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## Leadership Empowerment Behavior and Psychiatric Nurses Intent to Leave

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# Walden University

College of Health Professions

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Temitope K. Gold

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Walden University

2021

Abstract

Leadership Empowerment Behavior and Psychiatric Nurses Intent to Leave

by

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MSN, Walden University, 2012

AAS, Suffolk Community College, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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## Abstract

There is a shortage of registered nurses (RNs) who work in the specialty of psychiatric nursing. Attrition among psychiatric RNs is partly due to lack of leadership empowerment which includes autonomy and access to professional development opportunities. The purposes of this study, guided by Kanter's theory of structural empowerment, were to determine (a) if there was a relationship between leadership empowerment behavior and psychiatric RNs' intent to leave within the first 2 years of practice in inpatient psychiatric settings and (b) if there was a relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first 2 years of practice based on RN demographics. The key variables were measured with the Leader Empowering Behavior Questionnaire and the Turnover Intention Scale. The study participants included 111 psychiatric RNs in their first 2 years of practice who were recruited via social media. Using analysis of covariance, results showed an inverse relationship between leadership empowerment behavior and intent to leave. The RN demographic characteristics did not affect the relationship. The study findings could affect positive social change by creating awareness for psychiatric nurse leaders to develop empowerment behavior as a strategy to mitigate new psychiatric RN turnover so that they can stay in practice and positively impact therapeutic and quality patient care delivery. Future studies using mixed methods and a larger sample size would be helpful to obtain an in-depth understanding of the role of leadership empowerment behavior on psychiatric RN retention from the RN's perspective.

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## Dedication

I dedicate this dissertation to the Almighty God, who is my rock and my salvation. To my husband, Augustine, and my beautiful children, Adetola and Bolaji, for your love, unwavering support, patience, and understanding. To my parents, Segun and Elizabeth Adeleke, for being with me every step of the way in prayers and staying awake with me through the many nights, encouraging and assuring me that the Grace of God is sufficient to see me through the Ph.D. journey.

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## Table of Contents

List of Tables .....	iv
List of Figures .....	v
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement .....	4
Purpose of the Study .....	6
Research Questions and Hypotheses .....	6
Theoretical Framework for the Study.....	8
Nature of the Study.....	8
Definitions.....	9
Assumptions.....	10
Scope and Delimitations .....	10
Limitations .....	12
Significance.....	13
Summary .....	13
Chapter 2: Literature Review .....	15
Literature Search Strategy.....	16
Theoretical Foundation .....	17
Power .....	17
Opportunity .....	18
Literature Review Related to Key Variables and/or Concepts .....	22



Empowerment .....	22
Intent to Leave .....	23
Leadership.....	25
Empowerment, Leadership, and Intent to Leave .....	26
Summary and Conclusions .....	28
Chapter 3: Research Method.....	30
Research Design and Rationale .....	30
Methodology .....	31
Population .....	31
Sampling and Sampling Procedures .....	32
Procedures for Recruitment, Participation, and Data Collection .....	32
Instrumentation and Operationalization of Constructs .....	33
Instrumentation and Operational Definition of Key Variables.....	36
Data Analysis Plan.....	37
Threats to Validity .....	39
Threats to External Validity.....	39
Threats Internal Validity .....	39
Threats to Construct Validity.....	40
Ethical Procedures .....	40
Summary.....	41
Chapter 4: Results.....	42
Data Collection .....	43

Time Frame.....	43
Data Collection Plan.....	43
Descriptive Statistics and Demographic Characteristics .....	44
Results.....	45
Descriptive Statistics.....	45
Statistical Analysis of Research Question 1 .....	46
Summary.....	48
Chapter 5: Discussion, Conclusions, and Recommendations.....	50
Interpretation of Findings .....	51
Interpretation of the Findings in the Context of the Theoretical Framework .....	52
Limitations of the Study.....	53
Recommendations.....	53
Implications.....	53
Conclusion .....	55
References.....	56
Appendix A: Recruitment Flyer.....	69
Appendix B: Permission to use the LEBQ instrument .....	70
Appendix C: Permission to use the TIS-6.....	71
Appendix D: Permission to use Kanter’s Theory .....	72
Appendix E: Demographic Questionnaire .....	73

## List of Tables

Table 1. Summary of RN Personal Characteristics .....	44
Table 2. Summary of RN Professional Characteristics .....	45
Table 3. Instrument Reliability .....	46
Table 4. Spearman's Rank-Order Between Variables (RQ1).....	47

List of Figures

Figure 1. Model Conceptualizing Kanter's Theory of Structural Empowerment ..... 19

## Chapter 1: Introduction to the Study

The nursing shortage is prevalent in the healthcare industry today, and registered nurse (RN) turnover is a contributing factor to the shortage (Nei et al., 2015). The shortage of RNs is projected to be about 500,000 by year 2030 (Zhang et al., 2018). Of significance is the widespread psychiatric RN shortage in 36 out of 43 states to meet the increasing demand for psychiatric mental health care in the United States (Hanrahan, 2012). Psychiatric RNs make up most of the mental health profession, with the knowledge and skill of improving patients' mental health through therapeutic engagement (McAllister & McCrae, 2017). The nursing shortage has a financial impact on a hospital in terms of the cost of recruiting and training new staff (Ackerson & Stiles, 2018; Trybou et al., 2014), and an impact on the quality of care delivery. Nursing staff turnover lowers nursing staff morale within the hospital due to loss of team membership (Dewanto & Wardhani, 2018). RNs leave their current jobs due to dissatisfying work environment (Cicolini et al., 2014). New RNs are more likely to leave their job within the first 2 years to seek other opportunities to develop their professional skills and abilities (Cho et al., 2012; Kovner et al., 2014). Many leadership behaviors have been studied in the context of various leadership styles such as transformational leadership, authentic leadership, and transactional and their effect on staff retention. Empowerment defined as access to support, resources, and opportunities to accomplish positive outcomes (Regan & Rodriguez, 2011) is an essential factor that influences, correlates with, and predicts RN intent to leave, (Curtis & O'Connell, 2011; Read & Laschinger, 2015; Yang et al., 2013). Registered nurses' intent to leave has been studied in general hospitals (Chan et al., 2013;

Duffield et al., 2011) but a few studies on intent to leave among RNs who work in psychiatric facilities. The focus has been on job satisfaction and work environment that correlate with or predict RN intent to leave (Baum & Kagan, 2015). The potential positive social change implication of this study is awareness for nurse leaders to develop empowerment behavior as a strategy to retain new psychiatric RNs to meet the increasing demand for psychiatric mental health care.

This chapter gives a summary of research literature related to the issue of RN retention, identifies the gap in knowledge related to the issue, the purpose and significance of the study, and potential social change impact. I also introduce the research question, define the variables and terms, and address assumptions, scope and delimitations, and limitations.

### **Background**

There is a significant shortage of RNs in America today with nurse turnover as a contributing factor (Nei et al., 2015). New RNs are more likely to leave their job within the first 2 years of employment (Cho et al., 2012; Kovner et al., 2014) for other opportunities to develop their professional skills and capabilities (Cicolini et al., 2014). The shortage extends to specialties within nursing such as psychiatric RNs (Redknapp et al., 2015). Psychiatric nursing is a specialty in nursing that began in the mid-20th century with a focus on caring for individuals with mental illness and substance use disorders (Soltis-Jarrett et al., 2017). The national RN turnover rate is 15.9%, with psychiatric RNs experiencing the highest turnover rate at 20.6%, exceeding the national average (NSI Nursing Solutions, Inc., 2020). A 53.9% turnover was RNs in their first 2 years of

practice which is significant because these are the RNs with experience (NSI Nursing Solutions, Inc., 2020).

RN turnover is defined as a nurse leaving his or her job for another employment in another organization or leaves the profession entirely (Roche et al., 2015). Turnover intention is a cognitive process involving the thought and willfulness of a person to leave an organization and is a predictor of actual turnover (Bothma & Roodt, 2013), contributing to the nursing shortage. Cho et al. (2012) assessed RN turnover from turnover intention and factors related to the turnover of new graduate RNs within their first year of employment using longitudinal data and survival analysis. They found that interpersonal relationships, work contentedness, and physical work environment were factors that determine intent to leave. Other factors that contribute to newly registered nurses leaving practice within the first 2 years were lack of empowerment, leadership, and job dissatisfaction (Unruh & Zhang, 2014).

Redknap et al. (2015) showed that attrition among new psychiatric RNs was due to lack of leadership, autonomy, and access to professional development opportunities as a major contributor to the psychiatric nursing shortage. Lam and O'Higgins (2012) and Unruh and Zhang (2014) provided evidence that leadership influences RN turnover, especially within the first 2 years of practice. Supportive leadership promotes autonomy and provides career advancement opportunities, increases job satisfaction, and influences RN retention, especially within the first 2 years of practice (Lam & O'Higgins, 2012; Unruh et al., 2016).

Demographic nurse characteristics (such as age, gender, work shift, years of experience, level of RN education) are individual factors that have been studied to predict RN turnover intentions in nursing (Chan et al., 2013; Flinkman et al., 2013; Unruh & Zhang, 2014). There are however inconsistent findings on the effect of demographic factors on intent to leave.

### **Problem Statement**

The concept of empowerment defined as access to support, resources, and opportunities to accomplish positive outcomes (Regan & Rodriguez, 2011) has gained attention in nursing and has been linked to job satisfaction, organizational commitment, safety, quality outcomes, and intent to stay (Cicolini et al., 2014). Empowerment is essential at the staff RN level as it builds confidence and facilitates safe and quality patient care delivery (Goedhart et al., 2016; Regan & Rodriguez, 2011). The first 2 years of nursing practice is when the RN builds the confidence for safe and quality patient care and is the most vulnerable time for new RNs, which precipitates the thought to leave the job or the nursing profession (Chan et al., 2013; Unruh & Zhang, 2014). The lack of empowerment in RNs makes it difficult for them to be effective in their role and feel like they lack control over their practice (Ramezani et al., 2017). RNs who do not feel empowered experience job strain hence less satisfied with their job and likely to leave the organization (Han et al., 2015).

