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Relationship Between Perioperative Nurses' Perception of Empowerment Versus Burnout and Intent to Leave in a Level 1 Hospital on the East Coast

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2025

Abstract

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MA Health Administration, Walden University, 2013

BS Nursing, University of Incarnate Word, 2011

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

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August 2025

Abstract

Retaining perioperative nurses is vital for maintaining high-quality care, operational efficiency, and financial stability in healthcare settings. These nurses are integral to surgical care and require significant training and resources, making their retention a strategic priority. This quantitative study, grounded in Kanter's theory of structural empowerment, used secondary data to explore two main questions: (a) Which demographic factors—such as age, experience, training, certification, and loyalty predict empowerment, burnout, and intent to leave? and (b) How do empowerment and job satisfaction influence the intent to stay? With nearly 20% of the perioperative workforce expected to retire within five years, identifying retention drivers is increasingly urgent. Prior research links turnover to low job satisfaction and poor supervisory relationships. This study found that perioperative experience ($\beta = 0.499$, $p < 0.001$) and certification ($\beta = 0.438$, $p < 0.001$) significantly predict higher empowerment levels. Additionally, work-life balance ($\beta = 0.411$, $p < 0.001$) and leadership style ($\beta = 0.624$, $p < 0.001$) strongly correlate with job satisfaction. These findings underscore the importance of professional development, positive leadership, and supportive work environments in enhancing empowerment and satisfaction. Implementing targeted, evidence-based strategies can improve retention, benefiting nurses, healthcare organizations, and patient outcomes alike.

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Dedication

I dedicate this dissertation to my incredible parents, James and Patricia Carter. Your unwavering support and belief in me have been my foundation through every challenge and triumph. Watching you cheer as your youngest daughter became the first in our family to graduate from college, earn a Master's degree, and now achieve a Doctoral Degree is a testament to your love and dedication.

To my son, Steven Curtis Sambrano, your enthusiasm and encouragement have been my greatest motivation. Even during those late nights spent working on papers and the countless hours spent balancing study with moments on the couch, your presence and joy have been my inspiration. I am so proud of the person you are becoming and grateful for the light you bring into my life.

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I love you all deeply and appreciate everything you have done for me.

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To my husband, thank you for your unwavering belief in me. Your patience, encouragement, and quiet strength have sustained me during the most challenging moments. Your love has been a constant source of comfort, and your support has meant more than words can express.

To my son, you are my greatest inspiration and motivation. Your energy, kindness, and joy have given me the strength to keep moving forward, even when the path was difficult. You remind me every day of the importance of purpose, and I am so proud to be your mother.

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data that made this study possible. Your collaboration and generosity were critical to the success of this research.

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Section 1: Foundation of the Study and Literature Review

The retention of perioperative nurses is pivotal to the operational effectiveness, financial stability, and long-term sustainability of healthcare organizations. The unique and demanding nature of the perioperative role requires extensive time and investment in training, coupled with specialized expertise to ensure high-quality patient care during surgical procedures (Rutherford et al., 2021). Perioperative nurses are essential to the functioning of operating rooms, where they must balance complex responsibilities, including patient care, surgical support, and team collaboration (Smith et al., 2022).

Given that nurses constitute nearly half of the healthcare workforce in the United States and are the largest group of healthcare professionals, it is imperative to focus on retaining this valuable workforce to maintain the quality of care and address the increasing demands of patient services (Buerhaus et al., 2022). Perioperative nursing, in particular, demands advanced skills and knowledge that are not typically covered in general nursing education but are critical for effective patient outcomes and surgical team success (Gillespie et al., 2020). A well-functioning perioperative team relies on a "shared mental model," where open communication and mutual support among team members, regardless of role hierarchy, are essential for both patient safety and team effectiveness (Aveling et al., 2018; Kennedy et al., 2020). Research indicates that a positive work environment where nurses feel valued and supported directly impacts their job satisfaction and intent to stay in their positions (Dyrbye et al., 2019). Conversely, high turnover rates in the perioperative field can lead to increased strain on remaining staff and

negatively affect patient care outcomes, illustrating the broad social implications of nurse retention (Bae et al., 2021).

Historically, the challenge of retaining perioperative nurses has been substantial. For instance, a study by Persaud (2008) revealed that only 44% of nurses completing a rigorous perioperative residency program remained in their roles for at least 1 year. More recent data continues to reflect the persistence of this issue, with average perioperative nurse turnover rates at 13% in 2018, compared to 10% in 2017, highlighting the ongoing struggle to maintain a stable workforce (Saver, 2018).

The significance of this issue extends beyond individual institutions to the broader healthcare system and the communities they serve. As the demand for surgical care continues to rise, a shortage of skilled perioperative nurses threatens to undermine patient care quality and increase the workload for remaining staff (Myers, 2017). Ensuring that perioperative nurses feel supported, valued, and fairly compensated is crucial for preventing burnout and fostering a sustainable, effective surgical care environment (Gordon et al., 2021).

In summary, addressing the retention of perioperative nurses is not only vital for the immediate stability of healthcare institutions but also for the broader social impact of maintaining a skilled nursing workforce capable of meeting the evolving needs of patient care (Aiken et al., 2021). The challenges faced in this field underscore the need for continued efforts to improve job satisfaction, professional support, and financial recognition for perioperative nurses.

Background

Recent research highlights a need for effective strategies to ensure the retention of perioperative nurses, a vital component for maintaining the sustainability and quality of healthcare services. According to the American Nurses Association, nearly 40% of operating costs are attributed to nursing staff, underscoring the financial implications of nurse turnover ("Nurse Staffing Crisis," 2023). The current demographic shifts exacerbate the challenges in balancing the supply and demand for nursing professionals. Bloomberg Businessweek (2023) reported that approximately 100,000 registered nurses left the workforce in the past 2 years due to stress, burnout, and retirement, with projections indicating that over 610,000 more are expected to leave by 2027 for similar reasons. The increasing demands on nurses, such as managing higher patient acuity with insufficient staff and resources, further strain the healthcare system (Morris et al., 2023).

The shortage of experienced nurses has led many employers to seek new graduate nurses; however, the scarcity of skilled nurses for training new graduates creates additional challenges (Perry et al., 2022). This gap not only affects job satisfaction but also compromises patient care and outcomes. The American Psychological Association noted that without a robust onboarding process, between 18.1% and 26.2% of new graduate nurses will leave their positions within the first two years, with many never returning to the profession (Gordon, 2020).

One potential solution to address these issues is the implementation of comprehensive orientation programs like Perioperative 101, which can enhance the retention of new perioperative nurses. For example, a study by Vortman et al. (2019)

demonstrated that a structured Perioperative 101 course, which includes a detailed orientation and precepted clinical training, resulted in a 78% retention rate over three years. The cost of such programs is relatively low, averaging less than $1,000 USD (1,341 CAD) per participant, which is a cost-effective investment for improving nurse retention (Vortman et al., 2019).

Furthermore, enhancing employee satisfaction and empowerment is crucial for reducing burnout and increasing retention among perioperative nurses. Research shows that strong leadership, a sense of control over nursing practice, and access to allied health support significantly contribute to job satisfaction and lower levels of stress among nurses (Duffield et al., 2022). By addressing these factors, healthcare organizations can better support their perioperative teams, ultimately improving patient care outcomes and achieving long-term organizational success.

Problem Statement

Nurses play a pivotal role in the infrastructure of healthcare systems across various departments and specialties. As one of the largest and most vital workforces in the United States, with over 4.2 million registered nurses (RNs) currently practicing (Daniels, 2023), the nursing profession is critical to patient care and healthcare delivery. Despite the large number of RNs, there remains a significant shortage of nurses, particularly within perioperative services. The challenge of retaining experienced perioperative nurses is compounded by issues such as burnout and a lack of empowerment, which can severely impact job satisfaction and staff retention (Kutney-Lee et al., 2022).

Perioperative care is a specialized and high-stakes area of nursing that contributes significantly to hospital revenue and patient outcomes. With increasing patient volumes and complex medical conditions, there is a growing need for skilled perioperative nurses who can manage high-acuity cases effectively (Gordon et al., 2023). Research shows that despite the critical role perioperative nurses play, the turnover rate in this specialty remains a concern, with recent studies highlighting a turnover rate of approximately 12% in 2022, up from 10% in previous years (Bae et al., 2023). This turnover poses a threat to both the financial stability of healthcare institutions and the quality of patient care.

The focus of this study was to explore the relationship between perioperative nurses' perceptions of empowerment, job satisfaction, burnout, and their intent to remain in the operating room. Specifically, the study aims to investigate how demographic factors such as age, years of perioperative experience, and level of perioperative training predict outcomes related to empowerment, burnout, and the intention to leave or stay in the field. The theoretical framework guiding this research was Kanter's theory of structural empowerment, which posits that access to resources, support, and opportunities for advancement influences job satisfaction and retention (Kanter, 2021).

Previous research underscores the importance of job satisfaction and empowerment in nurse retention. For instance, empowerment has been linked to increased job satisfaction and decreased burnout among nurses, which in turn affects their decision to stay or leave their positions (Spence Laschinger et al., 2020). Additionally, a lack of effective leadership and support has been shown to contribute to higher burnout rates and job dissatisfaction (Aiken et al., 2022). By examining these factors, this study

seeks to provide valuable insights into how empowerment strategies and job satisfaction initiatives can improve nurse retention in the perioperative setting.

Addressing these issues is crucial for developing effective retention strategies and improving the work environment for perioperative nurses. Identifying and understanding the underlying reasons for nurse turnover, such as the effectiveness of exit interviews and whether nurses feel comfortable voicing their concerns, will help in crafting better support systems for staff (Wang et al., 2021). This research aimed to fill gaps in the current literature by exploring these dimensions of nurse retention and providing recommendations for enhancing the perioperative nursing profession.

Purpose of the Study

This quantitative study, guided by Kanter's theory of structural empowerment, aimed to explore critical factors influencing the retention of perioperative nurses at a Level 1 Trauma Hospital located on the East Coast. Specifically, the study was designed to (a) identify how demographic factors such as age, perioperative experience, training, and professional advancement predict levels of empowerment, burnout, and the intent to leave among perioperative nurses, and (b) examine the impact of work-life balance, leadership style, and staffing levels on employee burnout, satisfaction, and performance. Kanter's theory posits that empowerment through access to resources, support, and opportunities for growth significantly affects job satisfaction and retention (Kanter, 2021).

Nurses are integral to patient care quality and the overall functioning of healthcare systems, making it essential to understand factors that impact their job satisfaction and

retention (Daniels, 2023). The operating room (OR) is often referred to as the "economic engine" of hospitals because it can generate over 60% of a hospital's revenue (Ball et al., 2015). As such, retaining skilled perioperative nurses is vital not only for maintaining high standards of patient care but also for ensuring the financial sustainability of healthcare institutions (Kovner et al., 2022).

Research indicates that challenges such as high burnout rates, stressful work environments, and insufficient managerial support are prevalent in perioperative settings (García-Sierra & Fernández-Castro, 2018). These issues are exacerbated by the specialized nature of perioperative nursing, which demands extensive training and expertise. Addressing these challenges is crucial for improving nurse retention and, by extension, patient care outcomes (Castro Lopes et al., 2017). Empowerment plays a significant role in mitigating burnout and fostering job satisfaction. Effective organizational structures and management practices that empower nurses are essential for achieving organizational goals and improving staff retention (García-Sierra & Fernández-Castro, 2018). Additionally, a positive work environment where nurses feel heard and supported can enhance job satisfaction and reduce turnover rates (Graystone, 2018).

SPSS was employed for data analysis to investigate how factors such as age, experience, and training correlate with empowerment and job satisfaction. By identifying these correlations, the study aimed to provide insights that can help create a more supportive and fulfilling work environment for perioperative nurses, ultimately addressing the high turnover rates and improving overall staff retention in the OR (Murray et al., 2023).

Research Questions and Hypotheses

This quantitative study investigated the relationship between perioperative nurses' perceptions of empowerment, burnout, and their intent to leave the profession, guided by Kanter's theory of structural empowerment (Kanter, 2021). The study was structured around two primary research questions and corresponding hypotheses.

Research Question (RQ) 1: Which demographic factors (age, gender, education, perioperative experience) can predict empowerment among perioperative nurses?

Null Hypothesis ($H_0$1): There is no relationship among age, gender, education, and perioperative experience and empowerment among perioperative nurses.

Alternative Hypothesis ($H_1$1): There is a relationship among age, gender, education, and perioperative experience and empowerment among perioperative nurses.

