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Structural Empowerment and Employee Commitment Among Millennial Newly Registered Nurses

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This is to certify that the doctoral dissertation by

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Walden University
2020

Abstract

Structural Empowerment and Employee Commitment

Among Millennial Newly Registered Nurses

by

Janice Hill, MSN, RN, NE-BC

MSN, Walden University, 2011

BSN, Winston-Salem State University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

The nursing shortage is one of the most challenging issues in global healthcare. While not an all-encompassing solution, labor force retention could alleviate the crisis. The purpose of this study, guided by Kanter's structural theory of organizational behavior, was to determine the relationships between access to power, opportunity for growth, structural empowerment (SE), and employee commitment among millennial newly registered nurses (NRNs) and to determine if there is a difference in SE between male and female millennial NRNs. Survey data collected from 148 participants were analyzed using Spearman rank-order correlation tests and showed statistically significant correlations between access to power and SE, opportunity for growth and SE, and employee commitment and SE. Regression analysis showed statistically significant relationships between access to power and SE, $p < .001$, opportunity for growth and SE, $p < .001$, and between affective commitment and opportunity for growth, $p < .001$. The results of a Wilcoxon–Mann–Whitney test indicated an absence of gender differences in SE and employee commitment. The results demonstrate millennial NRNs' need for recognition of their talents and ability to advance professionally. Future research should focus on the effect of the remaining dimensions of Kanter's framework on the perceptions of SE among millennial NRNs. Structured professional development plans and consistent managerial support will help retain millennial NRNs. Adequate human resources to care for the influx of patients will mitigate the healthcare crisis, promoting positive social change.

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Dedication

To my parents, thank you for always encouraging me. Though we are a country apart, I have always felt your pride and encouragement on my academic journey. You have been my biggest fans and have never wavered in your support. Dad, you frequently state that I am my happiest when my "head is buried in a book." I love you and all that I am is because of you.

My beloved Dean, words cannot express the gratitude that I have for you and your support. When I finished the last degree, I made you promise that you would give me a shake if I ever ventured back into the academic world. Yet, when I mentioned the desire to pursue a PhD, you didn't blink, but instead encouraged me to apply. You took on my share of household responsibilities, gave up weekend plans, and turned a blind eye to all of the journal articles that seemed to occupy every hard surface in the house. I couldn't have done this without you. I love you and thank you for believing in me.

My darling, Cory, thank you. It has been humbling to hear pride in your voice when you discuss this journey. You have grown into a fine you man. Let this accomplishment be a sign that dreams are always worth pursuing, even when there is sacrifice involved. I love you more than you will ever know.

Finally, my Golden Girls, Bethany, Ashley, and Mellisa (I hope they don't try to "correct" the spelling of your name). You celebrated every milestone on this journey with me. I heard "You got this, J" every time I struggled (dang statistics). Time spent on the lanai while I typed, never once grumbling when school became the priority. The only downfall is now this introvert will no longer have an excuse for not socializing! Thank

you from the bottom of my heart. I love you all tremendously. I'm ready to switch sides and support you as you consider this adventure!

Acknowledgments

I would first like to thank Dr. Mary Martin, my committee chair. I am grateful for your guidance during this journey. I knew when I met you and Dr. Hussey at Residency that you were the dream team that would be instrumental in my success. But I'm most indebted for your compassion. I had just started the first 9000 class when my mother suffered a debilitating stroke. I flew back home to Canada, and long-distance you comforted me. You showed me such compassion; I wasn't just a student. I can only hope that someday I will be able to pay that same kindness forward.

Thank you, Dr. Hussey for your expert knowledge. You challenged me and it was always your questions that stirred anxiety. Not because you were so tough, but because you knew so much. You pushed me and it helped me grow.

Dr. Anna Valdez, my university reviewer, thank you for your timely feedback and guidance. I am grateful for your help, ensuring that this journey culminated in a final product worthy of publication.

To my brothers, Geoff, Shawn, and Dwayne, yes, I will be forever known as Dr. Hill to you. Thank you for the encouragement, but mostly for caring for our parents when I could not be there. We have grown as a family and now truly recognize how precious each member. Love to all of my nieces and nephews. Chase your dreams… there are no limits. You will move mountains. I hope I have set an example.

Table of Contents

List of Tables

List of Figures

Part 1: Overview

Introduction

Forecasters predicted that the United States would reach the apex of the nursing shortage in 2020—when they anticipated that half of all registered nurses in the country would be of retirement age. Newly registered nurses (NRNs) entering practice, primarily of the millennial generation (born between 1981 and 1998), play a pivotal role in workplace stability. Millennials are the newest generation to enter the profession and compose the fastest-growing segment of new nurses. They are quick to change roles in search of a more satisfying work environment and of flexibility on work–life balance. According to Calk and Patrick (2017), they are willing to make a lateral move to gain beneficial work experience that ultimately facilitates their career goals. The generation values the extrinsic factors of status, career potential and growth, and financial compensation as integral to employee commitment (Twenge, Campbell, Hoffman, & Lance, 2010). Attaining and retaining the loyalty of the newest generation of workers are among the most significant challenges in the current healthcare arena.

NRNs frequently report experiencing a reality shock during their first two years of professional practice. They express overwhelming stress as they attempt to bridge the gap between the ideals taught in prelicensure programs and actual workplace practices. Reported low self-confidence levels may lead NRNs to disillusionment with employers, and at times, the profession (Cho, Laschinger, & Wong, 2006). Organizations are vulnerable to NRN turnover if work environments lack adequate support. The cost of NRN turnover in the United States is more than $1 billion per annum (Saber, 2014). This

expense does not include the additional costs associated with suboptimal staffing, such as compromised quality of care and decreased patient satisfaction.

Nursing turnover is not unique to the United States. Globally, 57% of countries report a critical workforce shortage (Bahar, Heidari, & Gharebagh. 2017). In 2011, the World Health Organization (WHO) identified nursing retention as a worldwide priority and developed strategies for mass implementation (WHO, 2019).

Positive social change may be affected when leaders implement initiatives to slow the turnover of nursing professionals. Engaged staff lead to greater job satisfaction and employee commitment. The result will be a labor force that is adequate to care for the influx of patients with increasingly complex and chronic conditions. Nurses will remain in the profession and invest in the provision of quality care, leading to improved patient outcomes.

Nationally, the NRN turnover rate, defined for this study as the percentage of employees who leave after 2 years of professional practice or less, is currently more than 26% (Hopson, Petri, & Kulera, 2018). The statistic includes instances of role and employer change, career advancement, and retirement. A 2017 survey of millennial nurses revealed a 1-year turnover rate of 17%, compared to 15% of Generation X nurses, and 10% of Baby Boomers (The Center for the Advancement of Healthcare Professionals and AMN Healthcare, 2017). However, O'Hara, Burke, Ditomassi, & Lopez (2019) claimed that millennial nurses have a turnover rate of 57% within the first 2 years of professional practice. The millennial generation makes up 30% of the current

multigenerational workforce of nurses but reports the highest degree of disengagement, at 55% (O'Hara et al., 2019).

Male nurses make up approximately 15% of the total nursing population in the United States (Kaiser Family Foundation [KFF], 2019). Though there are far fewer males in the profession, there was a reported four-fold increase between 1980 and 2013—a much larger growth trend than seen with their female counterparts (Miller & Fremson, 2018). Though conducted in Iran, one study reported that male nurses valued structural empowerment (SE) more highly than their female coworkers (Eskandari, Siahkali, Shoghli, Pazargadi, & Tafreshi, 2017). It is unclear whether the Iranian male-dominated culture influenced perceptions, particularly concerning the structural aspect of access to power.

The business model definition of empowerment describes a management practice that involves sharing power, rewards, and information with employees so that they can take the initiative to make decisions, solve problems, and improve service ("Empowerment," n.d.). A review of the human resources literature offers a similar definition but explains the benefits to the employee: "It is the state of feeling self-empowered to take control of your own destiny" (Heathfield, 2018, p. 4). However, perhaps the most encompassing definition comes from nursing, which defines empowerment as a balance of autonomy and dependence (Schroeter, 2006). The nurse relies on the employer to facilitate empowerment structures within the work climate that will promote the caregiver's independent practice. Empowerment is the ability to act with integrity and foster growth, competence, and character (Schroeter, 2006).

In 1990, work engagement was defined as the "harnessing of organization members' selves to work roles" (Kahn, 1990, p. 694). Kahn (1990) aligned the concept primarily with skill set; relationships were included but not in the forefront. A decade later, work engagement was described as the opposite of burnout. The connection was grounded in energy, organizational involvement, and efficacy (Maslach & Leiter, 1997). But as the nurse's role has evolved over the years, so has the definition. Vinje and Mittlemark (2008) claimed that nurses seek out experience because it allows them to live their values, suggesting that the concept may be internalized. However, it was Bargagliotti (2012) who expanded the notion to include the attributes of positivity, fulfillment, and consciousness. It is a state of mind characterized by dedication, vigor, and absorption of the values and goals of the organization. Trust—in the employer, in leadership, and in coworkers—is paired with autonomy, and considered to be the antecedents to work engagement.

Work engagement is closely aligned with increased organizational commitment, increased job satisfaction, and decreased turnover. As the roles and tasks of daily life guide work engagement, it may be a gendered concept. Patrick and Mukherjee (2018) focused their study on gender differences in work engagement within sample groups of physicians and nurses. The findings indicated that men exhibited more robust work engagement, but only because their female counterparts experienced more significant stresses, partially due to parental responsibilities that were concerns throughout their workday. The stressors did not impact the male participants. A review of the literature did

not yield results specific to the relationship between gender differences, SE, and employee commitment among millennial NRNs.

The structural theory of organizational behavior and the American Nurses Credentialing Center (ANCC) Magnet Recognition Program are considered gold standards for SE and employee commitment, but both were developed long before the millennial generation entered professional practice. The ANCC Forces of Magnetism align with the structural theory and operationalize its tenets (ANCC, 2019).

There is a decided lack of literature surrounding the millennial generation of NRNs and SE. While there has been an assumption that the decreased employee commitment of the millennial nurse is simply due to the generational profile, it may instead be that they neither recognize nor value SE or its relationship to work effectiveness. Millennial NRNs may not consider the concept of SE as having a positive impact on the work climate.

The ANCC Forces of Magnetism were born from a research study conducted in 1983. The Forces, self-proclaimed as the heart of the Magnet Recognition Program, represent the characteristics of organizational culture and structure that are best suited for nursing recruitment and retention. The ANCC developed the 14 Forces as strategic initiatives for the nursing shortage of the 1970s and 1980s (ANCC, 2019). Except for being condensed into fewer components, the Forces have not changed nearly half a century after their development. The ANCC developed the newer Magnet model in part from a statistical analysis of the 2005 Magnet Recognition Program® application manual. The model continues to represent the original Forces of Magnetism. The SE model

includes the attributes of quality of nursing leadership, management style, and professional development (ANCC, 2019). The three elements align with the structural aspects outlined in the structural theory of organizational behavior.

Background

Kanter's (1993) structural theory of organizational behavior was the framework used for this study. The theory was developed in 1977 and later modified in 1993. Though developed for the corporate world, work climate, SE, and employee commitment of the registered nurse have been aligned with the theory for research purposes. The dimensions of SE are considered to be the cornerstones of registered nurse job satisfaction and employee commitment (see Figure 1).

Kanter (1993) described the tenets of the theory as structural aspects that facilitate employee commitment. The dimensions include access to power (formal and informal), growth opportunities, access to support, and access to resources and information. Access to power refers to the relationships within an organization. Formal power is considered the presence and influence of supervisors; they can manage the labor force and mobilize resources. It also refers to job attributes and the perception of influence. Informal power alludes to connections that allow for networking and collaboration. Access to support is closely tied to the dimension of power as it refers to constructive feedback and guidance provided by supervisors, peers, and subordinates.

Opportunity for growth refers to the ability to advance professionally. It is considered a recruiting strategy and directly relates to the employees' self-image and career progress. According to Kanter (1993), those who cannot grow often perish. If their

role has little or no room for advancement, the employee becomes "stuck" and often disillusioned with the job, organization, and profession. Access to resources and information describes the employee's need for insight into the organization's vision and strategies. It also refers to employees having the tools to do their job and the tasks at hand.

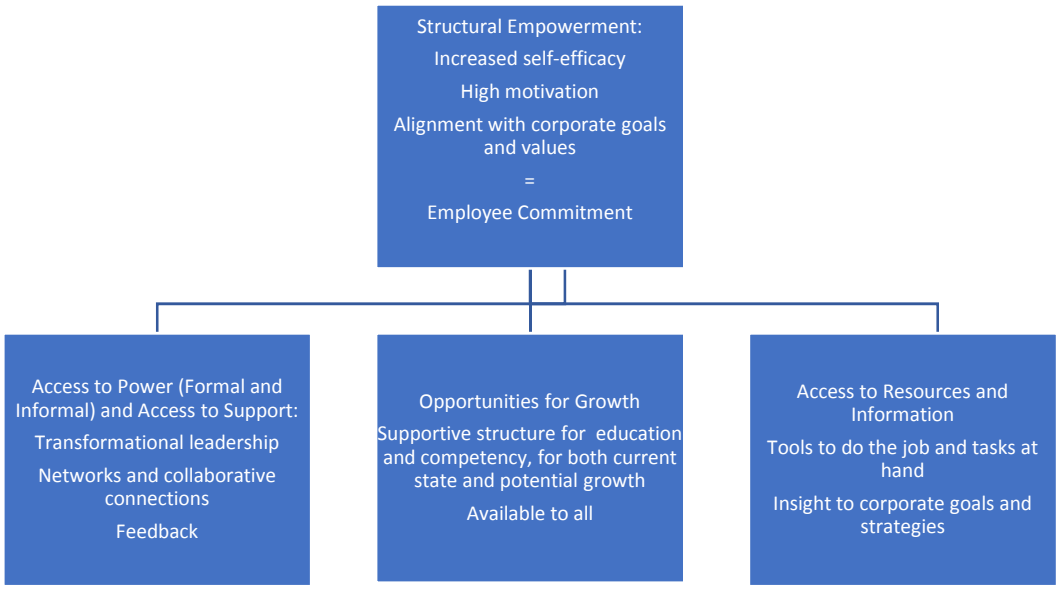

Figure 1. Kanter's structural theory of organizational behavior.

A review of the literature provided an abundance of studies about employee commitment and SE. The review spanned the years of 2006-2019. The keywords and terms searched included *structural empowerment, empowerment, work engagement, millennials, new nurse graduates, transformational leadership, conditions of work effectiveness questionnaire (CWEQ), CWEQ-II, Three-Component Model Employee Commitment Survey, TCM, TCM Employee Commitment Survey, nursing retention,*

growth opportunity, gender differences, organizational commitment, employee commitment, engagement, and *job satisfaction.* The databases of SAGE Journals, ERIC, Business Source Complete, PubMed, and Journals@OVID contributed to the literature search.

Calk and Patrick (2017) have provided insight into the workplace motivational needs of the millennial generation. They labeled these needs as basic (pleasant working conditions), safety, performance standards, and fringe benefits (e.g., retirement plans), belonging, ego status, and actualization. Each of the basic needs can be categorized to align with the structural aspects of the structural theory of organizational behavior. Twenge et al. (2010) conducted a sequential cohort study to examine the generations throughout their work life. The sample consisted of adults who had graduated from high school between 1976 and 2006. Study findings indicated that the millennial generation considered extrinsic factors to be of the highest importance. These individuals want to be trained to their full potential and not just minimal job requirements.

Coburn and Hall (2014) investigated generational differences in nurses' characteristics, job satisfaction, quality of work life, and psychological empowerment. Psychological empowerment is considered a predictor of job satisfaction. Baby Boomers reported the highest incidence of job satisfaction and psychological empowerment. Millennial nurses had significantly lower psychological empowerment. Dahinten, Lee, and MacPhee (2016) validated that SE is the strongest predictor of job satisfaction; however, despite the vast body of research surrounding the relationship between the two variables, turnover and job dissatisfaction remain high for all nurses. Only 18% of

millennials are expected to be in their jobs for longer than 3 years, and a quarter of all polled expressed that they anticipated having six or more nursing jobs during their career (Andrews, 2013).

Cho et al. (2006) claimed that stress was considered a normal part of the job for NRNs, mainly due to their own self-doubt. However, despite their low self-confidence, they expect a structured and supportive environment that is invested in their growth and development, facilitating rapid promotions. The need for the structure is consistent with the intrinsic and extrinsic demands of the demographic. Their entrance into professional practice has been unlike that of previous generations, and they have faced challenges leading to poor collegial relationships and an adverse work climate (Andrews, 2013). The generation has experienced job satisfaction when working in a climate that promotes autonomy, motivation, and teamwork. Supportive leadership is the primary work condition that influenced job satisfaction, accounting for more than 60% of the variance in work satisfaction (O'Hara et al., 2019).

Cho et al. (2006) tested the structural theory of organizational behavior on a sample of new nurse graduates, though the study was not specific to the millennial generation. The findings described the relationship between SE and employee commitment. New nurse graduates who perceived greater access to workplace empowerment conditions reported a higher degree of overall job fitness. A good job fit facilitated individual engagement and increased the employee's commitment to the organization. Structural empowerment directly impacted employee commitment by positively influencing employee attitudes and work behaviors. Eskandari et al. (2017)

was also able to show a statistically significant relationship between SE and employee commitment of a randomly selected multigenerational workforce. However, the findings were contradictory; the nurses reported higher employee commitment in nonacademic hospitals, yet they perceived opportunity for growth as the most critical element in SE.

Hopson et al. (2018) have shed light on the organizational and community elements that influence nurses to remain in their jobs. Their mixed-methods study examined nursing retention, utilizing the Job Embeddedness instrument for data collection. As opposed to focusing on turnover, the authors were able to explain why nurses engaged with and remained committed to an organization. The desire to learn, grow, and practice as a professional nurse was one of the themes of the. Community fit and family ties were closely associated with high job embeddedness. However, a subset reported high job embeddedness but felt "stuck" due to family ties or limited options within the region.

As Kanter (1993) described in the structural theory of organizational behavior, access to formal power influences employee commitment. Though past studies have focused on multigenerational sample groups, findings indicate that transformational leadership has a statistically significant positive relationship with the SE of the staff nurse (Garcia-Sierra & Fernandez-Castro, 2018; Khan, Quinn Griffin, & Fitzpatrick, 2018; Wang, Tao, Bowers, Brown, & Zhang, 2018).

Coworker incivility has long been considered to have a direct influence on employee commitment. However, when Yurumezoglu and Kocaman (2019) investigated the relationship between SE, incivility, and employee commitment, they discovered that

peer incivility was not a critical motivator influencing intention to leave (ITL). Supervisor incivility closely correlated with ITL. However, nurses with a perception of high SE in the workplace felt more protected from negative behaviors and resilient to the incivility. These findings support a strong positive relationship between SE, reduced impact of incivility, and employee commitment. The empowered nurse was able to positively impact patient outcomes. The influence of SE and incivility on the mental health and, ultimately, employee commitment of NRNs was validated by Wing, Regan, and Laschinger (2015). Novice nurses reported access to power as the element they most closely associated with job satisfaction, followed by opportunity for growth. Structural empowerment had a negative correlational relationship with adverse mental health issues, including stress and burnout, in NRNs.

An extensive review of the literature identified few documented studies surrounding SE and millennial nurses. There is a decided lack of discussion concerning the relationships between SE, employee commitment, and millennial NRNs.

Overview of the Manuscripts

The study generated three manuscripts, two of which focus on the empowerment dimensions of the structural theory of organizational behavior. The two empowerment dimensions, access to formal power and opportunity for growth, have been considered cornerstones of SE and job satisfaction for previous generations of nurses. However, it was unclear whether millennial NRNs value the conditions of work effectiveness in the same way. There was also an absence of literature discussing potential gender differences and employee commitment that have been influenced by the facilitation of SE. The focus

of the third manuscript is the relationship between gender, SE, and employee commitment among millennial NRNs. As the United States faces the nursing shortage and healthcare crises, leaders must investigate the root cause of nursing turnover.

Manuscript 1

Background

One of the critical components of SE is the perception of leadership effectiveness. An efficient leader can mobilize resources, complete tasks, facilitate productive work climates, and positively influence the labor force (Kanter, 1993). An ineffective manager, on the other hand, may support an environment fraught with disillusionment and dissatisfaction. Coworker incivility negatively impacts employee commitment, yet Yurumezoglu and Kocaman (2019) have concluded that supervisor incivility has the most destructive effect on nursing retention. Nurses who do not feel as though they work in a supportive environment will transfer to another role, organization, or profession to escape the negativity (Laschinger, Leiter, Day, & Gilin, 2009). The millennial NRN brings a new dynamic to an already tenuous workforce. Healthcare leaders must strategize to recruit and retain the labor force, including reflection on their leadership style.

Research Questions and Hypotheses

RQ1–What is the relationship between access to power and employee SE among millennial NRNs?

H_0 –There is no relationship between access to power and employee SE among millennial NRNs.

H_1– There is a relationship between access to power and employee SE among millennial NRNs.

RQ2–What is the relationship between employee commitment and employee SE among millennial NRNs?

H_0–There is no relationship between employee commitment and employee SE among millennial NRNs.

H_1–There is a relationship between employee commitment and employee SE among millennial NRNs.

The study was quantitative. Self-report questionnaires were used to collect data for the cross-sectional, descriptive, and correlational design. The questionnaire focused on the dimensions of SE, employee commitment, and the demographic profile of the participants. I used SPSS version 25.0 to perform a Spearman rank–order correlation analysis and regression analysis (IBM Corp., Released 2017). Descriptive statistics were also collected and analyzed with the SPSS software.