Kanter's (1993) theory of structural empowerment has been used as a theoretical underpinning in research and was supported to show that providing support, access to information, resources, and opportunities for professional development increases staff



RNs' autonomy (Orgambídez-Ramos & Borrego-Ales. 2014; Skytt et al., 2015). Read and Laschinger (2015) provided evidence that leadership and empowerment have a positive effect on RN retention within their first 2 years of practice. Leadership empowerment behavior, which is defined as how leaders act in providing autonomy, participation in decision-making, and meaningfulness of work to subordinates (Cicolini et al., 2014) has been shown to promote staff retention in emergency department RNs (DeVivo et al., 2013) and acute care RNs (Asiri et al., 2016). However, the relationship between leadership empowerment behavior and psychiatric RNs' intent to leave from the RNs' viewpoint required research. In addition, the effect of demographic variables (such as age, gender, work shift, work hours, employment status, and level of RN education), an individual characteristic, on the relationship between leadership empowerment behavior and psychiatric RN's intent to leave required research. While some studies indicated a correlation between RN demographic factors and intent to leave (e.g., Flinkman et al., 2013; Unruh & Zhang, 2014), other studies such as Chan et al.'s (2013) systematic review indicated no correlation between RN demographic factors and intent to leave. Understanding these demographics would help determine the specific nurse characteristics the relationship between leadership empowerment behavior and turnover hinges on and give further insight into the severity of the problem. Not knowing the effect of the demographic variable could impede the mitigation of turnover. My study was needed to explore the relationship between leadership empowerment behavior and psychiatric RNs' intent to leave, RN demographic characteristics as individual factor, and

address leadership empowerment behavior as a strategy to mitigate psychiatric RNs' turnover.

### **Purpose of the Study**

The purposes of this study were to determine (a) if there was a relationship between leadership empowerment behavior and psychiatric RNs' intent to leave within the first 2 years of practice in inpatient psychiatric settings and (b) if there was a relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first 2 years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing. The study approach used was quantitative.

### **Research Questions and Hypotheses**

The research questions for my study were as follows:

RQ1. What is the relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice?

$H_{01}$ : There is no relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice.

$H_{A1}$ : There is a relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice.

RQ2. What is the relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice

based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing?

*H<sub>0</sub>2*: There is no relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing.

*H<sub>A</sub> 2*: There is a relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing.

Leadership empowerment behavior was used as a predictor variable and the outcome variable was intent to leave in psychiatric nursing practice. The predictor variable, leadership empowerment behavior, was measured using the Leader Empowering Behavior Questionnaire (LEBQ). The nurse demographic characteristics (covariates) were collected using a demographic questionnaire. The Turnover Intention Scale (TIS-6) was used to measure the outcome variable intent to leave. The TIS-6 is a shortened version of the 15-item TIS scale, developed to measure turnover intention and predict actual turnover (Bothma & Roodt, 2013). The LEBQ focuses on six dimensions- delegation of authority, accountability, self-directed decision making, information-sharing, and coaching for innovative performance. The LEBQ was chosen for this study as it considers leaders' role in the empowerment process of employees by measuring leadership empowering behavior from employee feedback (see Konczak et al., 2000).

### **Theoretical Framework for the Study**

I used Kanter's (1993) theory of structural empowerment as the theoretical framework to guide and strengthen the research. Kanter's theory of structural empowerment was developed in 1977 with essential components of opportunity for growth and structure of power (access to resources, information, and support; Kanter, 1993). Its focus is on staff's perception of their work environment, which affects job satisfaction. Opportunity for growth involves a leader's active participation in a staff's work by providing encouragement and guidance to areas of improvement for the staff's skill development and advancement, thereby increasing the staff's work involvement and work effectiveness (Kanter, 1993). Structure of power involves a leader mobilizing resources to help their staff get the job done (Kanter, 1993). It also means creating an environment supportive of feedback from staff and input in decision making and providing information such as policies to support the team in making the right decisions and respond effectively to clinical situations (Kanter, 1993).

Kanter's theory of structural empowerment has been tested and is supported by various researchers (Cicolini et al., 2014; Rao, 2012; Laschinger & Smith, 2013) to demonstrate how empowerment relates to job satisfaction, intent to leave, staff turnover, and patient outcomes. More detail on Kanter's theory will be presented in Chapter 2.

### **Nature of the Study**

The nature of this study was quantitative with correlational design. I sought to find the relationship between variables, which qualified it as a correlational research design. A quantitative method of research is used to predict, to test a hypothesis, and

determine cause and effect, according to Creswell and Creswell (2018). Data was collected through an online survey from psychiatric staff RNs who are within the first 2 years of practice. I used the LEBQ and TIS-6 to collect the data. An online survey method for data collection was chosen as it is convenient to use, economical, and has a quick turnaround time (see Creswell & Creswell, 2018). Pearson correlation and Spearman's correlation were used for data analysis with Statistical Package for the Social Sciences (SPSS) version 27 to test for the relationship between the variables of the research- leadership empowerment (independent variable), and intent to leave (dependent variable), consistent with correlational quantitative study design (see Creswell & Creswell, 2018). Spearman's correlation coefficient was used to test the strength of the association between variables.

### **Definitions**

The key terms used in the study are defined as the following:

*Empowerment:* Empowerment is defined as access to support, resources, and opportunities to accomplish positive outcomes (Regan & Rodriguez, 2011).

Empowerment in this study focuses on nurse leaders.

*Intent to leave:* The intent to leave is a person's consideration to leave a place of employment for another practice environment (Phillips, 2020).

*Leadership Empowerment Behavior:* Leadership empowerment behavior is how leaders act in providing autonomy, participation in decision-making, and meaningfulness of work to subordinates (Cicolini et al., 2014).

*Psychiatric Registered Nurse:* A psychiatric registered nurse is a licensed RN who works in a psychiatric mental health setting providing mental health care to patients, their families, and communities (American Nurses Association, 2014). This term is used interchangeably with psychiatric-mental health RN and mental health RN in this study.

*Turnover Intention:* Turnover intention is defined as a cognitive process involving the thought and willfulness of a person to leave an organization (Bothma & Roodt, 2013). Turnover intention is used interchangeably with intent to leave in this study.

### **Assumptions**

There are several assumptions for my study. I assumed that new psychiatric RNs desire to be empowered so they can engage in their nursing practice, develop their skills, and deliver optimal patient care. Nursing leaders desire to empower their employees so they experience job satisfaction and provide the best patient care outcomes. Confidentiality of responses was assured; hence, I assumed that the study participants would answer the survey questions honestly.

### **Scope and Delimitations**

The scope of the study was to examine the characteristics of leadership empowerment behaviors on new psychiatric RNs' intent to leave. I sought to understand the nurse leader's role in the empowerment of RNs from the psychiatric RNs' perspectives. I used the LEBQ for this study as it considers leaders' role in the empowerment process of employees by measuring leadership empowering behavior from employee feedback (see Konczak et al., 2000). The study was not limited to psychiatric hospitals but covered all inpatient psychiatric settings. The population that I surveyed for

this study were psychiatric RNs in their first 2 years of practice and still in practice. RNs who have left psychiatric nursing practice were excluded since the research was focused on intent to leave. RNs who have more than 2 years' experience in psychiatry were excluded from the study. RNs who work in outpatient psychiatric settings and health care settings caring for patients whose primary diagnosis is not psychiatric mental health were not included in the study.

The scope of nurse leaders for this study included nurse managers, nursing supervisors, and nursing directors. Nurse leaders not only hire, fire, coordinate activities but are future-oriented change agents and create a sense of purpose in their followers influencing clinical practice and practice environment (Hughes, 2017). Assistant nurse managers were excluded from this study.

I conducted a correlational quantitative study to determine the relationship between nurse leadership empowerment psychiatric nurses' intent to leave within the first 2 years of practice and, determine the relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first 2 years of practice based on individual nurse characteristics. I considered a qualitative and quasi-experimental research designs for this study. I however chose a correlational quantitative design over qualitative and quasi-experimental approaches as my study was nonexperimental and best aligned with my research questions. A qualitative research design would have been appropriate if I were seeking to describe or explain a phenomenon rather than understanding the relationship between variables (see Polit & Beck, 2017). A quasi-experimental design was not applicable as this study was not an

interventional study hence not requiring comparison or intervention groups (see Polit & Beck, 2017).

An online survey was used for data collection as it is convenient and cost-effective data collection tool (see Creswell & Creswell, 2018). A survey allows for drawing inferences to other study populations based on the statistical analysis of results (Creswell & Creswell, 2018).

I considered the organizational support theory as a theoretical framework for this study. Organizational support theory is used to link the concepts of perceived organizational support (POS) and employee turnover (Kurtessis et al., 2015). Staff who have a high perception of organizational support (care and respect) tend to have higher job satisfaction, increased organizational commitment, and less tendency to leave (Kurtessis et al., 2015). I chose Kanter's theory of structural empowerment as it was it is a better fit to guide and strengthen my research.

### **Limitations**

There were some limitations to this study. The first was possible lack of generalizability of the study results of the correlation design due to the convenience sampling. Another limitation of this study was related to data collection. Online surveys are a type of convenience sampling; there is the possibility of inattentive responding defined as responding to a question without consideration of the content with online surveys (Berry et al., 2019).



