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Impact of Empowerment and Autonomy on the Nursing Director's Intent to Stay

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Abstract

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MSN, Walden University, 2010

Dissertation Submitted in Fulfillment

of the Requirements for the Degree of

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Abstract

Retention of nursing directors is important to the viability and success of the healthcare industry because they have a large impact on nursing job satisfaction, overall retention of nurses in an institution, productivity, and patient outcomes. Factors that retain nurse directors, such as autonomy and empowerment, appear to be important to job satisfaction, but there is little in the current research to corroborate these findings. The purpose of this quantitative study was to determine what factors impact nursing directors' intent to stay in their current role and what effect role autonomy and empowerment have on their intent to stay as compared to traditional job satisfiers. Kanter's empowerment theory was used to evaluate the key factors that influence job satisfaction and retention, namely, empowerment and autonomy. The key variables were measured with Attitude toward Professional Autonomy Scale for Nurses, Conditions for Work Effectiveness Questionnaire-II, Intention to Stay Scale, and Minnesota Satisfaction Questionnaire. Nursing directors were recruited American Organization of Nurse Executives and LinkedIn. Seventy-six participants answered 4 survey tools on the key. Results revealed that empowerment had a significant relationship to nursing directors' intent to stay and that traditional job satisfiers were significantly related to predicting intent to stay. The results could affect positive social change because increasing job satisfaction of nursing directors would lead to their desire to remain in their position and would stabilize overall retention of nurses, productivity, and patient outcomes. Future research is needed to devise, and test interventions designed to enhance empowerment and positively affect intent to stay.

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Dedication

I dedicate this dissertation to all those that have supported me throughout my growth and development as the scholar-practitioner that I am today. To my husband and son that understood when my office light was on, that I was in my writing zone and to be left alone; and, for always being loving and understanding when I faced challenges. To my nursing leader mentor, Pat Village, which believed in me professionally and built my confidence level to think that I could accomplish anything I imagine, thank you. And, finally, this research is for all those nursing leaders that have influenced my desire to learn more about leadership to improve my practice as a leader and to impact others leadership practice.

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I want to recognize Dr. Rosabeth Moss Kanter, and her assistant Russ Woron-Simons, for their help and permission to use and conceptualize her theory of structural empowerment. It was the communication that I had with Dr. Kanter that helped me to understand in better depth her theory's variables to conceptualize her model.

To Dr. Jacqueline Mayfield and Dr. Milton Mayfield, thank you for your support and interest in my research topic and for allowing the use of your instrumentation scale regarding the intent to stay in my study. Dr. Mayfield and Mayfield's Intent to Stay Scale proved valuable in determining my participants commitment to staying or leaving.

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Chapter 1: Introduction to the Study

Introduction

Healthcare and the nursing profession have a long history of experiencing shortages of critical staff and the associated struggles with retaining staff. The most recent shortage was in the early 2000s but was quickly corrected due to the economic downfall in the same decade (Snavely, 2016). The correction came when nurses who had left the profession now returned due to economic worries. The next shortage is predicted to occur around 2020 (IOM, 2010), with over 50% of nurses being eligible for retirement (AACN, 2013; ANA, 2017). Nursing shortages affect those in the profession, as well as patients and healthcare systems (Snavely, 2016). Within nursing, the numbers of both staff nurses and nursing leaders will be directly impacted by the coming shortage. Previous nursing literature has been focused on the retention of staff nurses, but few studies have been conducted about nursing directors on the same topic. Cabral, Hanson, and Reilly (2016) discussed the importance of nursing leadership to retain staff and discovered that it was the nursing leader who had the greatest impact on the perceptions and behaviors of staff, encouraging them to stay in their positions. Key factors that have been identified in studies about retaining or reducing turnover of staff nurses include job satisfaction, feeling empowered, having professional autonomy, and financial security. The research for this study is important to help bridge the gap in knowledge on the factors that impact nursing directors' decisions to leave their positions. From a social change standpoint, the information gained from conducting this study could improve the coming nursing shortage by helping healthcare organizations and senior nursing leaders

create new methods of employee retention and thus encourage the intent to stay of nursing directors (IOM, 2010).

In chapter 2, there will be a brief background discussion on the issue of retention, and the extent of which nursing retention has been addressed in the literature, including nursing directors. Other areas included are problem statement, purpose for the study, introduction to the associated research questions, introduction to the guiding theoretical framework, and nature of the study. A brief explanation and definitions of study variables were included an explanation of scope, delimitations, and limitations of the study that will give understanding of what is intended to be achieved by this study, and potential barriers. Lastly, an offering of the social impact and significance of this work as it pertains to the nursing profession and the healthcare industry.

Background

The Institute of Medicine (2010) found that the profession of nursing faces challenges in the coming years with staff nursing shortages, lack of a nursing voice at the legislation level, and small numbers of advanced practice or degreed nurses. The American Nurses' Association (ANA, 2017) recognized the strain that will be placed on the healthcare work force in the coming years due to the increased care demands of a rapidly expanding aging population. Nursing Solutions, Inc. (2017) released the national turnover rate study and reported that for 2016 the rate was 16.92%, a slight downward trend from previous years. However, the report also noted that there has been an 81% turnover of nursing since 2012. It is estimated that 1.1 million nurses will need to be added to the nursing workforce by 2020 (Wheeler, 2014). Strong and experienced nursing

leaders will be necessary for the stability and support of the nursing work force. Apostolidis and Polifroni (2006) inferred that relationships among staff nurses—especially those of the younger generations—with their leadership had a positive influence on their desire to stay in their current positions. Another aspect of this issue is the overall cost to healthcare organizations for staff turnover. In 2014, the estimated cost to organizations for a nurse leaving was $20,561 per nurse (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014).