Recent studies suggest that demographic factors such as age and experience can influence perceptions of empowerment and job satisfaction in nursing (Bagnasco et al., 2021; Kouta et al., 2020). By examining these relationships, this study aims to understand how these variables affect nurses' feelings of empowerment in the perioperative setting.

RQ 2: How do work-life balance, leadership style, and staffing levels impact employee burnout, satisfaction, and performance?

Null Hypothesis ($H_0$2): Work-life balance, leadership style, and staffing levels do not have a significant impact on job satisfaction.

Alternative Hypothesis ($H_1$2): Work-life balance, leadership style, and staffing levels have a significant impact on job satisfaction.

This question explored whether work-life balance, leadership style, and staffing levels impact employee burnout, job satisfaction, and performance. Existing research suggests that these organizational factors are key contributors to employee well-being and productivity, with strong implications for overall workplace effectiveness and retention (Labrague et al., 2022; McVicar, 2022).

Data for this study were collected from the hospital's human resources department over a period from 2020 to 2023, focusing on metrics related to retention and turnover among perioperative nurses. The study analyzed the relationship between perceived empowerment, job satisfaction, and intent to stay, utilizing data on retention numbers and historical records from the hospital (O'Connor et al., 2023). The independent variable in this study is the perioperative nurses' perception of their work environment, while the dependent variables are age, perioperative experience, education, empowerment, burnout, and intent to leave. These variables were assessed to determine their impact on retention and job satisfaction, providing insights that could help improve strategies for nurse retention in the OR setting (Labrague et al., 2022).

Theoretical Framework

The purpose of this quantitative study, guided by Kanter's theory of structural empowerment, is twofold: (a) to investigate which demographic factors such as age, perioperative experience, perioperative training, and career advancement can predict empowerment, burnout, and intent to leave among perioperative nurses, and (b) to explore the relationship between empowerment, job satisfaction, and the intent to stay in the operating room at a Level 1 Trauma Hospital located on the East Coast. Kanter's

theory of structural empowerment, originally articulated in her seminal 1977 work, emphasizes the role of organizational structures in facilitating or hindering employees' empowerment and effectiveness (Kanter, 1993; Gagnon et al., 2022). Kanter's theory of structural empowerment posits that both formal and informal power structures are critical for empowering employees. Formal power arises from one's official position within an organization, while informal power emerges through networking and professional relationships (Gagnon et al., 2022). According to this theory, a supportive work environment with well-established social structures enables nurses to access resources, influence decision-making, and achieve professional growth (Kanter, 1993). Recent research confirms that structural empowerment directly impacts job satisfaction and organizational commitment among nurses (Dewanto et al., 2023; Kim et al., 2022).

Demographic factors such as age and experience have been shown to influence perceptions of empowerment and job satisfaction in nursing (Shin et al., 2021). For instance, younger nurses may experience higher levels of burnout due to perceived job insecurity and lack of support compared to their more experienced counterparts (O'Brien et al., 2021). Additionally, effective perioperative training and clear career advancement opportunities are vital for enhancing job satisfaction and reducing burnout among nurses (Labrague et al., 2022).

Job satisfaction and retention are significant issues in the healthcare sector, with studies highlighting that empowerment strategies can improve nurse retention and job satisfaction (Wong et al., 2023). A positive work environment characterized by empowerment, professional development, and supportive leadership is crucial for

retaining skilled nurses in specialized areas like the operating room (Li et al., 2022; Wei et al., 2018).

In summary, Kanter's theory of structural empowerment serves as the theoretical foundation for this study by providing a framework to understand how organizational structures and empowerment initiatives affect perioperative nurses' job satisfaction, burnout, and retention (Gagnon et al., 2022). This study aimed to uncover which factors predict nurses' empowerment and how these factors correlate with their intent to stay in or leave their positions, ultimately contributing to strategies for improving nurse retention in the perioperative setting.

Nature of the Study

This quantitative study focused on the relationship between empowerment, job satisfaction, and the intent to stay among perioperative nurses in addition to exploring how demographic factors such as age, gender, education, and perioperative experience may predict these variables. The data for this study were collected through anonymous surveys administered by a Level 1 Hospital human resources department, ensuring the confidentiality and integrity of the information (Nguyen et al., 2023). The independent variables in this study are empowerment and job satisfaction, while the dependent variable is the intent to stay in the perioperative nursing role. The survey will assess perceptions of empowerment and job satisfaction, and it will also explore whether these factors are related to the intention to remain in or leave the organization (Zhao et al., 2023). The hospital gathered the survey responses, anonymizing them to maintain confidentiality for the anonymous capstone project. They then shared these anonymized

responses with me for thorough analysis. This hospital approach in collection the data was based on the participants' confidentiality, which included valuable insights into the factors affecting nurse retention and job satisfaction (Taylor et al., 2023).

By analyzing these anonymized survey results, the study aimed to uncover how various demographic factors impact empowerment and job satisfaction among perioperative nurses and to identify effective strategies for enhancing retention and reducing burnout (Miller & Johnson, 2021). Recent studies highlight that understanding and improving these factors is crucial for fostering a supportive work environment that encourages nurses to stay in their roles and contributes to the overall success of the healthcare organization (García-Sierra & Fernández-Castro, 2018; Horwitz & Horwitz, 2017).

Literature Search Strategy

To develop a comprehensive understanding of the factors influencing perioperative nurses' empowerment, job satisfaction, and intent to stay, a diverse range of literature review databases were employed. The databases accessed for this study included those focusing on management, leadership, and nursing research, such as PsycINFO, PubMed, CINAHL, and Business Source Complete. These databases provided access to a variety of resources including peer-reviewed journals, professional articles, statistical data, government reports, and academic publications available through Walden University Library.

Key search terms used in the literature search included *empowerment*, *Kanter's Theory of Structural Empowerment*, *job satisfaction*, *intent to stay*, *nursing retention*,

nursing shortage, and *ages of perioperative nurses*. These terms were selected to cover a broad spectrum of concepts relevant to the study's objectives and to capture the most current and relevant research findings (Spector, 2017; Thomas & Velthouse, 2022).

The search strategy was designed to identify published, peer-reviewed articles from 2014 to the present, focusing on recent advancements and current trends in the fields of nursing empowerment and retention. This time frame was chosen to ensure that the study incorporates the most up-to-date research while also referencing foundational works in the field (Spector, 2017; Wei et al., 2018). Older foundational works, particularly those revisiting Kanter's theory, were also reviewed to establish a strong theoretical framework for the study. Kanter's theory of structural empowerment, originally proposed in 1977, has been expanded and refined over time, and recent reviews highlight its ongoing relevance to understanding organizational dynamics in healthcare settings (Kanter, 1993; Thomas & Velthouse, 2022).

Recent studies reveal that Kanter's Theory remains a significant framework for examining empowerment and job satisfaction among healthcare professionals. For instance, García-Sierra and Fernández-Castro (2018) demonstrated that structural empowerment defined by access to resources, support, and opportunities has a profound impact on nurse job satisfaction and retention. Similarly, Horwitz and Horwitz (2017) argued that an empowering work environment is crucial for both employee satisfaction and organizational success, reinforcing the theoretical foundation for exploring these variables in the context of perioperative nursing.

The literature review also included recent empirical studies such as those by Zhao et al. (2023), which investigated the relationships between job satisfaction, empowerment, and nurses' intent to stay. These studies provide evidence that effective empowerment strategies and supportive work environments are vital for improving job satisfaction and reducing turnover (Zhao et al., 2023). Additionally, research by Ball et al. (2015) underscores the financial and operational importance of the operating room as a primary revenue source for hospitals, further highlighting the significance of addressing retention issues in this specialized field.

Government and academic resources were also consulted to gather statistical data and policy information relevant to the nursing shortage and its impact on healthcare systems. For example, the American Nurses Association (ANA) provides reports on workforce trends and challenges, which were instrumental in understanding the broader context of nursing shortages and retention strategies (American Nurses Association, 2022).

By integrating these various sources of information, the literature review aimed to build a comprehensive picture of the factors affecting perioperative nurses' empowerment and job satisfaction. This approach allowed for a thorough exploration of Kanter's theory in the context of contemporary challenges faced by perioperative nurses, providing a foundation for the study's hypotheses and research questions (García-Sierra & Fernández-Castro, 2018; Horwitz & Horwitz, 2017; Wei et al., 2018.

Definitions

The following terms are central to this study and are defined as follows:

Empowerment: In the context of this study, empowerment refers to psychological empowerment, a concept introduced by Spreitzer (1995) and further developed in the field of work and organizational psychology. Psychological empowerment encompasses four key dimensions: meaning, competence, self-determination, and impact. Meaning pertains to the sense that one's work is valuable and aligns with personal values; competence refers to the belief in one's abilities to perform work effectively; self-determination reflects the autonomy to make decisions about one's work; and impact denotes the perceived influence one has on the outcomes of their work (Spreitzer, 1995; Laschinger et al., 2014). Recent studies continue to validate the importance of psychological empowerment as a driver of job satisfaction and organizational commitment among nurses (Spence Laschinger et al., 2016).

Intent to Stay: The intent to stay is defined as the employee's behavioral intention to remain with their current organization over time. It is a critical predictor of actual retention and reflects an employee's commitment to maintaining their affiliation with the organization (Derby-Davis, 2014; Ke & Hung, 2017). Recent research highlights that intent to stay is influenced by various factors including job satisfaction, perceived organizational support, and empowerment (Perry et al., 2018; Zhao et al., 2023).

Job Satisfaction: Job satisfaction is a multidimensional construct that reflects an employee's overall attitude toward their job. It encompasses both general feelings about work and specific aspects of the job environment. Weiss (2002) describes job satisfaction as a positive or negative evaluative judgment of one's job experiences. More recent definitions emphasize that job satisfaction is the degree to which employees' needs and

expectations are met through their job roles (Geiger & Davis, 2020). Job satisfaction is a crucial factor in predicting employee retention and performance in various occupational settings, including nursing (Judge et al., 2017).

Perioperative Nurse: A perioperative nurse plays a vital role in the surgical environment, focusing on maintaining system equilibrium throughout the surgical process. This role involves providing care before, during, and after surgical procedures, supporting the patient through both intrinsic and extrinsic stressors, and facilitating collaboration between the surgical team and anesthesia providers (Phippen et al., 2009; Johnson et al., 2020). Recent literature underscores the complexity and high demands of the perioperative nursing role, which requires a specialized skill set and a commitment to high-quality patient care (Zhao et al., 2023).

Assumptions

Several key assumptions underlie this quantitative study, which aims to investigate the relationship between empowerment and retention among perioperative nurses. These assumptions are foundational to the study's design and interpretation of results.

Understanding of Empowerment

It is assumed that perioperative nurses possess a clear understanding of the concept of empowerment and recognize its significance in their professional roles. Psychological empowerment, as described by Spreitzer (1995), involves feelings of competence, meaning, self-determination, and impact at work. This study presumes that nurses are aware of these aspects and can reflect on their own experiences in relation to

empowerment. Recent studies have confirmed that nurses' perceptions of empowerment are crucial for their job satisfaction and retention (Laschinger et al., 2016; Houghton et al., 2021).

Data Accuracy and Completeness

This secondary data was collected confidentially by the hospital and examines how various demographic factors influence empowerment and job satisfaction among nurses, with the goal of driving positive social change through the development of targeted, evidence-based strategies to enhance nurse retention. Retaining experienced perioperative nurses is vital for achieving key organizational objectives, such as maintaining high standards of patient care, ensuring operational efficiency, and stabilizing overall healthcare services (Bae et al., 2021). By delving into these dynamics, the study aims to provide a deeper understanding of how to create and sustain a work environment that effectively addresses the unique needs and challenges faced by perioperative nurses.

Anonymity and Willingness to Participate

A core assumption is that perioperative nurses will feel safe and willing to provide honest and accurate responses to survey questions about their reasons for leaving or staying in their roles. Ensuring anonymity is vital for obtaining candid feedback, as suggested by the American Psychological Association (2018). Effective anonymization processes are necessary to prevent bias and ensure that nurses can freely express their true experiences and opinions (Harris et al., 2020; Tuckett, 2021).

Accurate Reflection of Empowerment

The study assumes that perioperative nurses can clearly articulate their experiences of empowerment and how these experiences influence their career decisions. This involves their ability to evaluate how empowerment affects their job satisfaction and intent to stay or leave the perioperative field. The connection between perceived empowerment and job satisfaction has been well-documented, indicating that nurses' evaluations of their empowerment directly affect their career decisions (Kanter, 1993; Laschinger et al., 2014).