### **Significance**

The retention of psychiatric nurses is a significant problem because turnover poses a threat to safety and quality patient outcomes with the growing demand for mental health care. Turnover could be linked to lack of leaders demonstrating empowerment behaviors (Hanrahan et al., 2010; Van Bogaert et al., 2013). Empowerment is an essential factor that influences, correlates with, and predicts RN intent to leave (Choi et al., 2013; Curtis & O'Connell, 2011; Read & Laschinger, 2015; Yang et al., 2013).

This study addressed leadership empowerment behavior as a strategy to mitigate psychiatric RNs' turnover. Hence, impacting the advancement in the psychiatric nursing profession by ensuring a workforce to meet the need of the growing population of people in need of mental health interventions. The study findings could impact positive social change by creating awareness for psychiatric nurse leaders to develop empowerment behavior as a strategy to enhance confidence and meaningfulness of work for new psychiatric RNs so that they can stay in practice and positively impact therapeutic and quality patient care delivery (see Hanrahan et al., 2010; MacPhee et al., 2014).

### **Summary**

There is an increased need for psychiatric RNs to meet the increasing demand for mental health care today. The retention of new psychiatric RNs is low compared to other nursing specialties. While the concept of leadership empowerment influences the retention of new RNs (Read & Laschinger, 2015), the relationship has not yet been studied in psychiatric nursing. I used a quantitative correlational design to explore the relationship between leadership empowerment behavior and psychiatric RNs' intent to

leave within the first 2 years of practice. Kanter's theory of structural empowerment was used as the theoretical framework to guide the study. A detailed explanation of Kanter's theory of structural empowerment is provided in Chapter 2, as well as a review of the literature related to the key variables and the relationships among the variables.

## Chapter 2: Literature Review

There is a significant shortage of RNs in America today with RN turnover as a contributing factor (Nei et al., 2015). New RNs are more likely to leave their job within the first 2 years of employment (Cho et al., 2012; Kovner et al., 2014). RNs leave their current jobs for other opportunities to develop their professional skills and capabilities (Cicolini et al., 2014). The shortage extends to psychiatric RNs as attrition among new psychiatric RNs contributes to the psychiatric nursing shortage (Redknapp et al., 2015) as well as the aging of psychiatric mental health nurses (Sorrell, 2010). The shortage of psychiatric RNs can also be attributed to negative and insufficient clinical experience during nursing school (Slimmer et al., 2016) and to the nursing schools encouraging graduate RNs to first pursue experience in medical-surgical nursing (Nadler-Moodie & Loucks, 2011) and the few graduate RNs that chose to venture into the psychiatric nursing profession struggle to be retained by nursing leadership. In a qualitative study of 83 mental health RNs, Gunn (2015) found that although mental health RNs perceive their work to be rewarding, they feel undervalued and relegated compared to other nursing specialties. Mentoring and residency programs have been extended to the psychiatric nursing setting to support new RNs and aid retention (Nadler-Moodie & Loucks, 2011). However, they are time limited and last only about a year, whereas research shows that graduate RNs turnover within the first 2 years of practice. The relationship between leadership behavior and retention of new RNs has not been studied in psychiatric nursing. Hence, I looked beyond extended orientation, mentoring, and residency programs to the day-to-day job satisfaction and feeling of empowerment by new psychiatric RNs

provided by nursing leaders, to aid their retention. The purpose of this study was to determine if there is a relationship between leadership empowerment behavior and psychiatric RNs' intent to leave within the first 2 years of practice in inpatient psychiatric units.

Chapter 2 includes a detailed description of Kanter's theory of structural empowerment as the theoretical foundation and lens to view how the structure of power, lack of supportive leadership, and lack of opportunity for growth influence job dissatisfaction and intent to leave. The literature search strategy which includes library databases and search engines used are discussed in this chapter. I also present an exhaustive review of the literature base on key variables of leadership, empowerment, and intent to leave.

### **Literature Search Strategy**

I searched multiple databases in nursing, leadership, management, and psychology in the process of the literature review. The databases included Pubmed, Thoreau Multi-Database Search, PsycINFO, PsycARTICLES, CINAHL, MEDLINE, Ovid Nursing Journals, ProQuest Nursing and Allied Health Source, ScienceDirect, SAGE Journals, and Google Scholar. The keywords and phrases searched were *nursing leadership, psychiatric nurses, nurse retention, nurse satisfaction, job satisfaction, leader behavior, empowerment, nurse empowerment, empowerment behavior, mental health nurses, structural empowerment, leader empowering behavior, and intent to leave.*

The inclusion criteria were peer-reviewed research conducted on RNs with direct patient care with sample size, studies on structural empowerment, measurement of

outcomes of nursing leadership on RNs, including those that examined the relationship between nursing leadership and outcomes on nursing staff, effect of empowerment on staff, as well as relationship between nursing leadership and staff RN intent to leave. The scope of the literature review was between 1993 and 2020 to gain an understanding of Kanter's theory development and use, and to allow for a current view and perspective of the current issues on empowerment, leadership, and RN retention.

### **Theoretical Foundation**

The theoretical foundation which guided this study is Kanter's (1993) theory of structural empowerment. Kanter's theory of structural empowerment was developed in 1977 with essential structures of access to resources, information, support, power, and opportunity for advancement. The focus of Kanter's theory of structural empowerment is on staff's perception of their work environment's empowering structure, which affects job satisfaction (Kanter, 1993; Laschinger & Smith, 2013; Orgambidez-Ramos & Borrego-Ales, 2014). Kanter attributed work accomplishment, job satisfaction, and organizational commitment to employees having access to formal and informal power. She associated formal power with work autonomy which fuels job satisfaction and informal power to leadership feedback on work. According to Kanter, performance and success of employees are greatly influenced by two main structural factors in place in organizations, namely power and opportunity.

### **Power**

Kanter (1993) defined power as the "ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the goals he or she is

attempting to meet” (p.e356). According to Kanter, people can do their job well if they are given the power to do so. Kanter aligned power with autonomy and the ability to get results. Power should be centralized, and people do not necessarily have to move positions to gain power. She argued that they could stay where they are doing what they love to do and feel empowered. Kanter defined empowerment as having control over work and decision for effective actions. According to Kanter, power is comprised of support, access to information, and access to resources. Support refers to receiving feedback from superiors, peers, and subordinates, and involvement in decision making. Access to information is entrusting staff with information such as policies needed to make right decisions and effectively respond to situations. Access to resources refers to access to the tools and resources needed to get the job done (Kanter, 1993).

### **Opportunity**

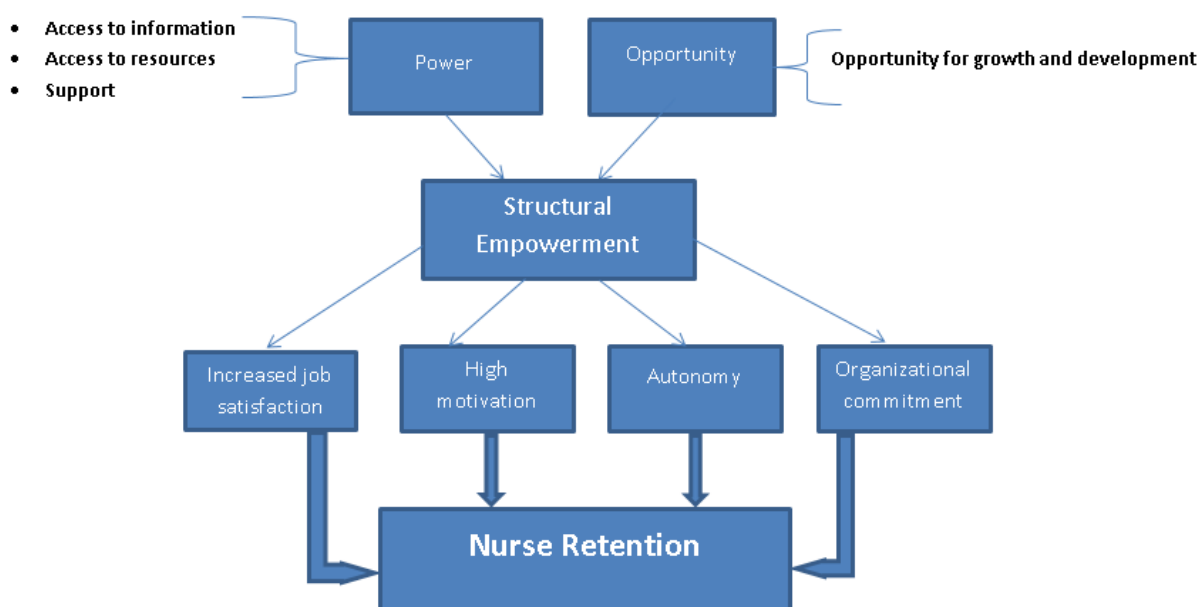
Opportunity refers to “expectations and future prospects” (Kanter, 1993, p.e520). Kanter (1993) argued that the opportunity for growth motivates employees, builds self-esteem, increases their skills, promotes competence, increases satisfaction, and increases an employee’s level of organizational commitment. The opportunity for growth does not necessarily mean a change in status or level but could be skill advancement. She argued that those who have an opportunity for advancement have more job satisfaction.

Opportunity “affects a person’s overall mode of work involvement” (Kanter, 1993, p.e345). Opportunity for development has a positive effect on job satisfaction and intent to stay. Job dissatisfaction impacts the intent leave. However, the lack of opportunity for development has a more significant effect on intent to leave than job dissatisfaction

alone. Kanter concluded that opportunity for growth not only suggests that an organization provide opportunity structures but also involves managers actively participating by providing support, counseling, and guidance to their staff on areas of improvement to develop their skills.

**Figure 1**

*Model Conceptualizing Kanter's Theory of Structural Empowerment*



*Note.* Permission granted by Dr. Kanter for use of her theory for the study (see Appendix D).