The coming shortage is not limited to only staff nurses. Both the IOM and the ANA have cautioned and advised what needs to occur over the course of 10 years from their initial reports from 2010 (ANA, 2017; IOM, 2010; Wheeler, 2014). The recommendations included increasing the availability of nursing programs, increasing nursing's overall educational level to include advanced degrees, increasing collaboration between nurses and physicians, and workforce planning to improve staffing needs and succession planning (IOM, 2010). Multiple nursing researchers have studied retention measures that would improve the recruitment and the salvaging of nurses as a response to both the ANA and IOM recommendations; however, experts in the field have not found a reliable and lasting way to resolve the issues of retention (ANA, 2017; IOM, 2010; Nursing Inc., 2017).

Although there is ample literature on staff nurse retention, little to no research has been conducted on nursing leaders or nursing directors. One reason for the lack of research is that most nursing job satisfaction surveys do not separate or report staff nurses differently from their leaders (Press Ganey Associates, 2017). While the issue of nursing

director retention was not present in the literature, it can be deduced by scanning the multitude of job postings that can be found on the internet and the research that has been conducted on nursing job satisfaction. The lack of information about nursing directors in the literature is a major gap in knowledge about what influences their intention to stay.

Problem Statement

Turnover is not limited to staff nursing positions but also affects nurses who are in administrative positions, such as directors. While the literature was sparse on the details about the turnover of nursing directors, it has been estimated that there will be approximately 67,000 nurse manager vacancies in 2020 (Shirey, 2006). Factors feeding into the job satisfaction and retention of leaders at all levels were a lack of support, autonomy, and empowerment (Allen, 1998; Breau & Rheaume, 2014; Curtis, de Vries, & Sheerin, 2011). A chief nursing officer retention study revealed that, even at this highest nursing executive position, lack of positional and functional power was important to job satisfaction and intent to stay (Havens, Thompson, & Jones, 2008).

The cost of replacing a nursing director is multifaceted because it affects staff retention, safety, and quality work (Gillen, 2014; Squires, Tourangeau, Spence-Laschinger, & Doran, 2010). Gillen (2014), while reflecting on nursing structure changes, identified the fact that when a nursing director leaves, the nursing staff that remain develop mistrust. Because of this mistrust, nursing staff satisfaction and productivity decline, leading to nursing staff leaving their positions. Squires et al. (2010) researched the effect of leaders leaving and discovered that any leadership upheaval leads to a decrease in safety and to poor patient outcomes.

Factors such as autonomy and empowerment appear to be important to job satisfaction, but there is little current research to corroborate these data (Havens et al., 2008). In previous studies on nursing staff retention, the key variables of autonomy and empowerment were evaluated for their influence on staff nurses' job satisfaction, intent to remain in their positions and to stay with their organizations (Breau et al., 2014; Carter & Tourangeau, 2012). Providing the power to make decisions in the work place and the self-determination/ autonomy to act on those decisions immensely improved the staff nurses desire to stay and satisfaction in their work and roles (Breau et al., 2014). Current literature on nursing leadership or nursing directors and their job satisfaction or intent to stay is lacking and/or seems to address only the stressors of the role (Hudgins, 2016; Havens et al., 2008; Kath et al., 2013).

Purpose of the Study

The purpose of this quantitative study was to determine what factors impact nursing directors' intent to stay in their current role, and what effect role autonomy and empowerment have on their intent to stay as compared to traditional job satisfiers.

Research Questions

Research Question 1: What is the relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors?

*H*0 There is no relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors.

*H*1 There is a relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors.

Research Question 2: What is the relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors?

*H*0 There is no relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors.

*H*1 There is a relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors.

The variables in each question were measured by the following instruments:

1. The Minnesota Satisfaction Questionnaire (MSQ) short form was used to measure traditional job satisfiers as they apply to recognition, work culture, pay, and workload/ schedule and intent to stay (Wanous, 1972; Weiss, Dawis, England, & Lofquist, 1967). This survey was used to address both RQ1 and RQ2.

2. The Intentions to Stay Scale was used to measure positive or negative reactions to the intent to stay or turnover of nursing directors (Mayfield & Mayfield, 2007). This survey was used to assess RQ1 and RQ2.
3. The Attitude toward Profession Autonomy Scale for Nurses (APASN) was used to measure autonomy which is operationalized as independence, self-reliance, and control over work conditions (Asakura, Satoh, & Watanabe, 2016). This instrument was used to assess RQ1 and RQ2.
4. The CWEQ-II was used to measure workplace opportunity, resources, information, support, and both formal and informal power, and autonomy (Laschinger, Finegan, Shamian, & Wilk, 2001). This instrument was used in the assessment of RQ1 and RQ2.

Theoretical Framework

The theoretical framework for this study was Kanter's empowerment theory. Kanter's theories on empowerment speak to the importance that empowerment plays in personal confidence, productivity, and overall professional satisfaction (Sarmiento, Laschinger, & Iwasiw, 2004). Kanter's theory focuses on both structural and psychological empowerment. Structural empowerment is what the organization offers as supportive resources and direction; psychological empowerment is the individual's belief in her or his ability and sense of power (MacPhee, Skelton-Green, Bouthillette, & Suryaprakash, 2012). Kanter's theory on empowerment has been used in evaluating nursing job satisfaction and role burnout for nearly 30 years. For example, O'Brien (2011) used Kanter's theory to research the relationship between empowerment and

burnout rates among nurses in dialysis centers and discovered that employee perceptions of empowerment, both structural and psychological, had a part to play in predicting burnout in the target population. Patrick and Laschinger (2006) used part of Kanter's theory, structural empowerment, to determine if structural empowerment and support from an organization influenced the level of role satisfaction among nursing managers. The authors determined that a healthy sense of power helped nurse managers be more productive and believe that their work was more effectual (Patrick et al., 2006). Kanter's theory was also useful because it acknowledged that an individual's sense of empowerment is somewhat reliant on self-determination (MacPhee et al., 2012). Self-determination, or the belief that an individual has the ability to make their own choices, is a required precursor to believing they had the power to act. Kanter's theory significantly aligns with this study of nursing directors' intent to stay based on the key components—empowerment and the need for self-determination or autonomy—as drivers for overall job satisfaction. Chapter 2 addresses this theory in greater detail.