Participants were recruited on Facebook, using convenience and snowball techniques. Millennials were raised with technology at hand, connecting via social media and texting. Compared to previous generations, they are much less likely to communicate through e-mail, expressing a more considerable discomfort with disclosing personal information via this means (Karriker & Hartman, 2018). Facebook has rapidly become one of the most used resources for research, particularly for social sciences, with surveys being the most common method (Vitak, 2018).

Facebook was the platform I used to send invitations to participate in the study. The document included the study's purpose, an embedded hyperlink to the Facebook page, and a request to users to forward the information to their networks. The inclusion criteria were detailed for viewers to discern whether they met the sample group's profile requirements. The research page served as the site for information about the survey, another posting of the invitation to participate, and the informed consent form. The informed consent information explained the risks and benefits of participating in the study. Embedded at the bottom of the consent form was the link to the survey; clicking the link and opening the survey implied consent. I used SurveyMonkey to launch the survey, ensuring anonymity of the responses. The data were collected using SurveyMonkey and made available to me for analysis.

The initial portion of the survey consisted of demographic questions, including age, gender, employer state, practice setting, Magnet accreditation, military organizational affiliation, unionization status, tenure in the role, ITL within 6 months of the survey, and current knowledge level of SE. The second portion of the survey was the Conditions of Work Effectiveness Questionnaire (CWEQ-II) instrument, and the third segment was the Three-Component Model (TCM) Employee Commitment Survey. An electronic acknowledgment of responses completed the survey process. I also submitted the invitation to participate on the Sigma Theta Tau International (STTI) Circle webpage (STTI, 2020).

Using a five-point Likert scale, the CWEQ-II measures the dimensions of SE. The instrument was originally developed to apply the structural theory of organizational

behavior to the nursing profession (Laschinger, Finegan, Shamian, & Wilk, 2001). Participants were surveyed on all domains of the CWEQ-II as the six subscales of the instrument provide a measurement of overall employee SE. The survey contains three questions aimed at access to power, referred to as the Job Activities Scale (JAS). A five-point Likert scale was used, with scores ranging from 1 *(none*) to 5 (*a lot*). The higher the score, the greater the perception of access to power. Also included in the instrument are two queries regarding global empowerment (GE), developed on a five-point Likert scale with scores ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The GE score was not included in the overall employee SE score, but was instead used to establish a validation index (Laschinger et al., 2001).

I measured employee commitment to the organization with the TCM Employee Commitment Survey. The survey has 24 questions that are distributed equally among three concepts of commitment: affective, continuance, and normative. Each subscale consisted of eight questions, all scored with seven-point Likert scales, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The overall score is an average of the eight questions. An overall score of 1 point describes a lack of commitment and an overall score of 7 points represents the highest level of commitment to the organization. Affective commitment is an emotional attachment and identifies an employee who is involved with the organization and its goals. Continuance commitment is the employee's awareness that changing organizations comes with considerable penalties, typically referring to the employee's benefits and wages. Normative commitment is an attachment born from normative pressures to remain with the organization and align with its goals. It

reflects an employee's moral obligation. Each subscale includes items that are negatively phrased, and reverse scored (Meyer & Allen, 1991).

Manuscript 2

Females are generally more satisfied with their professional roles. They are more concerned with intrinsic job outcomes and tend to identify with their organizations. Men, however, tend to be more dependent on their jobs and income security, suggesting a link to their traditional role as the primary breadwinner (Camgoz, Ekmekci, Karapinar, & Guler, 2016).

Approximately 15% of all nurses in the United States are male, though the number continues to rise. In 1960, male nurses represented a mere 2% of the nursing profession (Miller & Fremson, 2018). Increasing numbers are partially due to economic changes. While there has been a decline in other fields, nursing is growing faster than other professions, and wages have steadily increased over the past 60 years (Miller & Fremson, 2018). Though men enter the profession for practical reasons, it is unclear why they stay. Men have interests in adrenaline-charged roles, advance to managerial positions, and gain greater income security. They also state that they leave the profession for income-related reasons (Kluczynska, 2017). It was unclear in my review whether there was a gender difference in employee commitment and SE perceptions among millennial NRNs. I failed to find documentation of the correlation, if, indeed, any exists.

Research Questions and Hypotheses

RQ1–What is the difference in SE between male and female millennial NRNs?

H_0–There is no difference in SE between male and female millennial NRNs.

H_1–There is a difference in SE between male and female millennial NRNs.

RQ2–What is the difference in employee commitment between male and female millennial NRNs?

H_0–There is no difference in employee commitment between male and female millennial NRNs.

H_1–There is a difference in employee commitment between male and female millennial NRNs.

The nature of the study was quantitative. Self-report questionnaires served as the means to collect data for the cross-sectional, descriptive, and correlational design. The survey focused on the dimensions of SE, employee commitment, and demographic profile of the participants. I used SPSS version 25.0 to perform a Wilcoxon–Mann–Whitney analysis and regression analysis (IBM Corp., Released 2017). Descriptive statistics were also collected and analyzed with the SPSS software.

Participants were recruited on Facebook, using convenience and snowball techniques. Millennials have been raised with technology at hand, connecting via social media and texting. Unlike other generations, they are much less likely to communicate through e-mail, expressing a more significant discomfort with disclosing personal information via this means (Karriker & Hartman, 2018). Facebook has rapidly become one of the most used resources for research, particularly for social sciences, with surveys being the most common method (Vitak, 2018).

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The initial portion of the survey consisted of demographic questions regarding age, gender, employer state, practice setting, Magnet accreditation, military organizational affiliation, unionization status, tenure in the role, ITL within six months of the survey, and current knowledge level of SE. The second portion of the survey was the CWEQ-II instrument, and the third component was the TCM Employee Commitment Survey. An electronic thank-you appeared once participants completed the survey. Sigma Theta Tau International Circle also posted the invitation to participate on its webpage (Sigma Theta Tau International [STTI], 2020). The responses were collected and posted on the SurveyMonkey website.

The CWEQ-II measures SE using a five-point Likert scale. The instrument was originally developed to apply the structural theory of organizational behavior to the nursing profession (Laschinger et al., 2001). Participants were surveyed on all domains

on the CWEQ-II as the six subscales provide data on overall employee SE. The instrument also includes two queries regarding GE, developed on a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The GE score was not included in the overall employee SE score, but instead used to establish a validation index (Laschinger et al., 2001).

Employee commitment to the organization was measured using the TCM Employee Commitment Survey. The survey has 24 questions, distributed equally among three concepts of commitment: affective, continuance, and normative. Each subscale consists of eight questions, all scored with seven-point Likert scales, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The overall score is an average of the eight questions. An overall score of 1 point describes a lack of commitment. Affective commitment is an emotional attachment and describes an employee's involvement with the organization and its goals. Continuance commitment is the employee's awareness that changing organizations comes with considerable penalties, typically referring to the employee's benefits and wages. Normative commitment is an attachment born from normative pressures to remain with the organization and align with its goals. The concept describes the employee's moral obligation. Each subscale includes items that are negatively phrased, and reverse scored. The lower the overall score for each concept, the lower the attachment. Inversely, the higher the overall score for each concept, the stronger the attachment (Meyer & Allen, 1991).

Manuscript 3

Millennials represent the largest, yet least understood, generation. They tend to focus on personal expectations as opposed to those of the organizations for which they work. They are quicker to change jobs to achieve a more satisfying work–life balance that meets their individual needs. Millennials are more inclined to place value on intrinsic job satisfaction over the bottom line and to value a positive work climate over pay (Calk & Patrick, 2017). Millennials enter practice seeking dynamic, productive work environments that will facilitate their upward trajectory. They are considered the most resilient generation for navigating change, partially because they are the most educated generation. They are willing to work hard to achieve the goals that they set (Jenkins, 2008). However, should their roles have little or no opportunity for advancement, or if their organizations do not possess dynamic structures for growth, millennials are quick to change jobs or organizations. Millennials take an aggressive approach to achieving their desire to rapidly rise the corporate ladder and display a lack of loyalty to their employer (Josiam et al., 2009). As the nursing shortage continues, it is essential to recruit, retain, and motivate employees (Jenkins, 2008). It was most certainly worthy of study to examine the employee commitment of millennial NRNs.

Research Questions and Hypotheses

RQ1–What is the relationship between the opportunity for growth and employee SE among millennial NRNs?

H_0–There is no relationship between the opportunity for growth and employee SE among millennial NRNs.

H_1–There is a relationship between the opportunity for growth and employee SE among millennial NRNs.

RQ2–What is the relationship between employee commitment and opportunity for growth among millennial NRNs?

H_0–There is no relationship between employee commitment and opportunity for growth among millennial NRNs.

H_1–There is a relationship between employee commitment and opportunity for growth among millennial NRNs.

The study was quantitative. Self-report questionnaires were used to collect data for the cross-sectional, descriptive, and correlational design. The survey focused on the dimensions of SE, employee commitment, and a demographic profile of the participants. I used SPSS version 25.0 to perform a Spearman rank–order correlation analysis and regression analysis (IBM Corp., Released 2017). Descriptive statistics were also collected and analyzed with the SPSS software.

Participants were recruited on Facebook via convenience and snowball techniques. Millennials have been raised with technology at hand, connecting via social media and texting. They are much less likely to communicate through e-mail, expressing a more considerable discomfort with disclosing personal information via this means (Karriker & Hartman, 2018). Facebook has rapidly become one of the most utilized resources for research, particularly for social sciences, with surveys being the most common method (Vitak, 2018).

Facebook served as the platform to send invitations to participate in the research. The post included the study's purpose, an embedded hyperlink to the Facebook research page, and a request to users to forward the invitation to their network. The inclusion criteria were detailed so viewers could discern whether they met the sample group's profile requirements. The research page served as the site for information about the survey, another posting of the invitation to participate, and the informed consent form. The informed consent information educated the individuals about the risks and benefits of participating in the study. Embedded at the bottom of the consent form was a link to the survey on SurveyMonkey and clicking the link and opening the survey implied consent. SurveyMonkey compiled the data.

The initial portion of the survey consisted of demographic questions covering age, gender, employer state, practice setting, Magnet accreditation, military organizational affiliation, unionization status, tenure in the role, ITL within 6 months of the survey, and current knowledge level of SE. The second portion of the survey was the CWEQ-II instrument, followed by the TCM Employee Commitment Survey. Once the participants completed the questions, an electronic thank-you appeared. Sigma Theta Tau International posted the invitation to participate on its Circle webpage (Sigma Theta Tau International [STTI], 2020). The responses were collected and posted on the SurveyMonkey website.

The CWEQ-II measures the dimensions of SE using a five-point Likert scale. The instrument was developed for application of the structural theory of organizational behavior to nursing. Participants were surveyed on all domains on the CWEQ-II as the

six subscales provide data on overall employee SE. Also included in the instrument are two queries regarding GE, developed on a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The GE score was not included in the overall SE score, but instead used to establish a validation index (Laschinger et al., 2001).

Employee commitment to the organization was measured using the TCM Employee Commitment Survey. The survey has 24 questions, distributed equally among three concepts of commitment: affective, continuance, and normative. Each subscale consists of eight questions, all scored with seven-point Likert scales, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The overall score is an average of the questions. An overall score of 1 point describes a lack of commitment and an overall score of 7 points represents the highest level of employee commitment to their organization. Each subscale includes items that are negatively phrased, and reverse scored. Affective commitment is an emotional attachment and identifies an employee involved with the organization and its goals. Continuance commitment is the employee's awareness that changing organizations comes with significant penalties. It typically refers to the employee's benefits and wages. Normative commitment is an attachment born from normative pressures to remain with the organization and align with its goals, in other words, a moral obligation. The lower the overall score for each concept, the lower the attachment. Inversely, the higher the overall score for each concept, the stronger the attachment (Meyer & Allen, 1991).

Significance

The purpose of the study was to explore the relationship between the aspects of SE and the employee commitment of millennial NRNs. I examined the relationship between two tenets of the structural theory of organizational behavior, access to power and opportunity for growth, and employee SE and employee commitment. The project is unique because it addresses an under researched generation of NRNs and their specific needs for a satisfying work climate.

The study results provide information to fill the gap in understanding the motivating factors for retaining millennial NRNs. It was unclear at the start of this research whether millennial NRNs recognized or valued SE aspects as contributing factors for employee commitment. Coburn and Hall (2014) conducted a study on Baby Boomers, Generation X, and millennial nurses. The millennial nurses reported high job satisfaction. However, they exhibited low psychological empowerment, which is considered a predictor of job satisfaction. The inconsistency suggested a need for further investigation of the factors that influence millennial NRN employee commitment. The potential for gender differences influencing employee commitment among millennial NRNs was also worthy of study.

Failure to heed the voice of millennial NRNs may further deplete an already dwindling workforce. Millennial nurses are more likely to experience high stress, high turnover, and lowered job dedication when compared to other generations. A recent Gallup poll has suggested that nearly 60% of all millennials are open to new job opportunities, a figure that is 15% higher than nonmillennials (Clifton, 2019). The

anticipated influx of patients seeking access to healthcare will coincide with the nursing shortage. Leaders must strategize to identify the root cause of nursing turnover, particularly for the generation of NRNs entering the workforce. To mitigate the healthcare crisis, the U.S. Bureau of Labor Statistics (2019) projects the need for an additional 1.1 million nurses to join the labor force. Careful attention to the needs of the generation and the climate of their work environment can encourage positive social change. Empowered and tenured staff will stabilize the workforce and promote positive patient outcomes. For the years 2016-2026, nurses' employment rates are anticipated to grow at a faster rate, 15% faster than any other profession (BLS, 2019). The personnel will be available; creating conditions that foster work effectiveness will lessen nurses' separation from organizations and the profession. Alleviation of the nursing shortage will allow for an adequate labor force to care for the influx of patients, effectively supporting positive social change. If the problem is not addressed, however, supply will simply not be able to meet demand.

Summary

The three manuscripts document the parallel studies and the findings generated from the research. Examination of the relationship between employee SE and employee commitment revealed whether current conditions of work effectiveness are valued by millennial NRNs, regardless of gender. A new generation of novice nurses has entered professional practice; leaders must facilitate a structured work environment to ensure conditions that meet their unique needs.

Part 2: Manuscripts

Structural Empowerment and the Millennial Newly Registered Nurse

by

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing Education

Outlet for Manuscript

The *Journal of Nursing Management* is an international periodical which serves to provide evidence-based practice for the nursing managers and leaders of the current dynamic healthcare arena. The forum encourages critical analysis and scholarly debate, providing a rich underpinning for the practice of management. Nursing turnover and retention are global issues, and as such, the findings generated from the research may have relevance outside the borders of the United States.

Submission requirements for the *Journal of Nursing Management* are the following:

- Manuscripts with a maximum of 5,000 words, abstract through reference list
- The completed work is to be prepared in APA 7th edition format.
- Tables and figures are limited to a combined total of six. If more graphics are provided, the manuscript will be published online only
- A structured abstract of 200 words or less is required, as well as five key words to follow the abstract

However, for the purpose of this document, the manuscript is formatted to Walden University requirements.

Information about the journal may be accessed at the following: Onlinelibrary.wiley.com/page/journal/13652834/homepage/forauthors.html#manuscript

Manuscript Status

20-Sep-2020

Dear Ms Hill,

Your manuscript entitled "Structural Empowerment and the Millennial Newly Registered Nurse" has been successfully submitted online and is presently being given full consideration for publication in the Journal of Nursing Management.

If you would like to publish your paper Online Open, please see the information at the bottom of this email.

Your manuscript ID is JNM-20-0977.

Please note that all papers are subject to preliminary review by the Editor-in-Chief before being sent for review.

The review process is usually completed within 10 weeks, but can take longer, depending on reviewer availability (e.g. during holiday periods or if an alternative reviewer needs to be approached). This time frame includes selecting and inviting reviewers, awaiting their response to the request, consideration of the reviews by the assigned Editor and, finally, the Editor-in-Chief's decision and communication with the author. Please be patient during this process and it would be much appreciated if you would not email the Editorial Office to enquire about the status of your manuscript until a period of at least 10 weeks has lapsed.

Thank you for submitting your manuscript to the Journal of Nursing Management.

Kind regards,

Jenela Priscy
Editorial Office, Journal of Nursing Management

Abstract

Aim: The purpose of this study, guided by Kanter's structural theory of organizational behavior, was to determine the relationships between access to power and structural empowerment (SE) and employee commitment and SE among millennial newly registered nurses (NRNs).

Background: Research focused on SE and employee commitment has not included millennial NRNs. The turnover rate of the cohort is in excess of 50%.

Methods: A cross-sectional, correlational study was conducted to investigate the relationships. Data were collected with the Conditions of Work Effectiveness Questionnaire, the Three-Component Model Employee Commitment Survey, and a demographic profile survey. The sample consisted of 148 millennial NRNs.

Results: The Spearman rank–order analysis showed positive correlations between affective commitment and normative commitment with SE, $p < .001$. There was a strong positive correlation between access to power and SE, $p < .001$. The regression analysis demonstrated that affective commitment and access to power could predict SE scores, $p < .001$.

Conclusion: Millennial NRNs seek work climates that facilitate structural empowerment. Structural empowerment positively impacts employee commitment to their organization.

Implications for nursing: It is essential that managers facilitate SE structures, promoting job satisfaction and retention of the millennial NRN.

KEYWORDS: structural empowerment, employee commitment, millennials, power, nurses

Introduction

The United States reached the apex of the nursing shortage in 2020, when half of all registered nurses in the country were of retirement age (Calk & Patrick, 2017). Newly registered nurses (NRNs) entering the practice, primarily of the millennial generation, play a pivotal role in workforce stability. Millennials, individuals born between 1981 and 1998, are the newest generation to enter the profession and compose its fastest growing cohort. They are quick to change roles in search of a more satisfying work environment and flexibility of work life balance. Millennials are willing to make a lateral career move to gain beneficial work experience that ultimately facilitates their career growth (Calk & Patrick, 2017). Twenge, Campbell, Hoffman, and Lance (2010) have asserted that the generation values the extrinsic factors of status, career potential and growth, and financial compensation as integral to employee commitment. Attaining and retaining the loyalty of the newest generation of workers is an enormous challenge for many organizations.

Significance/Importance

The theoretical framework for this study was Kanter's (1993) structural theory of organizational behavior, initially developed in 1977 and modified in 1993. Though developed for the corporate world, work climate, structural empowerment (SE), and employee commitment of the registered nurse have been aligned with the theoretical framework. Structural aspects, the elements that facilitate employee commitment, include the dimensions of access to power, access to support, the opportunity for growth, and access to resources and information. Formal power is the presence and influence of direct supervisors. Leaders are perceived as being powerful rather than dominant when they

assume accountability for their job performance. They possess the capability of having a positive impact on the workforce and the goals of an organization. Powerlessness, as expressed by both supervisors and subordinates, is accountability without power, leading to dysfunctional teams and failed objectives. When there is an ability to recognize opportunities and develop a shared power for the workforce, teams become unified in both vision and goals.

An efficient leader can mobilize resources, complete tasks, facilitate productive work climates, and positively influence the labor force (Kanter, 1993). An ineffective manager, on the other hand, may serve as a conduit to an environment fraught with disillusionment and dissatisfaction. Coworker incivility is known to harm employee commitment, but it is supervisor incivility that has the most destructive effect on the retention of nurses (Yurumezoglu & Kocaman, 2019). Nurses who do not feel as though they work in a supportive environment will frequently transfer to another role, organization, or profession to escape the negativity (Laschinger, Leiter, Day, & Gilin, 2009).

The structural theory of organizational behavior and the American Nurses Credentialing Center (ANCC) Forces of Magnetism are considered the gold standards for SE and employee commitment. The Forces of Magnetism align with the theoretical framework and operationalize its tenets (American Nurses Credentialing Center [ANCC], 2019). The standards have been in use for nearly a half-century, providing structure for strategies to facilitate positive work environments. There is a decided lack of discussion surrounding the millennial generation of NRNs and the ideals of SE. This study aimed to

explore the relationship between access to power and SE among millennial NRNs and the relationship between SE and employee commitment among millennial NRNs. The project is unique as it addresses an under-researched generation of NRNs and their specific needs for a satisfying work climate.

Relevant Scholarship

A review of the literature yielded an abundance of studies about employee commitment and SE. Coburn and Hall (2014) conducted a descriptive, comparative design study on Baby Boomer, Generation X, and millennial nurses within the workforce. Though the millennial nurses reported higher job satisfaction than the other generations, they also displayed significantly less psychological empowerment, a predictor of job satisfaction. Cho, Laschinger, and Wong (2006) examined the relationship between SE, employee commitment, and NRNs. However, the study was not specific to millennials. While NRNs reported the most significant trigger for their commitment to an organization was the opportunity for growth, low power hindered employee loyalty. The findings revealed that the perceived lower rankings of new nurses in the organizational chart frequently impeded the value and credibility of their autonomy and decision-making capabilities.

Perceptions of managerial behaviors are strongly associated with staff nurses' views of their professional SE. Transformational and transactional leadership styles correlated with a moderate positive perception of SE, though transactional behaviors yielded lower results for staff satisfaction. Khan, Quinn, Griffin, & Fitzpatrick (2018) found that an authentic leader who consistently exhibited transformational behaviors was

able to motivate staff, leading to higher success levels. Only the laissez-faire leadership style had a weak and negative correlation with SE perceptions. Though the direct supervisor had the most significant potential in terms of influencing employee commitment and job satisfaction, the manager was not consistently perceived as an influential leader capable of implementing strategic initiatives (Skytt, Hagerman, Stromberg, & Engstrom, 2015). Nurse managers must first feel empowered to inspire their staff to align with organizational goals and achieve nursing excellence. Using Kanter's theory as the conceptual framework for their study, Regan and Rodriguez (2011) demonstrated the nurse manger's dissatisfaction with access to power, resources, and information. The middle-managers expressed discontent with the quantity and quality of shared communication and overall insight into the organization's future. Like their subordinates, the managers expressed disillusionment and decreased employee commitment.