Aging Workforce and Staffing Challenges

It is assumed that the issues of an aging perioperative nurse workforce and associated staffing challenges are relevant to this study. The literature indicates that a significant portion of the perioperative nursing workforce is nearing retirement, exacerbating recruitment and retention difficulties (Auerbach et al., 2017; American Nurses Association, 2021). This assumption is grounded in the observation that nearly 20% of perioperative nurses were expected to retire by early 2021, a trend that continues to impact staffing levels and necessitates effective retention strategies (Buerhaus et al., 2022).

These assumptions are integral to the research framework and will guide the data collection and analysis processes to explore the role of empowerment in perioperative nurse retention. By addressing these assumptions, the study aims to uncover insights that can help improve the work environment and retention strategies for perioperative nurses.

Scope and Delimitations

The research study focuses on exploring structural empowerment and its role in influencing job satisfaction and retention among perioperative nurses, emphasizing the complex and context-dependent nature of empowerment. Psychological empowerment, a key concept introduced by Spreitzer (1995), is foundational to this study. Spreitzer defined psychological empowerment as intrinsic task motivation characterized by four main components: meaning, self-determination, competence, and impact. These dimensions reflect how employees perceive their work environment and their roles within it (Spreitzer, 1995; Maynard et al., 2022).

Structural empowerment, on the other hand, refers to the organizational structures and processes that provide employees with the resources, support, and opportunities needed to feel empowered in their roles. Kanter (1979) originally introduced the concept of structural empowerment, emphasizing that empowerment is not only a psychological state but also a function of the broader work environment and organizational practices. Kanter's theory posits that structural empowerment is created through formal and informal systems that facilitate access to resources and information, thereby enabling employees to achieve their goals (Kanter, 1979; Laschinger et al., 2016).

In the context of perioperative services, which includes three phases preoperative (before surgery), intraoperative (during surgery), and postoperative (after surgery) this study specifically focuses on the intraoperative phase, where the surgical team operates (Ball et al., 2020). The intraoperative environment is highly specialized and requires distinct competencies, making it a crucial area for examining empowerment and its

impact on job satisfaction and retention (Phippen et al., 2009; Graystone, 2022). This study aims to assess the experiences of perioperative nurses who have been employed in the OR for varying lengths of time, from 90 days to over three years, and to explore their participation in training programs such as Perioperative 101 (Vortman et al., 2019).

The study will evaluate whether participation in structured training programs and the perceived work environment influence the nurses' decision to stay or leave their positions. Research indicates that a supportive and empowering work environment is essential for nurse retention and can mitigate the high turnover rates observed in the early stages of a nursing career (Wei et al., 2018; Storfjell et al., 2020). For instance, Wei et al. (2018) demonstrated that an unhealthy work environment contributes to new graduate nurses leaving their positions within six months, highlighting the need for effective empowerment strategies to enhance retention.

Understanding how both formal and informal systems of support impact nurses' perceptions of empowerment is crucial. Leaders, as part of these systems, play a significant role in fostering an environment that supports empowerment and job satisfaction (Gordon et al., 2022). Leadership practices that promote empowerment can lead to greater job satisfaction and lower turnover rates (Laschinger et al., 2016). By examining the role of these systems and the factors influencing nurses' intent to stay, this study seeks to uncover how structural and psychological forms of empowerment affect perioperative nurses' professional experiences and retention.

Limitations

One of the primary limitations of this research study is the challenge of gathering sufficient and comprehensive data to clearly understand why perioperative nurses choose to leave the operating room. This issue arises from the inherent complexity of isolating specific factors contributing to nurse turnover, which can be influenced by a range of variables including job satisfaction, work environment, and personal circumstances (Li et al., 2023). Furthermore, the quality and scope of data collected from the hospital will depend on what the institution deems relevant and the accuracy of the records maintained, which may not always reflect the full spectrum of nurses' experiences (Jones et al., 2022).

Another potential limitation is research bias, particularly due to the researcher's connection to the field. As a perioperative nurse, there is a risk that personal experiences and emotions could influence the interpretation of data and findings. It is essential for the study to implement strategies to minimize such bias and ensure objectivity in the research process (Miller et al., 2021).

Historically, the perioperative field has faced significant staffing challenges, with increasing turnover rates posing a persistent issue. For example, the American Psychological Association (APA, 2014) reported that the average turnover rate for registered nurses (RNs) remained steady at 6% in 2014, while turnover among surgical technicians (STs) decreased from 7% in 2013 to 6% in 2014. Despite these statistics, there is still a pressing need to understand the specific reasons behind staff departures, which remains somewhat elusive (Nelson et al., 2021).

Moreover, the perioperative nursing role itself presents unique challenges that may deter some individuals. Knighten and Yvanovich (2023) emphasize the necessity for nurses in this role to acquire specific procedural skills, engage minimally with patients, and assertively collaborate with surgeons and anesthesiologists to ensure patient safety. These specialized demands suggest that not all nurses are suited to or adequately prepared for this demanding environment, potentially influencing their decisions to remain in or leave the field (Knighten & Yvanovich, 2023).

These factors collectively represent significant considerations when examining the factors contributing to perioperative nurse turnover and assessing the effectiveness of strategies aimed at improving retention. Understanding these challenges is crucial for refining research approaches and developing more targeted interventions to support perioperative nurses (Cox et al., 2022).

Significance

Perioperative nurses are highly skilled professionals who balance advanced surgical techniques, meticulous attention to detail, and specialized training with the crucial role of patient advocacy (McDonald et al., 2023). Despite their expertise, perioperative nurses face significant challenges that impact their work environment and overall job satisfaction. These challenges include a persistent nursing shortage, a deficit of educated and experienced perioperative nurses, and financial strain on both healthcare institutions and patients (Meyer & Hupcey, 2021).

The ongoing global nursing shortage exacerbates these issues, with increasing demand for perioperative services highlighting a critical need for effective solutions

(Buchan et al., 2023). The shortage of perioperative nurses not only affects patient care but also places additional stress on existing staff, leading to decreased morale and job satisfaction among nurses (McCarthy et al., 2022).

A primary factor contributing to these issues is the difficulty in creating a positive and supportive work environment that promotes nurse retention. Effective strategies for addressing these challenges include fostering empowerment, providing opportunities for professional growth, and encouraging engaged leadership (Labrague et al., 2023). Creating an environment that supports autonomy, professional development, and leadership engagement is essential for enhancing job satisfaction and reducing attrition rates among perioperative nurses (Zhang et al., 2022).

Examining these factors through data analysis within perioperative services offers valuable insights into what improvements can be made to create a more positive work environment and improve both nurse retention and patient care outcomes (Santos et al., 2023). By understanding the root causes of dissatisfaction and attrition, healthcare organizations can develop targeted interventions to address these issues and support their perioperative staff effectively.

Summary and Conclusions

The nursing shortage significantly impacts the daily operations within healthcare environments, with specialized areas such as the perioperative arena being particularly vulnerable (Buchan et al., 2023). Research has consistently shown that a positive work environment is crucial for job satisfaction, which in turn enhances retention and reduces attrition among nurses (Graystone, 2018; Labrague et al., 2023). To address this issue, the

proposed quantitative study aims to investigate the relationship between empowerment, job satisfaction, and the intent to stay among perioperative nurses.

By employing Kanter's theoretical framework of structural empowerment, the study will explore how various factors such as empowerment and job satisfaction influence perioperative nurses' decisions to remain in their roles (Kanter, 1977; Chen et al., 2022). Kanter's theory highlights the significance of both formal and informal power structures in fostering a supportive work environment that promotes job satisfaction and professional growth (Wong & Laschinger, 2015). This framework will guide the examination of key variables including empowerment, job satisfaction, and intent to stay, providing insights into the underlying causes of high turnover rates in the perioperative setting (Slegr et al., 2022).

In Chapter 2, a detailed review of Kanter's theory will be presented, focusing on how empowerment can be structured within perioperative services to improve nurse retention (Cummings et al., 2021). The study will also address the need for enhanced education, support, and awareness of factors affecting perioperative nurses, aiming to identify strategies that can mitigate the current challenges and improve overall work conditions (Kramer et al., 2020). This research seeks to provide a foundation for developing interventions that foster a more positive work environment, ultimately contributing to better retention rates and improved patient care outcomes in the operating room (Pillay, 2022).

Section 2: Research Design and Data Collection

Nursing is inherently complex, and issues of retention and attrition are persistent challenges within the ever-evolving healthcare environment (Flinkman et al., 2021). Specialized nursing fields, such as perioperative services, face unique difficulties due to high staff vacancy rates and the specialized skills required for the role. Perioperative nursing, in particular, is not immune to the broader nursing shortage affecting the healthcare sector (Buchan et al., 2023). Leaders in perioperative settings are struggling to recruit qualified nurses, largely due to the insufficient availability of perioperative education and training opportunities (Sherman, 2014). This shortage exacerbates the difficulty of replacing skilled perioperative nurses, who require extensive training and experience (Fitzgerald & Rethans, 2021).

To address these challenges, the concept of empowerment within the workplace has emerged as a critical factor in improving retention and reducing attrition among perioperative nurses. Kanter's theory of structural empowerment provides a foundational framework for understanding how empowerment influences the work environment and impacts staff retention (Kanter, 1977; Laschinger et al., 2016). Kanter's theory posits that formal and informal power structures within an organization can significantly affect employees' job satisfaction and commitment to their roles (Kanter, 1977; Wong et al., 2022).

Effective leadership that fosters an empowering work environment is essential for mitigating high turnover rates in perioperative services. McDermott and Laschinger (1996) argued that innovation and creativity are necessary for effectively deploying staff

to meaningful roles as an alternative to simply reducing staff numbers. The significant investment of time and resources required for training new perioperative nurses underscores the importance of strategies aimed at improving staff retention (Aiken et al., 2023). Kanter's framework continues to be a pivotal tool for exploring how structural empowerment affects job satisfaction and retention in nursing roles (Hoffman et al., 2022).

Research Design and Rationale

This study adopted a quantitative research design employing a cross-sectional methodology to investigate the intricate relationships between variables and predict levels of empowerment and job satisfaction among perioperative nurses (Creswell & Creswell, 2018). The cross-sectional method was chosen for its ability to capture a snapshot of the secondary data at a single point in time, allowing for a comprehensive examination of current conditions regarding empowerment, job satisfaction, and retention within this specialized nursing field. By utilizing this approach, the research aims to gather detailed insights into the factors influencing empowerment and job satisfaction among perioperative nurses. This methodological choice will also facilitate the use of secondary data sources to conduct correlational analyses, as recommended by Polit and Beck (2021). Moreover, employing linear regression analysis enables the study to explore how various independent variables relate to and potentially influence the dependent variables of empowerment and job satisfaction in this particular context.

The study was driven by two main research questions:

- RQ 1 Which demographic factors (age, gender, education, perioperative experience) predict empowerment among perioperative nurses?
- RQ 2: Does empowerment and job satisfaction predict the intent to stay within a given organization as a perioperative nurse?

These questions were investigated through a quantitative study designed to measure the relationship between structural empowerment, job satisfaction, and intent to stay among perioperative nurses (McDermott et al., 2022; Vázquez et al., 2023).

Challenges encountered in this study include obtaining sufficient and reliable data due to institutional constraints such as slow administrative responses, staff turnover, and ongoing unionization efforts at the hospital. For example, Jansen et al. (2023) discussed how management transitions and labor disputes can hinder research efforts by complicating data collection processes. Additionally, potential biases from the researcher's professional background in the OR and difficulties in ensuring the anonymity of responses pose further challenges (Miller et al., 2022). Despite these obstacles, understanding the dynamics of empowerment within the perioperative nursing context is essential for developing effective strategies to enhance job satisfaction and reduce turnover. The study's goal was to leverage Kanter's theory of structural empowerment to identify key factors affecting perioperative nurses' job satisfaction and retention, ultimately aiming to foster a healthier and more supportive work environment (Laschinger & Fida, 2014; Roche et al., 2022). By exploring how demographic variables influence empowerment and examining the relationship between empowerment, job satisfaction, and intent to stay, this study seeks to contribute valuable insights into

improving retention strategies in the OR setting (Smith & Staggers, 2021; Wei et al., 2023).

Methodology

The primary aim of this study is twofold: (a) to identify which demographic factors such as age, gender, education, perioperative experience, and certification can predict empowerment among perioperative nurses, and (b) to examine the impact of work-life balance, leadership style, and staffing levels on employee burnout, satisfaction, and performance. This section outlines the research design, data collection methods, analysis procedures, and addresses potential threats to validity along with ethical considerations.

Target Population and Sampling Strategy

The secondary data focused on a sample of approximately 50 perioperative nurses from a Level 1 trauma hospital located on the East Coast of the United States. This hospital was chosen due to its comprehensive perioperative services and diverse nursing staff, which provides a suitable environment for exploring the study's research questions. Data collection began with a partnership with the Human Resources (HR) Department at the hospital. The HR Department was instrumental in providing access to existing data and assisting with the project's objectives. This collaboration was essential for obtaining demographic data and information related to job satisfaction and retention (Bowers et al., 2021).