Nature of the Study

This descriptive, cross-sectional, correlational, quantitative study was well aligned with identifying the driving issues that impact a nursing director's intent to stay. Research questions were based on interest in the relationship between empowerment and self-determination or autonomy and that of overall job satisfaction. The quantitative empirical approach helped to provide a statistical representation of the relationships between the key concepts, thereby allowing for analysis of relationships between the variables (Creswell, 2009; Rudestam & Newton, 2015).

The research method was descriptive. An online survey tool was used to distribute the data collection tools to registered nurses who had been in at least one leadership role and had decided to—or was asked to—leave that position. Descriptive data were collected, including geographical and demographical data about the region of the country, highest educational level achieved, years in the nursing profession, number of leadership roles over their career, and age. Participants were eligible if they had held either a director or assistant director role of nursing in an acute care setting for at least 1 year.

The research was conducted through an anonymous online survey. The survey was conducted using Likert-scale instruments. Four survey tools were used: (a) conditions of work effectiveness questionnaire, (b) professional autonomy scale, and (c) intent to leave unit and employer, and (d) Minnesota satisfaction questionnaire. These instruments covered job satisfaction, intent to stay, autonomy, and empowerment.

The Statistical Package for the Social Sciences (SPSS, v. 23) was used to collate, store, and analyze the data. Data were run through various statistical tests to evaluate and determine the correlation and possible prediction of a leader's intent to stay based on the independent variables of autonomy, empowerment and job satisfiers. Four tests were used: analysis of variance, bivariate correlation, regression, and logistic regression.

Definitions

The following list of terms were defined for this study. Fuller explanation of meaning and use were covered in more depth in Chapter 2.

Autonomy: The ANA (2017) defined autonomy as being in a place of self-governance or being provided the right to self-govern. Autonomy was measured using the Attitude Toward Professional Autonomy Scale for Nurses and CWEQ-II scale. Asakura et al. (2016) operationalized autonomy to be when an individual has a positive opinion about their independence, self-reliance, and control over their work environment.

Empowerment: Empowerment has been often described as the sense of awareness of one's surroundings and the ability to control outcomes or to realize completion of goals (Keys, McConnell, Motley, Liao, & McAuliff, 2017). Empowerment of an employee was providing the authority to act and to make decisions for themselves (Mills & Ungson, 2003). Empowerment was measured using the CWEQ-II and MSQ scales. These scales highlight factors that impact job satisfaction, including employees' opinion about their level of power (Laschinger et al., 2001; Wanous, 1972).

Intent to stay: Intent to stay has been described as the choice of the individual to remain in their position and maintaining loyalty to a business or corporation (Chen, 2001; Mayfield et al., 2007; Nowrouzi, Rukholm, Lariviere, Carter, Koren, Mian, & Giddens, 2016). Intent to stay was measure using Mayfield et al. (2007) Intent to Stay Scale.

Job satisfaction: Job satisfaction comes as the response from the employee finding fulfillment and value in the work that they do, as well as the recognition for a job well done, often seen in benefits and perks of the job (George & K.A.,

2015). Job satisfaction of nursing directors was assessed using the CWEQ-II and MSQ instruments.

Nontraditional job satisfiers: Non-traditional job satisfiers or benefits were those factors that impact an employees' perception of work place support. Non-traditional satisfiers are those that motivate and engage employees, like accomplishment, independent workflow, workplace decision influence, and increased or assigned responsibilities (Muse & Wadsworth, 2012).

Nursing director: The role of a nursing director is held by a nurse that has been identified as an expert in the field, which is responsible for the planning, directing, and coordination of operations between units and service lines. The role of nursing director is often positioned between managers and executives that offers support and leadership that helps the strategic efforts of the organization (AONE, 2017).

Retention: Kirkham (2016) explains that retention, in the view of business and nursing, is important for stability and cost effectiveness for any organization.

Structural empowerment: This term was used to describe a larger construct of belief. Structural empowerment was coined by Kanter in the late '70s. Cheng and Boey (2016) described structural empowerment as having four factors: opportunity for growth, sharing resources and information, and giving support. The concept of structural empowerment is intended to label necessary elements that employees need to be successful and fulfilled in the work place.

Traditional job satisfiers: – Traditional job satisfiers were those items that employees look for to enhance their happiness or role fulfillment at work. Job satisfiers include pay, benefits, flexible schedules, professional status, workload, group cohesion, professionalism and workplace culture congruous to the employee (Apostolidis et al., 2006).

Assumptions

This study was approached based on three assumptions. The first assumption was that nursing directors strive for job satisfiers, like their staff nurses: for example, power to act on plans developed in the interest of patient care operations and freedom to use resources in the best interest of patients, staff, and the organization. The second assumption was that nursing directors desire insight and support from their senior leaders. The third assumption was that nursing directors uphold professionalism as an important aspect of their role and would answer questions from the surveys with complete honesty.

These assumptions were derived from studies found in professional journals and applied to nurses in general. The assumptions were necessary because nursing directors hold positions of high importance and responsibility in healthcare, are expected to role-model honesty, professionalism, and are, in fact, nurses first. Professionalism is a key attribute and goal of the nursing profession and nursing directors' role model their commitment to new knowledge and the advancement of the profession. Without these, assumptions, my study into what influences nursing directors to stay would be no different then the previous studies based on front line staff nurses.

