and/or acutely psychotic. If there is a potential for aggression, mental health nurses are responsible for urgent and critical decision-making in order to deal effectively with potentially escalating situations. During these occurrences, there is a strong emphasis on ensuring the safety of patients and others. Having the situation resolved safely and quickly is professionally rewarding, empowering and satisfying for mental health nurses.

The responsibility placed upon mental health nurses to use their expertise and clinical judgment in de-escalating potentially aggressive situations and maintaining patient safety does encompass many components of their formal job requirements. Formal power also includes employment positions that contribute to key organizational goals and, as mentioned previously, staff have the ability to use their discretion in decision-making (Greco et al. 2006). The nurses' strong perceptions of formal power can be appreciated since nurses are formally accountable for providing safe care to patients, a key goal for all healthcare organizations. The physical layout of the mental health program in-patient psychiatric units may impact, from a logistic perspective, on the nurses' ability to build informal relationships with others outside their own unit and outside of the mental health program area. These factors may play a role in nurses' perceptions of informal power, rendering formal power more significant to mental health nurses.

Within the job-related empowerment structures of opportunity, information, support, and resources, mental health nurses in this study rated their access to opportunity as being the most empowering factor. Kanter (1977, 1993) recognizes the importance of providing opportunity to employees to perform challenging work since these opportunities assist in perfecting staffs' skills, which enhances their knowledge and proficiency. Kanter argues that employees who are "low" in the structure of opportunity, or do not feel they possess the access to opportunity, will limit his or her ambition. Also, these individuals may be less committed to the organization and to their work, and as a result of their lack of dedication, staff may disengage themselves from the organization. Kanter contrasts this with employees "high" in the structure of opportunity who are

ambitious and have a sense of loyalty to the organization.

As mentioned, mental health nurses rated their access to opportunity as the most empowering factor. Similarly, other studies (Kluska, Laschinger & Kerr, 2004; Laschinger et al. 1999; Laschinger & Wong, 1999) found in their respective research with staff nurses that opportunity was the most empowering factor within the empowerment structures. In this study, following the empowerment scale of opportunity, mental health nurses rated, in descending order, resources and then support as empowering. The structure of information was perceived by the nurses as the least empowering. Laschinger et al. and Laschinger and Wong also found information to be less empowering with staff nurses.

The empowerment subscale of opportunity is comprised of the attributes that include the opportunity to complete challenging work, as well as having the opportunity to use one's own skills and judgment within the workplace. Mental health nurses' high rating of access to opportunity is understandable since mental health nurses do perform challenging work which affords them the opportunity to make use of their own skills and judgment. Furthermore, paramount within mental health nursing is the development of the nurse's ability to form strong communication and interpersonal skills so they are effective in their nursing position.

Superior interpersonal skills are principle to mental health nurses' practice since they use these skills on a consistent basis to communicate effectively one-to-one with their patients. Communicating can be challenging for nurses when the patient is acutely mentally ill. Nonetheless, efficient communication is critical in order to appropriately assess the patient's mental health, including an evaluation of the patient's safety. Nurses

consistently use their skills and judgment to promote positive interpersonal and communication skills so they may obtain the vital information necessary to develop and evaluate their patient's plan of care.

As the findings in this study illustrate, access to opportunity within the workplace was the most empowering factor for mental health nurses. As highlighted by Kanter, (1977, 1993) providing staff with opportunity is key within the workplace and increases professional growth by developing employees' knowledge and skills. Mental health nurses' significant perceptions of opportunity will be beneficial in facilitating their empowerment.

The second hypothesis suggested that mental health nurses' perceptions of empowerment would be correlated with their perceptions of job satisfaction. Correlations of overall empowerment to overall job satisfaction are significant and mental health nurses are moderately satisfied within their workplace. The positive relationship between empowerment and job satisfaction supports Kanter's (1977, 1993) contention that empowering work environments within the workplace lead to positive outcomes, such as job satisfaction.

Overall empowerment within this study correlated with the nurses' perceptions of total job satisfaction, and these positive results are consistent with Davies' (2002), Laschinger's et al. (2001a) and Sarmiento's, et al. (2004) study findings with clinical educators and staff nurses. The empowerment variable of resources in the present study was not significant with overall satisfaction.

In the current study, overall empowerment correlated with all the satisfaction variables. Moreover, overall empowerment was most significantly related to the job

satisfaction variables of control and responsibility, praise and recognition, followed by scheduling, and finally interaction opportunities. However, only the satisfaction subscale of control and responsibility correlated with all of the empowerment variables. The other aforementioned satisfaction variables (praise and recognition, scheduling, and interaction opportunities) were significant with the empowerment variables, except the subscale of resources. These abovementioned satisfaction variables, with the exception of scheduling, also correlated positively with formal and informal power.