Millennials want an empowering work climate, even if they are unsure of what the concept entails. They also believe that the nurse manager will create that culture (Ulep, 2018). In a study focused on the reasons for NRNs vacating their first roles in professional practice, the top two reasons cited for turnover were the relationship fostered by the manager and the work climate of the unit. The same reasons for remaining in the role only ranked seventh and 13th, respectively (Setter, Walker, Connelly, & Peterman, 2011). Andrews (2013) has further asserted that the millennial generation will redefine the employer–employee relationship. As a generation raised in a nurturing environment,

millennials expect the same of their work climate: that it be structured and supported by those in authority.

Millennial NRNs neither recognize nor value SE or its relationship to work effectiveness. The concept of SE may no longer positively impact the work climate. Failure to facilitate favorable working conditions could lead to increased turnover as millennial NRNs seek opportunities and an environment to meet their expectations.

Research Questions and Design

The following research questions and hypotheses resulted from the literature review:

RQ1–What is the relationship between the perception of access to power and employee SE among millennial NRNs?

H_0 –There is no relationship between the perception of access to power and employee SE among millennial NRNs.

H_1–There is a relationship between the perception of access to power and employee SE among millennial NRNs.

RQ2–What is the relationship between employee commitment and employee SE among millennial NRNs?

H_0–There is no relationship between employee commitment and employee SE among millennial NRNs.

H_1–There is a relationship between employee commitment and SE among millennial NRNs.

Self-report questionnaires served as the means to collect data for a cross-sectional, descriptive, and correlational design study. The questionnaires focused on the dimensions of SE, employee commitment, and the demographic profile and work characteristics of the participants. I used SPSS version 25.0 to perform a Spearman rank–order correlation analysis and regression analysis (IBM Corp., Released 2017). Descriptive statistics were also collected and analyzed with the SPSS software.

Methods

Participants

The purposes of the study were to explore the relationship between access to power and employee SE among millennial NRNs and the relationship between employee SE and employee commitment in millennial NRNs. The project is unique as it addresses an under-researched generation of NRNs and their specific needs for a satisfying work climate.

The study's target population was millennial NRNs, aged 22–30 years, with two years or less of professional practice, and a minimum of six months' experience in their current acute care practice setting. The age group was representative of the largest cohort of individuals within the millennial generation entering pre-licensure nursing programs ("RNs," 2019). Excluded from the sample were registered nurses who were not within the scope of the inclusion criteria. Anonymous responses were collected and reported using SurveyMonkey.

Sample and Power

Of the nearly 3 million nurses in the United States, approximately 63% work in an acute care setting, equating to 1.83 million nurses. Approximately 14.8% of all nurses in the nation are under 30 years of age ("Nursing Statistics," 2019). Employee commitment was defined using three separate concepts and, therefore, three predictor variables. Using a median effect size of .15, α error probability of 0.05, power of .80, and three predictor variables, I used G*Power to calculate a sample size of 77 participants, as opposed to the original formula, which calculated 55 participants with one predictor variable (Heinrich Heine University [hhu], 2010-2019).

Variables/Sources of Data

The independent variable (IV) for the first research question was perception of access to formal power, and the dependent variable (DV) was employee SE. The five-point Likert scale ranged from 1 (*none*) to 5 (*a lot*). The questions focused on rewards for innovation and the amount of flexibility and visibility of work-related activities. The overall score was the mean of the responses to the three questions. A score of 1 point described a lack of perception of access to power, and a score of 5 points represented the perception of the most significant access to power (Laschinger, Finegan, Shamian, & Wilk, 2001).

The dependent variable (DV) was measured with the application of six subscales, each with a five-point Likert scale. An overall score of 6 points described a perception of a lack of employee SE. Scores ranging from 7–13 points represented low levels of employee SE, 14–22 points meant moderate levels of employee SE, and 23–30 points

represented high levels of SE. I operationalized the IV and DV using the Conditions of Work Effectiveness Questionnaire (CWEQ-II) instrument (Laschinger et al., 2001).

I used the Three-Component Model (TCM) Employee Commitment Survey to measure the IV, employee commitment, for the second research question. The survey has 24 questions that are distributed equally among three concepts of employee commitment: affective, continuance, and normative. Each subscale consists of eight questions, all scored with seven-point Likert scales, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). An overall score of 1 point describes a lack of commitment and an overall score of 7 points represents the highest level of commitment to the organization. Each subscale contains items that are negatively phrased, and reverse scored. The overall score calculation is an average of the eight questions. Affective commitment is an emotional attachment and identifies an employee involved with the organization and its goals. Continuance commitment is the employee's awareness that changing organizations comes with considerable penalties, typically referring to the employee's benefits and wages. Normative commitment is an attachment born from normative pressures to remain with the organization and align with its goals, simply because it is the right thing to do. I operationalized the IV using the TCM Employee Commitment Survey (Meyer & Allen, 2004).

The second research question DV was employee SE. The DV was measured with the application of six subscales, each with a five-point Likert scale. An overall score of six points described a perception of a lack of employee SE. Scores ranging from 7–13 points represented low levels of SE, 14–22 points represented moderate level of SE, and

high levels of SE were indicated with scores ranging from 23–30 points (Laschinger et al., 2001) .

Employee SE predicted a positive relationship with employee commitment among millennial NRNs. Previous studies have reported positive correlations between employee commitment and employee SE (Aggarwal, Dhliwal, & Nobi, 2018; Eskandari, Siahkali, Shoghli, Pazargadi, & Tafreshi, 2017; Jinhua, Yanhui, Chunping, & Lefeng, 2013).

Instrumentation or Measures

The instruments used included the demographic survey (see Appendix A), the CWEQ-II, and the TCM Employee Commitment Survey. Using a five-point Likert scale, the CWEQ-II measures the dimensions of employee SE as described by the structural theory of organizational behavior. The instrument was originally developed for application of the structural theory of organizational behavior to the nursing profession (Laschinger et al., 2001). Written permission to use the instrument for academic research purposes was obtained from Dr. Joan Finegan (see Appendix B).

Included in the CWEQ-II are three questions aimed at identifying formal power, referred to as the Job Activities Scale (JAS), The five-point Likert scale ranges from 1 (*none*) to 5 (*a lot*); the higher the score, the greater the perception of access to power. There were two questions included in the instrument regarding global empowerment (GE), rated on a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The GE score was not included in the overall employee SE score but instead used as a validation index (Laschinger et al., 2001).

There has been extensive use of the CWEQ-II as a data collection tool for nursing research (Havaei & Dahinten, 2017). A systematic review of psychometric studies in SE identified six studies that evaluated the instrument's concurrent, discriminant, and predictive reliability and validity. Each study was determined to have construct validity, including face, content, predictive, concurrent, convergent, and discriminant validity. A construct factor analysis of a Dutch version of the measurement instrument revealed that the instrument is identical to the first tool, the CWEQ-II (Wagner et al., 2010). Researchers in Iran, China, and Brazil have translated the CWEQ-II for use in their respective cultures. The Cronbach's alpha for employee SE with the original document was Cronbach's α of .89 (Laschinger et al., 2001). The Iranian version revealed a Cronbach's α of .89; the Chinese version had a Cronbach's α of .92, and the Brazilian version had Cronbach's α values of .86 and .88 at two different hospitals (Sadeghi-Gandomani, Alavi, & Afshar, 2019; Sun et al., 2014; Bernardino, Dyniewicz, Carvalho, Kalinowski, & Bonat, 2013).

Table 1

Cronbach's Alpha: CWEQ-II

	Opportunity	Information	Support	Resources	JAS	Organization Relation Score (ORS)	Total	GE
CWEQ-II	.81	.80	.89	.84	.69	.67	.89	.87

Note. From "Organizational Trust and Empowerment in Restructured Healthcare Setting: Effects on Staff Nurse Commitment," by H.K.S. Laschinger, J.E.Finegan, S. Casier, & J. Shamian, J. (2000), *Journal of Nursing Management*, *30*(9), 413-425. Adapted with permission of the author.

I used the TCM Employee Commitment Survey to measure employee commitment to the organization, with the three concepts of commitment: affective, continuance, and normative, divided into subscales. Written permission to use the instrument for academic research purposes was received from Dr. John Meyer (see Appendix C). The TCM Employee Commitment Survey is a valid and reliable measurement instrument. Employing confirmatory factor analysis Khan, Awang, & Ghouri, (2014) conducted an exploratory factor analysis to show that the tool was both valid and reliable in Pakistan. The overall study's Cronbach's α was .856 (Khan et al., 2014) and the original instrument had a Cronbach's α of .85 (Meyer & Allen, 1991). In the Portuguese translation of the TCM Employee Commitment Survey, the authors divided the questionnaire into subscales. They provided evidence of higher internal consistency than the original document: affective commitment α = .91, continuance commitment α = .91, and normative commitment α = .84 (Neves, Graveto, Rodrigues, Maroco, & Parreira, 2018).

Design and Analysis

I analyzed the data with a Spearman rank-order correlation analysis and regression analysis using SPSS version 25.0 (IBM Corp., Released 2017). Participants were recruited on Facebook, utilizing convenience and snowball sampling techniques. The invitation to participate included an embedded hyperlink to the research Facebook page, where participants were provided with an informed consent form and a link to the surveys on the SurveyMonkey website. The data were collected using SurveyMonkey.

I initially analyzed the data using the Pearson product-moment correlation. However, the analysis assumptions were not all met, and the test was not considered the best fit for the data. The Spearman rank-order correlation met the conditions for data analysis. Spearman correlation assumptions include that there are two continuous or ordinal variables, that the variables represent paired observations, and that there is a monotonic relationship between the two variables (Laerd Statistics [Laerd], 2018).

Results

Execution

Following approval from the Institutional Review Board, Study 04-01-20-0135063, the survey was open from April 5, 2020 to May 22, 2020. Responses were received from nine countries, totaling 314 questionnaires. However, only 47.1% (n = 148) of surveys were appropriate for use in the study. Averages were calculated for each subscale in the data collection instruments. Testing of the reliability of the data collection instruments occurred before any other data analyses.

Results

The reliability of the CWEQ-II was analyzed and yielded a Cronbach's α of .85, indicating a high level of internal consistency. The findings positively compared with the Cronbach's α of the original instrument used for employee SE, Cronbach's α of .89 (see Table 1) (Laschinger et al., 2001). In my study, the Cronbach's α was .72 for the TCM Employee Commitment Survey. Though the study provided an acceptable level of reliability, it was much lower than that of the original document, Cronbach's α of .85 (Meyer & Allen, 1991). Examination of the summary item statistics revealed a mean

inter-item correlation of .47, indicating a strong relationship between the items (see Table 2). The ideal range for this value is 0.15 to 0.50 (Pallant, 2016).

Table 2

Summary Item Statistics: TCM Employee Commitment Survey

	Mean	Min	Max	Range	Maximum / Minimum	Variance	*N* of Items
Inter-Item Correlations	.470	.351	.568	.217	1.619	.010	3

A total of 148 participants comprised the sample group for the study. The group was predominantly female, 54.7%, *n* = 81, versus male, 45.3%, *n* = 67. Most participants resided in the Southern region of the US, 50.7%, *n* = 75. The Southern region of the United States includes: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. The participants were employed in different facility types and primarily in organizations that were not Magnet® accredited, 66.9%, *n* = 99; not affiliated with the military, 87.2%, *n* = 129; and not unionized, 73.0%, *n* = 108.

The survey provided the option to choose from four levels of knowledge of SE, yet only three levels were selected as none of the participants acknowledged a strong understanding of SE (see Table 3). Most of the participants did not convey an intention to leave (ITL) their organization within six months of completing the survey, 78.4%, *n* = 116 (see Table 3).

Table 3

Descriptive Statistics of Sample Group

Characteristic		Frequency	Percent	Valid percent	Cumulative percent
Gender	Male	67	45.3	45.3	45.3
	Female	81	54.7	54.7	100.0
U.S. Region	Northeast	11	7.4	7.4	7.4
	Mid-Atlantic	10	6.8	6.8	14.2
	South	75	50.7	50.7	64.9
	Midwest	15	10.1	10.1	75.0
	Southwest	18	12.2	12.2	87.2
	West	9	6.1	6.1	93.2
	Other than the U.S.	10	6.8	6.8	100.0
Magnet	No	99	66.9	66.9	66.9
	Yes	49	33.1	33.1	100.0
Military	No	129	87.2	87.2	87.2
	Yes	19	12.8	12.8	100.0
Union	No	108	73.0	73.0	73.0
	Yes	40	27.0	27.0	100
ITL	No	116	78.4	78.4	78.4
	Yes	32	21.6	21.6	100.0
Current Level of Knowledge of SE	None	66	44.6	44.6	44.6
	Some	60	40.5	40.5	85.1
	Moderate	22	14.9	14.9	100.0

Note. $n = 148$

I analyzed the relationship between access to power (measured by the JAS on the CWEQ-II) and employee SE (as measured by the CWEQ-II) using the Pearson product-moment correlation. However, the test of normality was violated, as assessed by the Shapiro–Wilk test, $p < .05$ (see Table 4).

Table 4

Tests of Normality: Access to Power (JAS) and SE

	Kolmogorov–Smirnov[a]			Shapiro–Wilk		
	Statistic	*Df*	Sig.	Statistic	*Df*	Sig.
JAS	.117	148	.000	.974	148	.006
SE Score	.074	148	.044	.953	148	.000

a Lilliefors significance correction

Therefore, I used the Spearman rank-order correlation coefficient to measure the direction and association between the variables (Laerd, 2018). The first assumption was met because the JAS and SE scores were measured on a continuous scale. The second assumption was met as the two variables represented paired observations. The third assumption was met as there was a monotonic relationship between the variables according to visual inspection (see Figure 2).

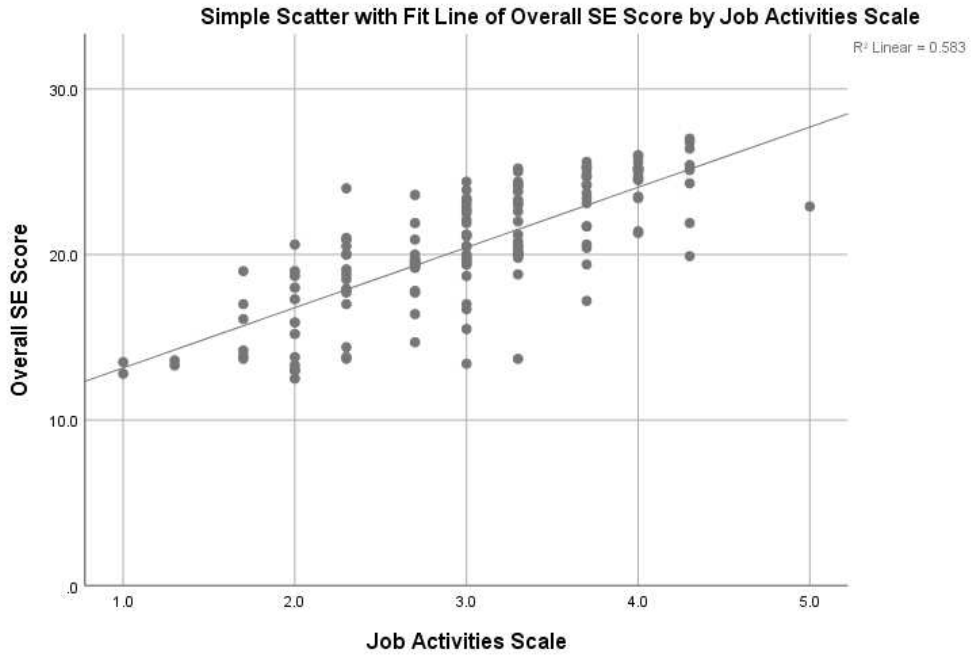

Figure 2. Scatterplot: JAS and se.

The findings indicated that there was a statistically significant, strong positive correlation between the perception of access to power and SE, r_s (146) = .77, $p < .001$ (see Table 5).

Table 5

Spearman's: JAS and SE

			JAS	Overall SE Score
Spearman's Rho	JAS	Correlation Coefficient	1.000	.770**
		Sig. (2-tailed)	.	.000
		N	148	148
	SE	Correlation Coefficient	.770**	1.000
		Sig. (2-tailed)	.000	.
		N	148	148

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

I conducted a regression analysis to determine the effect the IV had on the DV and how the variables influenced each other. I addressed seven assumptions to determine whether the regression analysis was the best fit for analyzing the data. The first assumption was met because the SE score was on a continuous scale. The second assumption was met as the IV, perception of access to power (JAS), was a continuous variable. The third assumption was met because visual inspection of the scatterplot of access to power against SE showed a linear relationship between the variables (see Figure 2). The Durbin–Watson test result of 1.89 indicated that the assumption of independence of observations was met (see Table 6). A range from 0 to 4 is acceptable, but a value of approximately 2 is desirable, indicating no correlation between the residuals (Laerd Statistics [Laerd], n.d.).

Table 6

Model Summary[b]: Access to Power (JAS) and SE

Model	*R*	*R* Squared	Adjusted *R* Squared	Std. Error of the Estimate	Durbin–Watson
1	.764[a]	.583	.580	2.3960	1.888

a Predictors: (constant), JAS

Casewise diagnostics indicated that data point106 was an outlier. The SE score was 13.7 points, but the predicted SE score was 21.518, a difference of -7.82. Following the removal of the outlier, I ran the regression analysis again. The Casewise diagnostics indicated that data point103 was an outlier with an SE score of 13.4, but a predicted SE score of 20.49, a difference of -7.08. I removed the outlier. A repeat of the regression analysis did not generate a Casewise diagnostics table, indicating that all the cases had standardized residuals less than ± 3. There were no other outliers.

I addressed the assumptions of the test once more; assumptions one and two were met. Visual inspection of the scatterplot provided evidence of a linear relationship (see Figure 4). An acceptable value for the independence of observations, Durbin-Watson of 1.82, was obtained with a repeat of the test (see Table 7).

Table 7

Model Summary Without Outliers[b]: Access to Power (JAS) and SE

Model	*R*	*R* Squared	Adjusted *R* Squared	Std. Error of the Estimate	Durbin–Watson
1	.788[a]	.620	.618	2.2455	1.824

a Predictors: (constant), JAS

Visual inspection of the scatterplot confirmed the assumption of homoscedasticity as the points of the plot did not exhibit a pattern and were consistently spread (see Figure 3).

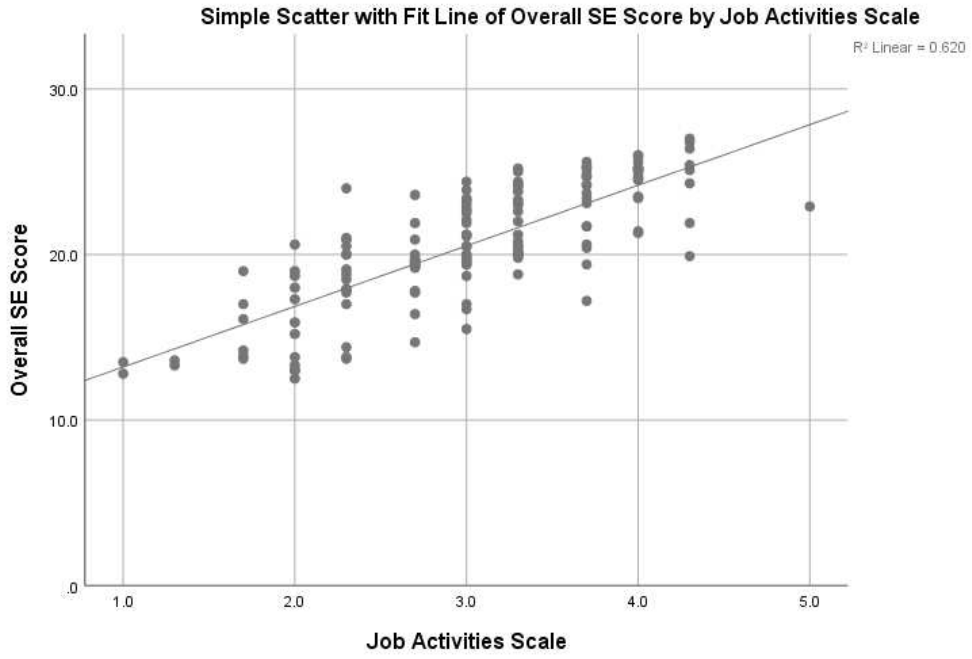

Figure 3. Scatterplot without outliers: JAS and se.

Normal probability plots are designed to assess normality and are among the best graphical methods for doing so (Laerd Statistics [Laerd], n.d.). Visual inspection of the generated normal probability plot confirmed that the standardized residuals were approximately normally distributed (see Figure 4). The regression analysis was the best fit for examining the data.

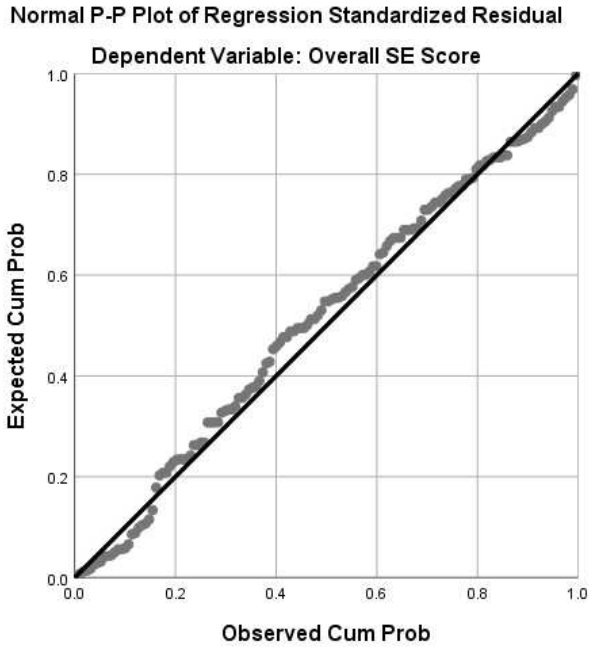

Figure 4. Normal p-p: JAS and se.