Scope and Delimitations

The scope of the study was to determine the influence of autonomy and empowerment on the role of the nursing director's intent to stay in their current position or within their current organization. The uniqueness of the role of nursing director and the lack of research on the topic of nursing director retention would be worthy of an in-depth study, but for now the goal was to discover whether the independent variables of autonomy and empowerment held as much importance in job satisfaction for nursing directors as it did for staff nurses. The belief was that nursing directors' desire a level of control, power, influence and independence over their work environment, as seen similarly in staff nurse retention studies. It was through this belief that my study would provide insight into what influences job satisfaction and desire to stay of nursing directors.

Staff nurses were not used as the target population—only nursing directors who had held at least one leadership role lasting 1 year or longer. The purpose of restricting the focus was to address internal validity and to clarify intent (Simon & Goes, 2013).

Data Collection

Data collection plan was a delimitation factor due collection being more global, and not focused on any one healthcare organization or facility. I used a national nursing organization to access potential participants from all over the United States. The intent was to gather a greater expanse of experiences and subjective data for comparison and analysis.

Another delimitating factor for this research was the period in which data collection occurred. The intent was to collect survey responses from participants over the course of one to two months, or until an adequate number of participants had taken the survey. The restriction of the data collection was important to internal validity of the study and the quality of the responses due to maturation of the participants and their personal and professional experiences (Creswell, 2009).

While researching frameworks for this work, two other frameworks that were considered are the Nursing Intellectual Capital Theory and Complexity of Leadership Theory (CLT). Covell's NICT theory takes into consideration the value of knowledge and experience that nurses bring to healthcare. The knowledge and experiences of nurses was invaluable to patient outcomes and safe delivery of care due to the foundations of knowledge gained by acting paired with academic theory (Covell & Sidani, 2013). Although to gain understanding and comprehension through working with patient situations would be somewhat autonomous, this theory was ultimately not used due to the lack of addressing key concepts being explored in the study of nursing directors' intent to stay.

The second theoretical framework that was considered was CLT. The CLT model was a relatively new theory being developed and tested in the mid-2000s. The intent of the CLT theory was to answer what leadership is and what leadership should evolve to. CLT is the combination of adaptive leadership, enabling leadership, and administrative leadership (Uhl-Bein, Marion, & Mckelvey, 2007). CLT was an interesting theory, in that at its basic principles, it shows that people are inherently creative and can solve problems

when they are called upon and fosters those activities that help in organizational improvements (Uhl-Bein et al., 2007). Although an innovative theory, the CLT was not considered for the framework to study nursing directors' intent to leave because it did not address the key concepts being explored in my study of nursing directors' intent to stay.

In reviewing the literature, it was apparent that very little has been studied about leaders, in general, about what gives them job satisfaction outside of the norms of benefits, acknowledgement, and perks of the position. In nursing literature and business literature there had been a multitude of research done in general terms for staff satisfaction and what encourages staff to stay in their positions and with their companies. There was a potential that the research into what nursing directors label as factors that influence their intent to stay may be translated into other industries when evaluating retention efforts for keeping leaders. Generalizability could be inferred to other nursing positions due to the wide recruitment of participants meeting criteria for participation.

Limitations

Limitations of my study were linked to the quantitative correlational design which included maturation of participants, participant history or professional experiences, and instrumentation, (Creswell, 2009; Simon et al., 2013). Maturation of participants is a natural event over which there is little control. However, I collected data at one point in time and the effect of maturation was negligible.

Instrumentation for data collection posed its own risk due to the reliability of the tools. To combat threats to validity, only instruments that had been tested and were reliable were used. Additionally, surveys are time limited in two ways and for two

reasons. The first was the time the participant needed sacrifice to participate in the study; the second was that data collection could get drawn out if an end date were not established (Simon et al., 2013). To limit the time needed by participants to complete the survey, the instruments were evaluated for length and range of possible answers.

The limitations of the correlational study were expected due to its constraint of finding causality (Simon et al., 2013). Correlation was the proper statistical method for showing relationships between factors and variables. Clear explanation of relatability with the use of Cronbach's α was necessary when analyzing data, in order to reflect the relationships between the variables. There are also limitations to the findings of correlational studies. The findings may not be generalizable given the lens in which the data were viewed (Simon et al., 2013).

Bias

There was some risk of bias in this study. I have been interested and intimately involved with this topic for several years now and have developed my own view of the importance of autonomy and empowerment for nursing leaders' job satisfaction. It was because of my interest in what influences nursing directors to make certain decisions about to staying or leaving an organization (or role) that propelled me to research it further. The use of statistical data and objective testing helped to prevent personal bias in the examination of the findings.

Significance

The topic of nursing directors' intent to stay has an indirect, yet potentially powerful impact on healthcare and the communities that it serves. Leadership plays a

significant role in staff nurse retention and patient outcomes (Apostolidis & Polifroni, 2006; Gillen, 2014; Jaiswal & Dhar, 2016; Squires et al., 2010), and both can mean high costs for healthcare organizations. To date, no research has been conducted on nursing directors' intent to stay in relation to empowerment and autonomy. This study satisfied a gap in understanding what inspired nursing directors' intent to stay, and then to begin working on retention strategies to be used with these leaders.

Nursing directors are in a "sandwich" position between front-line staff and senior healthcare leadership. The business management and leadership literature have evidence on the importance of the leadership–frontline staff relationship on overall job satisfaction and retention. Senior healthcare officials can help retain frontline staff by finding ways to keep their nursing directors. Investigating what impacts nursing directors' decisions to stay or leave, with respect to autonomy and empowerment, could lead to positive social change by utilizing the findings in developing strategies or methods that help encourage and ensure nursing directors to stay in their positions. In turn, this would help ensure that the patient population that seeks healthcare is kept safe and that quality outcomes are achieved, thus improving the society overall (Gillen, 2014; Squires et al., 2010).