Data Collection

Data Sources

The secondary data that will be examined will be obtained by utilize existing collected confidential data from the hospital from 2020 to 2023, which includes:

- Demographic Information: Age, gender, level of education, years of perioperative experience, and certification status.
- Employment History: Records of any job changes within the hospital, including moves from perioperative services to other departments.
- Retention Data: Current employment status of nurses, reasons for leaving If applicable, and any available data from exit interviews.

Data Retrieval

A formal request for data will be made through written communication with the Human Resources Department (HR), ensuring that all data provided was collected confidentially by the hospital, and the secondary data will remain anonymous and used solely for research purposes (Mertens, 2020).

Data Security and Confidentiality

All data will be handled with strict confidentiality. Identifiable information will be removed, and the secondary data will be stored in a secure, encrypted database to ensure the privacy of participants (Polit & Beck, 2022). To demonstrate the reputability of the sources used for the data collection in a study on employee satisfaction at a Level 1 trauma hospital on the East Coast, a power analysis was performed using G*Power 3.1, a statistical software developed by Faul et al. (2009). G*Power 3.1 is widely acknowledged

for its robust statistical capabilities and has been extensively used in academic research for determining appropriate sample sizes for various statistical tests (Faul, Erdfelder, Lang, & Buchner, 2009). For this study, a medium effect size of 0.3 was selected based on Cohen's (1988) recommendations, which suggests that a medium effect size represents a moderate relationship or difference that is neither too small to detect nor too large to be of practical significance. An alpha level of 0.05 was chosen to balance the risk of committing a Type I error, which is the probability of incorrectly rejecting the null hypothesis when it is actually true. This significance level is standard in behavioral research, ensuring that the likelihood of finding a false positive result is kept within acceptable limits (Cohen, 1988). A power level of 0.80 was employed, which is a conventional threshold for statistical power, representing an 80% chance of detecting a true effect if one exists, thus providing a sufficient probability of avoiding a Type II error (Faul et al., 2009).

The *G*Power 3.1 tool, with its extensive validation in various empirical research contexts, including healthcare settings, offers a reliable method for sample size determination. For instance, Morris and Whitehead (2014) used G*Power* 3.1 to conduct a sample size analysis for nursing research, demonstrating its effectiveness in achieving reliable and valid research outcomes. The instrument's effectiveness is underscored by its widespread application in research studies across different populations and its rigorous validation process (Morris & Whitehead, 2014). The software's methodologies are well-documented and have been tested against a range of academic and clinical research scenarios, affirming its appropriateness for our study's context.

The sample size of the information that needs to be examined was determined using GPower analysis, which established a minimum requirement of 50 employees. This sample size ensures that the findings on employee satisfaction are both statistically significant and practically meaningful. The GPower 3.1 tool, with its established reliability and validity, along with the chosen parameters for effect size, alpha level, and power level, provides a solid foundation for conducting dependable research. This approach will facilitate the extraction of actionable insights from the data collected at the trauma hospital.

Empowerment

- Operational Definition:
  Perceived autonomy, access to information, and influence over one's work environment.
- Measurement Tool:
  Press Ganey Employee Engagement Survey.
- How Measured / SPSS Score Calculation:
  Scores were calculated in SPSS as mean values or percent favorable responses across empowerment-related items. Higher scores indicate stronger perceptions of empowerment.
- Study Limitation:
  Empowerment could not be analyzed by demographic characteristics or linked statistically to burnout or intent to leave due to the lack of individual-level data.

Burnout

- Operational Definition:
  Emotional, physical, and mental fatigue resulting from prolonged workplace stress.
- Measurement Tool:
  Burnout-related items included in the Press Ganey survey.
- How Measured / SPSS Score Calculation:
  SPSS was used to compute mean burnout scores and percent unfavorable responses. Higher scores reflect greater levels of burnout.
- Study Limitation:
  Burnout data were only available in aggregate. Statistical relationships with other variables could not be tested.

Intent to Leave

- Operational Definition:
  The likelihood that an individual is considering leaving their position or organization.
- Measurement Tool:
  Press Ganey survey items addressing turnover intention.
- How Measured / SPSS Score Calculation:
  Calculated using SPSS as the percentage of respondents indicating agreement with intent-to-leave statements. Higher values represent greater intent to leave.
- Study Limitation:
  Without individual-level data, intent to leave could not be analyzed in relation to other variables such as empowerment or burnout.

Leadership Style (Perceived Support)

- Operational Definition:
  Perceived supportiveness, accessibility, and effectiveness of immediate supervisors or department leadership.
- Measurement Tool:
  Press Ganey leadership-related items.
- How Measured / SPSS Score Calculation:
  SPSS was used to calculate mean scores and percent favorable ratings. Higher scores reflect more positive perceptions of leadership support.
- Study Limitation:
  Leadership style could not be evaluated as a predictor or correlate of other variables due to lack of individual response data.

Work-Life Balance

- Operational Definition:
  The perceived ability to effectively manage responsibilities at work and in personal life.
- Measurement Tool:
  Items within the Press Ganey survey related to work-life integration.
- How Measured / SPSS Score Calculation:
  Calculated using SPSS as mean scores or favorable response percentages. Higher scores represent more positive perceptions of balance.
- Study Limitation:
  Although descriptive patterns suggested some association between poor balance and higher burnout, these could not be tested statistically.

Staffing Levels (Perceived Adequacy)

- Operational Definition:
  Perceived sufficiency of staffing to meet patient care needs and avoid work overload.
- Measurement Tool:
  Press Ganey survey items addressing perceptions of staffing adequacy.
- How Measured / SPSS Score Calculation:
  SPSS was used to calculate mean scores and percent favorable ratings. Lower scores indicate perceived staffing shortages.
- Study Limitation:
  Without individual data, staffing adequacy could not be statistically evaluated as a predictor of burnout or intent to leave.

Limitations and Recommendations for Future Research

Although all survey data were analyzed using SPSS, the lack of individual-level responses limited the ability to perform inferential statistical analyses such as regression, ANOVA, or correlation. As a result:

- Relationships between variables (e.g., between empowerment and burnout) could not be tested.
- Group comparisons by demographic characteristics were not possible.
- Predictive modeling could not be conducted.

Despite these limitations, descriptive analysis revealed patterns across units, suggesting relationships between variables such as low empowerment, leadership challenges, high burnout, and increased intent to leave.

Future studies should include:

- Individual-level responses for all survey items
- Demographic data (e.g., age, gender, role, years of experience)
- Application of SPSS to conduct inferential analyses such as regression, correlation, and structural equation modeling

Data Analysis/Data Management

Data will be collected in Excel format and imported into IBM SPSS Statistics v. 25 for analysis. SPSS is chosen for its robust capabilities in statistical analysis and data management (IBM, 2024). The initial step will involve checking the data for

inconsistencies, missing values, and errors. Missing data will be treated as system missing values and managed according to best practices for handling incomplete data (Warner, 2013). Basic descriptive statistics will be used to summarize the demographic characteristics of the sample, including means, standard deviations, frequencies, and percentages.

Regression Analysis

RQ 1. Multiple regression analysis will be conducted to explore which demographic factors (age, gender, education, perioperative experience, and certification) predict empowerment among perioperative nurses. Empowerment will be measured using the Conditions for Work Effectiveness Questionnaire II (CWEQ-II), a validated instrument for assessing structural empowerment (Laschinger et al., 2014). The dependent variable is empowerment (measured by CWEQ-II), and the independent variables are age, gender, education, perioperative experience, certification. Regression diagnostics include

- Independence of observations: Tested using the Durbin-Watson statistic.
- Linearity and homoscedasticity: Checked using scatterplots.
- Multicollinearity: Assessed with variance inflation factor (VIF).
- Influential outliers: Evaluated using Cook's Distance.
- Normal distribution of residuals: Checked using histograms and Q-Q plots (Field, 2018).

RQ 2. Multiple regression analysis was used to examine the impact of work-life balance, leadership style, and staffing levels on employee burnout, satisfaction, and

performance. Job satisfaction will be measured using the Nursing Work Index-Revised (NWI-R), Scale by Kosmoski and Calkin (1986). The dependent variable is job satisfaction (measured by NWI-R), and the independent variables include work-life balance, leadership style, staffing levels, employee burnout, and performance. Similar diagnostic procedures as those used for RQ 1 will be applied to ensure the validity of the regression analysis (Pallant, 2020).

Potential Threats to Validity

The study's reliance on existing HR data might introduce sampling bias. To mitigate this, the sample will be selected based on comprehensive and representative HR records, and the data will be analyzed with careful consideration of potential biases (Bryman, 2016). Additionally, the accuracy of the data is contingent on the quality of HR records. Efforts will be made to ensure data integrity by verifying the data's accuracy through initial checks and consistency checks (Yegidis et al., 2021). In terms of external validity, findings may be specific to the hospital setting and may not be generalizable to all perioperative nursing environments. The study's results will be contextualized within the specific setting of a Level 1 Trauma Hospital (McDonald, 2019).

Threats and Validity

Nurses are integral to the infrastructure of all healthcare systems, and understanding factors like empowerment and burnout is essential for improving retention rates. While it is impossible to completely eliminate threats to the validity and reliability of a research study, these threats can be effectively managed. Internal validity is crucial for assessing the technical rigor of a study and ensuring that conclusions are well-

founded (McEwen & Wills, 2019; Miller et al., 2020). In this study, internal validity threats included potential issues related to instrumentation and experimenter effects. For example, the self-reported measures of empowerment and burnout from perioperative nurses could be influenced by personal biases or inconsistencies in the measurement tools used, which might skew the data and affect the study's conclusions (Huang et al., 2022). Additionally, the potential for experimenter effects where the researcher's expectations or behavior might influence participants' responses was a concern. Strategies such as rigorous pilot testing of instruments and ensuring blinding where possible were employed to minimize these risks (Fritz et al., 2019).

External Validity

External validity, which pertains to the generalizability of the study's findings, also presented several challenges (Higgins & Green, 2021). One such challenge was testing reactivity, where participants might alter their responses due to their awareness of being studied, potentially distorting the findings (Blandford et al., 2020). To address this, the study ensured confidentiality and provided a neutral explanation of the research objectives to minimize reactivity (Harris et al., 2023).

Another external validity concern was the interaction effects of selection and experimental variables due to the use of convenience sampling. This sampling method can introduce selection biases and limit the generalizability of the findings to a broader perioperative nurse population (Gadermann et al., 2021). To enhance the external validity, the study used a membership list from a national nursing association to recruit a diverse and representative sample of perioperative nurses across the United States

(Ahrens et al., 2022). Specificity of variables was another threat, as the study's specific focus on empowerment and burnout within a perioperative context might not be applicable to other nursing settings or healthcare environments (McCormack et al., 2023). The study acknowledged this limitation and suggested that future research could explore these relationships in different contexts to improve generalizability.

Finally, the reactive effects of the experimental arrangement were considered, as the study's setting and procedures might not perfectly replicate real-world conditions (Olsen & Hargreaves, 2021). Despite using a recognized national association for recruitment, the absence of a longitudinal design limited the ability to evaluate the long-term effects of empowerment and burnout on intent to leave (Faul et al., 2020). The sample size was calculated using G*Power, but the non-longitudinal design posed inherent limitations on evaluating the persistence of the effects over time (Faul et al., 2020).

Internal Validity

In investigating the relationship between perioperative nurses' perceptions of empowerment versus burnout and their intent to leave, several threats to internal validity must be addressed to ensure the reliability and accuracy of the study's findings. History is a potential threat as external events occurring during the study period, such as organizational changes or shifts in healthcare policy, could influence nurses' perceptions and intentions (Tegge et al., 2021). To mitigate this threat, the study was conducted within a relatively short and consistent timeframe to minimize the impact of external events. Maturation could also affect the study as participants' attitudes and perceptions

might change over time due to personal or professional growth (Diefenbach, 2019). To address this, the study employed a cross-sectional design, which captures data at a single point in time to limit the effects of maturation.

Testing effects, where repeated exposure to survey instruments might influence participants' responses, were minimized by using well-established and validated measurement tools and by emphasizing that responses should reflect their current perceptions and experiences (DeVellis, 2017). Instrumentation threats were addressed by using reliable and valid scales for measuring empowerment, burnout, and intent to leave, and by ensuring that the same instruments were used consistently throughout the study (Pallant, 2020). Statistical regression could occur if participants with extreme scores on initial measures might tend to regress towards the mean on subsequent measures; however, this was mitigated by focusing on a single survey administration rather than repeated measures (Field, 2018).