Regression analysis established that access to power (JAS) could statistically significantly predict SE scores, F (1,144) = 235.25, p < .001, and access to power (JAS) accounted for 61.8% of the explained variability in SE scores (see Tables 7 and 8). For every 1-point increase in perception of access to power (JAS), there was an increase of 3.66 points (95% CI, 3.19 to 4.13) in perceived SE among millennial NRNs (see Table 9). Therefore, the null hypothesis was rejected.

Table 8

ANOVA[a]: Access to Power (JAS) and SE

Model		Sum of Squares	*Df*	Mean Square	*F*	Sig.
1	Regression	1186.185	1	1186.185	235.247	.000[b]
	Residual	726.090	144	5.042		
	Total	1912.276	145			

a Dependent variable: SE score

b Predictors: (constant), JAS

Table 9

Coefficients: Access to Power (JAS) and SE

Model		*B*	Std Err	Std Coeff Beta	*T*	Sig.	95% Confidence Interval for *B* Lower	Upper
1	Constant	9.457	.745		12.823	.000	8.076	11.019
	JAS	3.660	.239	.788	15.338	.000	3.188	4.132

For the second research question, I analyzed the relationship between the employee commitment of millennial NRNs and SE using the Pearson product-moment correlation. A scatterplot for each concept of employee commitment revealed four outliers, which were removed, and new scatterplots were then generated. However, the test of normality was violated, as assessed by the Shapiro–Wilk test. Both the affective commitment and normative commitment data were not normally distributed, $p < .001$. The normative commitment data were normally distributed, $p = .129$ (see Table 10).

Table 10

Tests of Normality: Employee Commitment and SE

	Kolmogorov–Smirnov[a]			Shapiro–Wilks		
	Statistic	*Df*	Sig.	Statistic	*Df*	Sig.
SE Score	.074	144	.049	.956	144	.000
Affective Commitment	.165	144	.000	.913	144	.000
Continuance Commitment	.076	144	.041	.973	144	.006
Normative Commitment	.070	144	.082	.985	144	.129

a Lilliefors significance correction

Therefore, I used the Spearman rank-order correlation coefficient to measure the direction and association between the variables (Laerd, 2018). The three assumptions of the Spearman rank-order correlation were met. The measurement of the variables was on a continuous scale, the variables represented paired observations, and visual inspection of the scatterplots confirmed monotonic relationships between the variables. Each concept of employee commitment: affective, continuance, and normative commitment, was run separately against SE, generating a scatterplot for each commitment concept (see Figures 5, 6, and 7).

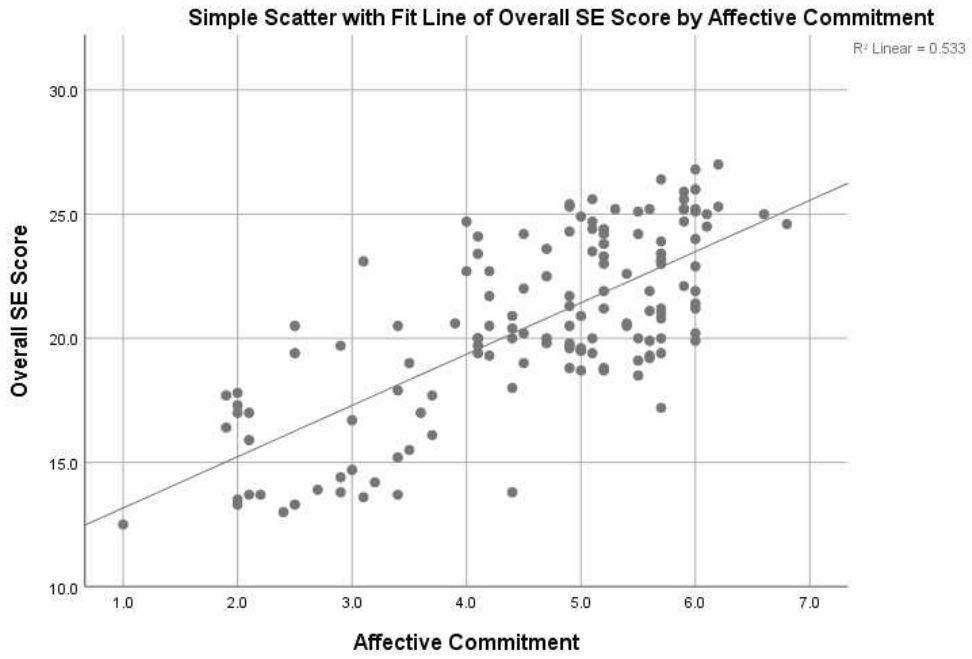

Figure 5. Affective commitment and se.

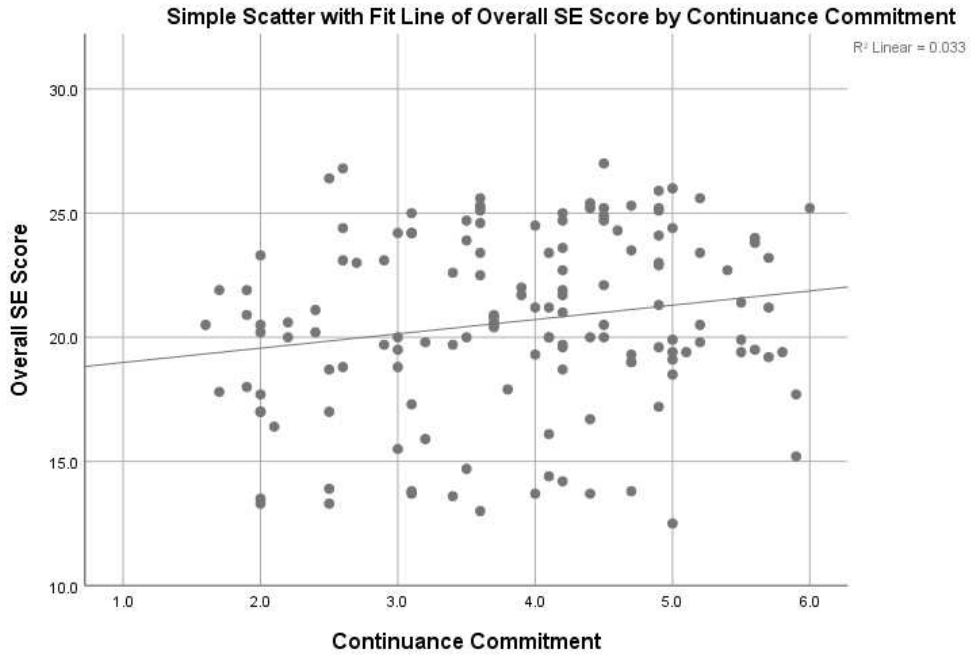

Figure 6. Continuance commitment and se.

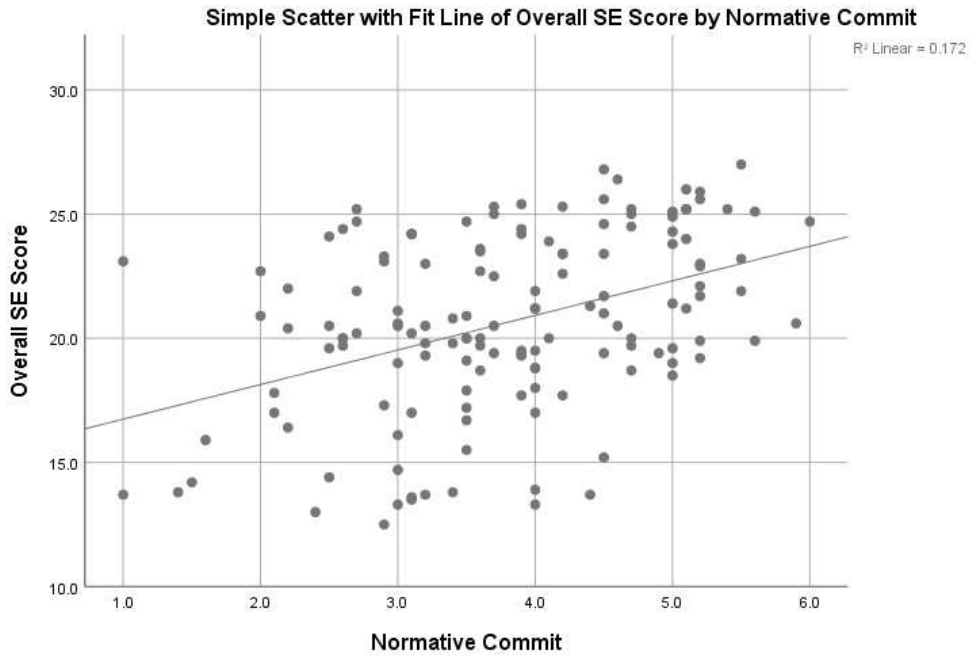

Figure 7. Normative commitment and se.

The findings indicated a statistically significant strong positive correlation between affective commitment and SE, r_s (144) = .68, p < .001, among millennial NRNs. There was not a statistically significant correlation between continuance commitment and SE, *rs* (144) = .16, p = .061, among millennial NRNs. There was a statistically significant moderate positive relationship between normative commitment and SE, r_s (144) = .42, p < .001, among millennial NRNs (see Table 11). As two of the three concepts of employee commitment had statistically significant relationships with SE. Therefore, the null hypothesis was rejected.

Table 11

Spearman's: Employee Commitment and SE

		SE Score	Affective Score	Contin Commit	Normative Commit
SE Score	Correlation Coefficient	1.000	.678**	.157	.421**
	Sig. (2-tailed)	.	.000	.061	.000
	N	144	144	144	144
Affective Commitment	Correlation Coefficient	.678**	1.000	.291**	.617**
	Sig. (2-tailed)	.000	.	.000	.000
	N	144	144	144	144
Continuance Commitment	Correlation Coefficient	.157	.291**	1.000	.502**
	Sig. (2-tailed)	.061	.000	.	.000
	N	144	144	144	144
Normative Commitment	Correlation Coefficient	.421**	.617**	.502**	1.000
	Sig. (2-tailed)	.000	.000	.000	.
	N	144	144	144	144

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

I conducted a regression analysis to determine the effect that the IV had on the DV and how the variables influenced each other. I addressed the seven assumptions of the test to determine whether the regression analysis was the best fit for analyzing the data. The first assumption was met because the measurement of the DV, the SE score, was on a continuous scale. The second assumption was met as there were three independent variables, the employee commitment scores, and all were measured on continuous scales. The Durbin–Watson test result of 1.61 showed that the assumption of independence of observations was met.

Before progressing further, I examined the data for outliers. Casewise diagnostics demonstrated that data point 7 was an outlier, resulting in its removal. I ran the test once more, addressing the assumptions. Observations were independent, as evidenced by a Durbin–Watson statistic of 1.63 (see Table 12)

Table 12

Model Summary[b] *Without Outlier: Employee Commitment and SE*

Model	*R*	*R* Squared	Adjusted *R* Squared	Std. Error of the Estimate	Durbin–Watson
1	.758[a]	.575	.566	2.4384	1.625

The fourth assumption was met because visual inspection of the scatterplots of the three concepts of employee commitment revealed a linear relationship between the variables. Visual inspection of the scatter plots also confirmed homoscedasticity (see Figures 8, 9, and 10). There was no evidence of a pattern among the data points.

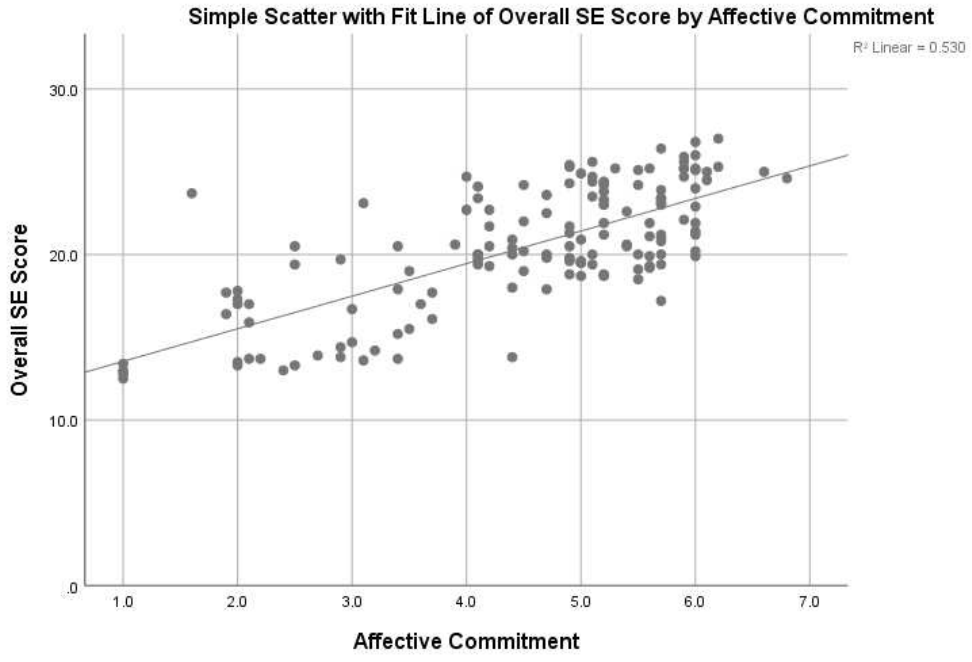

Figure 8. Affective commitment and se without outlier.

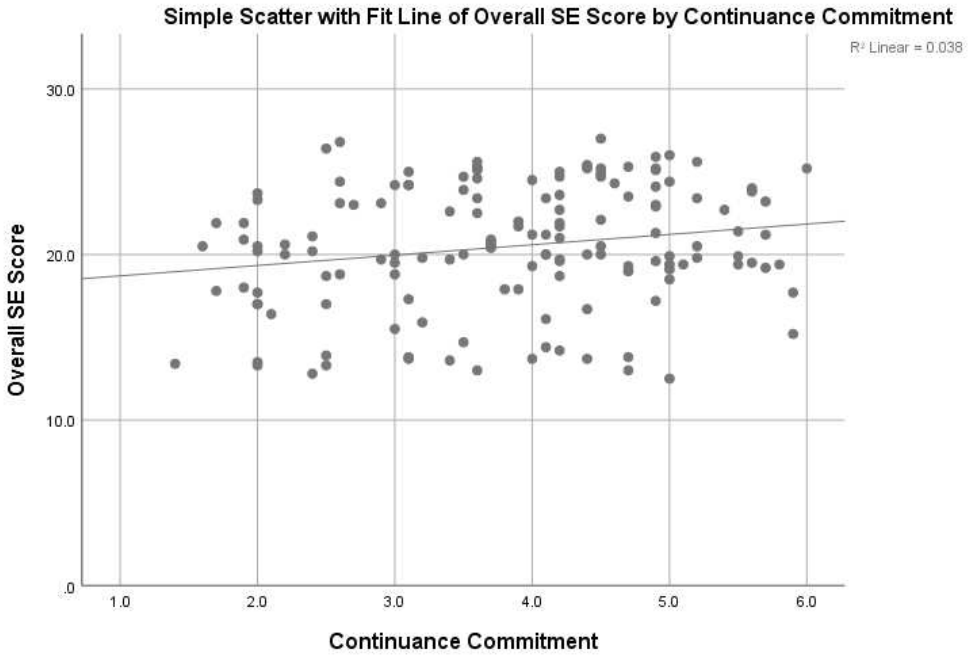

Figure 9. Continuance commitment and se without outlier.

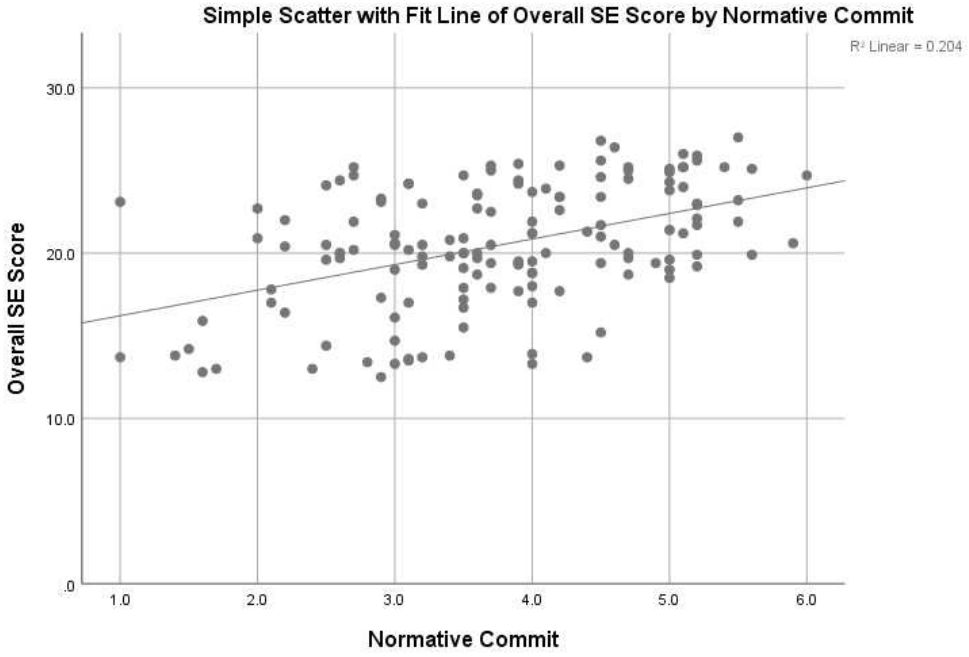

Figure 10. Normative commitment and se without outlier.

The assumption of multicollinearity was met. The tolerance level for each employee commitment concept was > .1, and the variance inflation factor (VIF) was < 10. Affective commitment had a tolerance value of .66 and VIF = 1.51. Continuance commitment had a tolerance value of .75 and VIF = 1.33. Normative commitment had a tolerance value of .56 and VIF = 1.79 (see Table 14). All the cases had standardized residuals of less than ± 3.

There were no studentized deleted residuals higher than the standard deviations. None of the leverage values were problematic. There were no Cook's distance values > 1.0. The normal probability plot of the regression studentized residuals revealed normal distribution of the residuals. It was determined that multiple regression analysis was the best fit for analyzing the data.

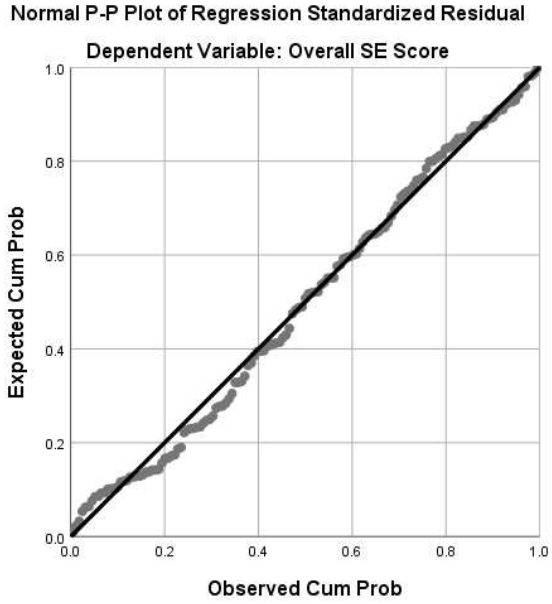

Figure 11. Normal p-p: employee commitment and se.

Multiple regression analysis predicted the SE scores from the three concepts of employee commitment. The model statistically significantly predicted SE scores F (3,143) = 64.47, $p < .001$ (see Table 13). However, only affective commitment added statistically significantly added to the prediction, $p < .001$. Therefore, the null hypothesis was rejected.

Table 13

ANOVA[a]: Employee Commitment and SE

Model		Sum of Squares	*Df*	Mean Square	*F*	Sig.
1	Regression	1150.018	3	383.339	64.471	.000
	Residual	850.272	143	5.946		
	Total	2000.290	146			

a Dependent variable: se score

b Predictors: (constant), normative commitment, continuance commitment, affective commitment

For every 1-point increase in the affective commitment score, there was an increase of 2.05 points (95% CI: 1.68 to 2.41) in the SE score (see Table 14). There was a moderately large effect size, $R^2 = .58$. As emotional attachment to the organization increased, millennial NRNs experienced higher perceived SE in their work environment.

Table 14

Coefficients[a]: Employee Commitment and SE

	Unstandardized Coefficients		Standardized Coefficients			95.0% CI for *B*		Correlations			Collinearity Statistics	
Model	*B*	Std. Error	Beta	*T*	Sig.	Lower Bound	Upper Bound	Zero-Order	Partial	Part	Tol	VIF
1					.							
Constant	11.355	.882		12.873	.000	9.612	13.099					
Affect	2.047	.184	.747	11.129	.000	1.684	2.411	.755	.681	.607	.660	1.514
Contin	-.240	.205	-.074	-1.172	.243	-.646	.165	.205	-.098	-.06	.749	1.334
Norm	.196	.249	.057	.789	.431	-.296	.688	.454	.066	.043	.560	1.786

a Dependent variable: SE score

Discussion

Surveying millennial NRNs enabled the identification of their perceptions of access to power, SE, and employee commitment. Affective commitment was the only concept that referred to relationships as an emotional attachment to an organization and best described an empowered employee.

Interpretation

There was not a significant positive relationship between continuance commitment and SE, $p = .061$. The individuals who possess continuance commitment do not have an attachment to the organization. They have an impersonal association with their employer and remain because the price of leaving is too high to consider; the alternatives are costly and require personal sacrifice (Meyer & Allen, 2004). However, continuance commitment is considered the most critical subscale of employee

commitment for nursing. Millennial nurse retention is most influenced by growth, career potential and financial compensation (Twenge et al, 2010). These findings were validated by Chang, Shyu, Wong, Friesner, and Chu (2015); increased wages and employee-sponsored benefits positively impact millennial nurses' intention to remain with their organization.