Summary

The predicted nursing shortage made by both the IOM and ANA prompted activity in the healthcare and nursing industry to make changes that will sustain safe and effective healthcare in the years to come. One of those changes was the attention needed on keeping valuable resources, such as nurses, at all levels. This introduction to research on the impact of autonomy and empowerment on the nursing director's intent to stay

covered the current state and background of nursing and retention, the lack of literature and research as it applies to nursing directors, research questions, nature of the study, introduction to the theoretical framework, key term definitions, delimitations and limitations, and societal significance of the issue.

My study was planned to be a descriptive, correlated quantitative study that investigated if empowerment and autonomy were as important to nursing directors as those variables were to staff nurses in deciding to stay in their positions, per previous nursing research studies. In addition to the evaluation of those variables, it was planned to determine if there were any relationship differences between traditional and non-traditional job satisfiers for the same target population and the intent to stay.

Chapter 2 explains, in full detail, Kanter's theoretical framework, along with the key variables and factors, and variable links.

Chapter 2: Literature Review

Introduction

With a predicted nursing shortage quickly approaching (IOM, 2010), retaining all nurses is of utmost importance to the delivery of safe and effective health care. Leadership is a vital part of this equation, because retention of staff nurses is improved by their relationships with their leaders (Apostolidis et al., 2006). No matter their position or level in an organization, efforts must be made to keep all nurses. However, even though many studies have evaluated staff nurse retention and what influences their decisions to stay or leave, little work has been done on what influences the nursing director to stay or leave. It has been well documented in the literature that autonomy and empowerment are crucial to job satisfaction and retention to nurses (Allen, 1998; Breau et al., 2014; Curtis et al., 2011). Empowerment, and autonomy could also be important to nursing directors remaining in their positions. The purpose of this study was to determine if empowerment and autonomy affected nursing directors' decisions to remain in their positions, and the relationship to job satisfaction.

To study whether empowerment and autonomy affect nursing directors' intent to stay, a working framework and clarification of variables were needed. Chapter 2 presents Kanter's empowerment theory (1993) and its relevance as the lens through which to see this work. Kanter's theory established (a) how empowerment and autonomy are vital to businesses and employees in maintaining healthy and productive work environments and staff satisfaction, and (b) the importance of supportive leadership and organizational behaviors that influence staff retention.

A thorough discussion of the key variables and their links will be given to further explain their relationship to an individual's intent to stay. The variables and antecedents to be discussed are retention, organizational support, empowerment, autonomy, and intent to stay and job satisfaction. It was important to understand the influence of each of these concepts on nursing directors staying in their positions.

Literature Research Strategy

The literature review was conducted by extensive searching of multiple databases in business and management, health sciences, leadership, psychology, and nursing. Databases that were used included: Emerald Insight, Sage Journals, ScienceDirect, Education Source, CINAHL, MEDLINE, Ovid Nursing Journals, ProQuest Nursing, EBSCO, PsycINFO, and Google Scholar. Multiple key words were used: *retention, empowerment, autonomy, intent to stay, intentions to stay, intent to leave, job satisfiers, job satisfaction, motivators, structural support, organizational support, satisfaction, nurses, organizational culture, decision making, leadership support, professional behaviors,* and *turnover*. Each of the key words was used independently and in combination. The most common combinations of search terms were *empowerment* and *job satisfaction, empowerment* and *intent to stay, empowerment* and *autonomy, turnover* and *job satisfaction,* and *organizational support* and *job satisfaction*. The search included the late 1970s through 2017. The purpose of searching for articles older than 10 years was to find sentinel and associated work related to the chosen theorist. The searches for current years sought to gain insight into the contemporary influence of the concepts and variables of Kanter's theory and in work place. A few books were reviewed because they

were sentinel works of the theorist Kanter and supporting experts. The search yielded thousands of professional articles; filtering was carried out to focus on the key concepts.

Theoretical Framework

Empowerment had been found numerous times as being important for job satisfaction and role fulfillment in multiple fields including nursing (Kanter, 1993; Sarmiento et al., 2004; Shermuly, Meyer, & Dammer, 2013). Empowerment theory had also been cited as an important concept in other working theories like leader-member exchange theory and servant leadership, due to the overall construct required for staff to have value and meaning in their work (Schermuly et al., 2013; Zhou, Wang, Chen, & Shi, 2011). There had been several who have studied empowerment; however, one of the first identifiers and authors of this work is Dr. Rosabeth Moss Kanter.

The theory of empowerment was developed by an economist in the 1970s to provide a solution to the corporate business world that was trying to reinvent itself from an authoritarian environment to one of innovation and early stages of shared work governance (Kanter, 1993). Kanter's first work solely focused on defining how an organization's structure and leadership style impacted behaviors of its employees. During her research, her work started to include the social and psychological aspects that played a part in employee and leader roles and contributed behaviors of leaders and employees that influenced outcomes in the workplace. She discovered that leaders who encouraged a participative approach to the work saw an increase in output, and improved work skills, as well as improved job fulfillment. Kanter (1993) also noted that women entering the corporate workforce usually held positions of service, and rarely were seen advancing to

leadership roles. Her work helped to identify that empowering all staff led to more productivity, efficiency, participation, and assisted females in advancing their careers past clerical and service-centered work to formal leadership (Kanter, 1993). With a focus on relationships between men and women in the corporate setting, Kanter (1993) developed her theory of structural empowerment that led to individual psychological empowerment. The assumption was that with structural or organizational support, employees would become empowered through shared decision-making and granted authority to act on those decisions (Kanter, 1993; Laschinger, Purdy, & Almost, 2007; Poghosyan, Liu, Shang, & D'Aunno, 2017). Kanter (1993) assumed and demonstrated that employees that were empowered had better work outcomes, efficiencies, the ability to showcase their skills for advancement, and overall work satisfaction. Kanter's key concepts are structural and psychological empowerment.