Kanter's (1993) theory of structural empowerment has been tested and is supported by various RN researchers to demonstrate how empowerment relates to job satisfaction (e.g., Bawafaa et al., 2015; Dahinten et al., 2016; Rheume et al., 2011) and intent to leave (e.g., Cicolini et al., 2014; Hauck et al., 2011; Laschinger & Smith, 2013; Smith et al., 2012). Bawafaa et al. (2015) applied Kanter's theory of structural empowerment in a secondary data analysis of 3,600 direct care RNs in hospital and

community settings from nine provinces in Canada to show that nurse managers with resonant leadership create a structurally empowering work environment for RNs hence influencing the RNs' job satisfaction. Dahinten et al. (2016) applied Kanter's theory of structural empowerment to demonstrate structural empowerment as the leading predictor of RNs' job satisfaction in their cross-sectional study examining the relationships between workplace empowerment and job satisfaction among Canadian RNs working in hospitals and community settings. Hauck et al. (2011) examined the relationship between perceptions of structural empowerment and anticipated turnover among critical care RNs and showed that RNs who perceive that they have access to empowering structures in the workplace s have a positive attitude and higher retention. Smith et al. (2012) used Kanter's theory of structural empowerment to show that behavioral health RNs with a high perception of empowerment and who feel empowered in the workplace have a higher level of job satisfaction, autonomy, and professional fulfillment hence, low turnover intentions. The overarching theme in the identified literature (Bawafaa et al., 2015; Cicolini et al., 2014; Dahinten et al., 2016; Hauck et al., 2011; Laschinger & Smith, 2013; Rheume et al., 2011; Smith et al., 2012) was the use of Kanter's theory of structural empowerment as a theoretical foundation to relate workplace empowerment to employee retention.

The structures of access to support, access to information, resources, and opportunities for professional development have been shown to increase autonomy (Li et al., 2016; Orgambidez-Ramos & Borrego-Ales, 2014), increase self-efficacy (Hebenstreit, 2012; Smith et al., 2010), and increase job satisfaction (Laschinger &



Smith, 2013; Orgambidez-Ramos & Borrego-Ales, 2014; Skytt et al., 2015).

Orgambidez-Ramos and Borrego-Ales (2014) conducted a cross-sectional study of 226 university teachers from a Spanish public university and applied Kanter's theory as the theoretical foundation to assess the ability of structural empowerment to predict levels of job satisfaction. The authors found that a structural factor in the workplace such as access to the opportunity to learn and grow in the job is key to promoting autonomy and job satisfaction. Hebenstreit (2012) used Kanter's theory to explore how the perception of structural empowerment- access to support and opportunity by nurse educators influenced innovative behaviors. The author found that perception of structural empowerment positively facilitated nurse educators' innovative actions and work accomplishment. Smith et al. (2010) applied Kanter's theory of structural empowerment in examining the influence of structural empowerment, psychological empowerment, and workplace incivility on the organizational commitment of newly graduated RNs. The authors concluded that the perception of structures of empowerment in the work environment shapes the behaviors of new graduate RNs. The studies identified in this paragraph (Hebenstreit, 2012; Laschinger & Smith, 2013; Li et al., 2016; Orgambidez-Ramos & Borrego-Ales, 2014; Skytt et al., 2015; Smith et al., 2010) highlighted opportunity for advancement, access to support, access to resources, and autonomy as the structures of empowerment identified by Kanter, as factors that influence job retention.

I chose Kanter's theory of structural empowerment as the theoretical foundation to guide and strengthen this research because the search of the literature showed more

research studies using the theory to address the concept of empowerment and its relation to staff RNs' job satisfaction and intent to leave.

### **Literature Review Related to Key Variables and/or Concepts**

#### **Empowerment**

Empowerment is defined as access to support, resources, and opportunities to accomplish positive outcomes (Regan & Rodriguez, 2011). The inception of the concept of empowerment can be traced back to 1960s during the Black power movement, through the 1970s with the gays' rights movement, to the 1980s with the women's right movement (Fotoukian et al., 2014). Empowerment is derived from power and involves the sharing of power between leader and staff (Akpotor & Johnson, 2018). The term empowerment is popular in various disciplines (Cattaneo & Chapman, 2010). In business, Ribeiro (2018) found that empowerment is linked to innovation as employees are given the freedom to make decisions, hence positively influencing their work performance. Six factors Ribeiro (2018) found that contribute to empowerment in the business world are power, knowledge, information, rewards, performance appraisal, and employee performance. Similarly, Chhotray et al. (2018) explored the role of leadership, vision, and empowerment in Swedish global companies and found that empowerment in the form of autonomy and recognition of employees' work contributes to organizational and business success. Empowerment in psychology is related to influence, setting personal and meaningful goals, and actualizing those goals (Cattaneo & Chapman, 2010). In community psychology, empowerment is a strength-based participatory approach by people or a community to problems with which they are faced (Peterson, 2014).

Empowerment has gained attention in nursing and has been linked to job satisfaction, organizational commitment, safety, quality outcomes, and intent to stay (Cicolini et al., 2014; Richardson & Storr, 2010;) and is preceded by trusting and respectful relationships between the nurse leader and RN. Cicolini et al. (2014) identified autonomy, communication, justice, willingness to change, and self-esteem as antecedes to empowerment. Access to opportunities, resources, and support according to Lashinger and Smith (2013) leads to empowerment. DeVivo et al. (2013) used Kanter's (1993) theory as a theoretical framework to study the perceptions of empowerment using the CWEQII scale to measure structural empowerment of emergency department RNs. Access to resources presented in the study included perceived time available to complete job and documentation. The RNs reported a moderate level of structural empowerment due to opportunities for advancement, leadership visibility through rounds, although access to resources was scored low in the study.

### **Intent to Leave**

Intent to leave is defined as a person's consideration to leave a place of employment for another practice environment (Phillips, 2020). Employees' intent to leave an organization positively correlates with actual turnover rate (Cohen et al., 2016). Unruh and Zhang (2014) described turnover among newly licensed RNs after 1-2years of practice as problematic and adding to the nursing shortage. The first two years is the most vulnerable time for new RNs which precipitates the thought to leave the job or the nursing profession totally, with 50% of these new RNs leaving the job within the 1st year (Chan et al., 2013). Although the new graduates reported clarity in the job description

and expectations, Chan et al. (2013) found that 10% of their study participants intended to leave the nursing profession, 3% intended to leave within the next two years, while 32% were unsure how long they would remain in practice. Unruh and Zhang (2014) in their study found that 23% of the new RNs considered leaving their jobs within the first 2 years while 18% resigned within the first year. Rheume et al. (2011) found a similar result where 45.5% of new graduate RNs within 12-16 months of practice considered leaving their job, while 4.9% had definite plans to leave. Job stress and dissatisfaction, personal characteristics, lack of essential elements of a supportive work environment ranging from leadership, opportunity to contribute to or participate in hospital affair, and lack of autonomy emerged as the major factors leading to the new graduates' intent to leave (Chan et al., 2013; Rheume et al., 2011; Unruh & Zhang, 2014)

Conversely, Tourangeau et al. (2010) conducted a descriptive study on RNs' intent to remain employed. The study comprised of 13 focus groups with 78 medical, surgical, and critical care RNs from six hospitals. The themes that emerged as factors that influenced RNs' intent to stay were centered around the employees' work: manager visibility and strong interpersonal skills, a sense of group cohesiveness, opportunity to give input on their job, and flexible work hours for work-life balance (Tourangeau et al., 2010). Similarly, a positive perception of the work environment and characteristics of the organization were identified as factors that influenced RN retention in a cross-sectional observational study of 23,159 participants (Heinen et al., 2013).

## **Leadership**

Leadership is one of the factors influencing RN turnover within the first two years of practice (Unruh & Zhang, 2014). Lam and O'Higgins (2012) provided evidence that leadership influenced employee outcomes. Leadership is a modifiable factor that can prevent RNs from leaving practice even if they have the intent to leave (Heinen et al., 2013). There are various leadership approaches and each one has its own effect on staff. Situational leadership, transactional leadership, and transformational leadership are leadership approaches that have been largely studied in nursing. Situational leadership is based on the perception that the directive and supportive dimensions of leadership should be appropriately applied to given situations (Northouse, 2016). Situational leadership requires leaders to know when to direct and when to be supportive and the degree to which he/she needs to be supportive or directive (Fernandez et al., 2010). Transactional leaders use the contingent reward approach to achieve organizational goals (Northouse, 2016). Transactional leaders take sole responsibility for goal setting and effectiveness. This type of leadership might be preferred in hospitals to meet financial goals. Transformational leadership (Northouse, 2016) is a process of creating a sense of connectedness, inspiration, and motivation that is shared between a leader and the follower. Transformational leadership as commonly described in research, is a style of leadership that inspires, motivates, supports, and cares (Lam & O'Higgins, 2012). Transformational leaders foster trust and intellectual stimulation of followers (Northouse, 2016), are not ambiguous; but are honest, transparent, and empower their employees to achieve job satisfaction, engagement, and performance (Lam & O'Higgins, 2012).

Additionally, a transformational leader creates a warm, supportive, and friendly work environment that promotes autonomy and creativity. Leadership skills such as intelligence, drive, desire, and motivation to lead change, enthusiasm and optimism about change, honesty, integrity, and team orientation positively affect a practice environment (Nahavandi, 2015). Effective leadership not only affects people's visible behavior, but it affects the conscious thoughts and semiconscious minds of people (Clawson, 2012).