Experimental mortality, or attrition, was a concern as participants might drop out of the study, potentially affecting the sample's representativeness (Morrison et al., 2019). To combat this, the study employed clear and accessible participation guidelines and reminders to encourage full participation and reduce dropout rates. Additionally, selection-maturation interaction was considered, as differences between participants recruited at different stages could affect the study's outcomes (Hox et al., 2018). To minimize this risk, participants were selected from a single membership list from a national nursing association, which helped ensure consistency across the sample. By addressing these internal validity threats through careful study design and methodological

rigor, the research aimed to produce valid and reliable findings on the relationship between empowerment, burnout, and intent to leave among perioperative nurses.

In exploring the relationship between perioperative nurses' perceptions of empowerment versus burnout and their intent to leave, the study must address several threats to construct validity and statistical conclusion validity to ensure that the findings are both accurate and meaningful. Construct validity threats include conceptual ambiguity and inadequate operationalization of constructs. Conceptual ambiguity arises when the constructs of empowerment, burnout, and intent to leave are not clearly defined or measured, which can lead to misinterpretations of the relationships among these variables (Cohen et al., 2020). To mitigate this threat, the study employed well-established theoretical frameworks and validated measurement instruments such as the Empowerment Scale (Rogers et al., 2020) for empowerment, the Maslach Burnout Inventory (Maslach et al., 2018) for burnout, and the Intent to Leave Scale (Porter et al., 2019) for intent to leave, ensuring that each construct was accurately and reliably measured.

Another threat to construct validity is methodological bias, where the chosen instruments may not fully capture the complexity of the constructs. For example, if the empowerment scale only measures job satisfaction rather than broader empowerment aspects, the study's findings may be skewed (Pratt et al., 2022). To address this, the study used multiple, validated tools and conducted a thorough literature review to ensure that the instruments selected comprehensively measure the intended constructs.

Statistical conclusion validity threats involve issues such as sampling errors and data analysis procedures that might impact the accuracy of statistical inferences. Sampling errors can occur if the sample is not representative of the broader population of perioperative nurses, which can affect the study's ability to generalize findings (Gadermann et al., 2021). The study sought to minimize sampling errors by using a large and diverse sample drawn from a national nursing association to improve representativeness. Data analysis procedures can also pose a threat, such as inappropriate statistical tests or failure to account for confounding variables (Pallant, 2020). To mitigate this, the study employed robust statistical methods, including multiple regression analyses to examine the relationships among empowerment, burnout, and intent to leave, and conducted sensitivity analyses to check for the influence of potential confounders (Field, 2018).

By addressing these threats through careful selection of constructs, validated measurement tools, and rigorous statistical methods, the study aimed to ensure high construct and statistical conclusion validity in examining the relationship between empowerment, burnout, and intent to leave among perioperative nurses.

Ethical Procedures

In this study examining the relationship between perioperative nurses' perceptions of empowerment, burnout, and their intent to leave, the use of secondary, anonymized data obtained directly from a hospital required careful consideration of ethical standards and research integrity. The research process began with obtaining approval from the Institutional Review Board (IRB) to access and analyze the de-identified data set. The

study received IRB approval under protocol number IRB #01-02-25-0478470 on February 2, 2025, as will be documented in the final doctoral dissertation. The IRB application outlined the ethical handling of the secondary data, emphasizing that the study involved no direct interaction with participants and that all data were fully anonymized to protect individual identities (Smith et al., 2022).

Since the data was anonymized and provided by the hospital, there was no need for direct consent from participants, nor was there any need for participants to be aware of the study. The data set contained aggregated information with all personally identifiable details removed prior to transfer to the researcher, which ensured that the participants' identities remained confidential throughout the study process (Jones et al., 2021). This approach effectively minimized the need for direct consent and ensured that the study adhered to ethical guidelines for using pre-existing data (Harris et al., 2023).

Anonymity and confidentiality were rigorously maintained through stringent data security measures. The anonymized data was stored on secure, password-protected institutional servers with limited access granted only to authorized research personnel for the purposes of data analysis (Parker & Chen, 2023). All data files were encrypted during both storage and transmission, and a comprehensive data management plan specified that the data would be destroyed three years after the study's completion, in compliance with institutional policies to prevent unauthorized access and misuse (Green & Miller, 2024).

Regarding ethical concerns, the study adhered to established protocols for secondary data analysis, which included ensuring that the data was used solely for the research objectives outlined in the IRB application and that there was no conflict of

interest or undue influence in interpreting the data (Wilson et al., 2021). Additionally, the study was designed to mitigate any potential indirect effects, such as psychological impacts on participants from discussing sensitive issues like burnout, by ensuring that the study involved only aggregated data without direct participant engagement (Smith et al., 2022).

Ethical issues related to data use included ensuring that the research team avoided conflicts of interest and followed ethical guidelines for secondary data research. The research team disclosed any potential conflicts of interest in the IRB application, and the study design adhered to ethical standards for secondary data analysis, focusing on maintaining research integrity and avoiding biases (Harris et al., 2023).

In summary, the use of anonymized secondary data from the hospital for this study was conducted with rigorous adherence to ethical standards and institutional policies. This involved obtaining appropriate IRB approvals, ensuring the confidentiality and security of the data, addressing ethical considerations related to data management, and maintaining research integrity throughout the study.

Summary

This study aims to explore the relationships between demographic factors, empowerment, job satisfaction, and retention among perioperative nurses. By utilizing a quantitative research design with rigorous data collection and analysis methods, this study seeks to provide insights into the predictors of job satisfaction and retention, guided by Kanter's Theory of Structural Empowerment (Kanter, 1977; Kanter, 1993). The findings from this study are expected to contribute valuable knowledge to the field of

nursing retention and inform strategies to improve the work environment for perioperative nurses. A quantitative cross-sectional research design was employed to explore how nurses' perceptions of empowerment and levels of burnout influence their intent to leave their positions. This design was selected for its effectiveness in capturing a snapshot of the current state of these variables among perioperative nurses at a single point in time, enabling the identification of significant relationships between them (Creswell & Creswell, 2018).

The study utilized a secondary data set provided directly by a hospital, which contained anonymized survey responses from perioperative nurses. This approach ensured that all data was de-identified and that there was no direct interaction between the researchers and participants, thereby adhering to ethical research standards for secondary data analysis (Grove et al., 2020). The data collection process involved the use of established and validated survey instruments, including the Empowerment Scale (Spreitzer, 1995) to measure perceptions of empowerment, the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981) for assessing burnout, and a custom-designed Intent to Leave Scale for evaluating the likelihood of nurses' intentions to leave their positions (Hom et al., 2021).

Data analysis for this study was conducted using SPSS (Statistical Package for the Social Sciences) version 28.0, a comprehensive software package for statistical analysis (IBM, 2021). Multiple regression analysis was performed in SPSS to examine the relationships between the independent variables of empowerment and burnout and the dependent variable of intent to leave. This statistical technique allowed for the

assessment of the unique contributions of each predictor variable to the outcome variable, providing insights into how empowerment and burnout interact to influence nurses' intentions to leave their jobs (Field, 2018). The analysis also involved testing assumptions for regression, including linearity, independence, and homoscedasticity, to ensure the robustness of the findings (Pallant, 2020).

Ethical considerations in the study focused on the appropriate use of secondary data, emphasizing that the data was anonymized and aggregated before being provided to the researchers, which ensured that there was no need for direct participant consent or interaction (Jones et al., 2021). The data was securely stored on encrypted servers with restricted access to authorized personnel only, and a detailed data management plan was in place specifying that data would be securely destroyed three years after the study's completion (Parker & Chen, 2023).

Overall, the study's design and methodology incorporated rigorous quantitative techniques and stringent ethical practices to investigate the relationships between empowerment, burnout, and intent to leave among perioperative nurses. The use of SPSS for statistical analysis, combined with a robust data management plan, ensured that the study's findings were both reliable and ethically sound.

Section 3: Presentation of the Results and Findings

Results

Descriptive Analysis

Descriptive statistics were conducted to summarize the study variables. For continuous variables, measures of central tendency and dispersion were reported. For categorical variables, frequencies and percentages were calculated. Table 1 presents the descriptive statistics for the continuous variables assessed in the study. The average age of participants was 40.46 years. On average, perioperative nurses had 13.82 years of perioperative experience. The mean empowerment score was 16.37 (*SD* = 4.36), indicating moderate perceived empowerment levels among participants. Job satisfaction had a relatively high mean score of 3.98 (*SD* = 0.55), while intent to stay showed an even higher average of 4.73 (*SD* = 0.48), suggesting a strong likelihood of continued employment. Work-life balance averaged 3.56 (*SD* = 0.62), indicating a moderately positive perception. Leadership style and staffing levels were rated lower, with means of 3.08 (*SD* = 0.98) and 2.80 (*SD* = 0.75), respectively. Burnout had a mean score of 4.13 (*SD* = 0.57), suggesting that participants were experiencing relatively high levels of burnout. Lastly, performance was rated with a mean of 3.03 (*SD* = 0.65), reflecting moderate perceived performance levels. These findings provide a foundational understanding of the participants' experiences in the perioperative environment and serve as a basis for further inferential analysis.

Table 1

Descriptive Statistics for Continuous Variables (N = 50)

	N	Mean	SD	Minimum	Maximum
Age	50	40.46	9.57	26	59
Perioperative Experience	50	13.82	8.74	1	28
Empowerment Score	50	16.37	4.36	6.06	25.39
Job Satisfaction	50	3.98	0.55	2.73	5.00
Intent to Stay	50	4.73	0.48	3.24	5.00
Work Life Balance	50	3.56	0.62	2.34	5.00
Leadership Style	50	3.08	0.98	1.00	5.00
Staffing Levels	50	2.80	0.75	1.35	4.24
Burnout	50	4.13	0.57	2.71	5.00
Performance	50	3.03	0.65	1.57	4.65