My study's results confirm the findings of research focused on other generations of nurses and extend the knowledge base to include millennial NRNs. Millennial NRNs perceive moderate access to power, as evidenced by the JAS score, $\bar{x} = 3.02$, which correlated with a moderate level of SE, $\bar{x} = 20.5$. The primary work condition that most influences job satisfaction and perceived SE is the presence of supportive leadership, accounting for more than 60% of the variance in the concepts of SE (O'Hara, Burke, Ditomassi, & Lopez, 2019). The findings of the study validate the results of Cho et al. (2006), who found that supervisors can provide positive work climates through facilitation of job flexibility and strong professional relationships. The results of my study indicated that NRNs perceive that access to SE structures results in higher job satisfaction and greater commitment to the organization. Structural empowerment and access to power were positively correlated with employee commitment. However, low access to power can hinder employee loyalty. Jinhua et al., (2013), identified a strong positive relationship between SE, the professional practice environment, and organizational commitment. Nurse managers can enhance employee commitment and positive nurse outcomes by creating empowering professional environments.

As also reported by Khan et al. (2018), the study's findings suggest that NRNs link their own perceptions of SE with the perceived power of their direct leaders. However, my results showed the strength of the relationship between access to power and SE was stronger than in the study by Khan et al. (2018) who reported only a moderately positive relationship between the variables. Consistent with my results, Eskandari et al. (2017), found a strong positive relationship between SE and organizational commitment. Employee commitment increased as SE scores increased. A moderate level of affective commitment, $\overline{x} = 4.53$, correlated with a moderate perception of access to power, $\overline{x} = 3.02$.

The results of my study validate the work of Yurumezoglu and Kocaman (2019), who found that SE had a negative impact on retention. Positive perceptions of the supervisor's behaviors and power greatly influenced the commitment of the employee (Hauck, Griffin, & Fitzpatrick, 2018; Meng et al., 2015; Wing et al., 2015 & Fitzpatrick et al., 2010). However, the ITL of the study participants was 21.6%, much lower than the 55% stated in previous research (O'Hara et al., 2019). The findings are consistent with Kanter's (1993) assertion that managers must focus on modifying the structural conditions of the work climate. The practice environment controls the attitudes and behaviors of employees, including their commitment to their organization.

Limitations

Several limitations were associated with the study. The setting was limited to the acute care and the age range was limited to 22-30 years. I conducted the study during the COVID-19 pandemic, which overwhelmed healthcare workers and organizations

worldwide. Staff assumed new roles and tasks, often without adequate training. Healthcare workers were exhausted from unsustainable workloads (Edmondson, 2020). It is unclear the degree the pandemic may have influenced responses.

Implications

My study can promote positive social change by addressing the unique needs of the millennial NRN. This generation of nurses has entered practice in adequate numbers to offset the nursing shortage, but the retention of millennial NRNs is problematic. Investigating the root cause of turnover could mitigate the turnover of competent professionals. Collaborative connection results from managers who work to cultivate relationships with their employees. Leaders can create a work climate that promotes mutual empathy and trust (Andrews, 2013).

The findings of my study validate the tenets of the theoretical framework: “Power begets power” (Kanter, 1993, p. 168). As Kanter has asserted, employees seek to work for a leader who is considered influential, a manager who can facilitate their competence and career growth. The manager's ability to inspire individuals is a direct result of their focused attention on meeting the needs, concerns, and wishes of their employees (Kanter, 1993). The participants' responses implied a need for communication, support, and guidance. Failure to heed their responses may lead to a heightened nursing shortage as nurses leave their roles and profession because of adverse working conditions (Heidari & Gharebagh, 2018).

Recommendations

The COVID pandemic continues to challenge financial and labor resources for organizations. The consequences of those deficiencies directly impact the frontline staff, and it is difficult to promote a positive perception of SE when an unprecedented healthcare crisis preempts daily operations. As there is no timeline for the crisis to abate, future research could investigate the impact of the pandemic on the participants' responses. As SE and employee commitment are not unique to the acute care practice setting or a faction of the millennial generation, future studies should broaden the inclusion criteria to include all practice settings and ages of the generation.

Conclusion

This study's findings validate the importance of effective leadership and facilitation of positive work climates in the retention of millennial NRNs. The results show that nearly half of the respondents (44.6%, $n = 66$) had no understanding of SE. However, the findings revealed a statistically significant strong positive relationship between access to power and SE. Millennial NRNs may not recognize SE, but the research suggests that they seek similar conditions of work effectiveness as their predecessors.

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Structural Empowerment and Gender Differences Among Millennial Newly Registered Nurses

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of the Requirements for the Degree of

Doctor of Philosophy

Nursing Education

Outlet for Manuscript

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Abstract

Aim: The purpose of this study, as guided by Kanter's structural theory of organizational behavior, was to examine gender differences in structural empowerment (SE) and employee commitment among millennial newly registered nurses (NRNs).

Background: Previous studies have focused on SE and employee commitment. However, there is a decided lack of research surrounding millennial NRN and gender differences.

Methods: The Conditions of Work Effectiveness Questionnaire, the Three-Component Model Employee Commitment Survey, and a demographic questionnaire were used to collect data for the cross-sectional, descriptive, and correlational design study. Snowball and convenience sampling were used to recruit participants on Facebook, $n = 148$.

Findings: A Wilcoxon–Mann–Whitney analysis did not reveal a statistically significant difference between median commitment scores for males and females: affective commitment $p = .11$, continuance commitment $p = .129$, and normative commitment $p = .855$.

Conclusions: The results suggest a lack of gender bias in the workforce, which may be a strong recruitment tool as men enter the nursing profession in record numbers.

Implications for Nursing Practice: The structures of SE include all members of the nursing workforce within an organization, regardless of gender. As leaders implement empowering initiatives, millennial NRN turnover will be mitigated, affecting positive social change.

Introduction

Approximately 13% of the total nursing population in the United States are men (Kaiser Family Foundation [KFF], 2019). Though there are far fewer males in the profession than females, the number of male nurses increased four-fold between 1980 and 2013, a much larger growth trend than seen with their female counterparts (Miller & Fremson, 2018). Men enter the nursing profession for various reasons, including management aspirations, cyclical labor shifts, and economic downfalls. The registered nurse's wage has recruited many who have been occupationally downsized into a field with job security and competitive salaries and benefits (Munnich & Wozniak, 2017). However, the presence of men in a predominantly feminized profession is historically significant. The discipline was characteristically female following the Nightingale era, and such a dramatic shift in an industrial profile is quite infrequent and remarkable (Munnich & Wozniak, 2017). Though previous research has focused on the factors that entice men to enter the profession, the conditions that impact the male nurse's commitment to their organization have not received the same attention.

Significance/Importance

During the past decade, leaders of an already inadequate healthcare arena have started to become aware of the anticipated influx of patients as the Baby Boomers enter medical systems with increasingly complex and chronic medical conditions. The term "graying of disability" has been applied to the generation as they live longer with their disabilities than any generation has before them (Kahana & Kahana, 2014). Coinciding with this phenomenon is the nursing shortage, which reached its apex in 2020. However,

the millennial generation of novice nurses are making their entry into professional practice. Their numbers are growing faster than any other generation, and they now make up 30% of the nursing workforce (O'Hara, Burke, Ditomassi, & Lopez, 2019). While millennials could mitigate the decline in the labor force, their demographic profile suggests that it will be challenging for organizations to attain and retain their loyalty. More than half of all millennials leave their employers within 3 years (Chenkovich & Cates, 2016). Members of this generation seem to be more mobile and open to change than their older nursing counterparts. A recent survey captured the attitudes of the multigenerational nursing workforce currently employed in the American healthcare system. As predicted, millennial nurses change jobs more often than their peers. While all the groups had experienced employment turnover, millennials, on average, changed jobs four times in the first decade after college; their tenure is nearly 75% shorter than the Baby Boomer generation (The Center for the Advancement of Healthcare Professionals and AMN Healthcare, 2017). These nurses are not just changing jobs; many are leaving the bedside altogether. A 2019 survey of 20,000 nurses in the United States revealed that 60% of millennials seek out nursing education programs, 36% are pursuing leadership positions, 28% are working toward an advanced practice degree, and 39% are seeking a master's degree. The desire to leave frontline nursing has been directly linked to the pursuit of higher education (AMN Healthcare [AMN], 2019).

Prior to this research, it was unclear whether the work climates that proved to be effective for previous generations would continue to meet the needs of the newest generation, millennial newly registered nurses (NRNs). The generational attributes of

openness to change and desire for dynamic environments may not be a good fit for the current state of healthcare. Failure to examine the root cause of millennial nurse turnover and the assumption that it simply reflects their demographic profile may lead to further destabilization of an already tenuous workforce.

The theoretical framework for the study was Kanter's (1993) structural theory of organizational behavior, initially developed in 1977 and modified in 1993. Studies of work climate, structural empowerment (SE), and employee commitment of the registered nurse have aligned with the theory. The framework describes four dimensions of SE: access to power, the opportunity for growth, access to resources and information, and access to support. The dimensions jointly create the concept of SE, considered a cornerstone of job satisfaction.

The American Nurses Credentialing Center (ANCC), the developer of the Magnet Recognition Program, created a model representing the concepts that demonstrate the organizational culture and attitudes that are best suited for the promotion of nursing excellence and positive patient outcomes. The ANCC Forces of Magnetism align with the structural theory of organizational behavior and operationalize its tenets. One component in the Magnet® model is SE, defined as encompassing organizational structure, personnel policies, community outreach, professional development, and promotion of a positive nursing image. When SE is present, reliable processes are developed by influential leaders to create an innovative environment, promoting healthy professional practice (American Nurses Credentialing Center [ANCC], 2019). An empowered nurse expresses job satisfaction and organizational commitment.

Optimally, individuals begin their employment engaged with the role and the organization. However, if there is little or no room for advancement in their current role, they will feel "stuck" and may feel disillusioned with the job, the organization, and even the profession (Kanter, 1993). Over time, the relationship between the demands of the job and the employee's expectations become incongruent, frequently leading to dissatisfaction and turnover. When the promise of growth opportunities does not come to fruition, work engagement erodes, trust in leadership diminishes, and employees become cynical to the point of detachment (Maslach & Leiter, 1997).

Relevant Scholarship

Work engagement is closely aligned with increased organizational commitment, decreased turnover, and increased job satisfaction. Daily life roles and tasks influence work engagement, suggesting that it may be a gendered concept. A study that examined the concept with respect to gender differences within a sample group of physicians and nurses revealed that men exhibited more robust work engagement behaviors. The findings indicated that their female counterparts experienced more significant stressors, partially due to parental responsibilities which were concerns during their workday. These stressors did not impact the male participants (Patrick & Mukherjee, 2018).

The relationship between gender, employee commitment, and SE is an under-researched subject. An Iranian study has provided evidence that male nurses value SE more than their female counterparts. However, it is unclear whether the results were valid, particularly the structural aspect of access to power included in the data collection instrument. The study was conducted in a culture that values stereotypically masculine

traits, possibly skewing the results and perceptions of power (Eskandari, Siahkali, Shoghli, Pazargadi, & Tafreshi, 2017). A review of the literature did not yield results specific to the relationship between gender differences, SE, and employee commitment of millennial NRNs.

The Bureau of Labor Statistics' *Employment Projections 2016–2026* (2019) predicted there would be 2.9 million registered nurses in the United States in 2016, but that the demand would rise to 3.4 million by 2026. The increased need is primarily due to the influx of patients and continued professional turnover as nurses experience great dissatisfaction in their roles (Borkowski, Amann, Song, & Weiss, 2007). Administrative policies, lack of benefits, inadequate supervision, lack of opportunities for growth, and overall ineffective working conditions positively correlate with employee discontent. Male nurses leave the profession within 4 years of graduation nearly twice as often as female nurses, citing dissatisfaction with opportunities for growth and resistance to their gender in the workplace by patients, administrators, and female coworkers. Work conditions are the most significant influencers for intention to leave (ITL) for both genders, though the ITL for males is nearly 10 percentage points higher than for female nurses. The contributing factors for decreased employee commitment partially aligned with the elements of SE - supervision, opportunities for growth, and work climate (Borkowski et al., 2007).

Professional stereotyping has been a continued challenge for male nurses. Misconceptions of the role are frequently associated with male registered nurses (Juliff, Russell, & Bulsara, 2016). A poll regarding the experiences of male nurses when they are

entering the profession revealed the participants' frustration. Being frequently misidentified as physicians or questioned as to their motivation to work in a female-dominated profession led to the dissatisfaction. Gender became the focus instead of skill. The subjects felt marginalized, perceiving their role as an outsider and not an equal team member (Juliff et al., 2016). Successful implementation of interventions to mitigate these stressors could influence employees' commitment. The presence of a competent leader is integral to this process. An effective leader can facilitate positive work climates and positively influence the labor force (Kanter, 1993). Ineffective leadership promotes an environment fraught with disillusionment and dissatisfaction. Nurses who do not perceive that they are working in a supportive work climate will frequently transfer their loyalty to another leader or organization to escape the negativity (Laschinger, Leiter, Day, & Gilin, 2009). Though the male presence in the nursing profession is much smaller than the female presence, it is becoming much more visible. Failure to examine the influences of gender, particularly in an industry challenged to change norms as men join the discipline, could deplete valuable human resources. Millennials have a turnover rate of 57% within the first 2 years of professional practice (O'Hara et al., 2019). The millennial generation makes up 30% of the current multigenerational nursing workforce, but reports the highest degree of disengagement, at 55% (O'Hara et al., 2019). Millennial NRNs may neither recognize nor value for SE or its relationship to work effectiveness.

Research Questions and Design

The following research questions and hypotheses were generated from the literature:

RQ1–What is the difference in employee SE between male and female millennial NRNs?

H_0–There is no difference in employee SE between male and female millennial NRNs.

H_1–There is a difference in employee SE between male and female millennial NRNs.

RQ2–What is the difference in employee commitment between male and female millennial NRNs?

H_0–There is no difference in employee commitment between male and female millennial NRNs.

H_1–There is a difference in employee commitment between male and female millennial NRNs.

Self-report questionnaires served as the means to collect data for the cross-sectional, descriptive, and correlational design study. The questionnaires focused on the dimensions of SE, employee commitment, and the demographic profile and work characteristics of the participants. I used SPSS version 25.0 to perform a Wilcoxon–Mann–Whitney comparative analysis (IBM Corp., Released 2017). Descriptive statistics were also collected and analyzed with the SPSS software.

Methods

Participants

The purpose of the study was to explore the relationship between gender and employee SE in millennial NRNs and the relationship between gender and employee

commitment in millennial NRNs. The project is unique as it addresses an under-researched generation of NRNs and their specific needs for a satisfying work climate.

The study's target population was millennial NRNs aged 22-30 years, with two years or less of professional practice, and a minimum of six months' experience in their current acute care practice setting. The age group is representative of the largest cohort of individuals within the millennial generation entering pre-licensure nursing programs ("R.N. s," 2019). Excluded from the sample group were registered nurses who were not within the scope of the inclusion criteria. Anonymous responses were collected and reported using SurveyMonkey.

Sample and Power

Of the nearly 3 million nurses in the United States, approximately 63% work in an acute care setting, equating to 1.83 million nurses. Approximately 14.8% of all nurses in the nation are aged 30 or younger ("Nursing Statistics," 2019). Using a two-tailed test, median effect size of .50, α error probability of 0.05, power of .80, and one predictor variable, I used G*Power to calculate a sample size of 128 participants, 64 participants per gender (Heinrich Heine University [hhu], 2010-2019).

Variables/Sources of Data

The independent variable (IV) for the first research question was gender, and it was a nominal variable with only two responses, male or female. The dependent variable (DV) was employee SE among millennial NRNs and was measured on a continuous scale. The DV was measured with the application of six subscales, each with a five-point Likert scale. An overall score of 6 points describes a lack of employee SE. Scores

ranging from 7–13 points represented low levels of employee SE, 14–22 points indicated moderate levels of employee SE, and 23–30 points indicated high levels of employee SE. I operationalized the DV using the Conditions of Work Effectiveness Questionnaire (CWEQ-II) instrument (Laschinger, Finegan, Wilk, & Shamian, 2001).

The IV for the second research question was gender, and the DV was employee commitment to the organization. I used the Three-Component Model (TCM) Employee Commitment Survey was used to collect data. The survey has 24 questions, distributed equally among the three concepts of employee commitment: affective, continuance, and normative. Each subscale consists of eight questions, all scored with seven-point Likert scales, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). An overall score of 1 point describes a lack of commitment and an overall score of 7 points represents the highest level of commitment to the organization. Each subscale includes items that were negatively phrased, and reverse scored; the overall score is an average of the eight questions. Affective commitment is an emotional attachment and identifies an employee involved with their organization and its goals. Continuance commitment is an employee's awareness that changing organizations comes with considerable penalties, typically referring to the employee's benefits and wages. Normative commitment is an attachment born from normative pressures to remain with the organization and align with its goals, simply because it is the right thing to do. I operationalized the DV with the (TCM) Employee Commitment Survey (Meyer & Allen, 2004).

I anticipated a positive correlation between employee SE and employee commitment, as previous studies have provided evidence of the relationship between the

variables. However, there is a lack of documentation in the literature about the influence of gender on the variables (Kim & Kim, 2019; Wallen, Mor, & Devine, 2014; Gedzyk & Svoboda, 2019).

Instrumentation or Measures

The instruments used included the demographic survey (see *Appendix A*), the CWEQ-II, and the TCM Employee Commitment Survey. Using a five-point Likert scale, the CWEQ-II measures the SE dimensions as described by the structural theory of organizational behavior. The instrument was developed for application of the theoretical framework to the nursing profession (Laschinger et al., 2001). Written permission to use the instrument for academic research purposes was received from Dr. Judith Finegan (see *Appendix B*).

The survey encompassed all dimensions of the CWEQ-II. A sum of the six subscales provides a score reflecting perceptions of working in an empowered environment. A score of 6 points describes a lack of employee SE, and a score of 30 represents the highest employee SE. There are two questions included in the instrument regarding global empowerment (GE), rated on a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The GE score was not included in the employee SE score but was instead used as a validation index (Laschinger et al., 2001).

The CWEQ-II has been extensively used as a data collection tool for nursing research (Havaei & Dahinten, 2017). A systematic review of psychometric studies in SE identified six studies that evaluated the instrument's concurrent, discriminant, and predictive reliability and validity. Each study was determined to have construct validity,

including face, content, predictive, concurrent, convergent, and discriminant validity. A construct factor analysis of a Dutch version of the measurement instrument revealed that the instrument is identical to the original, the CWEQ-II (Wagner et al., 2010). The instrument has been proven reliable in studies both in the United States and internationally. Researchers in Iran, China, and Brazil have translated the CWEQ-II for use in their respective cultures. The Cronbach's alpha for overall SE with the original document was Cronbach's α was.89 (see Table 1) (Laschinger et al., 2001). The Iranian version revealed a Cronbach's α of .89; the Chinese version had a Cronbach's α of .92, and the Brazilian version had Cronbach's α values of .86 and .88 at two different hospitals (Sadeghi-Gandomani, Alavi, & Afshar, 2019; Sun et al., 2014; & Bernardino, Dyniewicz, Carvalho, Kalinowski, & Bonat, 2013).

Table 1

Cronbach's Alpha: CWEQ-II

	Opportunity	Information	Support	Resources	JAS	Organizational Relationships Score (ORS)	Total	GE
CWEQ-II	.81	.80	.89	.84	.69	.67	.89	.87

Note. From "Organizational Trust and Empowerment in Restructured Healthcare Setting: Effects on Staff Nurse Commitment," by H.K.S. Laschinger, J.E.Finegan, S. Casier, & J. Shamian, J. (2000), *Journal of Nursing Management*, *30*(9), 413-425. Adapted with permission of the author.

I used the TCM Employee Commitment Survey was used to measure employee commitment to the organization and was composed of the three subscales of affective, continuance, and normative commitment. Written permission to use the instrument for academic research purposes was received from Dr. John Meyer (see *Appendix C*). The TCM Employee Commitment Survey is a valid and reliable measurement instrument.

Employing confirmatory factor analysis, Khan et al. (2014) conducted an exploratory factor analysis to show that the tool was both valid and reliable in Pakistan. The overall study's Cronbach's α was .856 (Khan, Awang, & Ghouri, 2014) and the original instrument had a Cronbach's α of .85 (Meyer & Allen, 1991). In the Portuguese translation of the TCM Employee Commitment Survey, the authors divided the questionnaire into the subscales. They provided evidence of high internal consistency than the original document: affective commitment α = .91, continuance commitment α = .91, normative commitment α = .84 (Neves, Graveto, Rodrigues, Maroco, & Parreira, 2018).

Design and Analysis

I analyzed the data with a Wilcoxon–Mann–Whitney comparative test, using SPSS version 25.0 (IBM Corp., Released 2017). I initially analyzed the data using the independent samples *t*–test. However, not all assumptions of the test were met, suggesting that the test was not the best fit for the data. Participants were recruited on Facebook, utilizing convenience and snowball sampling techniques. The invitation to participate included an embedded hyperlink to the Facebook research page, where participants were provided with the informed consent form and a link to the survey on the SurveyMonkey website. The data were collected using SurveyMonkey.

Results

Execution

Following approval from the Institutional Review Board, Study 04-01-20-0135063, the survey was open from April 5, 2020 to May 22, 2020. Responses were

received from nine countries, totaling 314 questionnaires. However, only 47.1%, *n* = 148, of the surveys were appropriate for use in the study. Averages were calculated for each subscale in the data collection instruments, culminating in each element's total. Testing of the reliability of the data collection instruments occurred before any other data analyses.