Structural Empowerment

Structural empowerment is one of two components of Kanter's empowerment theory. Kanter (1993) explained that corporations who seek to improve outcomes and workplace efficiencies could accomplish this by providing to the employees the support and resources needed to carry out the goals of the organization. Support was described as leaders including employees in decision making, decentralization of power, providing a level of authority to act on plans from decision making, and the guidance or feedback from the leader when the staff need help moving forward (Horwitz & Horwitz, 2017; Kanter, 1993; Kim & Fernandez, 2015). According to Kanter (1993), structural empowerment was the antecedent to personal psychological empowerment.

Psychological Empowerment

Kanter (1993) hypothesized that empowerment in the workplace comes once the individual realizes that they have the power and authority to act. Although Kanter does not define the definition of empowerment, Kanter (1993) did lay the foundation of what psychological empowerment is through the definition of power that then is translated to staff. Kanter's (1993) definition of power was the ability to act to carry out goals, use and move resources, and the creativeness of the individual to get the tools necessary to get the job done. Kanter also describes different, globally recognized levels of power which are formal and informal. Formal power coming directly from a position or title of power, with direct influence; and, informal being the ability of non-leaders to control and achieve outcomes (Kanter, 1993; Laschinger, Finegan, & Shamian, 2001). Kanter (1993) was also concerned with two items in the behavioral reaction to empowerment. Kanter noted, working with the women in the study, which work competence and self-determination (self-efficacy) were important if the staff member was to feel and act empowered (Kanter, 1993). In later work, empowerment would be reconfirmed in studies related to retention and job satisfaction as significant (Laschinger et al., 2001). According to Kanter (1993), empowerment in the workplace is only possible when an organizational structure that encourages it is in place, and the individual being empowered understands their role, is competent and is given a degree of autonomy and self-efficacy to act. Figure 1 depicts the conceptual model for Kanter's theoretical components and how they relate to worker outcomes that result in decisions to stay. Permission was granted by Dr. Kanter

for her theory to be utilized for the study of nursing directors' intent to stay (Appendix A).

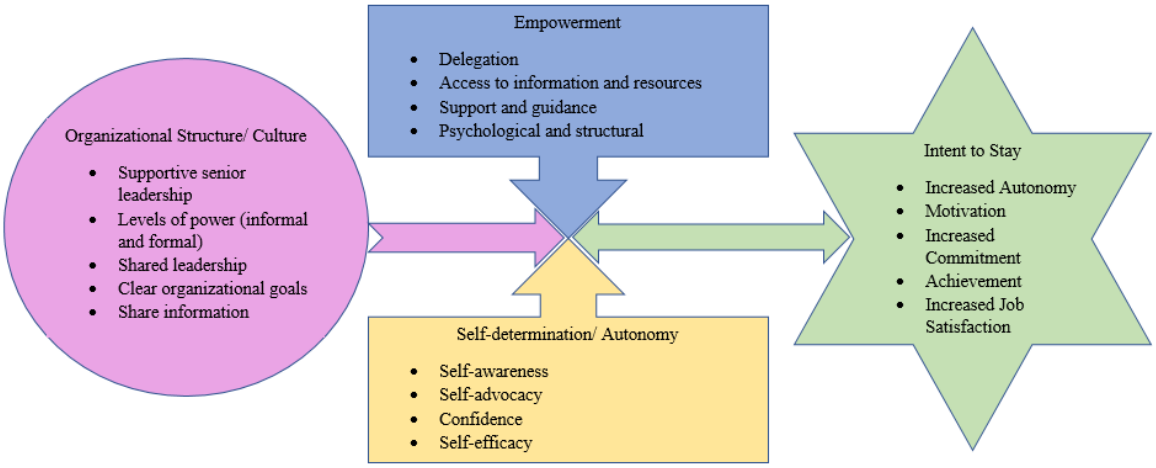

Figure 1. Conceptualized model of Kanter's empowerment theory (1993)

Past Use

Kanter's theory has been utilized in many different venues for research, but the most common have been related to job satisfaction in a few different industries. In management, Kanter's theory has been used on and off since its inception to discuss and research organizational structure and its link to the management of people, namely the transfer or shared power with employees, as well as supporting newer management theories. Gomez and Rosen (2001) were studying the links between trust and empowerment in relation to the leader-member exchange theory. They utilized Kanter's model, along with some of her contemporaries, to validate the empowerment concepts noted in leader-member exchange as it relates to leaderships responsibility to set the foundation for workplace trust. Their work revalidated that leadership/ organizational

structure and associated behaviors were important of employee empowerment (Gomez & Rosen, 2001).

In the world of primary education, Kanter's theory has also been employed to study the influence of empowerment of female primary school teachers as it effects job satisfaction, information sharing, and creative problem-solving (Singh & Sarkar, 2013). The authors' research revalidated that supportive work environments with significant communication improved work conditions of the teachers, increasing job satisfaction and functionality (Singh et al., 2013). Authors researching empowerment and job satisfaction inside the federal government of the United States, have used Kanter's theories as a foundation for evaluating autonomy's influences on the employee state and establishing support for the self-determination theory (Fernandez & Moldogaziev, 2013). Self-determination was a precursor in Kanter's theory for the realization of employee empowerment.