As mentioned previously, Flannery and Van Gaasbeek's (1998) examined job satisfaction with advanced practice psychiatric nurses. Their research showed that nurses with a clinical component outside of their workplace (hospital) were also more satisfied with the job satisfaction variables of praise and recognition, and control and responsibility, which are similar to the findings of the present study with mental health nurses. However, the nurses in Flannery and Van Gaasbeek's research who worked exclusively within a hospital site were not as satisfied. These findings help highlight the need for hospital administrators to ensure the work setting promotes the elements within the satisfaction variables to facilitate nurses' job satisfaction.

In comparison to the primary satisfaction responses in the present study, a recent study of nurses in Jordan (Mrayyan, 2006) showed that these nurses were ambivalent with respect to the satisfaction subscales of scheduling and interaction opportunities. Furthermore, these nurses were only moderately satisfied with control and responsibility. In general, the Jordanian nurses who worked in the ward areas were slightly more satisfied than those nurses who worked in critical care areas. Mrayyan recognizes that the nurses in that study were "borderline" with respect to their perceptions of job

satisfaction, and interventions need to be introduced to increase the nurses' satisfaction within their work setting.

Similar to the present study, Davies' (2002) study found that nurse educators were also satisfied with the satisfaction variables of control and responsibility, followed by praise and recognition and interaction. Davies' research revealed that overall, these satisfaction subscales were most significantly correlated with all of the empowerment variables, and with formal and informal power. The findings between the present study and Davies' study support the importance of nurses attaining control and responsibility over their work, receiving praise and recognition from others for their efforts to promote patient care excellence and having interaction opportunities within the workplace. The presence of these factors within the work setting can promote nurses' job satisfaction.

There are similarities with Kanter's (1977, 1993) theory and the MMSS, which are supported by Davies' (2002) and the present study findings. Both study findings correlated positively with total empowerment and the MMSS satisfaction subscales of control and responsibility and interaction.

These research results are consistent with Kanter's contention that employees need the latitude to make decisions, and thus, must be given the control and responsibility to do so, hence an association with empowerment and job satisfaction. Furthermore, the need for interaction to promote job satisfaction for nurses is suggestive of Kanter's contention that informal alliances are necessary and critical factors in empowerment and work effectiveness; therefore once again the findings support the link with both empowerment and job satisfaction. As discussed, Davies' (2002) research and the current study support a connection with Kanter's (1977, 1993) theory and the MMSS.

Specifically, the satisfaction subscales of control and responsibility and interaction correlated significantly with total empowerment as well as the empowerment subscales of opportunity, information and support in both studies, with Davies' study of these two variables correlating with all the empowerment subscales. These findings support the relationship between empowerment and job satisfaction, and promote the premise that empowering work environments for nurses can facilitate a satisfying work setting.

Mental health nurses in this study perceived that their amount of control over their working conditions and the amount of responsibility within their job were important and this satisfaction variable correlated most strongly with the nurses' overall empowerment. However, it is important to note that mental health nurses were most satisfied with control and responsibility if they perceived they had the opportunities within the work setting. Opportunities such as access to training programs and using their own skills and knowledge were important for mental health nurses' satisfaction.

The satisfaction variable of praise and recognition also was important to mental health nurses which included having a positive relationship with their supervisors. Moreover, recognition and positive feedback for the nurses' contribution to the workplace, from both the nurses' supervisors and peers, were important to the nurses and subsequently these factors were perceived as satisfying. Comparable to this study, nurse practitioners also identified that recognition from their supervisors and peers were important to their job satisfaction (Wild, Parsons & Dietz, 2005). Similar to the findings regarding the satisfaction variable of control and responsibility, praise and recognition in this present study were most satisfying if the nurse felt that he or she had opportunity within the work environment.



The satisfaction variable of scheduling correlated positively as well with overall empowerment. Likewise to the previously noted satisfaction variables (control and responsibility, praise and recognition) nurses were most satisfied with their scheduling options if they perceived they had opportunities in their job.

Interaction with other disciplines and social contact with colleagues also were significant to mental health nurses. The importance of social interactions with peers is similar to other job satisfaction studies with staff nurses (McNeese-Smith, 1999), newly hired nurses (McCloskey & McCain, 1987) and psychiatric community nurses (Parahoo, 1991; Parry-Jones, et al. 1998). In this study, interaction was important if the nurses felt supported within the work setting. Support that included help in a work crisis and recognition for a job well done were important for nurses' job satisfaction.

Despite correlating overall with empowerment, the job satisfaction subscale of scheduling was unsatisfying for mental health nurses. The ability to self-schedule shifts and work straight days were perceived as unsatisfying, similar to the findings of McCloskey and McCain's (1987) study with nurses. However, these results are dissimilar to Campbell, Fowles and Weber's (2004) study findings with public health nurses. In the latter research, the nurses were satisfied with the flexibility their schedule provided. The distinction between staff nurses' and public health nurses' perceptions of scheduling is logical since public health nurses primarily work days, have some control over their work schedule and do not necessarily provide shift work coverage. Since hospital staff nurses are required to provide patient care 24-hours a day, working different shifts is an expectation in the majority of hospital nursing positions. As a result of these

scheduling demands, nurses in this study were not satisfied with the scheduling opportunities available.