Results

The reliability of the CWEQ-II was analyzed. For this study, the Cronbach's α was .85, which positively compared with the Cronbach's α of the original instrument used for employee SE, = .89. (see Tables 1) (Laschinger et al., 2001). For this study the Cronbach's α was .72 for the TCM Employee Commitment Survey. Though the study provided an acceptable level of reliability, it was lower than that of the original document, Cronbach's α of .85 (Meyer & Allen, 1991). Examination of the summary item statistics revealed a mean inter-item correlation of.47, indicating a strong relationship between the items (see Table 2). The ideal range for this value is 0.15 to 0.50 (Pallant, 2016).

Table 2
Summary Item Statistics: TCM Employee Commitment Survey

	Mean	Min	Max	Range	Maximum / Minimum	Variance	*N* of Items
Inter-Item correlations	.470	.351	.568	.217	1.619	.010	3

A total of 148 participants comprised the sample group for the study. The group was predominantly female, 54.7%, *n* = 81, versus male, 45.3%, *n* = 67. Most participants resided in the Southern region of the United States, 50.7%, *n* = 75. The Southern region

includes Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. The participants were employed in different types of facilities and primarily in organizations not that were Magnet accredited, 66.9%, *n* = 99; not affiliated with the military, 87.2%, *n* = 129; and not unionized, 73.0%, *n* = 108.

The survey contained the option to choose from four levels of knowledge of SE, yet only three levels were selected as none of the individuals expressed a strong understanding of SE. Most of the participants did not convey an intention to leave (ITL) their organization within six months of completing the survey, 78.4%, *n* = 116 (see Table 3).

Table 3

Descriptive Statistics: Sample Group

Characteristic		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	67	45.3	45.3	45.3
	Female	81	54.7	54.7	100.0
U.S. Region	Northeast	11	7.4	7.4	7.4
	Mid-Atlantic	10	6.8	6.8	14.2
	South	75	50.7	50.7	64.9
	Midwest	15	10.1	10.1	75.0
	Southwest	18	12.2	12.2	87.2
	West	9	6.1	6.1	93.2
	Other than the U.S.	10	6.8	6.8	100.0
Magnet	No	99	66.9	66.9	66.9
	Yes	49	33.1	33.1	100.0
Military	No	129	87.2	87.2	87.2
	Yes	19	12.8	12.8	100.0
Union	No	108	73.0	73.0	73.0
	Yes	40	27.0	27.0	100
ITL	No	116	78.4	78.4	78.4
	Yes	32	21.6	21.6	100.0
Current Level of Knowledge of SE	None	66	44.6	44.6	44.6
	Some	60	40.5	40.5	85.1
	Moderate	22	14.9	14.9	100.0

The first research question was analyzed using an independent samples *t*–test. The DV, SE score, was measured on a continuous level and the IV, gender, consisted of two independent groups. The third assumption of the independence of observations was met as there were two independent groups, male and female. Additionally, each data point was an independent, unrelated observation ("T-Test," 2020). Visual inspection of the generated boxplot did not reveal any outliers with values greater than 1.5 box-lengths from the edge of the box, therefore meeting the fourth assumption. However, the data

were not normally distributed, as assessed by Shapiro–Wilk analysis, $p < .05$ (see Table 15).

Table 15

Tests of Normality: Gender and SE

		Kolmogorov–Smirnov[a]			Shapiro–Wilk		
	Gender	Statistic	*Df*	Sig.	Statistic	*Df*	Sig.
SE Score	Male	.121	67	.016	.920	67	.000
	Female	.081	81	.200*	.967	81	.033

*. This is a lower bound of the true significance.

Therefore, I used the Wilcoxon–Mann–Whitney test to analyze the data. The first assumption was met because the DV, SE score, was measured on a continuous scale. The second assumption was met as the IV, gender, was categorical with the two groups of male and female. The third assumption, independence of observations, was met as there were different participants in each group.

The findings indicated no differences in SE between men and women. Visual inspection confirmed that the distribution of the SE score for men and women was similar, meeting the fourth assumption of the test. The difference in median SE scores between males and females was not statistically significant, $U = 2{,}250$, $z = -1.79$, $p = .07$, using an exact sampling distribution for U (see Table 16). The distribution of SE scores was the same across the categories of gender ("Mann-Whitney," 2020). There was no difference in the perceived SE between male and female millennial NRNs. The null hypothesis was retained.

Table 16

Wilcoxon–Mann–Whitney Test: Gender and SE

Total *N*	148
Mann–Whitney *U*	2,250.00
Wilcoxon W	5,571.00
Test Statistic	2,250.00
Standard Error	259.54
Standardized Test Statistic	-1.786
Asymptomatic Sig. (2-sided test)	.074

The second research question was analyzed using an independent samples *t*-test. The DV was employee commitment and was divided into the three concepts of affective, continuance, and normative commitment. All the concepts were measured on a continuous level. The IV was gender and consisted of two independent groups. The third assumption of the independence of observations was met as there were two independent groups, male and female. Additionally, each data point was an independent, unrelated observation ("T-Test," 2020). A visual assessment of the generated boxplot revealed two outliers for the male group, 103 and132, with values greater than 1.5 box-lengths from the edge of the box. Examination of the data set did not reveal evidence of data entry errors or measurement errors. Though the outliers appeared to be genuinely unusual data points, I did remove them from the dataset. A second boxplot revealed an outlier in the female group,105, which I also removed. I generated another boxplot which did not reveal any other outliers. The data were tested for normality with a Shapiro–Wilk test. Affective and continuance commitment for both sexes was significant, $p < .05$, indicating a violation of the assumption (see Tables 17 and 18). However, normative commitment was not significant, $p > .076$, indicating a normal distribution of the data (see Table 19).

Table 17

Tests of Normality: Gender and Affective Commitment

		Kolmogorov–Smirnov[a]			Shapiro–Wilk		
	Gender	Statistic	*Df*	Sig.	Statistic	*Df*	Sig.
Affective Commitment	Male	.221	65	.000	.881	65	.000
	Female	.119	80	.007	.931	80	.000

a Lilliefors significance correction

Table 18

Tests of Normality: Gender and Continuance Commitment

		Kolmogorov–Smirnov[a]			Shapiro–Wilk		
	Gender	Statistic	*Df*	Sig.	Statistic	*df*	Sig.
Continuance Commitment	Male	.135	65	.005	.956	65	.021
	Female	.080	80	.200*	.968	80	.042

*. This is a lower bound of the true significance.
a Lilliefors significance correction

Table 19

Tests of Normality: Gender and Normative Commitment

		Kolmogorov–Smirnov[a]			Shapiro–Wilk		
	Gender	Statistic	*Df*	Sig.	Statistic	*df*	Sig.
Normative Commit	Male	.112	65	.041	.967	65	.076
	Female	.077	80	.200*	.985	80	.461

*. This is a lower bound of the true significance.

Therefore, I used the Wilcoxon–Mann–Whitney test to analyze the data. Three of the four assumptions of the test were related to the study design. The first assumption was met because the DV, employee commitment score, was measured on a continuous scale. The second assumption was met as the IV, gender, was categorical with the two groups of male and female. The third assumption, independence of observations, was met as there were different participants in each group.

Distribution of the affective commitment scores for men and women was similar, as assessed by visual inspection of the generated population pyramid, meeting the fourth assumption of the test. The median affective commitment scores for males (5.1) and females (4.7) were not statistically significantly different, $U = 2{,}197.00$, $z = -1.60$, $p = .11$, using an exact sampling distribution for U (see Table 20) ("Mann-Whitney," 2020). There was no difference in affective commitment between male and female NRNs. Therefore, the null hypothesis was retained.

Table 20

Wilcoxon–Mann–Whitney Test: Affective Commitment and Gender

Total *N*	145
Mann–Whitney *U*	2,197.000
Wilcoxon W	5,437.000
Test Statistic	2,197.500
Standard Error	251.304
Standardized Test Statistic	-1.604
Asymptomatic Sig. (2-sided test)	.109

I conducted a Wilcoxon–Mann–Whitney test to determine whether there were differences in continuance commitment between male and female millennial NRNs. Visual inspection of the generated population pyramid revealed that the distribution of the continuance commitment scores was similar for men and women, meeting the fourth assumption of the test. The median continuance commitment scores for males (4.20) and females (3.75) were not statistically significantly different, $U = 2{,}218.50$, $z = -1.52$, $p = .129$, using an exact sampling distribution for U (see Table 21) ("Mann-Whitney," 2020). Therefore, the null hypothesis was retained.

Table 21

Wilcoxon-Mann-Whitney Test: Continuance Commitment and Gender

Total *N*	145
Mann–Whitney *U*	2,218.500
Wilcoxon W	5,458.500
Test Statistic	2,128.500
Standard Error	251.311
Standardized Test Statistic	-1.518
Asymptomatic Sig. (2-sided test)	.129

Normative commitment was the final element of employee commitment to be examined. A Wilcoxon–Mann–Whitney test was carried out to determine whether there were differences in normative commitment between male and female millennial NRNs. Visual inspection confirmed that the distribution of the normative commitment scores was similar for men and women, meeting the fourth assumption of the test. The median normative commitment scores for males (3.90) and females (3.90) were not statistically significantly different, $U = 2{,}646.00$, $z = .183$, $p = .855$, using an exact sampling distribution for U (see Table 22) ("Mann-Whitney," 2020). The null hypothesis was retained.

Table 22

Wilcoxon–Mann–Whitney Test Normative Commitment and Gender

Total *N*	145
Mann–Whitney *U*	2,646.500
Wilcoxon W	5,886.50
Test Statistic	2,646.500
Standard Error	251.286
Standardized Test Statistic	.183
Asymptomatic Sig. (2-sided test)	.855

As the data for normative commitment met all of the assumptions for an independent-samples *t*–test, I decided to run the test for comparison with the Wilcoxon–Mann–Whitney test. The results were not statistically significant, t (125.31) = -.20, p = .839.

Discussion

Interpretation

A literature review did not yield evidence of gender differences in SE or employee commitment to their organization among millennial NRNs. Like their female counterparts, male nurses consider job satisfaction an important part of their careers, yet the research provided mixed results on their actual satisfaction. Though many male respondents in past studies claim that they perceive their career as rewarding, more than half state that they are unhappy and have considered leaving the profession (Wu, Oliffe, Bungay, & Johnson, 2015; Sayman, 2015; Rajacich, Kane, Williston, & Cameron, 2013). The results of my study were contrary to the previous ITL findings. Examination of the data set showed that the male participants reported a lower percentage of ITL and a higher mean SE score than their female coworkers. The SE score positively correlated with their intention to remain with the organization.

In their study, Gedzyk-Nieman and Svoboda (2018) claimed that female respondents perceived that the presence of male nurses weakened the nursing profession. The discipline that is aligned with caring, a trait seen more commonly associated with the female sex. That finding contradicted previous research that female nurses perceived their male counterparts to be a great benefit to the discipline and adding balance and

professionalism. The male nurse was considered to possess rapid decision-making abilities, while their female coworkers were more adept at fostering relationships and engaging with their patients. Both sets of attributes are considered integral to the nursing role. As collegial relationships contribute to job satisfaction and decrease ITL, the results of my study align with a more positive view of males in the nursing profession (Simpson, 2011).

Limitations

Several limitations were associated with the study. The setting was limited to acute care and the age range to 22–30 years. Broadening the inclusion criteria may have impacted the generalizability of the study. I conducted my study during the COVID-19 pandemic which overwhelmed healthcare workers and organizations worldwide. Staff were assuming new roles and tasks, often without adequate training. The healthcare workers may have been experiencing exhaustion from unsustainable workloads (Edmondson, 2020). It was unclear the degree that the pandemic influenced responses.

Implications

My findings suggest an absence of gender bias in the workplace. Managers must strive to facilitate the structures of SE, strategies that are of benefit to all members of the nursing workforce, regardless of gender. When an employee perceives that they are of value and their work is significant, their satisfaction with the work itself increases, as does their investment in the organization (Chen, Yu, Chao, & Cheng, 2014). Positive social change can be affected by the mitigation of nursing turnover, particularly during this period of a labor force shortage.

Recommendations

Future studies should focus on gender differences, SE, and employee commitment, opening the inclusion criteria to include all millennial NRNs, regardless of their practice setting. During the period of data collection, financial and human resource availability challenged many organizations. Repeating the study once the healthcare crisis has abated could provide a better understanding of the influence of the pandemic on responses.

Conclusion

The study did not yield statistically significant results regarding the relationship between gender, SE, and employee commitment. My findings suggest that male nurses have been accepted into the profession and add value to the healthcare team. While previous studies have provided reasons for men to enter the nursing profession, this study was able to validate the relationship between positive work environments and employee commitment, regardless of gender. Such climates promote the recruitment and retention of millennial NRNs.

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Opportunity for Growth and the Millennial Newly Registered Nurse

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Nursing Education

Outlet for Manuscript

The *Journal of Nursing Administration* (*JONA*) is a peer-reviewed periodical targeted toward nursing leaders and executives. The journal focuses on a multitude of healthcare dynamics, not the least of which are the impending nursing shortage and procurement of adequate labor management resources. The newest generation of novice nurses are embarking on their entrance into professional practice, yet organizations are struggling to attain and retain their loyalty. While it may be assumed that the millennial NRNs are simply validating their generational profile, their work climate and effectiveness of work conditions are worthy of discussion.

Submission requirements for this journal are as following:

- Manuscripts are to be prepared in *American Medical Association (AMA) Manual of Style* (10th edition), utilizing 10-point font.
- The manuscript may not have more than 3600 words, abstract through references.

However, for the purpose of this document, the manuscript is formatted to meet the requirements of Walden University.

Information about the journal may be accessed at:

https://journals.llw.com/jonajournal/pages/default.aspx

Abstract

OBJECTIVE: The purpose of this study, guided by Kanter's structural theory of organizational behavior, was to examine the relationships between opportunity for growth, structural empowerment (SE), and employee commitment among millennial newly registered nurses (NRNs).

BACKGROUND: Studies have focused on SE, opportunity for growth, and employee commitment. However, there is an absence of literature specific to millennial NRNs. The turnover rate for the cohort is in excess of 50%.

METHODS: A cross-sectional, correlational study was conducted to investigate the relationships. Data were collected using SurveyMonkey and the anonymous responses were made available for analysis. The sample consisted of 148 millennial NRNs.

RESULTS: Spearman's rank-order correlation showed positive correlations between opportunity for growth, SE, and employee commitment, $p < .001$. The regression analysis demonstrated that opportunities for growth could statistically predict SE scores, $p < .001$, but only affective commitment could statistically significantly predict opportunity for growth scores, $p < .001$.

CONCLUSION: The study's findings provide a more comprehensive understanding of retention of millennial NRNs. Nurses who can access opportunities for growth gain new skills and increased engagement and commitment.

IMPLICATIONS FOR NURSING PRACTICE: Opportunities for growth can negatively impact intention to leave, allowing employees to reach their full potential and not just the minimum requirements of their role, thus producing positive social change.

Introduction

The public view of the impending nursing shortage was initially quite bleak. The economic recession of 2008 helped offset the deficiency as nurses who had opted for early retirement or nontraditional roles were forced to return to front-line positions. As the economy recovered, nurses reverted to the professional status that they had previously possessed before the recession. That shift in employment status has contributed to the current nursing shortage. There is a need for an additional 1.1 million nurses to meet healthcare demand (American Nurses Association [ANA], 2019). A 2019 survey of 20,000 nurses revealed that 86% of the multigenerational participant pool who planned to retire within the next 5 years (AMN Healthcare [AMN], 2019). Nationally, the staffing challenges are particularly significant in the Southern and Western regions as these areas have experienced remarkable population growth (Kacik, 2018).

While the retiring nurse is integral to the labor shortage, the youngest generation of newly registered nurses (NRNs), millennials, have received little consideration. These young adults are changing the already dynamic environment as Baby Boomer nurses retire. Members of the generation demand a work life balance and flexibility unlike any other generation before them (Main, 2013). The NRNs will play a pivotal role and could decide the fate of an already tenuous workforce. Millennial NRNs enter professional practice seeking innovation, social change, and opportunity for growth. They are more confident and in need of challenge and motivation earlier in their careers (Credo, Lanier, Matherne, & Cox, 2016).

Significance/Importance

The business model definition of empowerment describes a management practice that involves sharing power, rewards, and information with employees so that they can take the initiative to make decisions, solve problems, and improve service ("Empowerment," n.d.). A review of the human resources literature offers a similar explanation. The definition of empowerment is comparable but is expanded to further explain the benefits to the employee: “It is the state of feeling self-empowered to take control of your own destiny” (Heathfield, 2018, p. 4). However, perhaps the most encompassing definition comes from nursing. The discipline defines empowerment as a balance of autonomy and dependence (Schroeter, 2006). The nurse relies on the employer to facilitate empowerment structures within the work climate that will promote the caregiver's independent practice. Empowerment is the ability to act with integrity and foster growth, competence, and character (Schroeter, 2006).

The theoretical framework for the study was Kanter’s (1993) structural theory of organizational behavior. Kanter has stated that if an organization facilitates the structural aspects of access to power, opportunity for growth, access to support, and access to information and resources, employees will perceive structural empowerment (SE). Employee loyalty increases, and intention to leave (ITL) and turnover decrease with a positive perception of SE. An employee who feels valued will be inclined to invest in the organization and its goals. Such a commitment allows for the growth and development of both the employee and the work climate. Opportunity for growth refers to the ability to grow and advance within an organization. If there is little or no opportunity for such

rewards, the employee will feel compelled to seek out prospects that will meet their expectations. Intention to leave an organization is considered a precursor for separation and a strong predictor of actual turnover. For this reason, leaders must determine what factors influence nurses to remain with the organization (Sousa-Poza & Henneberger, 2004).

Members of the millennial generation have confidence and self-assurance in their knowledge and clinical preparation. They demand acknowledgment for what they contribute to professional practice. Millennials are optimistic toward leadership and whether leaders care about employees' career development, much more so than their older counterparts (Phillips, 2016). However, contradictory to the impact of decisive leadership is the lack of organizational structure for professional growth. In a 2019 survey only one in five nurses confirmed that their organizations offered financial support for their career development (ANA, 2019).

In 1990, the estimated cost to replace one registered nurse was a little more than $10,000. By 2010, the expenditure had increased to $88,000. A mid-sized acute care facility incurs turnover and replacement costs of more than $6 million dollars per annum (Kovner et al., 2016). The cost to replace a nurse is between 1.2 and 1.3 times their annual wage, an ever-changing number as salaries continue to increase (Yu & Kang, 2016). Failure to stem workforce depletion could result in a collapse of a healthcare system focused on quality and positive patient outcomes.

As the healthcare arena becomes inundated with an increasing number of patients with heightened complexity of care, stringent regulatory guidelines, and a dwindling

labor pool, nursing satisfaction and retention are of great significance. The nursing shortage has been considered one of the most challenging obstacles impeding organizations' achievement of excellence. The systemic issue harms healthcare systems on a global level. As Buchan (2006) has asserted, the root cause of the labor crisis is not just a shortage of nurses or foundational program applicants, but a shortage of individuals who desire to work in the current climate.

Relevant Scholarship

A review of the literature yielded an abundance of research surrounding the relationship between SE and employee commitment to the organization. There was also a wealth of information about millennial's needs as they enter the workforce. However, there was a decided lack of literature detailing the relationships between SE, opportunity for growth, and employee commitment among millennial NRNs. The literature review illustrated that nursing turnover is an international issue.

A cross-sectional survey of more than 500 nurses in China revealed that the current nursing workforce values career goals and professional ability more than salary. Career growth strongly correlated with nurses' self-actualization. The findings indicated that nurses generally have a positive working attitude when they can achieve professional development, resulting in job satisfaction and organizational commitment (Yang, Liu, Liu, & Zhang, 2015). However, the focus of that study was not the millennial generation. Another study of the Chinese nursing population revealed a positive relationship between SE and employee commitment to an organization. Opportunity for growth and support

earned the two highest scores, confirming that these professionals frequently place a higher value on intrinsic factors (Yang, Liu, Chen, & Pan, 2014).

Opportunity for career growth has proven to negatively impact ITL and turnover, suggesting that the factor should be considered an antecedent to job satisfaction and organizational commitment. Providing support for continuing education and development has a significant positive impact on employee commitment (Liu, Yang, Liu, Yang, & Zhang, 2015; Nouri & Parker, 2013; Lautizi, Laschinger, & Ravazzolo, 2009; Wong & Laschinger, 2013).

Millennials remain in their jobs if the previous generations, but the first 3 years of practice continue to be the period of vulnerability regarding turnover. A study comparing new nurse graduate attributes in 2010 and 2019 revealed that embeddedness is a better measurement for millennial retention than job satisfaction. There was not an associated decrease in turnover with higher levels of commitment and satisfaction. An increase in ITL at 24 months suggested a need to consider new metrics when investigating the reasons for the turnover of millennial NRNs. Job embeddedness examines the organizational and community fit for the individual, and there is a strong relationship with millennial intention to stay (Tyndall & Scott, 2019). Echoing the susceptibility to separation from organizations within the first 3 years of experience, O'Hara, Burke, Ditomassi, and Lopez (2019) have claimed that millennial nurses have a turnover rate of 60%, citing dissatisfaction with the workload, climate, and lack of purposeful work. The NRNs want to feel valued, but only feel that way when they are assigned meaningful work and are led by managers invested in their professional work.

Leaders must engage the employee, focusing on their strengths and opportunities and provide ongoing communication on their goal progress.

Research Questions and Design

RQ1–What is the relationship between opportunity for growth and SE among millennial NRNs?

H_0–There is no relationship between opportunity for growth and SE among millennial NRNs.

H_1–There is a relationship between opportunity for growth and SE among millennial NRNs.

RQ2–What is the relationship between employee commitment and opportunity for growth among NRNs?

H_0–There is no relationship between employee commitment and opportunity for growth among millennial NRNs.

H_1–There is a relationship between employee commitment and opportunity for growth among millennial NRNs.