The largest body of work that employed Kanter's theory came from Heather Laschinger. Her work has included leader to staff member empowerment, graduate nurse work perceptions of team work and civility, and leadership behaviors to influence staff satisfaction (Laschinger et al., 2001; Laschinger, Leiter, Day, & Gilin, 2009; Laschinger & Smith, 2013; Patrick et al., 2006; Wong & Laschinger, 2013). Laschinger's work, although exclusively in nursing, hasn't included the upper echelon of nursing directors.

Theory Choice

Kanter's theory was well suited for my study on the relationship of empowerment and autonomy on the nursing director's intent to stay due to its wide application to

multiple areas, including nursing. The theory included empowerment, autonomy, and the potential positive outcomes related to organizational support of employees having power and authority to act. Although originally created with corporate America in mind, Kanter's theory was well adapted to the study of empowerment, autonomy, and job satisfaction as it relates to intent to stay of nursing directors. Laschinger and her co-authors' have paved the way for the successful use of this theory in the realm of nursing.

Kanter's theory was the appropriate framework for studying empowerment and autonomy due to its focus on organizational support and associated behaviors to improve work place outcomes and staff satisfaction. The associated research questions of (a) what is the relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors; and, (b) what is the relationship between traditional job satisfiers and non-traditional job satisfiers on job satisfaction and intent to stay among nursing directors, challenge Kanter's theory on the associated factors to improve employee activities, behaviors, and overall job satisfaction. With the use of Kanter's theoretical framework, the body of work around empowerment, autonomy, and retention was expanded upon with the addition of nursing leadership.

Key Variables

Retention

Retention of staff is a focus of most industries and is a critical topic in healthcare and nursing. With the estimated nursing shortage being around 1.1 million by the year 2020, retaining as many current nurses in the healthcare workforce has taken precedence in almost all healthcare organizations across the United States (Wheeler, 2014). There are

many factors that influence retention that are commonly seen throughout all the work industries. Retention is multifactorial but is often defined as an organizations ability to encourage staff to stay (Deery & Jago, 2015; Huang, Lin, & Chuang, 2006; Tlaiss, Martin, & Hofaidhllaoui, 2017). Factors that impact retention that are widely agreed upon are benefits (wages and advancement opportunities), career development (training, participation, challenging work, and recognition), and other factors (autonomy, social support, flexibility, and work-life balance) (George et al., 2015; Tlaiss et al., 2017).

In the business sector, there had been some study on the satisfaction of managers and enhancing the probability that leadership is retained. Droussiotis and Austin (2007) evaluated what affected managers job satisfaction. They discovered that managers or leaders desired independence to act, positive work environments, growth opportunities, and potential for upward mobility (Droussiotis et al., 2007). Their findings are in keeping with front-line staff retention factors and can be assumed that the same factors may exist with nursing directors.

In nursing, many of the same retention factors exist with a few added items. Mokoka (2015) identified through extensive literature research and synthesis found that nurses desire acknowledgement, self-scheduling, safe and healthy work environments, reduced workloads, good and fair pay, benefits (insurance and tuition assistance), autonomy, shared governance, empowerment, value, meaningful and stimulating work. These factors are reflected in multiple nursing journals in relation to retention and efforts from organizations. McGraw (2008), while studying retention of perioperative nurses,

discovered the importance of empowerment, autonomy, and good leadership as vital to nurses staying in their organizations.

Empowerment and autonomy appear to be high on the list of desires from nursing staff. Fisher, Jabara, Poudrier, Williams, and Wallen (2016), joined with the National Institutes of Health, and reviewed the National Database for Nursing Quality Indicators (NDNQI) for surveyed items for retention. Nurses, shared through the annual NDNQI survey, wanted positive, supportive leadership, autonomy, and recognition. Additional items that were revealed as needs by nurses were mentoring, empowerment through role modeling, and feedback (Fisher et al., 2016). It was suggested that nursing retention would be improved through supportive organizational structures, that allow staff to be a part of the work by empowerment and autonomy that would add value and meaning to the work they do (Carter & Tourangeau, 2012; Fisher et al., 2016; McGraw, 2008; Mokoka, 2015)

Organizational Support

Per Kanter (1993), organizational support is an important and necessary element to empowerment and staff needs. What an organization brings to the table as support varies from company to company, however it is agreed upon that specific leader behaviors and resources need to exist for employees to be successful in carrying out their duties and having value in their work. Kanter (1993) defined organizational support as the access to information and resources, and the open use to act in the workplace as provided by the leadership structure. Resources to Kanter, included access to persons with specific knowledge and expertise, organizational data, decision making, and support

from leadership. These characteristics of organizational support are widely excepted by other researchers of organizational structure and empowerment. Kanter had discovered that organizations that support their employees also see positive outcomes: trust in leadership, improved subjective employee value, sense of employee power, increased job satisfaction, increased productivity, and organizational commitment.

Jain, Giga, and Cooper (2013) studied the mediation of organizational support on work stress and employee behaviors. They validated Kanter's definition, and then added to it by including that supportive organizations also care about the welfare of their workers and ensure they have both resources and compensation for the work they do. Jain et al. (2013) included the argument that social support is a provision of companies that care about their employees.

While Tseng and Yu (2016) studied appropriate job fit for sales persons, they were concerned about how learning and perceived organizational support impacted managers ability to properly place staff. Their definition of organizational support included emotional and well-being concerns, as well as activities that allowed an employee to develop and advance. They ultimately discovered that employees who received organizational supportive actions had a greater self-sense, and commitment to their organization.