Notwithstanding overall empowerment correlating significantly with the satisfaction variable of control and responsibility, individually this variable did not rate as highly satisfying to nurses. Lack of control over the work setting may be related to the milieu of working within a mental health facility due to the potential of volatility that exists within this type of setting. There is a zero tolerance policy for violence within the in-patient psychiatric units. Reiteration of this expectation to all patients and visitors will assist in promoting a safe setting.

It is evident from the findings that mental health nurses are conscientious when it comes to their job tasks and responsibilities, which includes ensuring patient safety ; therefore, nurses' perception of formal power was most strongly related to their access to empowerment structures. Mental health nurses also desire the opportunity to both learn and grow so they may increase their knowledge to do their job competently. Nurses' perceptions of overall empowerment correlated positively with the satisfaction variables of control and responsibility, praise and recognition, and scheduling if they felt they had opportunities within their workplace. Also, overall empowerment correlated positively with the satisfaction variable of interaction, if mental health nurses' perceived they were supported within the work environment. Individually, the variables of scheduling, and control and responsibility, were unsatisfying to mental health nurses.

#### Discussion of Relationships of Major Study Variables to Demographic Variables

Fifty five mental health nurses who worked in an acute care mental health setting participated in the study. Primarily, the study participants were female, 81.8% (n = 45)

diploma prepared, 61.8% (n = 34) registered psychiatric nurses 34.5% (n = 19). For the most part, the nurses were employed full-time 56.4% (n = 31), and within the 45 to 54 age group 30.9% (n = 17).

Interestingly, differences were found between male and female respondents. In this study there was an 18.2% response rate from males (n = 10) with the majority of male respondents in the 45 to 54 age group and primarily employed full-time. When examining the power structures of formal and informal power, female respondents were more likely than male respondents to rate their formal power as leading to their perceptions of empowerment. Additionally, female mental health nurses believed that opportunity within the workplace was more empowering. The satisfaction variables of relationships with co-workers (nursing peers and physicians) and access to professional opportunities (e.g. belonging to committees, participating in research or interacting with the University) were also significantly satisfying for female nurses when compared to male nurses. Furthermore, total satisfaction and global empowerment were stronger in female respondents.

Finegan and Laschinger (2001) examined empowerment differences in female and male nurses. The authors questioned if men in nursing have the same access as women to the structures that lead to empowerment, and do men and women react differently to empowerment? In their study, the authors could not find evidence of the suggestion that male nurses are less empowered (the literature with respect to gender differences and theories behind these distinctions are beyond the scope of this study). However, the findings of this present study are in contrast to Finegan and Laschinger's research study. In this current study, the male mental health nurses did not perceive that their formal

power, global empowerment (validity index of the CWEQ) or opportunities at work, were as empowering as the female nurses rated these areas, nor did they perceive that factors such as relationships with co-workers or professional opportunities, were as satisfying as their female peers perceived these elements to be. The findings in this research suggest that perceptions were different between male and female participants in both empowerment and satisfaction variables.

The satisfaction variable of family and work balance, including the opportunity for part-time work and maternity leave benefits, was stronger in this study for those nurses who were employed casual or part-time. The satisfaction subscale of balance for nurses is important. In other job satisfaction studies with hospital staff nurses (McNeese-Smith, 1999) and community psychiatric nurse specialists (Flannery & Van Gaasbeek, 1998), the satisfaction variable of balance in job and family also was significant to the nurses within these aforementioned studies. These results are dissimilar in comparison to Ellenbecker's and Byleckie's (2005) research. In their study with home health care nurses, the satisfaction variable of balance was not an important factor for the nurses' job satisfaction. The authors attribute this finding to the possible day schedules the nurses follow, or perhaps because the nurses in their study were older. These research outcomes suggest there are nurses from both hospital and community settings that seek and desire balance in their life so they are able to meet their personal and family needs. However, not all community nurses perceived family and work balance to be significant for their job satisfaction.

Nurses in the category of 26 years or more of employment were more satisfied with control and responsibility within the workplace. It is reasonable to expect that nurses

with more experience in the specialty of mental health, as evidenced by their tenure in clinical practice, will perceive they have more control and more responsibility within the workplace (e.g., control over their work conditions and participation in organizational decision-making). Also, junior staff may consult with senior nurses about patient care issues which would logically enhance this satisfaction variable for nurses with 26 or more years of experience.

A further area of significance is the different perceptions of the registered psychiatric nurses (RPN) in contrast to registered nurses (RN) with respect to empowerment. Participants with a university degree were combined with their respective RPN or RN group since there were no differences determined in this study between degree prepared or diploma prepared nurses. Although both RPNs and RNs were moderately empowered, interestingly, overall perceptions of empowerment and formal power were more significant in the RN group when compared with the RPN group. Furthermore, the empowerment subscales of support and resources showed that the RN nurses perceived they had more access to these variables than the RPN group.