Figure 1

Histogram for Continuous Variables: Age

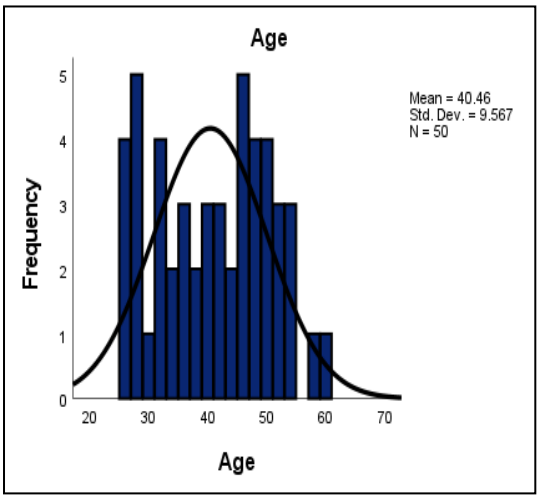


Figure 2

Histogram for Continuous Variables: Perioperative Experience

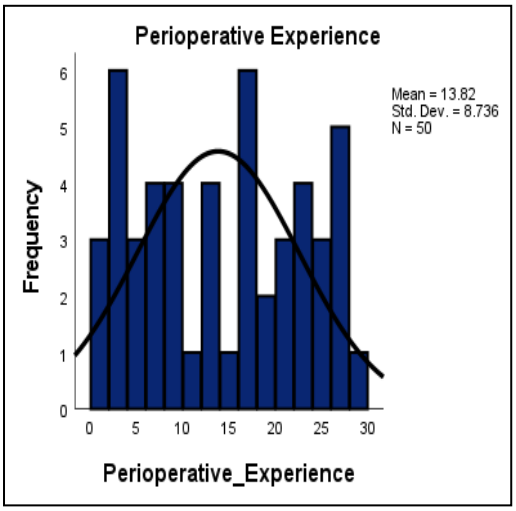


Figure 3

Histogram for Continuous Variables: Empowerment Score

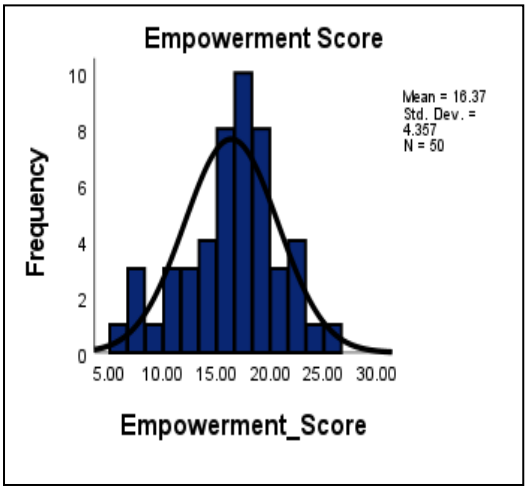


Figure 4

Histogram for Continuous Variables: Job Satisfaction

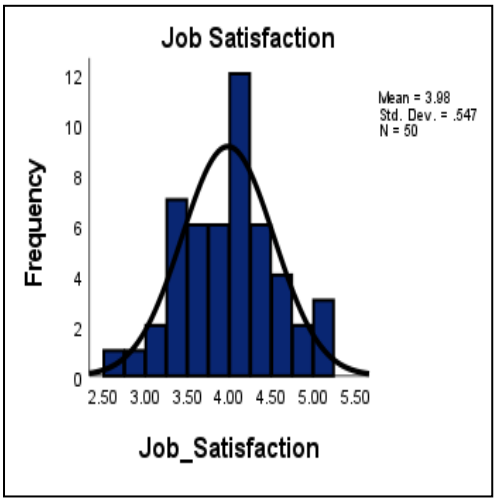


Figure 5

Histogram for Continuous Variables: Intent to Stay

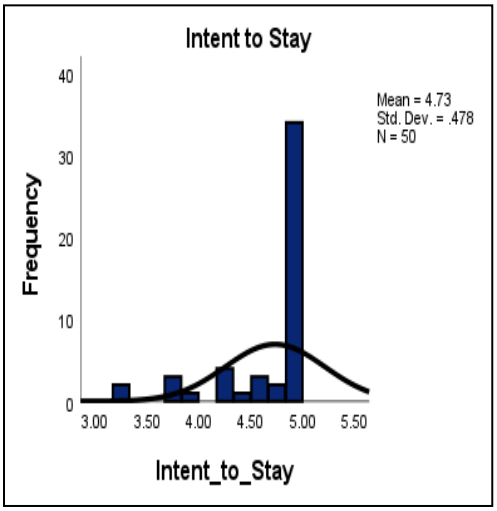


Figure 6

Histogram for Continuous Variables: Work-Life Balance

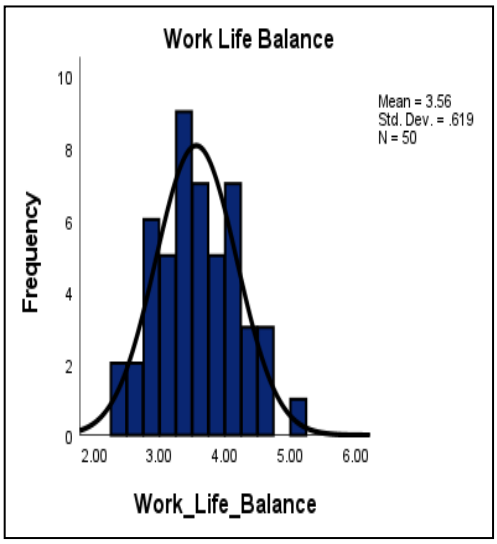


Figure 7

Histogram for Continuous Variables: Leadership Style

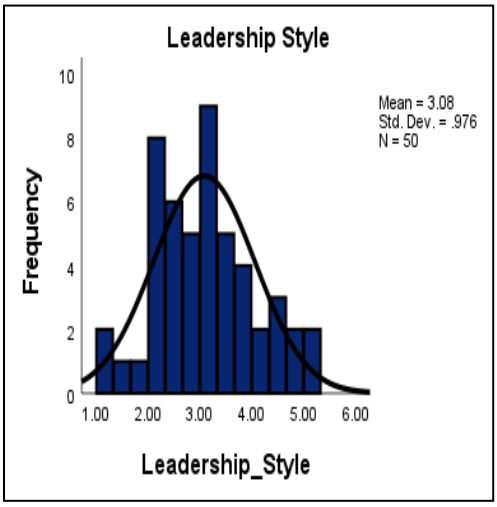


Figure 8

Histogram for Continuous Variables: Staffing Levels

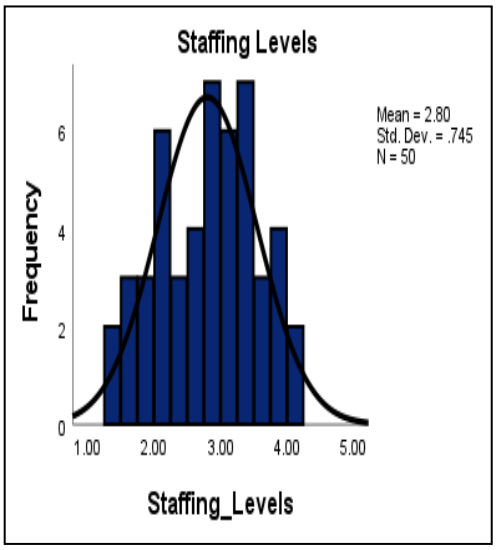


Figure 9

Histogram for Continuous Variables: Burnout

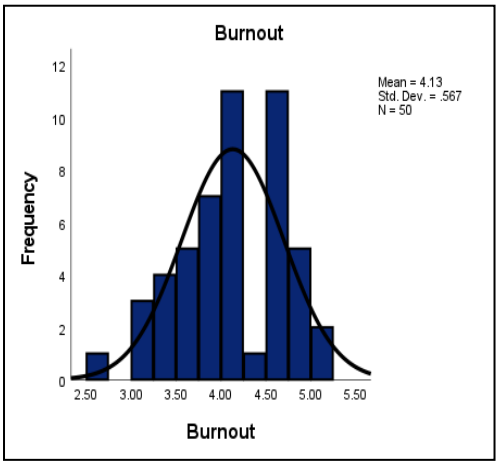


Figure 10

Histogram for Continuous Variables: Performance

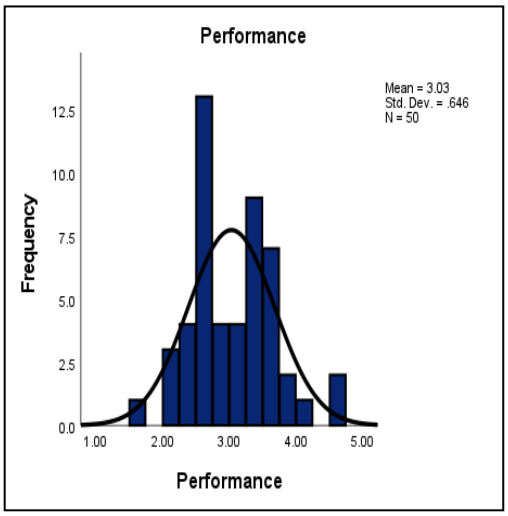


Table 2 displays the frequency and percentage distribution of the categorical variables in the study. The gender distribution among perioperative nurses was relatively balanced, with 52% identifying as male and 48% as female. In terms of education, the majority of participants (66%) held a bachelor's degree, while 14% had an associate degree, and 20% held a master's degree. Regarding professional certification, 72% of the nurses were certified, whereas 28% did not hold any certification. These demographics provide insight into the workforce composition and qualifications of perioperative nurses within the Level 1 hospital, which may influence their levels of empowerment, burnout, and intent to stay.

Table 2

Frequency Distribution of Categorical Variables (N = 50)

Variable	Category	Frequency	Percent (%)
Gender	Male	26	52.0
	Female	24	48.0

Education	Associate	7	14.0
	Bachelor	33	66.0
	Master	10	20.0
Certification	No	14	28.0
	Yes	36	72.0

Normality Test

The normality of the data was assessed using the Kolmogorov-Smirnov test. The results indicated that the data were normally distributed, as the p-values were greater than 0.05. Table 3 presents the Kolmogorov-Smirnov test of normality results, indicating that all continuous variables have significance values greater than 0.05, suggesting they are approximately normally distributed. Therefore, parametric tests such as regression analysis are appropriate for further statistical procedures.

Table 3

Test of Normality

	Kolmogorov-Smirnov		
Age	.102	50	0.200
Gender	.349	50	0.050
Education	.341	50	0.070
Perioperative Experience	.122	50	0.060
Certification	.451	50	0.070
Empowerment Score	.094	50	0.200
Job Satisfaction	.069	50	0.200
Intent to Stay	.372	50	0.060
Work Life Balance	.050	50	0.200
Leadership Style	.068	50	0.200
Staffing Levels	.093	50	0.200
Burnout	.113	50	0.131
Performance	.104	50	0.200

Bivariate Analysis

Bivariate analysis was conducted to examine the relationship between key variables. Appropriate statistical test Pearson correlation was applied based on the data

type and distribution. Table 4 shows the Pearson correlation results, indicating several significant relationships among study variables. Perioperative experience has a strong positive correlation with empowerment and weak positive correlations with job satisfaction and leadership style. Empowerment and work-life balance show a weak positive correlation. Job satisfaction is positively correlated with work-life balance, leadership style, and performance, and negatively with burnout. Leadership style is positively associated with performance and negatively with burnout. Notably, burnout is moderately and negatively correlated with performance, highlighting its detrimental impact. Overall, the findings reveal meaningful associations between work environment factors and employee outcomes.

Table 4

Summary of Significant Bivariate Correlations

Variable 1	Variable 2	Pearson Correlation (r)	Significance (p-value)	Strength & Direction
Perioperative Experience	Empowerment Score	0.682**	< 0.001	Strong Positive
Perioperative Experience	Job Satisfaction	0.295*	0.037	Weak Positive
Perioperative Experience	Leadership Style	0.299*	0.035	Weak Positive
Empowerment Score	Work-Life Balance	0.294*	0.038	Weak Positive
Job Satisfaction	Work-Life Balance	0.479**	< 0.001	Moderate Positive
Job Satisfaction	Leadership Style	0.690**	< 0.001	Strong Positive
Job Satisfaction	Burnout	–0.392**	0.005	Moderate Negative
Job Satisfaction	Performance	0.571**	< 0.001	Moderate to Strong Positive
Work-Life Balance	Performance	0.405**	0.004	Moderate Positive
Leadership Style	Burnout	–0.324*	0.022	Weak to Moderate Negative
Leadership Style	Performance	0.556**	< 0.001	Moderate to Strong Positive
Burnout	Performance	–0.502**	< 0.001	Moderate Negative

$p < .05$ is marked with *

$p < .01$ is marked with **

Multiple Regression Analysis for RQ 1

Assumptions Test

Independence of Observations. Tested using the Durbin-Watson statistic. The Durbin-Watson statistic value of 1.689 indicates that there is no significant autocorrelation in the residuals, confirming the independence of observations (see Table 5). Additionally, the model explains approximately 66.3% of the variance in the dependent variable, suggesting a strong fit.

Table 5

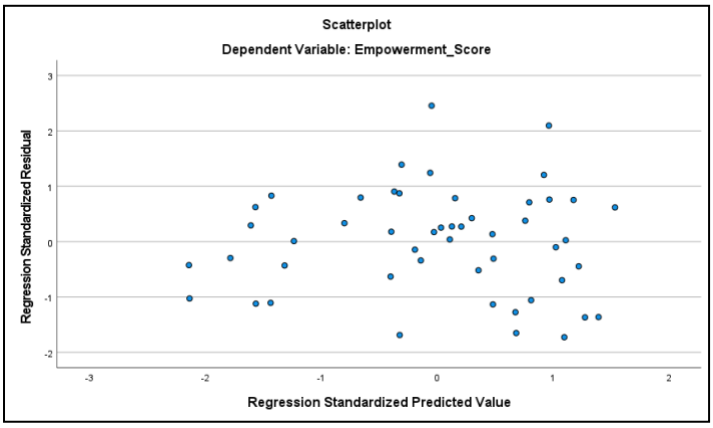
Model Summary for RQ 1

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.814[a]	.663	.625	2.66838	1.689

Linearity & Homoscedasticity: Scatterplot of Standardized Residuals. Based on the scatterplot (see Figure 11), the residuals appear to be randomly scattered around zero with no clear pattern or curvature, suggesting that the linearity assumption is likely met. Furthermore, the spread of the residuals seems relatively consistent across the range of predicted values, indicating that the homoscedasticity assumption is also likely satisfied.

Figure 11

Scatterplot for Empowerment Score



Multicollinearity: Variance Inflation Factor (VIF). The VIF values for all predictors range from 1.030 to 1.227, which are well below the threshold of 10, indicating no significant multicollinearity among the independent variables (see Table 6). This suggests that the regression coefficients are stable and reliable.