### **Empowerment, Leadership, and Intent to Leave**

Empowerment fostered by leadership relates to job satisfaction which influences retention (Han et al., 2015). There is a positive correlation between a leader's empowering behavior and employee experiences (Cicolini et al., 2014). Positive perceptions of empowerment according to Cicolini et al., (2014) are associated with RNs' intent to remain with an organization. Empowerment increases job satisfaction and engagement and reduces RNs' intent to leave their current positions (Nei et al., 2015). Han et al. (2015) studied 1641 RNs and found those nurse leaders who gave their staff RNs autonomy strongly influenced the RNs' job satisfaction and turnover intention. Read and Laschinger (2015) used a quantitative longitudinal survey design to examine the effects of leadership and structural empowerment on job satisfaction of new graduate RNs within their first year of practice; the result, like Han et al., (2015), showed that leadership empowering behaviors promotes new RNs' work experience and job satisfaction, and support their retention in practice. Choi et al., (2013) conducted a cross-sectional correlational study of 1271 RNs from inpatient units, excluding psychiatric units, operating rooms, and outpatient units, from 135 hospitals to examine how staff

RNs' perception of leadership and their work environment related to and predicted turnover intentions. Thirteen and a half percent of the participants had less than one year of experience, 14.9% of them had 1-3years of experience 8.9% had greater than three years but less than five years of experience, while 60.5% of the participants had over five years of experience. Sixty percent of the participants intended to leave their position. Lack of leadership and access to resources among others significantly related to intent to leave. Conversely, Liou and Cheng (2010) found low intent to leave among new RNs with practice experience of 6 months and over in 8 hospitals in southern Taiwan. The low turnover intention rate was attributed to the nurses' positive perception of their work environment and leadership support.

A review of the literature shows that studies have been conducted on the concepts of empowerment, leadership, and staff retention in the business world, psychology, as well as nursing (Bawafaa et al., 2015; Cattaneo & Chapman, 2010; Chhotray et al., 2018; Laschinger & Smith, 2013; Ribeiro, 2018; Smith et al., 2012). The research studies identified empowerment as an influencing factor of retention (Hauck et al., 2011; Laschinger & Smith, 2013; Read & Laschinger, 2015; Redknap et al., 2015; Smith et al., 2012; Unruh & Zhang, 2014). Emphasis was placed on the nurse leader's role in RNs' empowerment (Bawafaa et al., 2015; Dahinten et al., 2016; Hauck et al., 2011; Lam & O'Higgins, 2012).

Structural factors of empowerment, i.e., access to support, access to information, resources, and opportunity for development, have a positive impact on RNs (Dahinten et al., 2016; Hauck et al., 2011; Smith et al., 2012; Smith et al., 2010; Unruh et al., 2016).

The studies highlighted the positive impact of empowerment to be job satisfaction, autonomy, high motivation, less job-related stress, decreased burnout, organizational commitment, and ultimately an increased likelihood to stay (Dahinten et al., 2016; Hauck et al., 2011; Heinen et al., 2013; Smith et al., 2012; Unruh et al., 2016).

There were consistencies in some of the research results linking leadership and structural empowerment to RNs' retention. For example, Smith et al. (2010) found structural empowerment a significant predictor of new RNs' commitment ( $b = 0.306, p = 0.002$ ) influenced by sense of belonging. Similarly, Dahinten et al., (2016) found that both leader empowering behavior and structural empowerment simultaneously predicted job satisfaction ( $p < 0.001$ ), contributing to the retention of RNs. Smith et al., (2012) found that RNs felt empowered and were less likely to leave the organization. Therefore, the outcome of the study was a negative relationship between structural empowerment and the RNs' turnover intention ( $r = -0.5, p < 0.01$ ).

Little research has examined the relationship between empowerment and retention of new psychiatric RNs, although psychiatric nursing has the lowest retention rate of RNs (Adams, 2015; NSI, 2016). Therefore, my research was a correlational study to fill the gaps in the literature by exploring the link between leadership empowerment behavior and new psychiatric RNs' retention.

### **Summary and Conclusions**

The shortage of psychiatric RNs is significant and is caused by a high turnover rate of RNs. What is known from the literature is that the first two years of practice is a vulnerable time for RNs' turnover (Cho et al., 2012; Kovner et al., 2014). Factors widely



studied that contribute to turnover or intent to leave in nursing are job dissatisfaction and lack of support. Although psychiatric RNs perceive their work to be rewarding (Gunn, 2015), there is still a struggle to retain these RNs, especially within the first two years of practice. Empowerment has been well established in the literature to promote job satisfaction, organizational commitment, and RN retention (Cicolini et al., 2014; Nei et al., 2015; Han et al., 2015; Richardson & Storr, 2010). The literature has also shown that leadership is integral to RN retention. However, what has not yet been shown in the literature is how empowerment as a leadership behavior relates to staff RN retention in psychiatry.

This study attempted to fill the gap in the literature by focusing on the relationship between the display of empowerment behavior by nursing leadership and new psychiatric RNs' intent to leave. The findings of this study will extend the knowledge in psychiatric nursing leadership on leadership empowerment as a strategy to enhance confidence and meaningfulness of work for new psychiatric RNs. Nurse leaders could, as a result, begin to develop empowerment behavior to promote the retention of new RNs in practice to meet the increasing demand for psychiatric mental health care. A detailed explanation of the correlational study design and methodology is provided in Chapter 3.

### Chapter 3: Research Method

The purposes of this study were to determine (a) if there was a relationship between leadership empowerment behavior and psychiatric RNs' intent to leave within the first 2 years of practice in inpatient psychiatric settings and (b) if there was a relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first 2 years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing. In this chapter, I provide detailed information about the research design and rationale, describe the methodology including sampling, data collection, instrumentation, and plan for data analysis. The threats to validity and ethical procedures as relate to institutional permission, institutional review board (IRB), and ethical concerns related to recruitment and data collection are also described in this chapter.

#### **Research Design and Rationale**

I used a nonexperimental correlational research design for the study to determine if there is a relationship between nursing leadership empowerment behavior and psychiatric RNs' intent to leave. Correlational research design is a type of quantitative study that is best suited for this study as it does not require variable manipulations to determine an association between variables (see Turner et al., 2013).

Correlational study designs have their strength and weaknesses. One of the strengths of correlational studies is that the variables can be statistically measured and analyzed for association between the variables (Turner, et al., 2013). A weakness of

correlational study design is that although it may determine if one variable relates to the other variable, however, a cause-and-effect relationship between the two variables cannot be determined with the design. In this study, I determined a statistical relationship between variables- psychiatric RNs' intent to leave, nursing leadership empowerment behavior, and RN demographic characteristics of age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing. Hence, the use of a correlational study design was appropriate for this research study.

Conducting a quantitative study using a survey has associated constraints that a researcher should take into consideration. The 4-week time frame that the survey was open posed a time constraint to reach the desired number of study participants. I, therefore, constantly monitored the responses and sent reminders about the survey to ensure that I met the largest number of participant responses possible before the survey closed. A web-based survey that is convenient and inexpensive was used, reducing the financial resource constraint for the study (Creswell & Creswell, 2018).

## **Methodology**

### **Population**

My study focused on the relationship between leadership empowerment behavior and the retention of RNs within their first 2 years of practice in the psychiatric inpatient setting. Therefore, the target population for this study was estimated to be 2,590 RNs currently working in an inpatient psychiatric hospital who are within their first 2 years of

practice in the United States. The estimated number was calculated and derived from the Phoenix (2019) study.

### **Sampling and Sampling Procedures**

I used convenience sampling, a nonprobability sampling method for this study. Convenience sampling is easier for a researcher due to accessibility and availability of participants for the study (Etikan et al., 2016). A disadvantage of using convenient sampling however is that it limits the generalizability of the study results (Etikan et al., 2016).

The inclusion criteria for this study were RNs within two years of practice, with direct patient care assignments working at least 20 hours a week in an inpatient psychiatric setting. The exclusion criteria for this study were RNs who have already left the inpatient psychiatric setting although they might still be within the 2 years of practice window. RNs employed for less than 3 months and still on orientation under the supervision of a preceptor were also excluded.

I used a *priori* power analysis with correlation analysis (two-tailed) using G\* power (v. 3.1.9.7). G\* power is a statistical analysis program for different tests including *t* tests, chi-square tests, as well as correlation and regression analysis (see Faul et al., 2009). The power was set to 0.8, a median effect size of .15, and an alpha level of  $\alpha = .05$  which generated a total sample size of 84 participants for the study.

### **Procedures for Recruitment, Participation, and Data Collection**

Walden University IRB approval was obtained before recruiting participants into the study. Recruitment was conducted via social media advertisement, such as Facebook

and Instagram. The purpose of the study was outlined in the recruitment flyer posted (see Appendix A) on the social media platforms with a clear statement that participation is voluntary and that participants could exit the survey at any time. Data were collected online using SurveyMonkey over a 4-week period. A survey design for data collection allowed for numeric description and analysis of trends (Creswell & Creswell, 2018). The demographic data I collected is in Appendix E. SurveyMonkey, a web-based questionnaire, was preferred for this study as it is easy to design and easily accessed by participants through a link, and advantageous for rapid data collection compared to mail-in surveys (see Kimball, 2019; Waclawski, 2012). Information from the survey was kept confidential because I used the feature in SurveyMonkey that delinks the participants' email from my data. The survey I used was designed in a 5-point Likert-type scale format with degree of agreement ranging from "Strongly Agree" to "Strongly Disagree" and frequency ranging from "Almost Always" to "Almost Never." The link to the online survey was included in the recruitment flyer with an approximate the length of time to complete the survey. Incomplete survey submissions were excluded and was not part of my data analysis.

### **Instrumentation and Operationalization of Constructs**

The instruments I used to develop the SurveyMonkey questionnaire for this study were the LEBQ and TIS-6. The SurveyMonkey questionnaire contained demographic questions. Completion of the surveys was estimated to take approximately 15 minutes.