The literature discusses education and its positive impact on empowerment. Therefore, these findings are unexpected since RPNs are educated to a more extensive degree than RNs in the area of mental health nursing. Piazza et al. (2006) found that certified nurses, in essence those with enhanced education in a specialty area, had higher levels of empowerment. It is acknowledged that certification does not compare to the expansive education of a psychiatric nurse. However, in comparing the two groups of nurses, the psychiatric nurses with basic education preparation would have more knowledge regarding mental health nursing by virtue of their education training.

The results of this study suggest that the RPN participants did not rate their perceptions of overall empowerment, formal power, or access to support and resources as high as the RN group. Hence, one could not conclude that having specific educational preparation to care for a certain population would enhance nurses' perceptions of empowerment, given that this relationship was not found in this study. The study findings of the RPN and RN groups, with regard to the different perceptions of empowerment, are surprising. The RPN group scored lower on overall empowerment and formal power. RPNs were less likely to view the work environment as supportive; therefore, they may not have felt they received helpful hints or problem solving advice, nor specific information about the things they did well. Similarly to their perceptions of low support, the RPN group also may have felt they lacked access to resources such as having the supplies necessary to do their job, time to complete paperwork, or time to complete their job requirements.

In contrast to the RPN findings, the RNs' experienced higher perceptions of the aforementioned variables. These results may be related to the assistance that the RN receives from their RPN peers. As mentioned, the RPN group is extensively educated in mental health nursing and one could assume that this expertise is shared with the RNs, which accounts for the RNs' rating of the variables. Also, some of the managers overseeing the psychiatric units were initially educated as RPNs. Hence, possible support and mentoring from the RPNs within the workplace, which includes the management group, may account for the RNs' higher ratings of empowerment. There were no differences between the groups with respect to job satisfaction.

The results of this study support Kanter's (1977; 1993) proposition that systemic

power factors of formal and informal power will promote access to job-related empowerment structures. In turn, this access can lead to positive outcomes such as increased job satisfaction, and subsequently this may result in work effectiveness. The participants within the study are similar to other nursing studies examining empowerment with respect to the large number of female participants, and the mean age being in the 40 age plus group. Gender differences were established with respect to perceptions regarding both empowerment and satisfaction variables. For overall empowerment and some of the subscales within the empowerment variables, the educational preparation of RPNs did not result in higher perceptions of empowerment when compared to the RN group.

#### Limitations

This study is a descriptive correlation design and therefore the results must be interpreted cautiously since the results cannot state definitively that one variable caused another variable (LoBiondo-Wood & Haber, 2002). The respondents were a convenience sample from one hospital within a mental health program, and hence a limited geographic area was chosen for this study. The participants elected to participate in the study, and therefore their views may not be typical of those who chose not to participate. However, the research survey was delivered to each unit within the adult mental health program to capture the unique perspectives of as many mental health nurses as possible in an effort to decrease bias.

The nuances between male and female nurses' perspectives, although statistically significant ( $p = .05$ ) were from a limited sample size ( $n = 10$ ). Therefore, the perceptions of the male nurses who elected to participate in the study cannot be generalized to other

male mental health nurses. Nonetheless, the p value was able to distinguish differences in the male and female respondents of this research.

Although 55 acute in-patient mental health nurses participated in this study, the convenience sample makes it difficult to ascertain what motivated the participants to complete the questionnaires. Furthermore, it is not possible to determine what type of response those who did not participate would have (LoBiondo-Wood & Haber, 1998), rendering the study findings difficult to generalize to other psychiatric units. The sample size may have accounted for the inability to ascertain statistical differences between diploma and degree prepared nurses with respect to their viewpoints regarding the variables.

#### Recommendations for Further Research

A larger sample would assist in further investigation of the empowerment and job satisfaction perceptions of mental health nurses. Additional research could be initiated through a regional, provincial or other jurisdiction initiative of recruiting mental nurses. Both the colleges for psychiatric nurses and registered nurses could also be approached to provide a listing of nurses working in acute care mental health nursing for a more comprehensive sample. A qualitative study could also further capture the uniqueness of this population with respect to their perceptions of empowerment and job satisfaction within their work setting.

#### Implications for Nursing Administration

These findings are helpful in providing administration with information regarding the perceptions of nurses within the mental health program with respect to empowerment and job satisfaction. Administrators can enhance and promote an empowered workforce



by becoming familiar with the fundamentals of Kanter's (1977, 1993) theory and implementing these elements. An empowered work environment may enhance nurses' job satisfaction. In turn, this may promote a supportive work setting which has positive outcomes for patient care such as lower patient mortality rates (Aiken, Smith & Lake, 1994).

Mental health nursing provides a unique patient care service to the continuum of healthcare. To maximize the outcomes of quality services and to further promote optimal health outcomes for mental health patients, an empowering and satisfying work environment needs to be attained. To endorse this positive work environment, administrators can promote the systemic power factors of formal and informal power. Additionally, areas that are seen as less empowering, such as information, need to be recognized and initiatives introduced to assist in improving staff's access to information. Furthermore, areas perceived as unsatisfying to mental health nurses, such as scheduling and control and responsibility, should be addressed when possible.