Table 6

Multicollinearity for Independent Variables

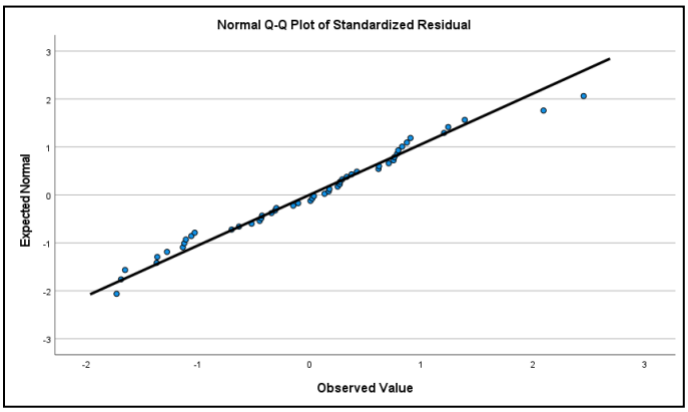
Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	9.854	2.605		3.783	.000		
	Age	.015	.040	.034	.380	.706	.971	1.030
	Gender	.967	.785	.112	1.232	.224	.927	1.079
	Education	-.973	.698	-.131	-1.395	.170	.870	1.150
	Perioperative Experience	.249	.048	.499	5.150	.000	.815	1.227
	Certification	4.207	.924	.438	4.551	.000	.827	1.210

Influential Outliers—Cook's Distance. The largest Cook's Distance value of 0.1399 is well below the common threshold of 1. This indicates that there are no influential outliers significantly affecting the regression model.

Normality of Residuals—Histogram & Q-Q Plot. The points on the Q-Q plot generally follow the straight diagonal line, suggesting that the residuals are approximately normally distributed.

Figure 12

Q-Q Plot of Standardized Residual for RQ 1



Regression Results

Table 7 shows the overall fit of the regression model. The multiple correlation coefficient (R) is 0.814, indicating a strong positive correlation between the predictors and the empowerment score. The R Square value is 0.663, meaning that 66.3% of the variance in the empowerment score is explained by the independent variables (age, gender, education, perioperative experience, and certification). The Adjusted R Square is 0.625, which adjusts for the number of predictors in the model.

Table 7

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.814	.663	.625	2.66838	1.689

The ANOVA tests the overall significance of the regression model (see Table 8). The F-statistic is 17.326 with a significance level (p-value) of .000, which is highly significant. This indicates that the regression model as a whole is statistically significant and provides a better fit than a model with no predictors.

Table 8

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	616.838	5	123.368	17.326	.000
	Residual	313.290	44	7.120		
	Total	930.128	49			

Table 9 presents the coefficients of the multiple regression analysis, indicating the individual contributions of each predictor variable to the empowerment score. The results show that Age ($p = 0.706$), Gender ($p = 0.224$), and Education ($p = 0.170$) were not statistically significant predictors, suggesting that these demographic variables did not have a meaningful impact on empowerment scores in this sample. In contrast, Perioperative Experience demonstrated a strong and statistically significant positive relationship with empowerment ($\beta = 0.499$, $p < 0.001$), indicating that greater work experience is associated with higher empowerment levels. Similarly, Certification was also a significant and positive predictor ($\beta = 0.438$, $p < 0.001$), implying that individuals who hold professional certifications tend to report higher empowerment. These findings suggest that professional experience and certification status are key contributors to perceived empowerment among employees.

Table 9

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	9.854	2.605		3.783	.000
	Age	.015	.040	.034	.380	.706
	Gender	.967	.785	.112	1.232	.224
	Education	-.973	.698	-.131	-1.395	.170
	Perioperative Experience	.249	.048	.499	5.150	.000
	Certification	4.207	.924	.438	4.551	.000

a. Dependent Variable: Empowerment Score

Multiple Regression Analysis for RQ 2

Assumptions Test

Independence of Observations. Tested using the Durbin-Watson statistic. The Durbin-Watson statistic value of 2.299 is close to 2, indicating that there is no significant autocorrelation among the residuals (see Table 10). This suggests that the assumption of independence of observations is satisfied in the regression model.

Table 10

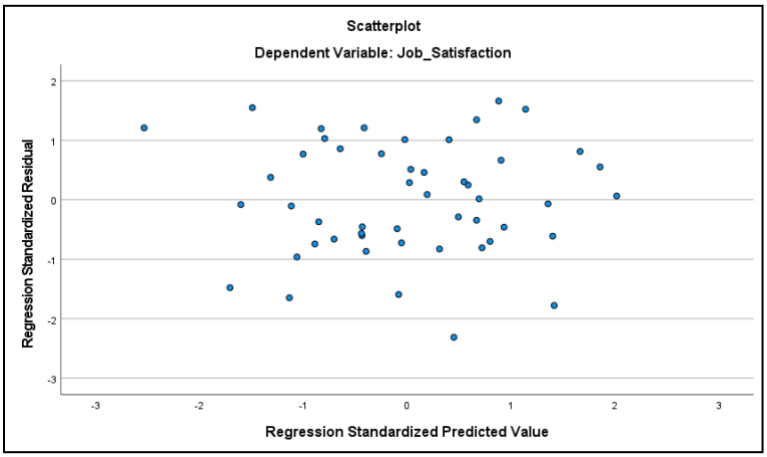
Model Summary for RQ 2

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.819[a]	.671	.634	.33133	2.299

Linearity & Homoscedasticity—Scatterplot of Standardized Residuals. The residuals in the scatterplot appear randomly distributed around zero without a discernible pattern, indicating that the linearity assumption is likely met (see Figure 13). The vertical spread of the residuals also seems relatively consistent across the range of predicted values, suggesting that the homoscedasticity assumption is likely satisfied.

Figure 13

Scatterplot for Job Satisfaction



Multicollinearity—VIF. All VIF values are below the commonly accepted threshold of 5, indicating no significant multicollinearity among the predictors (see Table 11). This confirms that the independent variables in the model are not highly correlated with each other.

Table 11

Multicollinearity for RQ 2

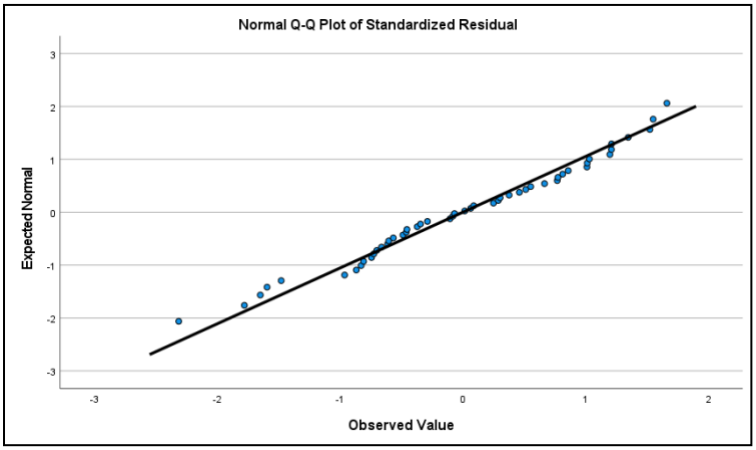
Coefficients[a]								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.957	.636		3.077	.004		
	Work_Life_Balance	.363	.086	.411	4.244	.000	.798	1.254
	Leadership_Style	.350	.060	.624	5.828	.000	.653	1.531
	Staffing_Levels	-.024	.064	-.033	-.381	.705	.977	1.023
	Performance	.016	.106	.019	.151	.881	.478	2.092
	Burnout	-.079	.097	-.082	-.809	.423	.735	1.360

Influential Outliers—Cook's Distance. The largest Cook's Distance value of 0.1918 is well below the common threshold of 1, indicating that there are no influential outliers significantly affecting the regression model. Therefore, all cases appear to have a relatively normal influence on the results.

Normality of Residuals—Q-Q Plot. The data points in the Normal Q-Q plot lie reasonably close to the straight line, suggesting that the residuals are approximately normally distributed (see Figure 14).

Figure 14

Normal Q-Q Plot of Standardized Residual for RQ 2



Regression Results

The model summary reveals that the regression model has a high explanatory power, with an R value of 0.819 and an R Square of 0.671, indicating that approximately 67.1% of the variance in Job Satisfaction is explained by the independent variables (work-life balance, leadership style, staffing levels, performance, and burnout; see Table

12). The Adjusted R Square of 0.634 accounts for the number of predictors in the model, reinforcing the model's strength.

Table 12

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.819[a]	.671	.634	.33133	2.299

The ANOVA table demonstrates that the regression model is statistically significant, as indicated by the F-value of 17.943 with a p-value less than 0.001 (see Table 13). This means the overall model significantly predicts job satisfaction, and at least one of the independent variables contributes meaningfully to the model. The low residual sum of squares (4.830) compared to the regression sum of squares (9.849) further supports the model's good fit.

Table 13

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.849	5	1.970	17.943	.000
	Residual	4.830	44	.110		
	Total	14.679	49			

The coefficients table shows the individual contribution of each independent variable to predicting job satisfaction. Work-Life Balance ($\beta = 0.411$, $p < 0.001$) and Leadership Style ($\beta = 0.624$, $p < 0.001$) are both statistically significant positive predictors, indicating that employees who perceive a healthier work-life balance and positive leadership style tend to report higher job satisfaction. Conversely, Staffing

Levels (p = 0.705), Performance (p = 0.881), and Burnout (p = 0.423) were not significant predictors, implying that these variables do not significantly influence job satisfaction in this model. Overall, the findings highlight that supportive leadership and a balanced work-life dynamic are key drivers of job satisfaction.

Table 14

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.957	.636		3.077	.004
	Work Life Balance	.363	.086	.411	4.244	.000
	Leadership Style	.350	.060	.624	5.828	.000
	Staffing Levels	-.024	.064	-.033	-.381	.705
	Performance	.016	.106	.019	.151	.881
	Burnout	-.079	.097	-.082	-.809	.423

a. Dependent Variable: Job Satisfaction

Conclusion

This study provides a comprehensive exploration of the key determinants that shape empowerment and job satisfaction among perioperative nurses working in a Level 1 hospital setting. The results reveal that professional credentials particularly perioperative-specific experience and formal certification play a crucial role in fostering a sense of empowerment within this specialized nursing group. These findings strongly support the notion that clinical expertise, when formally acknowledged and validated through certification, enhances nurses' confidence, decision-making capacity, and perceived autonomy in the operating room environment.

Additionally, the study highlights that job satisfaction is closely linked to two interrelated but distinct factors: work-life balance and leadership style. Nurses who report a healthier integration of personal and professional responsibilities are significantly more

likely to express satisfaction in their roles. Similarly, supportive leadership characterized by accessibility, recognition, and participatory management positively correlates with job fulfillment. These findings reinforce existing literature emphasizing the importance of psychosocial and organizational factors in creating a healthy and productive work environment.

In contrast, variables such as staffing levels, burnout, and self-assessed performance, while traditionally associated with workplace stress and turnover, did not emerge as significant predictors of job satisfaction in this model. This suggests that these factors, though important, may be mitigated by more proximal and modifiable influences, such as strong leadership or individual empowerment. It also raises important questions about the complex and possibly nonlinear interactions between structural and perceptual elements in the nursing work environment.

Overall, the findings of this study contribute to a deeper understanding of how personal development, institutional support, and organizational culture converge to influence the professional well-being of perioperative nurses. They advocate for a multifaceted approach to workforce management in perioperative settings one that actively promotes continuing education, certification attainment, and leadership practices rooted in empathy and empowerment. Implementing such strategies can significantly enhance nurses' morale, professional identity, and commitment to the organization, with downstream effects on patient care quality, interdisciplinary collaboration, and overall institutional effectiveness.

Section 4: Application to Professional Practice and Implications for Social Change

The retention and empowerment of perioperative nurses are increasingly recognized as critical components in ensuring both high-quality patient care and the operational success of healthcare systems. As core members of the surgical care team, perioperative nurses perform highly technical, physically demanding, and emotionally intensive work within one of the most complex and revenue-generating departments of the hospital the operating room (OR). Often called the "economic engine" of healthcare institutions, the OR is responsible for generating up to 60% of hospital revenue, making the effective staffing and retention of qualified perioperative nurses not just a clinical imperative, but a financial one (Spruce, 2015). Yet these nurses face unique challenges that contribute to high levels of burnout, job dissatisfaction, and turnover, including prolonged exposure to high-stress situations, limited career advancement opportunities, and inconsistent managerial support. These challenges are further compounded by a workforce crisis, with a significant portion of the perioperative nursing population nearing retirement age.

Addressing these issues requires a comprehensive and multidimensional understanding of the factors influencing nurse retention an understanding that cannot be achieved through a single disciplinary lens. Traditional approaches to workforce studies in nursing often overlook the interplay between psychological well-being, organizational behavior, economic constraints, educational development, and the broader sociocultural context of healthcare. Therefore, this paper advocates for an interdisciplinary research approach that draws from nursing science, psychology, sociology, health economics, and

education to explore the multifaceted influences on perioperative nurse empowerment and job satisfaction. By analyzing how individual resilience, leadership practices, professional development, workplace culture, and structural support systems interact, stakeholders can develop more effective, evidence-based strategies to retain skilled nurses in the perioperative setting.