### ***The Leader Empowering Behavior Questionnaire (LEBQ)***

The LEBQ was developed by Konczak et al. (2000). The LEBQ is a 17-item scale used to measure six dimensions- delegation of authority, accountability, self-directed decision making, information-sharing, and coaching for innovative performance. The scale considers leaders' role in the empowerment process of employees by measuring leadership empowering behavior from employee feedback (Konczak et al., 2000). Feedback from LEBQ scale can be useful for leaders to understand their role in the empowerment of subordinates and develop the necessary skills. The 17 items of the LEBQ are measured on a 7-point Likert-like scale ranging from lowest score of 1= strongly disagree to highest score of 7= strongly agree. Higher scores denote higher leader empowering behavior while lower scores denote lower leader empowering behavior. The 17-item scale was tested at a Fortune 500 company with a total sample size of 1,309 subordinates who rates 424 managers. Sixty-seven of the responses were incomplete hence excluded from the study leaving a total of 1,242 participants.

Confirmatory analysis of the six-factor model was performed two times, both yielding good model fit (Konczak et al., 2000). The first confirmatory analysis was on a sample size  $N=254$  out of the 1,242 responses which yielded a comparative fit index (CFI) = .96, goodness-of-fit index (GFI) = .90, adjusted goodness-of-fit (AGFI) = .86, root mean squared residual (RMSR) = .08, the  $\chi^2$  statistic = 231.90,  $df = 104$ ,  $p < 0.05$ . The second confirmatory analysis was performed on sample size  $N=988$  which yielded CFI = .96, GFI = .94, AGFI = .91, RMSR = .10,  $X^2 = 564.92$ ,  $df = 104$ ,  $p < 0.05$ . Overall, the six-dimension scale showed acceptable internal consistency, had a good and

acceptable Cronbach's alpha reliability coefficient which ranged between 0.82 – 0.90, and the inter-factor correlation ranged between 0.40 to 0.88,  $p < 0.05$ ; Standardized factor coefficients greater than 0.78 and standard deviations ranging from 0.99 to 1.37 indicating moderate variability in scales (Konczak et al., 2000). The results above show relationships among the item of the LEBQ, and appropriate for my research study.

A Spanish validation of the Konczak et al. (2000) LEBQ was conducted by Bonavia and Marin-Garcia (2019) with a sample size of 651 participants across different occupations and companies, using a purposive sampling method. Bonavia and Marin-Garcia reported a Cronbach's alpha reliability coefficient  $>0.78$  for each of the factors of the LEBQ scale,  $p < 0.05$ , reproducing the Konczak et al. six-factor theoretical model, with satisfactory reliabilities.

All 17 questions of the LEBQ instrument were used in my study. Permission to use the LEBQ was obtained from the developers (see Appendix B).

### ***The Turnover Intention Scale (TIS-6)***

The Turnover Intention Scale (TIS-6) was used to measure intent to leave. The TIS-6 is a shortened version of the 15-item TIS scale, and it is used to measure turnover intention (intention to leave or stay) and predict actual turnover (Roodt, 2004) as in the article by Bothma & Roodt (2013). The six-question scale is measured on a 5-point Likert-type scale varying from 1 = positive or favorable rating to 5 = negative or unfavorable rating. The validation of the TIS-6 scale to measure turnover intention and predict actual turnover was conducted at a South African information, communication, and technology (ICT) sector company. A census-based sampling approach of  $N = 23, 134$

was used over a 1-month period. The sampling approach yielded a total of research participants  $N = 2429$  with at least a 6-month employment time frame at the company. The factor analysis of the TIS-6 yielded a Cronbach alpha reliability coefficient of 0.80 and items loading ranged between 0.73 – 0.81 establishing that the TIS-6 can reliably measure turnover intentions (Bothma & Roodt, 2013).

The criterion-predictive validation of the TIS-6 was conducted for a 4-month to 4-year period. 84 respondents left the company within a 4-month period after the initial survey. A random sample of 88 was drawn from the  $N = 2345$  participants who remained within the 4-month period and their data profile was compared to that of the 84 who resigned within that time-period.

The Bothma and Roodt (2013) study resulted in significant difference in turnover intention scores of those who resigned ( $M = 5.14$ ,  $SD = 1.26$ ) compared with those who stayed ( $M = 4.13$ ,  $SD = 1.28$ ),  $t(170) = 5.20$ ,  $p \leq 0.001$ , mean difference = 1.01, 95% CI: 0.63 – 1.39, and large effect size ( $n_p^2 = 0.14$ ), supporting the TIS-6 to predict actual turnover. All the six questions in the TIS-6 instrument were used in my study. Permission to use the TIS-6 was obtained from the developers (see Appendix D).

### **Instrumentation and Operational Definition of Key Variables**

*Intent to leave:* is a person's consideration to leave a place of employment for another practice environment (Phillips, 2020). Intent to leave was measured using the TIS-6 on a 5-point Likert-type scale varying from 1 = positive or favorable rating to 5 = negative or unfavorable rating.



*Leadership Empowerment Behavior:* is how leaders act in providing autonomy, participation in decision-making, and meaningfulness of work to subordinates (Cicolini et al., 2014). The LEBQ was used to measure nurse leaders' display of empowerment behavior on a 7-point Likert-like scale ranging from lowest score of 1= strongly disagree to highest score of 7= strongly agree.

### ***Operational Definition of Concepts***

*Empowerment:* is defined as access to support, resources, and opportunities to accomplish positive outcomes (Regan & Rodriguez, 2011). Empowerment in this study focused on nurse leaders.

*Psychiatric Registered Nurse:* is a licensed RN who works in a psychiatric mental health setting providing mental health care to patients, their families, and communities (American Nurses Association, 2014). This term is used interchangeably with psychiatric-mental health RN and mental health RN in this study.

*Turnover Intention:* is defined as a cognitive process involving the thought and willfulness of a person to leave an organization (Bothma & Roodt, 2013). Turnover intention is used interchangeably with intent to leave in this study.

### **Data Analysis Plan**

Data were collected using SurveyMonkey, then downloaded into the IBM Statistical Package for the Social Sciences (SPSS) Statistics version 27 for analysis. I tested for the assumptions for correlation analysis and multiple regression analysis. I planned to conduct an alternative statistical analysis appropriate for the data if the assumptions were not met. I analyzed RQ1 using correlation analysis to evaluate the

strength of the relationship between the independent variable, leader empowerment behavior and dependent variable, intent to leave. Pearson's correlation coefficient was used to test the linear relationship between the two variables (Polit & Beck, 2017).

Research Question 1: What is the relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice?

$H_01$ : There is no relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice.

$H_A1$ : There is a relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice.

I used analysis of covariance (ANCOVA) for RQ2 to determine the effect of the demographic variables of age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing on intent to leave while controlling for leadership empowerment behavior.

Research Question 2: What is the relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing?

$H_02$ : There is no relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice

based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing.

*H<sub>A2</sub>*: There is a relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing.

I also conducted a Cronbach's alpha on the LEBQ and TIS-6.

### **Threats to Validity**

Threats to validity refer to why inferences made on a research study's results can be wrong, and the threats can be external, internal, and construct related (Creswell & Creswell, 2018). A researcher's role is to examine the threats and cultivate measures to eliminate or minimize the threats to strengthen the study validity.

#### **Threats to External Validity**

A potential threat to external validity was the use of convenience sampling which affects the generalizability of results to the target population (Etikan et al., 2016). The mitigation for this external threat was to include only the participants who met the criteria specific to the study's target population and practice setting.

#### **Threats Internal Validity**

Threats to internal validity can be related to maturation, mortality or attrition, and instrumentation (Creswell & Creswell, 2018). The applicable potential internal validity threat to this study was related to the measurement instruments. This threat was addressed by choosing survey instruments (LEBQ and TIS-6) that have satisfactory Cronbach's

alpha and have established validity to measure my study variables as described in this chapter and appropriate for the research questions.

### **Threats to Construct Validity**

The selection of the LEBQ and TIS-6 instruments for this study minimized threat to construct validity. The instruments represent the operational definitions of the variables in the research questions and have been validated to adequately measure the constructs of this study.

### **Ethical Procedures**

The protection of the human subjects participating in research and anticipation of potential ethical issues in data collection that may arise during a research need to be a priority of researchers (Creswell & Creswell, 2018). Hence, measures such as password-protection of my laptop and locking up of hard copies of the statistical data in a cabinet so that no one else other than I would have access, were taken. Recruitment and data collection did not begin before obtaining an approval from the Walden University Institutional Review Board (07-08-21-0082346).

Data collection was anonymous and confidential. Informed consent was obtained from the participants prior to accessing the survey. The consent included the purpose of the study, the voluntary nature of the study, and a brief explanation of how the data would be protected for privacy. The consent ended with a statement indicating that by clicking to access the survey, the participant understood the study and was willing to participate in it.

## **Summary**

In this chapter, I reviewed the research design for my study which is a non-experimental correlational research design to determine if there is a relationship between nursing leadership empowerment behavior and psychiatric RNs' intent to leave. I described the methodology for the study which included recruiting a sample size of 84 participants, the procedure for recruitment, participation, and data collection using a web-based survey (SurveyMonkey) design with the LEBQ and TIS-6 instruments. The appropriateness of the instruments and construct validity were discussed in this chapter as well, including a plan for data analysis.

Chapter 4 provides a discussion of the process of data collection and analysis of results, as well as a summary of key findings.

## Chapter 4: Results

The purposes of this study were to determine (a) if there is a relationship between leadership empowerment behavior and psychiatric RNs' intent to leave within the first 2 years of practice in inpatient psychiatric settings and (b) if there is relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first 2 years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing.

The research questions and hypotheses for my study were as follows:

RQ1: What is the relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice?

$H_01$ : There is no relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice.

$H_A1$ : There is a relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice.

RQ2: What is the relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing?

*H<sub>02</sub>*: There is no relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing.