One possible method for attaining systemic power factors is to promote nurses' contributions to committees that are both within and outside their acute unit (e.g. hospital-based committees). Committee participation of nurses may promote the flexibility of their position within the workplace, which in turn can lead to formal power within the work setting. Mental health nurses' contributions to external committees should also be supported to develop and promote their involvement in patient care discussions and organizational issues. Building informal alliances, such as networking during external committee forums, would be beneficial in fostering partnerships which can result in the growth of informal power. Committee participation can be a means to

promote both formal and informal power, factors that are necessary in order to facilitate access to empowerment.

As found in the study findings, information was the least empowering factor for nurses. Informing nurses of pertinent information in staff meetings is one method for discussing information. Information that is necessary for empowerment include staff knowing the upcoming plans for the year with regard to their work unit, the targeted yearly goals the program hopes to achieve and the overall goals of the hospital. This type of information can be discussed briefly in staff meetings and then disseminated in the minutes.

As mentioned previously, mental health nurses found that scheduling and control and responsibility were unsatisfying. It is understood that front-line nurses are accountable for patient care 24 hours a day; however, considering shift swaps when possible will provide flexibility for the nurse. Additionally, allowing front-line nurses more control over the work setting and more responsibility are areas that can be further developed to enhance mental health nurses' satisfaction within the work milieu.

It is recognized that these recommendations are not always within the realm of the manager. The environment is unionized and therefore self-scheduling may not be an area that is easily changed by the manager and may involve Human Resources and the union for negotiation of self-scheduling. Additionally, nurses work within a multi-discipline team and therefore many different disciplines also strive for control over the work setting and decision-making. These aspects may pose as a challenge for managers with respect to implementing initiatives that would facilitate an empowering and satisfying work environment for mental health nurses. Notwithstanding this challenge, nurses are

essential in the delivery of patient care services and therefore, ensuring their access to empowerment within the work setting is paramount if optimal patient care outcomes are to be achieved. The current study findings provide a baseline for managers, and understanding Kanter's framework may be of assistance in the development of an empowered work setting for mental health nurses.

### Conclusion

The research completed adds to the body of knowledge with respect to empowerment and job satisfaction, and further adds to the literature regarding mental health nurses, and their perceptions of these two variables. The findings of this study support Kanter's (1977, 1993) proposition and the hypothesis that systemic power factors influence access to empowerment.

The hypotheses proposed in this study supported the thesis of Kanter's (1977, 1993) theory and illustrated specifically that mental health nurses' perceptions of formal and informal power within their workplace were positively related to their perceptions of workplace empowerment. Also, their perceptions of empowerment were positively correlated with their perceptions of job satisfaction.

When making recommendations for change, it is vital to recognize the current health climate that exists. Restructuring of healthcare in Canada has taken its toll on managers, and in some situations budget stipulations have resulted in managers modifying their management style which may impact nurses' clinical practice. These factors make it difficult for managers to lead and empower their teams in the attainment of quality improvement and overall organizational goals. It is vital that management heeds the benefits of having an empowered and satisfied team since this type of team will

collaborate and “buy into” management objectives. Essentially, an empowered team of nurses can assist managers in the achievement of both program and organizational goals. Most importantly, empowered and satisfied mental health nurses can result in the delivery of excellence in quality patient care for mental health patients, a goal that is foremost for the mental health program.

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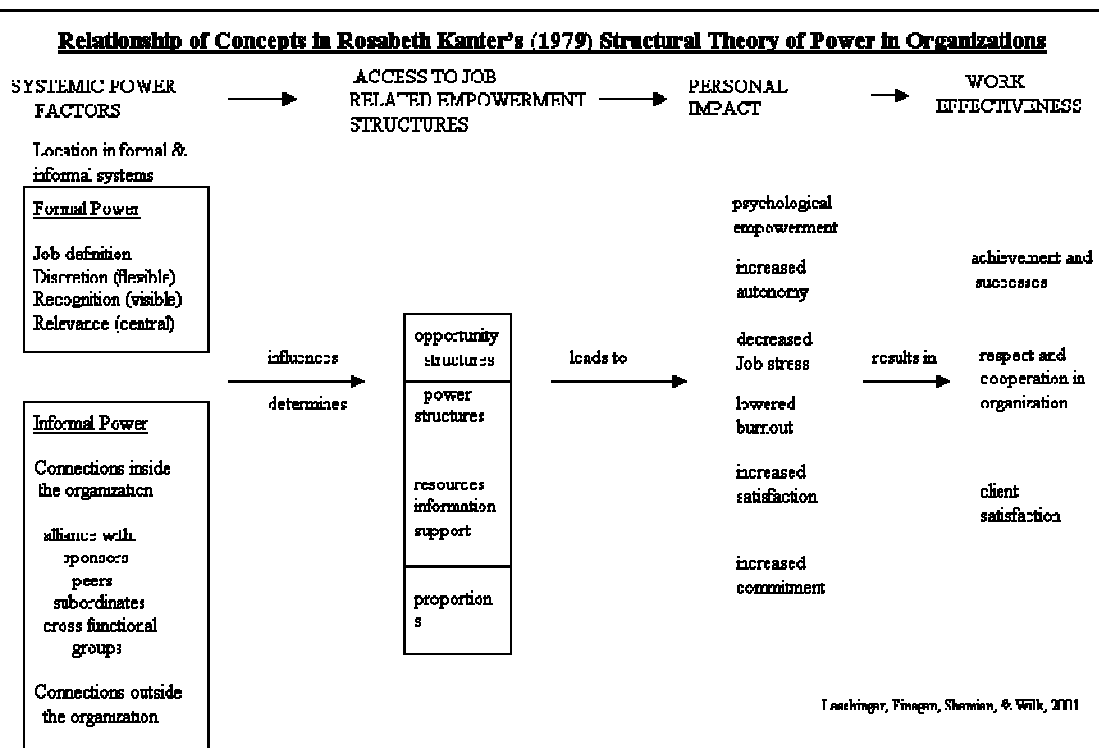
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APPENDICES