The study was quantitative. Self-report questionnaires served as the means to collect data for the cross-sectional, descriptive, and correlational design study. The questionnaire focused on the dimensions of SE, employee commitment, and the demographic profile of the participants. I used SPSS version 25.0 to perform a Spearman rank-order correlation analysis and regression analysis (IBM Corp., Released 2017). Descriptive statistics were also collected and analyzed using the SPSS software.

Methods

Participants

The purposes of the study were to explore the relationship between opportunity for growth and employee SE among millennial NRNs and the relationship between opportunity for growth and employee commitment in millennial NRNs. The project is unique as it addresses an under-researched generation of NRN and their specific needs for a satisfying work climate.

The target population of the study was millennial NRNs, aged 22–30 years, with 2 years or less of professional practice, and a minimum of six months' experience in their current acute care practice setting. The age group is representative of the largest cohort of individuals within the millennial generation entering pre-licensure nursing programs ("R.N. s," 2019). Registered nurses who were not within the scope of the inclusion criteria were excluded from the sample. Anonymous responses were collected and reported by SurveyMonkey.

Sample and Power

Of the nearly 3 million nurses in the United States, approximately 63% work in an acute care setting, equating to 1.83 million nurses. Approximately 14.8% of all nurses in the nation are aged 30 and younger ("Nursing Statistics," 2019). Employee commitment was studied as three separate concepts, and therefore three predictor variables. Initially, the sample size was determined using G*Power and one predictor variable, which suggested 55 participants. Using a median effect size of .15, an α error probability of

0.05, a power of .80, and three predictor variables, I used G*Power to calculate a sample size of 77 participants (Heinrich Heine University [hhu], 2010-2019).

Variables/Sources of Data

The independent variable (IV) for the first research question was opportunity for growth and the dependent variable (DV) was employee SE among millennial NRNs. The five-point Likert scale scores ranged from 1 (*none*) to 5 (*a lot*), allowing for a total of 1-5 points. The overall score was the mean of the responses to three questions. A score of 1 point indicated a lack of opportunity for growth (Laschinger, Finegan, Shamian, & Wilk, 2001).

The DV was measured with the application of six subscales, each with a five-point Likert scale. An overall score of 6 points indicated a lack of employee SE. Scores ranging from 7–13 points denoted low levels of employee SE, 14–22 points indicated moderate levels of employee SE, and 23–30 points indicated high levels of SE. I operationalized the IV and DV using the Conditions of Work Effectiveness Questionnaire (CWEQ-II) instrument (Laschinger et al., 2001).

The IV for the second research question was employee commitment to the organization. I used the Three-Component Model (TCM) Employee Commitment Survey was used to measure the variable. The survey has 24 questions that are split equally among the three concepts of employee commitment: affective, continuance, and normative. Each subscale consists of eight questions, all scored with seven-point Likert scales, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). An overall score of 1 point describes a lack of commitment and an overall score of 7 points represents the

highest level of commitment to the organization. Each subscale includes items that are negatively phrased, and reverse scored. The overall score calculation is the average of the eight questions. Affective commitment is an emotional attachment and identifies an employee involved with the organization and its goals. Continuance commitment is the employee's awareness that changing organizations comes with considerable penalties, typically referring to the employee's benefits and wages. Normative commitment is an attachment born from normative pressures to remain with the organization and align with its goals, simply because it was the right thing to do. I operationalized the IV with the TCM Employee Commitment Survey (Meyer & Allen, 2004).

The DV was opportunity for growth and was measured using three questions on the access to opportunity subscale on the CWEQ-II instrument. Each question is scored on a five-point Likert scale, ranging from 1 point, which described a lack of opportunity for growth, to 5 points, which denotes the most significant opportunity for growth (Laschinger et al. 2001) .

Instrumentation or Measures

The instruments used included the demographic survey (see *Appendix A*), CWEQ-II, and the TCM Employee Commitment Survey. Using a five-point Likert scale, the CWEQ-II measures the dimensions of SE as described in the structural theory of organizational behavior. The instrument was originally developed for application of the theoretical framework to the nursing profession (Laschinger et al., 2001). Written permission to use the instrument for academic research purposes was obtained from Dr. Joan Finegan (see *Appendix B*).

The surveys focused on the CWEQ–II dimensions, relying on a sum of the six subscales to provide a scoring of the perception of working in an empowered environment. A score of 6 points describes a lack of employee SE. The CWEQ-II includes three questions aimed at identifying the opportunity for growth. The scale ranges from 1 point (*none*) to 5 points (*a lot*). The higher the score, the more significant the opportunity for growth. Also included in the instrument are two queries regarding global empowerment (GE), developed on a Likert scale with ranges of 1 point (*strongly disagree*) to 5 points (*strongly agree*). The GE score was not included in the overall SE score, but instead used as a validation index (Laschinger et al., 2001).

The CWEQ-II has been extensively used as a data collection tool for nursing research (Havaei & Dahinten, 2017). A systematic review of psychometric studies in SE identified six studies that evaluated the instrument's concurrent, discriminant, and predictive reliability and validity. Each of the studies was determined to have construct validity, including face, content, predictive, concurrent, convergent, and discriminant validity. A construct factor analysis of a Dutch version of the measurement instrument revealed that the instrument is identical to the original, the CWEQ-II (Wagner et al., 2010). Researchers in Iran, China, and Brazil have translated the CWEQ-II for use in their respective cultures. The Cronbach's alpha for overall SE with the original document was Cronbach's α of.89 (Laschinger et al., 2001). The Persian version had a Cronbach's α of .89; the Chinese version had a Cronbach's α = .92, and the Brazilian version had Cronbach's α values of .86 and .88 at two different hospitals (Sadeghi-Gandomani, Alavi,

& Afshar, 2019; Sun et al., 2014; & Bernardino, Dyniewicz, Carvalho, Kalinowski, & Bonat, 2013).

Table 1
Cronbach's Alpha: CWEQ-II

	Opportunity	Information	Support	Resources	JAS	Organizational Relationships Scale (ORS)	Total	GE
CWEQ–II	.81	.80	.89	.84	.69	.67	.89	.87

Note. From "Organizational Trust and Empowerment in Restructured Healthcare Setting: Effects on Staff Nurse Commitment," by H.K.S. Laschinger, J.E.Finegan, S. Casier, & J. Shamian, J. (2000), *Journal of Nursing Management*, *30*(9), 413-425. Adapted with permission of the author.

I used the TCM Employee Commitment Survey was used to measure employee commitment to the organization. Written permission to use the instrument for academic research purposes was received from Dr. John Meyer (see *Appendix C*). The TCM Employee Commitment Survey is a valid and reliable instrument. Employing confirmatory factor analysis, Khan et al. (2014) conducted an exploratory factor analysis to show that the tool was both valid and reliable in Pakistan. The overall study's Cronbach's α was .856 (Khan, Awang, & Ghouri, 2014) and the original instrument had a Cronbach's α of .85 (Meyer & Allen, 1991). In the Portuguese translation of the TCM Employee Commitment Survey, the authors divided the questionnaire into the subscales. They provided evidence of higher internal consistency than the original document, affective commitment α = .91, continuance commitment α = .91, normative commitment α = .84 (Neves, Graveto, Rodrigues, Maroco, & Parreira, 2018).

Design and Analysis

I analyzed the data with a Spearman rank-order correlation analysis and regression analysis using SPSS version 25.0 (IBM Corp., Released 2017). Descriptive statistics were also collected and analyzed with the SPSS software. Participants were recruited on Facebook, utilizing convenience and snowball techniques. The invitation to participate included an embedded hyperlink to the Facebook research page. The research page was the site for information, another posting of the invitation to participate, the informed consent form, and a link to the survey on the SurveyMonkey website. The data were collected by SurveyMonkey.

I initially analyzed the data using the Pearson product-moment *r* correlation. However, the analysis assumptions were not all met, and the test was not considered the best fit for analyzing the data. Spearman rank-order correlation met the conditions for data analysis. Spearman rank-order correlation assumptions include that there are two continuous or ordinal variables, that the variables represent paired observations, and that a monotonic relationship exists between the two variables. The regression analysis allowed for examining the effect of the IV on the DV and how the variables influenced each other (Laerd Statistics [Laerd], 2018).

Results

Execution

Following approval from the Institutional Review Board, Study 04-01-20-0135063, the survey was open from April 5, 2020 to May 22, 2020. Responses were received from nine countries, totaling 314 questionnaires. However, only 47.1%, $n = 148$,

of the surveys were appropriate for the research study. Averages were calculated for each subscale in the data collection instruments, culminating in each element's total.

Results

The reliability of the CWEQ-II was analyzed and yielded a Cronbach's *a* = .85, indicating a high level of internal consistency. The findings positively compared with the Cronbach's *a* of the original instrument used for employee SE, Cronbach's *a* = .89 (see Table 1) (Laschinger et al., 2001). The study's Cronbach's *a* was .72 for the TCM Employee Commitment Survey. Though the study provided an acceptable level of reliability, it was lower than the original document, Cronbach's *a* of .85 (Meyer & Allen, 1991). Examination of the summary item statistics revealed a mean inter-item correlation of .470 (see Table 2), indicating a strong relationship between the items in this study. The ideal range for this value is 0.15 to 0.50 (Pallant, 2016).

Table 2

Summary Item Statistics: TCM Employee Commitment Survey

	Mean	Min	Max	Range	Maximum / Minimum	Variance	*N* of Items
Inter-Item Correlations	.470	.351	.568	.217	1.619	.010	3

A total of 148 participants comprised the sample group for the study. The group was predominantly female, 54. %, *n* = 81, versus male, 45.3%, *n* = 67. Most participants resided in the Southern region of the United States, 50.7%, *n* = 75. The Southern region included Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. The participants were

employed in different types of facilities and primarily worked in organizations that were not Magnet accredited, 66.9%, *n* = 99; not affiliated with the military, 87.2%, *n* = 129; and not unionized, 73.0%, *n* = 108.

The survey included the option to choose from four levels of knowledge of SE, yet only three levels were reported as none of the individuals expressed a strong understanding of SE (see Table 3). Most of the participants did not convey an intention to leave (ITL) their organization within six months of completing the survey, 78.4%, *n* = 116 (see Table 3).

Table 3

Descriptive Statistics of Sample Group

Characteristic		Frequency	Percent	Valid percent	Cumulative percent
Gender	Male	67	45.3	45.3	45.3
	Female	81	54.7	54.7	100.0
U.S. Region	Northeast	11	7.4	7.4	7.4
	Mid-Atlantic	10	6.8	6.8	14.2
	South	75	50.7	50.7	64.9
	Midwest	15	10.1	10.1	75.0
	Southwest	18	12.2	12.2	87.2
	West	9	6.1	6.1	93.2
	Other than the U.S.	10	6.8	6.8	100.0
Magnet	No	99	66.9	66.9	66.9
	Yes	49	33.1	33.1	100.0
Military	No	129	87.2	87.2	87.2
	Yes	19	12.8	12.8	100.0
Union	No	108	73.0	73.0	73.0
	Yes	40	27.0	27.0	100
ITL	No	116	78.4	78.4	78.4
	Yes	32	21.6	21.6	100.0
Current Level of Knowledge of SE	None	66	44.6	44.6	44.6
	Some	60	40.5	40.5	85.1
	Moderate	22	14.9	14.9	100.0

Initially, I analyzed data using the Pearson product-moment correlation, but the test of normality was violated, as assessed by the Shapiro–Wilk test, $p < .001$ (see Table 23).

Table 23

Tests of Normality: Opportunity for Growth and SE

	Kolmogorov–Smirnov[a]			Shapiro–Wilk		
	Statistic	*Df*	Sig.	Statistic	*df*	Sig.
SE Score	.074	148	.044	.953	148	.000
Growth Opportunity	.254	148	.00	.825	148	.000

a Lilliefors Significance Correction

Therefore, I used the Spearman rank-order correlation coefficient, which measures the direction and association between variables (Laerd, 2018). Two of the three assumptions for the test were related to the study design: the variables were measured on a continuous scale and represented paired observations. The third assumption was met as visual inspection of a scatterplot confirmed a monotonic relationship between the variables (see Figure 12).

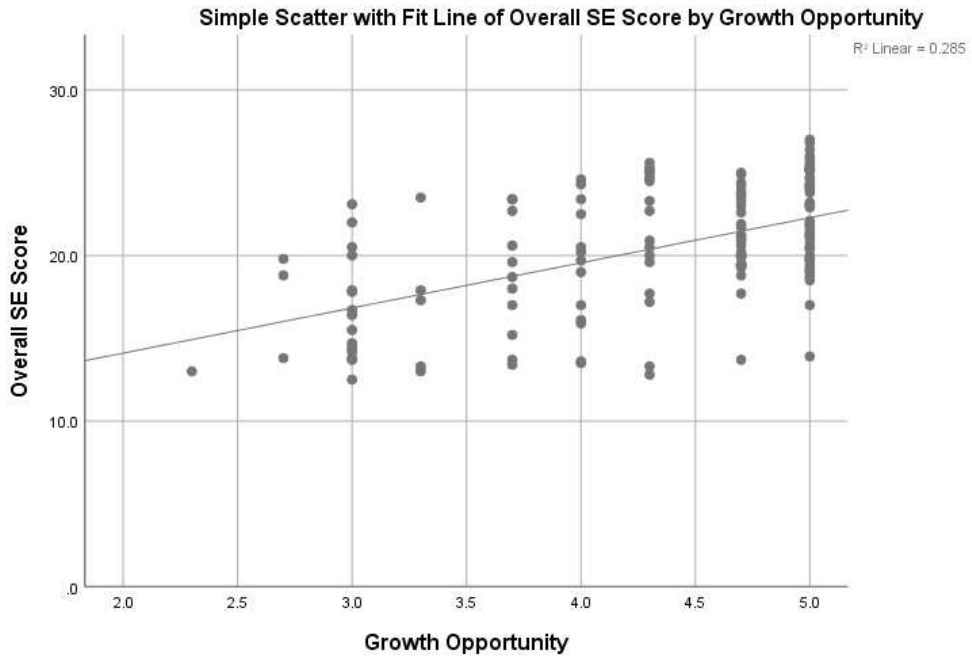

Figure 12. Opportunity for growth and se.

The findings indicated a statistically significant moderate positive correlation between the opportunity for growth and SE, $r_s(146) = .49$, $p < .001$ (see Table 24). Therefore, the null hypothesis was rejected.

Table 24

Spearman's: Opportunity for Growth and SE

			Growth Opportunity	SE Score
Spearman's Rho	Growth Opportunity	Correlation Coefficient	1.000	.490**
		Sig. (2-tailed)	.	.000
		N	148	148
	SE Score	Correlation Coefficient	.490**	1.000
		Sig. (2-tailed)	.000	.
		N	148	148

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

I conducted a regression analysis to determine the effect of the IV on the DV, and how the variables influenced each other. I addressed seven assumptions to determine whether the regression analysis was the best fit for analyzing the data. The first assumption was met because the DV, the opportunity for growth score, was on a continuous scale. The second assumption was met as the IV, the employee commitment score, was on a continuous scale. The third assumption was met because visual inspection of the scatterplot of employee commitment against opportunity for growth showed a linear relationship between the variables (see Figure 12). A Durbin–Watson test result of 1.59 result revealed that the assumption of independence of observations was met (see Table 25). A range from 0 to 4 is acceptable, but a value of approximately 2 is desirable, indicating no correlation between the residuals (Laerd Statistics [Laerd], n.d.).

Table 25

Model Summary[b:] Opportunity for Growth and SE

Model	*R*	*R* Squared	Adjusted *R* Squared	Std. Error of the Estimate	Durbin–Watson
1	.534[a]	.285	.280	3.1371	1.593

a Predictors: (constant), growth opportunity
b Dependent variable: SE score

Casewise diagnostics indicated that all the cases had standardized residuals less than ± 3. Visual inspection of the scatterplot confirmed the assumption of homoscedasticity as the points of the plot did not exhibit a pattern and were consistently spread (see Figure 13). Visual examination of the normal probability plot confirmed that the standardized residuals appeared to be approximately normally distributed (see Figure 13). Normal probability plots are among the best graphical methods for assessing

normality (Laerd Statistics [Laerd], n.d.). The regression analysis was the best fit for analyzing the data.

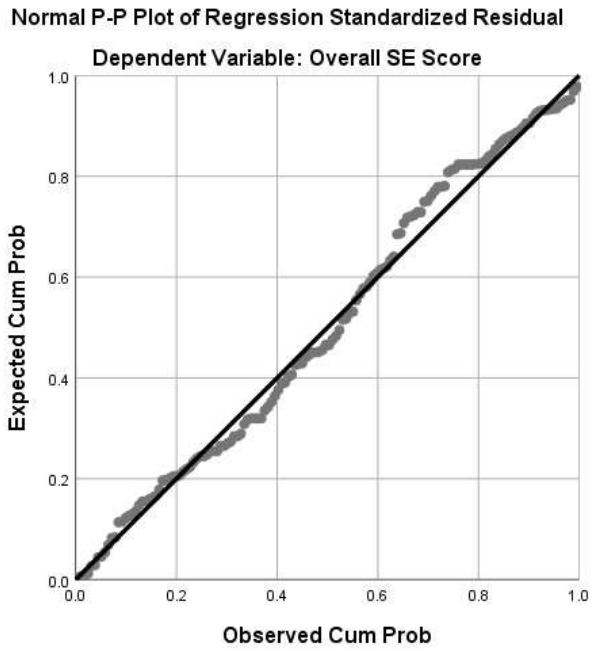

Figure 13. Normal p-p: opportunity for growth and se.

Regression analysis established that opportunity for growth could statistically significantly predict the SE scores of millennial NRNs, F (1,146) = 58.29, $p < .001$ (see Table 26).

Table 26

ANOVA[a]: Opportunity for Growth and SE

Model		Sum of Squares	*Df*	Mean Square	*F*	Sig.
1	Regression	573.688	1	573.688	58.293	.000[b]
	Residual	1436.847	146	9.841		
	Total	2010.535	147			

a Dependent variable: SE score

b Predictors: (constant), growth opportunity

Opportunity for growth accounted for 28.0% of the variability in SE scores, indicating a large effect size (see Table 25). There was a 2.73-point (95% CI, 2.02 to 3.43) increase in the SE score for every 1-point increase in the opportunity for growth score (see Table 27). Therefore, the null hypothesis was rejected.

Table 27

Coefficients: Opportunity for Growth and SE

Model		*B*	Std Err	Std Coeff Beta	*t*	Sig	95% Confidence Interval for *B* Lower	Upper
1	Constant	8.65	1.58		5.50	.000	5.54	11.80
	Growth Opportunity	2.73	.36	.53	7.63	.000	2.02	3.43

For the second research question, I analyzed the relationship between the employee commitment of the millennial NRN and opportunity for growth using the Pearson product-moment correlation. However, the test of normality was violated as assessed by the Shapiro–Wilk test, opportunity for growth $p < .001$, affective commitment $p < .001$, continuance commitment $p = .003$. Normative commitment was normally distributed $p = .076$ (see Table 28).

Table 28

Tests of Normality: Employee Commitment and Opportunity for Growth

	Kolmogorov–Smirnov[a]			Shapiro–Wilk		
	Statistic	*Df*	Sig.	Statistic	*Df*	Sig.
Growth Opportunity	.254	148	.000	.825	148	.000
Affective Commitment	.167	148	.000	.909	148	.000
Continuance Commitment	.077	148	.033	.970	148	.003
Normative Commitment	.069	148	.085	.984	148	.076

a Lilliefors significance correction

Therefore, I used the Spearman rank-order correlation coefficient to determine whether the test was the best fit for analyzing the data. The first assumption was met because the employee commitment and opportunity for growth scores were measured on a continuous scale. The second assumption was met as the variables represented paired observations. The final assumption was met as there was a monotonic relationship between the variables based on visual inspection (see Figures 14, 15, and 16).

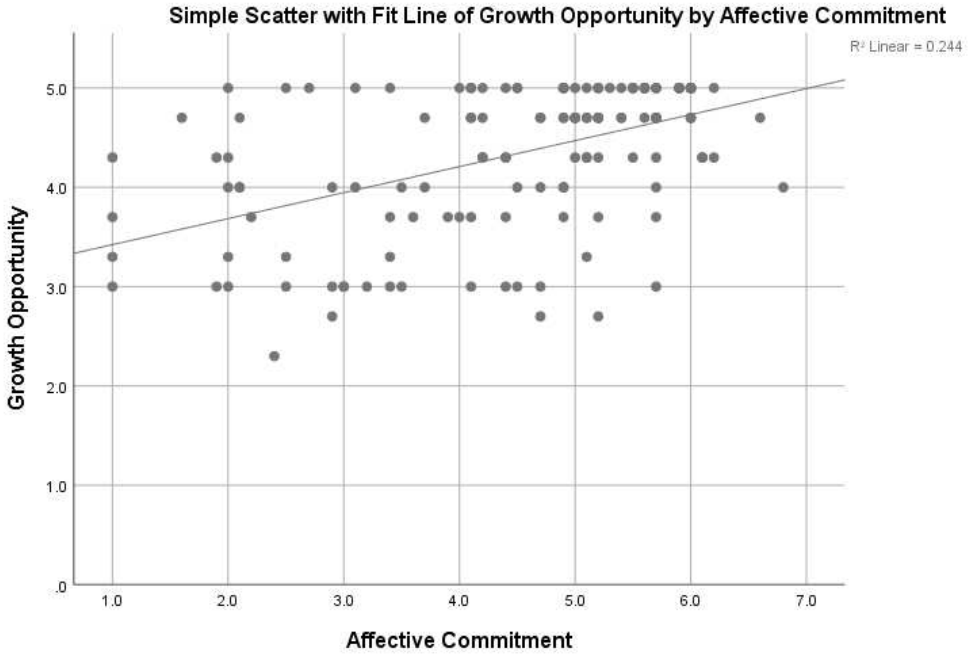

Figure 14. Affective commitment and opportunity for growth.