*H<sub>A2</sub>*: There is a relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing.

Participants responded to a SurveyMonkey questionnaire developed with the LEBQ and TIS-6 instruments. All the data were entered and analyzed with SPSS version 27. In this chapter, I will discuss my data collection, data analysis, and my study findings.

## **Data Collection**

### **Time Frame**

I collected data over a 5-week timeframe using my online SurveyMonkey data collection tool after obtaining IRB approval. My recruitment flyer and survey link were shared on Facebook, Instagram, and LinkedIn. I also shared my survey link with my contacts with these social media accounts to disseminate. I sent weekly reminders on social media encouraging nurses who met the criteria to participate in my study.

### **Data Collection Plan**

I originally planned, as presented in Chapter 3, to collect data over 4 weeks. However, I met with inadequate survey responses during the 4 weeks. I needed a total sample size of 84 participants for the study as generated by G\* power analysis. As

calculated and derived from the Phoenix (2019) study, the estimated target population for this study was 2,590 RNs currently working in an inpatient psychiatric hospital who are within their first two years of practice in the United States. My survey link was left open for an additional week resulting to a total 5-week data collection period. At the close of the survey, 111 participants responded to the survey. My survey consisted of 30 questions: seven demographic questions, 17 questions from the LEBQ, and six questions from the TIS-6.

### **Descriptive Statistics and Demographic Characteristics**

The inclusion criteria and demographic questions were guided by the purpose of the research and research design. The demographic questions were age, gender, highest level of nursing education, employment status, hours of regular work shift, primary work shift, and years of experience in psychiatric nursing. The RN personal characteristics were age, gender, and highest level of nursing education. Table 1 shows the responses to the demographic questions.

**Table 1**

*RN Personal Characteristics*

	Category	Frequency ( <i>n</i> )	Percentage (%)
Age (years)	20 – 29	8	7.2
	30 – 39	42	37.8
	40 – 49	36	32.4
	50 and above	25	22.5
Gender	Male	16	14.4
	Female	94	84.7
	Prefer not to answer	1	0.9
Highest education	ADN	22	19.8
	BSN	89	80.2

*Note:* *N* = 111. ADN= Associate Degree in Nursing, BSN= Bachelor of Science in Nursing



The RN professional characteristics were employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing. As seen in Table 2 below, most of the participants worked full-time (99.1%), worked 8 hours regular work shift (81.1%), worked the day shift (90.1%), and had 1-2years of psychiatric nursing experience (67.6).

**Table 2**

*RN Professional Characteristics*

	Category	Frequency (n)	Percentage (%)
Employment status	Full time	110	99.1
	Part time	1	0.9
Hours of regular work shift	8hrs	90	81.1
	12hrs	21	18.9
Primary work shift	Days	100	90.1
	Evenings	3	2.7
	Nights	6	5.4
	Weekends only	2	1.8
Years of experience in psychiatric nursing	Less than 1 year	36	32.4
	1-2 years	75	67.6

## Results

### Descriptive Statistics

Reliability tests of the LEBQ and TIS-6 instruments were conducted. The independent variable- Leadership empowerment behavior was operationalized using the 17-item LEBQ measured on a Likert scale. The LEBQ showed Cronbach's alpha

reliability coefficient of 0.891, which meant the instrument was reliable for the analysis (Table 3). The dependent variable- Intent to leave was operationalized using the 6-item TIS-6 measured on a Likert scale. The reliability testing of the TIS-6 showed Cronbach's alpha reliability coefficient of 0.817, indicating that the instrument was also reliable for the analysis (Laerd Statistics, 2020) (Table 3).

**Table 3.** Instrument Reliability

Variable	Scale	Number of items	Mean	SD	Cronbach's Alpha
Leadership empowerment behavior	LEBQ	17	91.23	16.25	0.891
Intent to leave	TIS-6	6	16.84	5.02	0.817

### Statistical Analysis of Research Question 1

I conducted a correlation analysis for my first research question to determine the relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice. I assessed the assumptions of Pearson's correlation; the variables used in this study (LEBQ and TIS) met the continuous variables assumption, and the variables were paired. The Pearson's correlation analysis I conducted showed linear relationships between the variables but there were two outliers as observed from visual inspection of the scatterplot. The tests of normality also showed that the LEBQ was not normally distributed with Shapiro-Wilk test level of significance ( $p < .05$ ), although the TIS was normally distributed observed by significant Shapiro-Wilk test ( $p > .05$ ). Also, the variables were both ordinal level

therefore the non-parametric version of Pearson's correlation coefficient -Spearman's Rho was used to test the relationship. The Spearman's was more appropriate to run.

Spearman's correlation analysis indicated a moderate and inverse (negative) relationship between LEBQ and TIS as the correlation coefficient between the variables of interest was -0.431 and statistically significant at 1% (Table 4). That is, as leadership empowerment behavior increases, the intent to leave of psychiatric nurses who are in their first two years of practice decreases ( $r_s = -.431, p < .0001$ ). The null hypothesis was rejected.

**Table 4.**

Spearman's Rank-Order Correlation Between Variables (RQ1)

	TIS	LEBQ
TIS	1	-.431**
LEBQ	-.431**	1

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

### Statistical Analysis of Research Question 2

To answer research question two, which examined the relationship between leadership empowerment behavior and psychiatric registered nurses' intent to leave who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing, I ran an analysis of covariance (ANCOVA) to determine the effect age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing on intent to leave while controlling for Leadership

empowerment behavior. The assumptions of ANCOVA were checked by first running a scatter plot to look for linearity between the TIS and LEBQ. The assumption of linearity was met as there was a linear relationship by visual inspection of the scatterplot. I then tested for homogeneity of regression by running an F test to determine if age, gender, education, employment status, hours of work shift, primary work shift, and years of experience were related to LEBQ. There was homogeneity of regression slopes as the interaction term was not statistically significant,  $F(42, 68) = 1.008, p = .480$ . The assumption of homogeneity was met. The ANCOVA result revealed that age  $F(3, 68) = 0.066, p = 0.978$ , partial  $\eta^2 = 0.003$ , gender  $F(2, 68) = 0.841, p = 0.436$ , partial  $\eta^2 = 0.024$ , education  $F(1, 68) = 0.502, p = 0.481$ , partial  $\eta^2 = 0.007$ , employment status  $F(1, 68) = 0.024, p = 0.877$ , partial  $\eta^2 = 0.000$ , hours of work shift  $F(1, 68) = 0.134, p = 0.716$ , partial  $\eta^2 = 0.002$ , primary work shift  $F(3, 68) = 0.946, p = 0.423$ , partial  $\eta^2 = 0.040$ , and years of experience in psychiatric nursing  $F(1, 68) = 0.134, p = 0.715$ , partial  $\eta^2 = 0.002$ , were not significant in explaining Intent to leave. The null hypothesis is accepted.

### **Summary**

In this chapter, I provided the results of the data analyses based on the sample size of 111 participants in their first two years of practice in inpatient psychiatric settings who completed the online survey. Spearman's rank order showed a statistically significant inverse correlation between leadership empowerment behavior and intent to leave for research question 1. The result of the ANCOVA performed for research question 2

indicated that the demographic variables were insignificant in explaining intent to leave while controlling for leadership empowerment behavior.

Chapter 5 provides the interpretation of the findings compared to the literature and in the context of the theoretical framework- Kanter's theory of structural empowerment. I also addressed the study limitations, recommendations for further research and practice, and implications of my research for positive social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purposes of this study were to determine (a) if there is a relationship between leadership empowerment behavior and psychiatric RNs' intent to leave within the first 2 years of practice in inpatient psychiatric settings and (b) if there is relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first 2 years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing. There is a significant shortage of RNs in America today (Nei et al., 2015) which extends to psychiatric nursing (Redknap et al., 2015). Nurse turnover within the first 2 years due to lack of empowerment, leadership, and job dissatisfaction (Cho et al., 2012; Redknap et al., 2015; Unruh & Zhang, 2014) was identified as a contributing factor.

Empowerment, defined as access to support, resources, and opportunities to accomplish positive outcomes (Regan & Rodriguez, 2011), has been identified as an essential factor that influences, correlates with, and predicts RN intent to leave (Curtis & O'Connell, 2011; Read & Laschinger, 2015; Yang et al., 2013). Psychiatric RNs make up most of the mental health professions (McAllister & McCrae, 2017). However, the relationship between leadership empowerment behavior and psychiatric RNs' intent to leave from required research. In addition, the effect of demographic characteristics (such as age, gender, work shift, work hours, employment status, and level of RN education) on the relationship between leadership empowerment behavior and psychiatric RN's intent to leave required research.

This study revealed an inverse relationship between leadership empowerment behavior and intent to leave among psychiatric RNs who are within the first 2 years of practice in inpatient psychiatric settings. As leadership empowerment behavior increases, there is a decrease in RN's intent to leave. The analysis of results revealed that age, gender, work shift, work hours, employment status, years of experience, and level of education do not affect the relationship between leadership empowerment behavior and psychiatric RN's intent to leave within the first 2 years of practice.

In this chapter, I provide the interpretation of the study findings and limitations of the study. I also provide recommendations for future research and address the impact of the study on social change.

### **Interpretation of Findings**

The key findings of the study align with the literature on leaders demonstration of empowerment behaviors positively correlating with RN retention in other clinical environments (e.g., Asiri et al., 2016; Blake et al., 2013; Cicolini et al., 2014; Curtis & O'Connell, 2011; DeVivo et al., 2013; Hauck et al., 2011; Laschinger & Smith, 2013; Nei et al., 2015; Read & Laschinger, 2015; Redknap et al., 2015; Smith et al., 2012; Yang et al., 2013), especially within the first 2 years of practice (e.g., Blake et al., 2013; Lam & O'Higgins, 2012; Unruh et al., 2016; Unruh & Zhang, 2014). Similar to the literature (Hauk et al., 2011; Smith et al., 2012), which examined intent to leave rather than intent to stay as an outcome of leaders demonstrating empowerment behaviors, I found an inverse (negative) relationship between both variables.