APPENDIX A  
Kanter's Theoretical Framework

## Theoretical Framework



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APPENDIX B  
QUESTIONNAIRES



### Appendix B

Completing these questionnaires signifies your consent to participate in this study. All of your individual responses are confidential. These questions are regarding in-patient mental health nurses' perceptions of empowerment and job satisfaction within the work setting. Please take the time to consider each question and to answer the questions honestly. Please circle the number that best reflects your feeling to the particular question.

#### **CONDITIONS OF WORK EFFECTIVENESS QUESTIONNAIRE**

(Laschinger, 1999. Used with permission by Laschinger, July 2002.)

#### **HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU HAVE IN YOUR PRESENT JOB?**

	<b>None</b>	<b>Some</b>	<b>A Lot</b>		
1. Challenging work.	1	2	3	4	5
2. The chance to gain new skills and knowledge on the job.	1	2	3	4	5
3. Access to training programs for learning new things.	1	2	3	4	5
4. The chance to learn how the Hospital works.	1	2	3	4	5
5. Tasks that use all of your own skills and knowledge.	1	2	3	4	5
6. The chance to advance to better jobs	1	2	3	4	5
7. The chances to assume different roles not related to current job.	1	2	3	4	5

#### **HOW MUCH ACCESS TO INFORMATION DO YOU HAVE IN YOUR PRESENT JOB?**

	<b>No Knowledge</b>	<b>Some Knowledge</b>	<b>Know A Lot</b>		
1. The current state of the Hospital.	1	2	3	4	5
2. The relationship of the work of your unit to the Hospital.	1	2	3	4	5
3. How other people in positions like your do their work.	1	2	3	4	5
4. The values of top management.	1	2	3	4	5
5. The goals of top management.	1	2	3	4	5
6. This year's plans for your work unit.	1	2	3	4	5
7. How salary decisions are made for people in positions like yours.	1	2	3	4	5
8. What other department think of your unit.	1	2	3	4	5

**HOW MUCH ACCESS TO SUPPORT DO YOU HAVE IN YOUR PRESENT  
JOB?**

	<b>None</b>	<b>Some</b>	<b>A Lot</b>		
1. Specific information about things you do well.	1	2	3	4	5
2. Specific comments about things you could improve.	1	2	3	4	5
3. Helpful hints or problem solving advice.	1	2	3	4	5
4. Information or suggestions about job possibilities	1	2	3	4	5
5. Discussion of further training or education.	1	2	3	4	5
6. Help when there is a work crisis	1	2	3	4	5
7. Help in gaining access to people who can get the job done.	1	2	3	4	5
8. Help in getting materials and supplies needed to get the job done.	1	2	3	4	5
9. Rewards and recognition for a job well done.	1	2	3	4	5

**HOW MUCH ACCESS TO RESOURCES DO YOU HAVE IN YOUR PRESENT JOB?**

	<b>None</b>	<b>Some</b>	<b>A Lot</b>		
1. Having supplies necessary for the job.	1	2	3	4	5
2. Time available to do the necessary paperwork.	1	2	3	4	5
3. Time available to accomplish job requirements.	1	2	3	4	5
4. Acquiring temporary help when needed.	1	2	3	4	5
5. Influencing decisions about obtaining human resources (permanent) for your unit.	1	2	3	4	5
6. Influencing decisions about obtaining supplies for your unit.	1	2	3	4	5
7. Influencing decisions about obtaining equipment for your unit.	1	2	3	4	5

**IN MY WORK SETTING/JOB:**

	<b>None</b>	<b>Some</b>	<b>A Lot</b>		
1. the amount of variety in tasks associated with my job is	1	2	3	4	5
2. the rewards for unusual performance on the job are	1	2	3	4	5
3. the rewards for innovation on the job are	1	2	3	4	5
4. the amount of flexibility in the job is	1	2	3	4	5
5. the number of approvals needed for non-routine decisions are	1	2	3	4	5

	<b>None</b>		<b>Some</b>	<b>A Lot</b>	
	1	2	3	4	5
6. the relation of tasks in my job to current problem areas of the organization is					
7. my amount of participation in educational programs is	1	2	3	4	5
8. my amount of participation in problem solving task forces is	1	2	3	4	5
9. the amount of visibility of my work-related activities within the institution is	1	2	3	4	5