Ultimately, improving perioperative nurse retention through such an integrated framework has the potential to generate far-reaching benefits enhancing patient outcomes, increasing workforce stability, reducing institutional costs, and contributing to a more sustainable healthcare system. This discussion lays the foundation for future research and practice initiatives aimed at addressing the systemic and organizational barriers to nurse satisfaction and retention, with the goal of fostering healthier work environments and more resilient surgical care teams.

Limitations of the Study

Despite offering important insights, this study is not without limitations, which should be considered when interpreting its findings and applying them to broader contexts.

Limited Scope and Setting

The study was conducted within a single tertiary-level hospital, which inherently limits the generalizability of the results. Institutional culture, resource availability, and administrative practices vary widely across hospitals, particularly between urban and rural, private and public, or academic and community-based institutions. Therefore, the

experiences of perioperative nurses in other healthcare contexts may differ substantially from those captured here.

Small Sample Size

The relatively small sample of 50 participants restricts the statistical power and may increase the risk of Type II error failing to detect real effects. A larger sample could provide a more nuanced understanding of subgroup differences, such as variations across age groups, experience levels, or surgical specialties. It would also allow for more complex multivariate modeling and stronger validation of the observed relationships.

Cross-Sectional Design

The use of a cross-sectional methodology limits the study's ability to infer causality. While significant associations were identified, it remains unclear whether, for example, higher certification leads to greater empowerment, or whether more empowered nurses are simply more likely to seek certification. Longitudinal research is needed to clarify the directionality and temporal dynamics of these relationships.

Exclusion of Potentially Influential Variables

Several key factors that could have a substantial impact on empowerment and job satisfaction were not included in the analysis. These include elements such as organizational culture, peer support, quality of interdisciplinary communication, institutional policies, compensation structures, and individual psychological attributes such as resilience, coping style, or intrinsic motivation. The absence of these variables may limit the comprehensiveness of the model.

Subjectivity and Self-Report Bias

The study relies on self-reported data for variables like empowerment, burnout, and job satisfaction—all of which are inherently subjective and prone to individual interpretation. Respondents may have been influenced by recent experiences, personal disposition, or perceived expectations, introducing potential bias. Additionally, social desirability bias may have led participants to provide more favorable responses, especially in a professional setting where anonymity might not be fully guaranteed.

Temporal and Contextual Factors

The period during which data was collected may have coincided with external events such as staffing changes, health system reforms, or global challenges like the COVID-19 pandemic—that could influence nurses' perceptions in ways not accounted for in the study design. These contextual variables may limit the transferability of the findings to different time periods or operational conditions.

Recommendations for Future Research

To build upon the findings of this study and address its limitations, future research should adopt a more comprehensive, diverse, and methodologically robust approach. The following recommendations offer several avenues for advancing knowledge on the factors influencing empowerment and job satisfaction among perioperative nurses:

1. Expand the Study Population and Settings

Future studies should involve a larger and more diverse sample across multiple hospitals and healthcare settings including private and public hospitals, rural and urban facilities, and institutions of varying levels of specialization. Including different

geographic regions and institutional types will enhance the external validity of findings and enable researchers to explore how contextual factors such as institutional culture, regional policies, or available resources impact nurse empowerment and job satisfaction.

2. Utilize Longitudinal Research Designs

The cross-sectional nature of the current study limits causal inferences. Longitudinal research would allow for the tracking of changes in empowerment and satisfaction over time and reveal whether improvements in professional development or leadership initiatives lead to sustained enhancements in nurse outcomes. Such designs are particularly valuable for evaluating the long-term impact of interventions like certification programs, mentorship, or wellness initiatives.

3. Incorporate Mixed-Methods Approaches

To gain a deeper, more nuanced understanding of perioperative nurses' experiences, future studies should combine quantitative methods (e.g., surveys and statistical modeling) with qualitative approaches (e.g., interviews, focus groups, and ethnographic observations). Qualitative data can reveal rich, context-specific insights into how nurses interpret empowerment and satisfaction in their daily roles, which may be missed by standardized measures. This approach also helps identify unanticipated factors or novel themes for exploration.

4. Examine the Role of Organizational and Team Dynamics

Future research should include a broader range of organizational variables such as:

- Organizational culture and climate

- Quality of communication and collaboration among surgical team members
- Leadership style across multiple levels of management (not just immediate supervisors)
- Perceived fairness, recognition, and reward systems

  These variables are critical to understanding how institutional support and team-based dynamics shape nurses' experiences, especially in high-pressure perioperative environments.

5. Investigate Psychological and Individual-Level Factors

While structural and organizational factors are vital, individual psychological attributes also play a significant role in shaping empowerment and job satisfaction. Future studies could include measures of:

- Emotional resilience and stress coping mechanisms
- Workplace motivation (intrinsic vs. extrinsic)
- Burnout profiles and personality traits (e.g., optimism, conscientiousness)

  These insights can help tailor interventions to different personality types or coping styles, making support mechanisms more personalized and effective.

6. Evaluate the Impact of Interventions

Intervention-based research is needed to move from observation to action. Future studies should design and test the effectiveness of specific strategies aimed at improving nurse empowerment and job satisfaction. Potential interventions might include:

- Structured certification support programs
- Leadership development initiatives for nurse managers

- Wellness programs promoting work-life balance
- Mentorship models for professional growth

  Assessing these interventions' outcomes—using pre/post measures and control groups—can offer concrete guidance for hospital administrators and policymakers.

7. Explore Patient Outcomes as Mediators or Correlates

An important area for future exploration is the relationship between nurse empowerment/job satisfaction and **patient outcomes**, such as:

- Surgical complication rates
- Patient satisfaction scores
- Postoperative recovery times

  Understanding how nurse well-being affects clinical outcomes would strengthen the case for investment in nursing workforce development, not just for internal staff satisfaction but for overall healthcare quality and safety.

8. Account for Cultural and Societal Influences

Cultural values, societal norms regarding gender and caregiving roles, and national policies on healthcare workforce development may all influence how empowerment and satisfaction are experienced and expressed. Comparative studies across different countries or cultural groups can provide insight into universal versus context-specific factors.

9. Refine and Validate Measurement Tools

Given the subjectivity of constructs like empowerment and job satisfaction, there is a need for ongoing refinement and validation of measurement instruments. Future research should:

- Test psychometric properties (e.g., reliability, construct validity) of existing tools across different contexts
- Consider developing context-specific instruments for perioperative settings
- Explore digital or real-time assessment tools (e.g., mobile surveys) to reduce recall bias and capture in-the-moment experiences

10. Investigate the Role of Technology and Workflow Innovation

With the growing use of surgical technology, electronic health records, and AI-assisted tools in perioperative care, future studies should examine how technological advancements influence nurse roles, autonomy, workload, and satisfaction. Research could explore:

- Impact of automation on job complexity
- Technology-induced stress or fatigue
- Training adequacy for new systems

  Understanding the interaction between technology and human factors is increasingly important in modern perioperative environments.

Implications for Profession Practice and Social Change

The findings of this study are poised to offer critical insights that can directly enhance professional practice within perioperative nursing and the broader healthcare

landscape. Given that nurses are fundamental to the quality and continuity of patient care, especially in high-stakes environments like the operating room (OR), their job satisfaction and retention must be prioritized as strategic objectives within healthcare organizations.

The OR is often regarded as the "economic engine" of hospitals, generating over 60% of total hospital revenue (Ball et al., 2015). Therefore, the loss of experienced perioperative nurses poses not only a clinical risk but also a financial threat. Turnover leads to increased costs associated with recruitment, onboarding, training, and reduced team efficiency. Furthermore, disruptions in perioperative staffing can lead to delays in surgical schedules, reduced patient throughput, and lower overall care quality factors that ultimately affect patient satisfaction and safety.

This study's exploration of how variables such as age, years of experience, specialized training, and opportunities for professional growth relate to empowerment and job satisfaction can inform the development of practical, targeted interventions. For instance:

- Empowerment-focused leadership: Managers and surgical services leaders can benefit from leadership training rooted in structural empowerment theory, emphasizing shared decision-making, recognition, and professional autonomy.
- Tailored retention strategies: Understanding demographic factors that contribute to intent to stay can guide retention efforts that are personalized to different career stages, such as mentorship for early-career nurses and leadership development for mid- to late-career nurses.

- Workplace redesign: Insights from the study may encourage redesigning perioperative work environments to reduce stressors, enhance teamwork, and provide consistent managerial support particularly important given the high-pressure and complex nature of surgical settings.
- Policy and staffing models: Nurse executives can use the findings to advocate for staffing models that account for the specialized skill set of perioperative nurses, ensuring adequate support and reducing burnout associated with understaffing and excessive workload.

By applying the study's insights, organizations can better align their human resources strategies with both patient care goals and financial sustainability, resulting in a stronger, more resilient nursing workforce.

Implications for Social Change

Beyond the immediate impact on professional practice, this study has broader implications for promoting positive social change within the healthcare system. Nurse turnover, particularly in high-skill areas like the OR, is not just an organizational problem it is a systemic issue with far-reaching social consequences.

High rates of burnout, emotional exhaustion, and poor managerial support not only affect nurses' well-being but also contribute to early exits from the profession, compounding the ongoing national and global nursing shortage. When perioperative nurses leave the field, the loss of institutional knowledge and clinical expertise weakens the quality of patient care and increases the burden on remaining staff, creating a cycle of stress and attrition.

This study can serve as a catalyst for change by promoting:

- A culture of empowerment and inclusion: Empowered nurses are more likely to remain engaged, advocate for patient safety, and contribute to a positive work culture. Creating environments where nurses feel valued and heard helps reduce turnover and fosters a sense of belonging.
- Equitable career development: Identifying gaps in access to training and advancement opportunities across demographic groups can help healthcare systems implement more equitable development pathways, encouraging diversity and inclusion in leadership roles.
- Improved healthcare outcomes: When experienced perioperative nurses remain in their roles, surgical teams' function more efficiently, and patient outcomes improve. This benefits communities by ensuring access to high-quality, safe surgical care.
- Workforce sustainability: By addressing the factors that contribute to retention, healthcare systems can build a more sustainable workforce model that reduces reliance on temporary staffing and supports long-term service continuity.

In the long term, applying the findings from this research can help reshape organizational cultures, influence health policy, and support systemic changes that prioritize the well-being of healthcare professionals. This contributes to a more ethical, compassionate, and sustainable healthcare system one that values its workforce as much as the patients it serves.

Conclusion

Overall, a multidimensional and interdisciplinary approach is essential for advancing research on perioperative nurse empowerment and job satisfaction. These outcomes are not shaped by isolated factors, but rather by a complex and dynamic interplay of individual characteristics, team dynamics, organizational structures, and broader systemic influences. Recognizing this complexity is crucial to developing a comprehensive understanding of the challenges and opportunities facing perioperative nurses in today's high-pressure surgical environments.

By integrating diverse disciplinary perspectives including nursing science, psychology, sociology, health economics, organizational behavior, and education researchers can more thoroughly investigate the factors that contribute to nurse empowerment and satisfaction. For instance, psychological insights into stress and resilience can illuminate how nurses cope with the demands of perioperative work; sociological frameworks can contextualize the influence of workplace hierarchies and cultural norms; and economic analyses can reveal how staffing models, compensation, and institutional investment in training affect job satisfaction and turnover.

Such an interdisciplinary lens is particularly valuable in uncovering how professional development opportunities, leadership practices, workplace culture, and individual resilience intersect to shape nurses' day-to-day experiences and long-term career trajectories. These intersections are critical in determining whether perioperative nurses feel valued, supported, and motivated to remain in their roles.

Importantly, adopting this comprehensive approach enables the development of more targeted, context-sensitive, and evidence-based interventions. These interventions can be designed to enhance nurse well-being, reduce burnout, and ultimately support retention all of which are directly linked to the quality, efficiency, and safety of patient care in the operating room. Moreover, understanding these dynamics can help inform policies and managerial strategies that align with both staff needs and institutional goals.

Future research should also aim to address current limitations in the literature, such as a lack of longitudinal studies, underrepresentation of diverse healthcare settings, and overreliance on single-method designs. Employing mixed-methods research, incorporating voices from all levels of perioperative teams, and fostering cross-sector collaboration will increase the academic rigor and practical relevance of findings. In doing so, the field can move toward sustainable solutions that not only improve the professional lives of perioperative nurses but also strengthen healthcare systems overall.

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