Consistent with the findings of Chan et al. (2013), the demographic characteristics of the RNs in this study did not affect the relationship between leadership empowerment behavior and intent to leave. Therefore, age, gender, level of nursing education, and employment status did not affect the relationship between leadership empowerment behavior and intent to leave. Furthermore, the years of experience in psychiatric nursing (less than 1 year or 1-2 years of experience), or if they worked 8- or 12-hour shifts did not affect the relationship between leadership empowerment behavior and intent to leave. This finding is also consistent with Kanter (1993), who identified that access to empowerment structures has a more significant effect on work behaviors such as turnover intention than personal or professional characteristics.

### **Interpretation of the Findings in the Context of the Theoretical Framework**

Kanter's (1993) theory of structural empowerment was used as the theoretical foundation to guide this study addressed the essential structures of empowerment as access to resources, information, support, and opportunity for advancement. The findings of my study which showed a moderate and significant correlation between leadership empowerment behavior and psychiatric RN's intent to leave is consistent with the literature (e.g., Cicolini et al., 2014; Hauck et al., 2011; Laschinger & Smith, 2013; Smith et al., 2012) that used Kanter's theory of structural empowerment to demonstrate that structural empowerment influences turnover intentions. The studies (e.g., Cicolini et al., 2014; Hauck et al., 2011; Laschinger & Smith, 2013; Smith et al., 2012) showed that leaders who demonstrate empowerment behaviors and foster an empowering work environment positively influence the retention of their employees.



### **Limitations of the Study**

The research study had some limitations. First was related to the generalizability as the results of the analysis cannot be generalized to all psychiatric RNs or all psychiatric RNs within their first two years of practice in the United States, as this study used convenience sampling with a sample of 111 RN participants in inpatient psychiatric settings.

The second limitation was related to the online survey method of data collection. Although the reliability of the two instruments used was measured and met as indicated by the Cronbach's alpha, it was possible, as with online surveys, that the participants were inattentive and responded to a question without consideration of the content (Berry et al., 2019).

### **Recommendations**

A recommendation for future research to address the limitations of this study would be the use of mixed methods or qualitative focus groups to get an in-depth understanding of the role of leadership empowerment behavior on psychiatric RN retention from the RN's perspective. A second recommendation is to use a larger sample size which would be randomly drawn with the ability to break the sample down into two groups so that people who have leaders with high empowerment scores could be compared to those who do not.

### **Implications**

This study added to the body of literature (Asiri et al., 2016; Blake et al., 2013; Chan et al., 2013; Cho et al., 2012; Cicolini et al., 2014; Curtis & O'Connell, 2011;

DeVivo et al., 2013; Hauck et al., 2011; Lam & O'Higgins, 2012; Laschinger & Smith, 2013; Nei et al., 2015; Read & Laschinger, 2015; Redknap et al., 2015; Regan & Rodriguez, 2011; Smith et al., 2012; Unruh et al., 2016; Unruh & Zhang, 2014; Yang et al., 2013). It addressed the gap in psychiatric nursing literature, showing that RNs who perceive their nurse leaders as demonstrating empowerment behaviors are less likely to leave their positions and vice versa.

Kanter's theory of structural empowerment, used as the theoretical framework in this study, strengthened the research as it provided basis for the research questions and hypotheses and contributed to the research design and methodology (Grant & Osanloo, 2014), as it relates empowerment to outcomes such as job satisfaction and retention. Evidence from this study suggests that empowerment is essential to psychiatric RN retention within the first two years of practice, and those who feel less empowered are likely to leave the organization. A recommendation, therefore, for nursing practice to prevent turnover is for nurse leaders to create a structurally empowering work environment for RNs with access to information, resources, support, and opportunities for growth and development.

The findings of this study extend the knowledge in psychiatric nursing leadership on leadership empowerment as a strategy to mitigate the turnover of new psychiatric RNs. The results of my study have a potential impact on positive social change as nurse leaders could begin to develop empowerment behavior to promote the retention of new RNs in practice to meet the increasing demand for psychiatric mental health care.

## Conclusion

The purposes of this study were to determine (a) if there is a relationship between leadership empowerment behavior and psychiatric RNs' intent to leave within the first two years of practice in inpatient psychiatric settings and (b) if there is relationship between leadership empowerment behavior and intent to leave among psychiatric registered nurses who are in their first two years of practice based on age, gender, education, employment status, hours of work shift, primary work shift, and years of experience in psychiatric nursing. This study found an inverse (negative) relation between the two variables indicating that psychiatric RNs who have leaders who demonstrate empowerment behaviors are less likely to leave their positions. The demographic characteristics of the RNs in this study did not affect the relationship between leadership empowerment behavior and intent to leave. The retention of psychiatric nurses is a significant problem as turnover threatens the safety and quality of patient care with the growing demand for mental health care. Addressing leadership empowerment behavior as a strategy to mitigate psychiatric RNs' turnover could impact the advancement in the psychiatric nursing profession by ensuring a workforce to meet the growing population of people in need of mental health interventions.

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## Appendix A: Recruitment Flyer

## Volunteers Needed to Participate in a Research Study

Are you a Registered in your first 2 years of practice working in an inpatient psychiatric setting?



You are invited to participate in a study examining the relationship between leadership empowerment behavior and Registered Nurses' intent to leave.

This research study is being conducted by Temitope Gold, a PhD in Nursing student at Walden University.

The survey is an online questionnaire which may take up to 15 minutes to complete.

If you would like to volunteer for this study, please click on the link below to complete the survey.

<https://www.surveymonkey.com/r/L275NXX>

Please respond by xxxxxx, 2021

If you have any questions about this study, please contact me at  
xxxx@waldenu.edu

## Appendix B: Permission to use the LEBQ instrument

**From:** Konczak, Lee < >  
**Sent:** Monday, March 15, 2021, 8:14 PM  
**To:** Temitope Gold <  
**Subject:** Re: Requesting permission to use the LEBQ

You have my permission.  
Good luck with your study.

Sent from my iPhone

On Mar 15, 2021, at 6:50 PM, Temitope Gold < > wrote:

Hello Dr. Konczak,

My name is Temitope Gold and I am a Ph.D in Nursing Leadership student at Walden University. I am in my dissertation stage and would like to seek your permission to use the Leader Empowering Behavior Questionnaire (LEBQ) for my research. My study is on leadership empowerment behavior and psychiatric nurses' intent to leave.

I look forward to your response.

Thank you.  
Temitope Gold

## Appendix C: Permission to use the TIS-6

**From:**  
**Sent:** Friday, September 11, 2020, 6:40 AM  
**To:** Temitope Gold < >  
**Subject:** RE: Requesting permission to use the TIS-6

Dear Temitope

You are welcome to use the TIS for your research. For this purpose please find the TIS-15 attached for your convenience. This TIS-6 (version 4) consists of the first six items high-lighted in yellow. You may use any one of these two versions. The TIS is based on the Theory of Planned Behaviour.

The only two conditions for using the TIS are that it may not be used for commercial purposes and second that it should be properly referenced as (Roodt, 2004) as in the article by Bothma & Roodt (2013) in the **SA Journal of Human Resource Management** (open access).

It is easy to score the TIS-6. Merely add the item scores to get a total score. The midpoint of the scale is 18 (3 x 6). If the total score is below 18 then the it indicates a desire to stay. If the scores are above 18 it indicates a desire to leave the organisation. The minimum a person can get is 6 (6 x 1) and the maximum is 30 (5 x 6). No item scores need to be reflected (reverse scored).

It is recommended that you conduct a CFA on the item scores to assess the dimensionality of the scale. We found that respondents with a matric (grade 12) tertiary school qualification tend to understand the items better and consequently an uni-dimensional factor structure is obtained.

If you wish to translate the TIS in a local language, you are welcome to do so. It is recommended that a language expert is used in the translate - back translate method.

I wish you all the best with your research!

Best regards

Prof Gert Roodt

## Appendix D: Permission to use Kanter's Theory

**From:** Office-Rosabeth Moss Kanter < >  
**Sent:** Thursday, July 25, 2019, 9:29:20 AM  
**To:** Temitope Gold <  
**Subject:** RE: Permission to use Kanter's theory

Dear Temitope,

Allow me to introduce myself as Professor Kanter's assistant and reply on her behalf.

Thank you for your inquiry regarding the use of her Structural Empowerment as a theoretical framework for your study on leadership empowerment behavior and staff nurses' retention in psychiatry. Professor Kanter grants you permission and wishes you the best of luck on your work.

Best,  
Russ

**Russell Simons**

Senior Faculty Support Specialist, Rosabeth Moss Kanter  
Harvard Business School  
Soldiers Field Rd  
Boston, MA 02163

## Appendix E: Demographic Questionnaire

This questionnaire is to collect demographic information about you. Please answer all questions choosing the answer that best describes you.

1. Please select the age group you belong to.
  1. 20 – 30 years old
  2. 30 – 40 years old
  3. 40 – 50 years old
  4. Over 50 years old
  
2. Gender
  1. Male
  2. Female
  3. Prefer not to answer
  
3. Highest level of Nursing Education
  1. Associate degree in Nursing
  2. Bachelor of Science in Nursing
  
4. Employment status
  1. Full Time
  2. Part Time
  3. Per Diem
  
5. Hours of regular work shift
  1. 8hrs
  2. 12hrs
  
6. Primary work shift
  1. Days
  2. Evenings
  3. Nights
  4. Weekends only
  
7. Years of experience in psychiatric nursing
  1. Less than 1 year
  2. 1-2 years