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

	<b>None</b>		<b>Some</b>	<b>A Lot</b>	
	1	2	3	4	5
1. Collaborating on patient care with physicians.	1	2	3	4	5
2. Receiving helpful feedback from physicians.	1	2	3	4	5
3. Being sought out by physicians for patient information.	1	2	3	4	5
4. Receiving recognition by physicians.	1	2	3	4	5
5. Having physicians ask for your opinion.	1	2	3	4	5
6. Being sought out by supervisor for ideas about ward management issues	1	2	3	4	5
7. Having immediate supervisor ask for you opinion	1	2	3	4	5
8. Receiving early information of upcoming changes in work unit from your immediate supervisor.	1	2	3	4	5
9. Chances to increase your influence outside your unit e.g., nomination to influential committees by supervisor.	1	2	3	4	5
10. Seeking our ideas from auxiliary workers on the unit e.g., secretaries, ward clerks, housekeeping.	1	2	3	4	5
11. Getting to know auxiliary workers as people.	1	2	3	4	5
12. Seeking out ideas from auxiliary workers outside of the unit, e.g., admission clerks, technicians	1	2	3	4	5
13. Being sought out by peers for information	1	2	3	4	5
14. Receiving helpful feedback from peers	1	2	3	4	5
15. Having peers ask for your opinion on patient care issues.	1	2	3	4	5
16. Being sought out by peers for help with problems.	1	2	3	4	5
17. Exchanging favors with peers.	1	2	3	4	5

	<b>None</b>		<b>Some</b>		<b>A Lot</b>
	1	2	3	4	5
	<b>Strongly Disagree</b>			<b>Strongly Agree</b>	
18. Seeking out ideas from professionals other than physicians, e.g., physio, OT, dietician					
1. Overall, my current work environment empowers me to accomplish my work in an effective manner.	1	2	3	4	5
2. Overall, I consider my workplace to be an empowering environment.	1	2	3	4	5

Laschinger/2001

(Please note the original CWEQ, JAS and ORS were formatted differently, back to back, three pages, with reminders at the bottom of each page to please continue with other side of the page)

**MCCLOSKEY/MUELLER SATISFACTION SCALE (MMSS)**

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**HOW SATISFIED ARE YOU WITH THE FOLLOWING ASPECTS  
OF YOUR CURRENT JOB?**

**PLEASE CIRCLE THE NUMBER THAT APPLIES.**

	<b>Very Satisfied</b>	<b>Moderately Satisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Moderately Dissatisfied</b>	<b>Very Dissatisfied</b>
1. Salary	5	4	3	2	1
2. Vacation	5	4	3	2	1
3. Benefits package (insurance, retirement)	5	4	3	2	1
4. Hours that you work	5	4	3	2	1
5. Flexibility in scheduling your own hours	5	4	3	2	1
6. Opportunity to work straight days	5	4	3	2	1
7. Opportunity for part-time work	5	4	3	2	1
8. weekends off per month	5	4	3	2	1
9. flexibility in scheduling your weekends off	5	4	3	2	1
10. compensation for working weekends	5	4	3	2	1
11. maternity leave time	5	4	3	2	1
12. child care facilities	5	4	3	2	1
13. your immediate supervisor	5	4	3	2	1

	<b>Very Satisfied</b>	<b>Moderately Satisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Moderately Dissatisfied</b>	<b>Very Dissatisfied</b>
14. your nursing peers	5	4	3	2	1
15. the physicians you work with	5	4	3	2	1
16. the delivery of care method used on your unit (e.g., functional, primary, team)	5	4	3	2	1
17. opportunities for social contact at work	5	4	3	2	1
18. opportunities for social contact with your colleagues after work	5	4	3	2	1
19. opportunities to interact professionally with other disciplines	5	4	3	2	1
20. opportunities to interact with faculty of the college of nursing { <i>university</i> }	5	4	3	2	1
21. opportunities to belong to department and institutional committees	5	4	3	2	1
22. control over what goes on in your work setting	5	4	3	2	1
23. opportunities for career advancement	5	4	3	2	1
24. recognition for your work from superiors	5	4	3	2	1

	<b>Very Satisfied</b>	<b>Moderately Satisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Moderately Dissatisfied</b>	<b>Very Dissatisfied</b>
25. recognition of your work from peers	5	4	3	2	1
26. amount of encouragement and positive feedback	5	4	3	2	1
27. opportunities to participate in nursing research	5	4	3	2	1
28. opportunities to write and publish	5	4	3	2	1
29. your amount of responsibility	5	4	3	2	1
30. your control over work conditions	5	4	3	2	1
31. your participation in organizational decision-making	5	4	3	2	1

(Please note the original MMSS was formatted differently, back to back, three pages, with reminders at the bottom of each page to please continue with other side of the page)

APPENDIX C  
DEMOGRAPHIC QUESTIONNAIRE



Appendix C  
**Demographic Questionnaire**

1. What is your current age group? (please circle)

18-24	45-54
25-34	55-64
35-44	65 +

2. What is your gender? (please circle)

Male    Female

3. What is your current primary employment status within the Mental Health Program? (please circle)

Full-Time Permanent    Full-Time Term

Part-Time Permanent    Part-Time Term

Casual

4. How many years, or months have you been employed in mental health nursing? (please indicate beside line provided)

\_\_\_\_\_ Years

\_\_\_\_\_ Months (if employed less than one year)

5. Type and level of education (please circle)

RPN                      RN

RN, RPN                RPN, B.Sc.P.N.