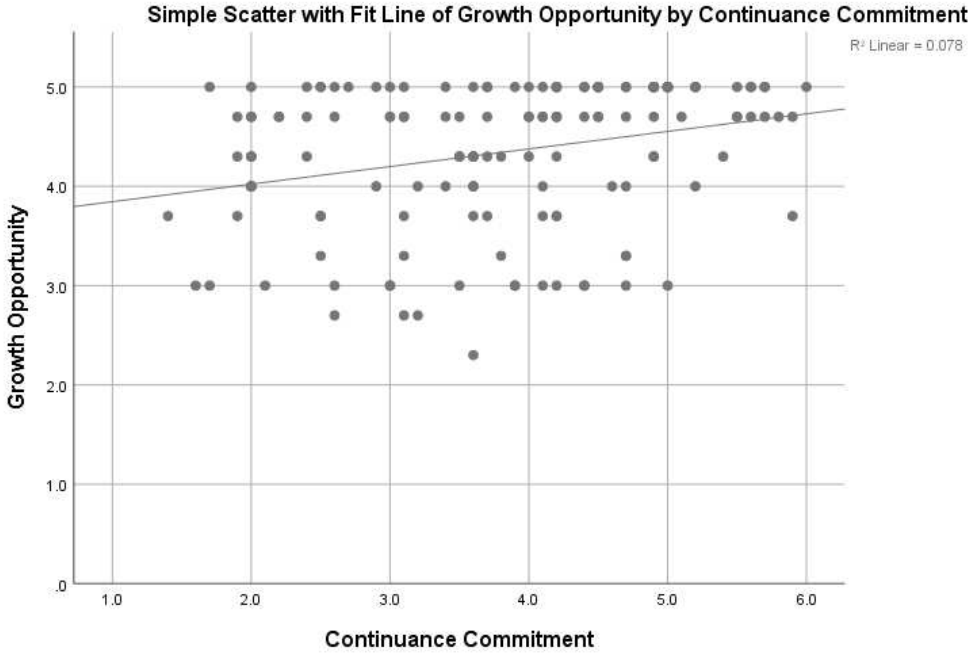

Figure 15. Continuance commitment and opportunity for growth.

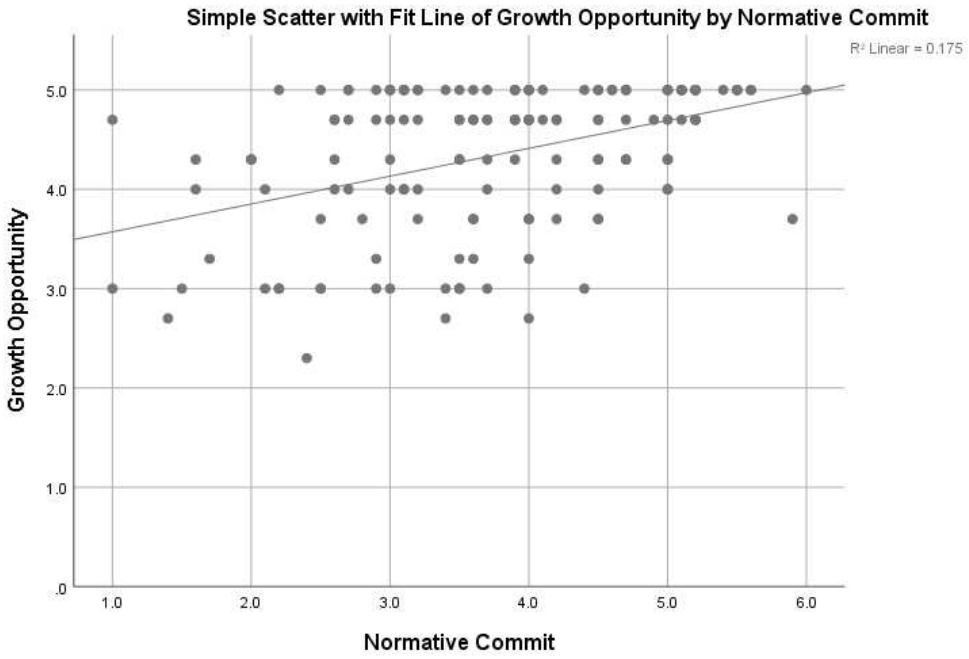

Figure 16. Normative commitment and opportunity for growth.

The findings indicated a statistically significant moderate positive correlation between affective commitment and opportunity for growth, r_s (146) = .48, $p < .001$. There was a statistically significant moderate positive correlation between continuance commitment and opportunity for growth, r_s (146) = .33, $p < .001$ (see Table 29). It seemed incongruent that there would be a positive relationship between continuance commitment and opportunity for growth as this type of commitment is based on the employee's calculative assessment of the employer's value to them. However, examination of the database revealed that the questions focused on opportunity for growth yielded positive responses, x = 4.35 points, from a maximum 5 points. The average score for growth opportunity was the highest of all the subscales included in the CWEQ-II. Finally, there was a statistically significant moderate positive correlation

between normative commitment and opportunity for growth, r_s (146) =.40, $p < .001$ (see Table 29). Therefore, the null hypothesis was rejected.

Table 29

Spearman's: Employee Commitment and Opportunity for Growth

			Growth Opp.	Affect Commit	Contin Commit	Norm Commit
Spearman's Rho	Growth Opportunity	Correlation Coefficient	1.000	.481**	.331**	.404**
		Sig. (2-tailed)	.	.000	.000	.000
		N	148	148	148	148
	Affective Commitment	Correlation Coefficient	.481**	1.000	.314**	.596**
		Sig. (2-tailed)	.000	.	.000	.000
		N	148	148	148	148
	Continuance Commitment	Correlation Coefficient	.331**	.314**	1.000	.511**
		Sig. (2-tailed)	.000	.000	.	.000
		N	148	148	148	148
	Normative Commitment	Correlation Coefficient	.404**	.596**	.511**	1.000
		Sig. (2-tailed)	.000	.000	.000	.
		N	148	148	148	148

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

I conducted a regression analysis to determine the effect of the IV on the DV, and how the variables influenced each other. I addressed seven assumptions to determine whether the regression analysis was the best fit for the analyzing the data. The first assumption was met because the DV, the opportunity for growth score, was on a continuous scale. The second assumption was met as the IVs, the three concepts of employee commitment, were on a continuous scale. The third assumption was met

because visual inspection of the scatterplot of employee commitment against opportunity for growth revealed a linear relationship between the variables (see Figures 14, 15, and 16). A Durbin–Watson test result of 1.70 indicated that the assumption of independence of the residuals was met (see Table 30). A range from 0 to 4 is acceptable, but a value of approximately 2 is desirable, indicating no correlation between the residuals (Laerd Statistics [Laerd], n.d.).

Table 30

Model Summary[b]: Employee Commitment and Opportunity for Growth

Model	*R*	*R* Squared	Adjusted *R* Squared	Std. Error of the Estimate	Durbin–Watson
1	.525[a]	.275	.260	.6229	1.698

a Predictors: (constant), normative commitment, continuance commitment, affective commitment

b Dependent variable: growth opportunity

Casewise diagnostics indicated that all the cases had standardized residuals less than ± 3. No outliers were identified. Visual inspection of the scatterplots revealed homoscedasticity as the points of the plot did not exhibit a pattern and were consistently spread (see Figures 15, 15, and 16). There was no evidence of collinearity. Each employee commitment subscale had a tolerance level > .1, and the VIF was < 10. Affective commitment tolerance was .67 and VIF of 1.49. Continuance commitment had a tolerance of .75 and VIF of 1.30. Normative commitment had a tolerance value of .58 and VIF of 1.72. (see Table 32). There were no studentized deleted residuals higher than the standard deviations (SDs). None of the leverage values were problematic. There were no Cook's distance values > 1 The normal probability plot of the standardized regression

residuals showed normal distribution. Therefore, multiple regression analysis was the best fit for analyzing the data.

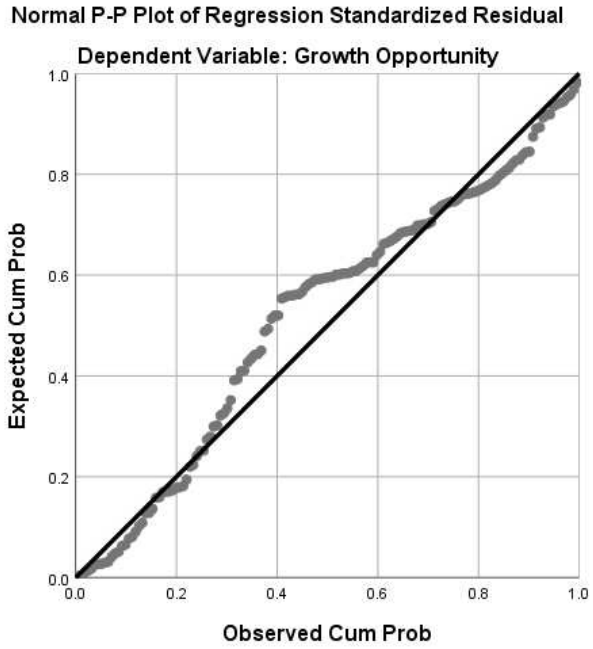

Figure 17. Employee commitment and opportunity for growth.

The R^2 for the overall model was 27.5%, with an adjusted R^2 of 26.0%, indicating a small effect size (see Table 30). Affective commitment, continuance commitment, and normative commitment statistically significantly predicted perception of opportunity for the millennial NRN, F (3, 144) = 18.22, $p < .001$ (see Table 31). Therefore, the null hypothesis was rejected

Table 31

ANOVA[a]: Employee Commitment and Opportunity for Growth

Model		Sum of Squares	*Df*	Mean Square	*F*	Sig.
1	Regression	21.212	3	7.071	18.221	.000[b]
	Residual	55.878	144	.388		
	Total	77.089	147			

a Dependent variable: growth opportunity
b Predictors: (constant), normative commitment, continuance commitment, affective commitment

For every 1-point increase in affective commitment scores, there was a .20–point (95% CI, .11 to .29) increase in perceived opportunity for growth scores, $p < .001$ (see Table 32). However, neither the continuance commitment nor the normative commitment significance values were statistically significant, $p > .05$, and they were unable to predict changes in the opportunity for growth scores among millennial NRNs (see Table 32).

Table 32

Coefficients: Employee Commitment and Opportunity for Growth

							95% Confidence Interval for *B*		Correlations			Collinearity Statistics	
Model		*B*	Std Err	Std Coeff Beta	*t*	Sig	Lower	Upper	Zero-order	Partial	Part	Tol	VIF
1	Const	2.857	.223		12.825	.000	2.417	3.298					
	Affect	.197	.046	.373	4.301	.000	.107	.288	.494	.337	.305	.671	1.491
	Contin	.040	.052	.062	.763	.447	-.063	.142	.279	.063	.054	.752	1.330
	Norm	.118	.062	.176	1.888	.061	-.006	.241	.418	.155	.134	.581	1.722

Discussion

Interpretation

The study found positive correlations between opportunity for growth, SE, and employee commitment. As in the case for previous generations, millennial NRN retention is partially attributed to the availability of opportunities for growth (Gurkova et al., 2013; Shiao, Lee, Ho, Hu, & Guo, 2014). The moderate levels of overall SE, $\bar{x} = 20.5$ (males = 22.98 and females = 20.16) correlated with the high perceived opportunities for growth, $\bar{x} = 4.35$. The findings validate the research focused on previous generations indicating that job satisfaction positively impacts employee commitment and drives employees to seek out career growth in an organization that they perceive as being invested in their success (De Geiter, Hoffmans, & Pepermans, 2011). My study compliments the study conducted by Allen and Shanock (2013), which found that access to professional development was able to sway ITL among nurses. The millennial NRNs who possessed a moderate or high level of continuance commitment also perceived that their organization provided growth opportunities. Continuance commitment is considered an impersonal calculation, and although the relationship with the SE dimension was negative, the employees recognized its importance and value (Liu, Yang, Liu, Yang, & Zhang, 2015). Organizations that allow employees to meet career goals create a relationship of mutual investment. The employee becomes even more attached to their employer (Weng, McElroy, Morrow, & Liu, 2010).

Limitations

Several limitations were associated with the study. I limited the setting to acute care and only included 22–30 years old participants in the sample. I conducted the study during the COVID-19 pandemic, which overwhelmed healthcare workers and organizations worldwide. Healthcare workers were exhausted from unsustainable workloads (Edmondson, 2020). Staff were assuming new roles and tasks, often without adequate training. However, the assumption of new skills during the crisis could partially explain the positive perception of opportunities for growth. It was unclear how much of an impact the pandemic had on responses.

Implications

The findings of the study demonstrated a solid foundation for retention of millennial NRNs. The perception of opportunity for growth was ranked the highest of the CWEQ-II dimensions, even among employees who remained with their organizations because of potential financial penalties for leaving. Loss of tuition reimbursement, employer-based scholarships, and nontransferable skills are considered penalties of turnover. Though these individuals do not have an emotional attachment to their organization, as growth opportunities present themselves there is potential for increased engagement (Weng, McElroy, Morrow, & Liu, 2010). Leaders can effect positive social change as they implement strategies to meet the unique needs of millennial NRNs. Empowered and committed staff tend to align with their organization and its goals.

Recommendations

The study demonstrates that opportunity for growth is a critical element in millennial NRN recruitment and retention. It can be a deciding factor when choosing employers. Future studies should focus on NRN satisfaction with the quality and quantity of the opportunities that are offered, and how they compare with the information provided at the pre-hire interview. Kanter (1993) stated that an employee becomes disillusioned with their role, mistrustful of leadership, and disengaged from the organization when goals do not materialize.

Conclusion

The findings of the study are consistent with research focused on previous generations of NRNs, as they reveal positive correlations between opportunity for growth and SE and opportunity for growth and employee commitment (De Geiter, Hoffmans, & Pepermans, 2011). The results provide a more comprehensive understanding of nursing retention as the needs of the millennial NRN are now identified. Nurses who can access opportunity for growth gain not just new skills but a higher degree of engagement and loyalty. Satisfied staff ultimately leads to improved patient outcomes, further encouraging positive social change.

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Part 3: Summary

Integration of the Studies

The purpose of this three-manuscript dissertation was to explore the factors that could influence the retention of millennial NRNs. The nursing shortage reached its apex in 2020, and though the millennial generation has adequate numbers to mitigate the deficit left by the departure of retiring Baby Boomers, millennial NRNs are also leaving their organizations at an alarming rate (O'Hara et al, 2019). The structural theory of organizational behavior was developed 50 years ago, but it has been considered the gold standard for SE and effective working conditions. Data were collected using the CWEQ-II, an instrument unique to the application of this theoretical framework and the TCM Employee Commitment Survey. The results provided evidence of positive relationships between opportunity for growth, SE, and employee commitment, as well as positive relationships between access to power, SE, and employee commitment.

Leaders must strive to understand what motivates millennial NRNs and promote a work environment that meets those needs. The successful transitioning of millennial NRNs into professional practice can provide a solid foundation for their retention. However, once NRNs begin to perceive that they have mastered their skills that nurse leaders must consider providing opportunities to widen the range of competency the millennial NRN possesses (Koppel et al., 2017). If employees begin to feel "stuck" in their roles, they will seek opportunities elsewhere. They do not hesitate to change jobs if they are not challenged or supported (Kanter, 1993). The average millennial employee will have an estimated 15 to 20 jobs over the length of their career. This is a generation

eager for advancement and anticipates that trajectory much sooner than previous generations (Ulep, 2018).

Positive social change may be effected by structuring the environment to meet the needs of this generation. Organizations need to consider the deployment of initiatives, such career ladders and tuition reimbursement. The incentives should be available without standard waiting periods, as millennials seek out advanced education early in their careers. A 2018 survey of nurses from a multigenerational workforce revealed that nearly 40% of millennial nurses planned to pursue a master's degree within 3 years and another 11% aspired to earn a Ph.D. The nursing shortage marks the depletion not only of frontline workers but also of leaders. Millennials are far more interested in migrating toward leadership roles than any other generation ("PRN Newswire," 2018). Leaders who strategize to mentor millennial NRNs toward supervisory positions will gain traction during the nursing shortage.

Lessons Learned

If I had the opportunity to redesign the study, I would have included millennial NRNs of all ages, not just participants aged 22–30 years. I would have expanded the experience level to 3 years, and not limited the practice setting to acute care only. Typically, millennial nurses with 3 years of experience or less tend to be more engaged than loyal. It has been proposed that if employers can maintain staff engagement beyond this critical period, staff are more likely to remain loyal to the organization (Koppel, Deline, & Virkstis, 2017). I would have also added more questions to the survey. The query regarding ITL within 6 months of the survey required a simple yes or no response.

However, the plan to leave an organization may not be associated with disengagement. Opportunities for growth, personal responsibilities, or spousal transfers could have partially contributed to the positive responses. I would also ask whether the participants were enrolled in advanced practice classes or intended to enroll within the next 12 months. I am curious about the employer incentives for education as well- whether financial assistance or alternative scheduling is available to ease the transition back into the academic world. I would request information about the employee's perception of how the pre-employment interviews compared with the actual working conditions. Doing so would provide significant insight into whether the culture, leadership, and incentives such as growth opportunities, were accurately described.

Data were collected during a global pandemic. The degree to which the healthcare crisis influenced the participants' responses remains unclear. Future research should include the same focus and instruments, but occur when the healthcare arena has settled, following the COVID-19 pandemic.

Conclusion

Whether working conditions support effectiveness was validated as being important to the millennial NRNs. Though the structural theory of organizational behavior was developed nearly a half century ago, the tenets appear to remain relevant for the newest generation of nurses. Millennial NRNs, though not necessarily aware of the concepts of SE, recognize the relevance of the dimensions within their practice setting and influence on their commitment to the organization.

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Appendix A: Demographic Survey

1. Age
□ Less than 22 years of age
□ 22-30 years of age
□ Greater than 30 years of age

2.Gender
□ Male
□ Female

3.State (State Initials): _____

4. Practice Setting
□ Acute Care (Hospital), Inpatient
□ Outpatient Setting
□ Office/School
□ SNF/LTAC/NH
□ Academia

5. Employer Magnet® Accreditation Status
□ Magnet® Accredited Organization
□ Non-Magnet® Accredited Organization

6. Employer Military Status
□ Military Organization
□ Nonmilitary Organization

7. Unionization Status
□ Nonunion employee
□ Unionized employee

8. Tenure with Current Employer
□ Less than 6 months
□ 6 months to 2 years
□ Greater than two years

9. Intent to Leave Employer within 6 months of this Survey
□Yes
□ No

10. Current Knowledge Level of Structural Empowerment
□ I have no knowledge of Structural Empowerment
□ I have heard of the term Structural Empowerment, but I am not aware of its meaning
□ I consider myself moderately knowledgeable of Structural Empowerment
□ I consider myself very knowledgeable of Structural Empowerment

Appendix B: Permission to Use: CWEQ-II

Conditions of Work Effectiveness Questionnaire-II

From: Janice Hill <janice.hill@waldenu.edu>
Sent: Tuesday, September 8, 2020 8:50 PM
To: Joan Finegan <finegan@uwo.ca>
Subject: Re: CWEQ

Dr. Finegan:

Thank you so much for your kindness.

Janice Hill, MSN, RN, NE-BC

From: Joan Finegan <finegan@uwo.ca>
Sent: Tuesday, September 8, 2020 8:45 PM
To: Janice Hill <janice.hill@waldenu.edu>; Piotr Wilk <pwilk3@uwo.ca>
Subject: Re: CWEQ

Hi Janice
I see no problem with you using the scale
Best wishes and good luck with your research
Joan Finegan, PhD
Acting Dean
Faculty of Social Science

From: Janice Hill <janice.hill@waldenu.edu>
Sent: September 8, 2020 8:20 PM
To: Joan Finegan <finegan@uwo.ca>; Piotr Wilk <pwilk3@uwo.ca>
Subject: CWEQ

Good Evening:
Please allow me to introduce myself. I am Janice Hill, and I am a Doctoral student (Ph.D. in Nursing Education) at Walden University. I am researching structural empowerment and employee commitment among millennial newly registered nurses. I am seeking permission to use the CWEQ instrument. I am aware that it may be downloaded but I do require permission to use the survey. Can you please help me with this request?

Thank you so much for your time and consideration,
Janice Hill, MSN, RN, NE-BC

Appendix C: Permission to Use: TCM Employee Commitment Survey

John Peter Meyer <meyer@uwo.ca>
Wed 2/26/2020 8:15 AM

- Janice Hill

User's Guide - Academic Version 2004.pdf
50 KB

Dear Janice,
You are welcome to use our commitment measures for academic research purposes. I have attached a copy of the User's Guide with the items and instructions. I hope all goes well with your research.

Best regards,
John Meyer

Dr. John Meyer
Department of Psychology
Rm 8411, Social Science Centre
Western University
London, Ontario, Canada
N6A 5C2

Phone: (519) 661-3679
Fax: (519) 661-3961
Email: meyer@uwo.ca

From: Janice Hill <janice.hill@waldenu.edu>
Sent: February-25-20 8:47 PM
To: meyer@uwo.ca
Subject: PhD Student

Dr. Meyer:
I am a PhD student at Walden University. I plan to investigate the relationship between structural empowerment and employee commitment among millennial newly registered nurses. I wish to obtain permission to use the Organizational Commitment Questionnaire (OCQ) in my research. I have been unable to locate a statement that allows the use for research and/or educational purposes.

In advance, I greatly appreciate your consideration as well as your contributions to budding scientists such as myself.

On a side note, I am a transplanted Newfoundlander living in the United States. The instruments that I have chosen for the research originate from the University of Western Ontario, the OCQ and Dr. Laschinger's CWEQ-II.

Again, thank you for your assistance,
Janice Hill, MSN-RN, NE-BC