RPN, B.Sc.MH        RN, BN or RN, B.Sc. N.

Masters (please also indicate entry to practice designation as listed above)

Other \_\_\_\_\_

**Thank-you sincerely for your in-put, it is most highly valued.**

APPENDIX D  
LETTERS TO PARTICIPATE



UNIVERSITY  
OF MANITOBA

Appendix D  
Faculty of Nursing

Helen Glass Centre for Nursing  
Winnipeg, Manitoba  
Canada R3T 2N2

Telephone: (204) 474-7452  
Fax: (204) 474-7682

October 4, 2005

Dear Nursing Colleague:

I am a graduate student with the Faculty of Nursing at the University of Manitoba. I would like to invite you to participate in a thesis study regarding empowerment and job satisfaction in the nursing profession. The variables of empowerment and job satisfaction have been studied extensively with nurses; however, the views of mental health nurses with respect to both empowerment and job satisfaction are minimal. Given that mental health nurses are the front-line coordinators of in-patient care for patients receiving mental health services, it is integral that your views, with regard to these two variables, be ascertained since optimal patient care outcomes are enhanced when nurses are empowered and satisfied within their workplace.

The questionnaires have been delivered to your unit by a research assistant. For your convenience, a pre-addressed stamped envelope has been provided for the return of your completed questionnaires. In this study you will be asked to take approximately 20 minutes to complete the questionnaires. You may mail the completed questionnaires, or you may leave the questionnaires in a box which is located on your unit for the research assistant to pick up. I may also visit the units to deliver questionnaires and pick up surveys that were placed in the box. Participation in this study is entirely voluntary. You may refuse to participate or to answer any questions. Should you decide to participate, your completed questionnaires will signify your consent to participate.

Your individual responses to these questionnaires are strictly confidential. All information from the questionnaires will be entered into a computer data base file by an independent data clerk and reported as group data. There are no perceived harmful effects or risks associated with this study and the benefits of this information may assist the nursing profession by adding to the knowledge of empowerment and job satisfaction, particularly with mental health nurses. Please do not include any personal information or identifying data on the questionnaire since your participation and perceptions are confidential and are not linked to individual staff or to the individual units. The only people who will have access to your completed questionnaires are the researcher, the research assistant, the independent data assistant, members of the thesis committee (Dr. Scanlan, Dr. Beaton and Professor Michelle Bowring) and, if necessary, a statistician. This research has been approved by the Education/Nursing Research Ethics Board at the University of Manitoba. Should you have a concern or complaint regarding this study, please contact the Human Ethics Secretariat at 474-7122. Data will be kept in a locked cabinet for a period of seven years and then the data, plus any electronic record of the data, will be destroyed.

Thank you in advance for your participation in this study. A reminder letter to participate in this research will be sent to your unit in two weeks. A follow-up letter may also be forwarded to your unit several weeks later. If you have already completed the questionnaires, please ignore these letters. If you have not completed the questionnaires when the letters arrive, please reconsider participating in the study. If you have any general questions regarding this study, please contact Nadine Breland at XXX-XXXX or Dr. Judy Scanlan at 474-8193. If you would like a copy of the final results of this study, please enclose your address at the end of this page and include this page when returning the questionnaires.

Sincerely,  
Ms Nadine Kirsten Breland RN  
Masters of Nursing Student

Please forward to me a copy of the final results:

Address:

(Please note the original letter to participate was formatted on one page.)



UNIVERSITY  
OF MANITOBA

Appendix D  
Faculty of Nursing

Helen Glass Centre for Nursing  
Winnipeg, Manitoba  
Canada R3T 2N2  
Telephone: (204) 474-7452  
Fax: (204) 474-7682

October 18, 2005

Dear Nursing Colleague:

Approximately two weeks ago, questionnaires regarding in-patient mental health nurses' perceptions of workplace empowerment and job satisfaction were delivered to your unit. If you have already completed and returned the questionnaires, either via mail or by placing the questionnaire in one of the boxes located on the units, please accept my sincere thanks.

If you have not had an opportunity to complete the survey, please consider doing so. Mental health nurses are underrepresented in the professional literature and your views regarding empowerment and job satisfaction are important.

Should you have any questions regarding this study, please do not hesitate to contact either myself at XXX-XXXX or my thesis advisor, Dr. Judy Scanlan at 474-8193.

Sincerely,  
Ms Nadine Breland RN  
Masters of Nursing Student