In nursing, organizational support is often equated to workplace environment. Kretzschmer, Walker, Myers, Vogt, Massouda, Gottbrath…Logsdon (2017) studied the impact of empowerment and workplace support on job satisfaction of nurses. They utilized Kanter's theory to evaluate their key variables on job satisfaction and intent to

stay in relation to Magnet status of organizations. Their work upheld Kanter's theory that supportive work environments that allow for staff involvement and autonomy improve the outcomes for the organization (Kretzschmer et al., 2017). Supportive behaviors of the organization allowed for nurse perceptions of autonomy, empowerment, control, and improved collaboration (Hashish, 2015; Kretzschmer et al., 2017; Laschinger, Nosko, Wilk, & Finegan, 2014; Laschinger, Purdy, Cho, & Almost, 2006; Patrick et al., 2006; Ridley, Wilson, Harwood, & Laschinger, 2009).

Empowerment and Characteristics

Empowerment in literature as it relates to staff retention was derived from the singular theory created by Rosabeth Moss Kanter (Laschinger et al., 2009). Kanter's original theory was a model of workplace empowerment. The underpinning of Kanter's theory is that an organization's structural factors have a direct influence over staff outlook of their employers' support provided for them. The more support made available to them, the better the attitude and involvement the employee will undertake. Over time, Kanter's theory has evolved by the original author's work and by others that have adopted the basic principles of empowerment. Psychological empowerment theory is the most commonly seeing adaptation of Kanter's theory of workplace empowerment.

Conger and Kanungo were two authors that have further developed the idea of psychological empowerment. Conger and Kanungo (1988) defined psychological empowerment as one in which an individual is granted the authority and power to act. They also contend that it is important for social or organizational structure to be firmly in place to provide ongoing supportive behaviors such as staff participating in work

activities, goal setting, feedback, leader modeling, removing barriers, and activities that improve upon staff self-efficacy (Conger et al., 1988). Conger et al. (1988) stipulated that these activities would improve staff sense of power and lead to positive workplace outcomes by removing negative barriers associated with perceived failure.

Psychological empowerment, as it is used in evaluating nurse retention, was the theory of staff's positive belief that they have the power to affect their practice and have developed meaning to their work (Farr-Wharton, Brunetto, & Shacklock, 2012). Empowerment is a powerful tool for staff engagement and bringing meaning to the work. To be empowered is to define what is important for employees to have for them to find meaning in the work they do and to feel that they have a direct impact within their organization (Singh et al., 2014). These are in alignment with Kanter, Conger and Kanungo's theories. It is through assessing nursing directors' individual belief of their level of empowerment that will help determine if it impacts their intentions of staying and job satisfaction.

The basic concepts or beliefs within empowerment are power, control, self-determination, competence, impact and self-efficacy. Other important concepts to empowerment are an organizational culture of values and support. There is a very close relationship between an organization's commitment to supporting staff and a sense or attitude of staff feeling as if they have a direct part to play in outcomes (Breau et al., 2014; Farr-Wharton et al., 2012; Singh et al., 2014). The belief that one has power to make decisions about one's work environment is directly related to the willingness of the organization to support worker choices. Having a sense of power and control, in turn,

supports an employee's belief that they can carry out their professional role and their supervisors have the confidence in them to do what is necessary for the benefit of outcomes. An employee's attitude that they are valued and important improves their confidence in their work and job satisfaction and increases the reality that the staff member will stay long term (Wong et al., 2013).

Empowerment is not simply the relinquishing of control from leaders to subordinates as Breau et al. (2014) have defined it. Empowerment is much more encompassing. Empowerment can be defined by three different situations. Singh, Pilkington, and Patrick (2014) describe empowerment as a construct that includes interpersonal, inspirational, and mental components. Interpersonal empowerment is the amount of power one must have to influence others. Singh et al. (2014) comment that those who seem to possess power or influence have more impact on a group or organization and more self-actualization. Inspirational empowerment is focused on how invigorated or motivated the individual with power feels (Singh et al., 2014). Simply put, the individual with a sense of authority will want to do more. Psychological empowerment is the actual process that the endowed individual goes through for self-determination and self-efficacy (Conger et al., 1988; Singh et al., 2014). The authors describe that the individual must have developed tactics and support to achieve a sense of authority (Singh et al., 2014).

Empowerment has many characteristics. The central attributes are meaning, impact, self-determination, self-efficacy, and professional network of support (Farr-Wharton et al., 2011; Singh et al., 2014; Wong et al., 2012). For empowerment to exist, a

few antecedents are necessary for an individual to have a sense of authorization to act. Leaders and supervisors must be willing to let go of the control and enable subordinates to act. The individual who is being given the authority must have the knowledge to make decisions. The leader needs to provide access to available resources and provide "guardrails" for direction. If these all are in place, then the individual will benefit from increased meaning in their work, increased self-confidence, and success in the task. The negative consequence to empowerment is the risk of failure and frustration if the leader does not support the work leading to decreased job satisfaction and desires to leave.

Autonomy and Characteristics

The use and study of the concept of autonomy is not new in the professional world. Multiple disciplines, such as leadership, psychology, sociology, business, and nursing have evaluated, used, described, and applied the meaning of sovereignty in the work place. Noted in the literature was the use of similar wording to describe autonomy in the work place: job autonomy, work autonomy, autonomy, effective autonomy, and operational autonomy. The literature from these disciplines define autonomy as the ability to think and act for one's self in decision making related tasks within the guidelines placed by internal and external factors or influences (Ibrahim, El-Magd & Sayed, 2014; Ng, Ang & Chan, 2008; Nur Iplik, Topsakal & Iplik, 2014; Pinnington & Haslop, 1995). Kanter (1993) explains that autonomy is a level of self-determination that is required for one to have true psychological empowerment. Multiple researchers attempt to tease out components that define or describe what autonomy seems to be when operationalized. In business articles, autonomy is described as different levels of

independence based on departmental function (Gammelgaard, McDonald, Tuselmann, Dorrenbacher & Stephan, 2011). In psychology, autonomy was evaluated as a factor in leadership effectiveness, leadership personality, and authority (Ng et al., 2008). In nursing, autonomy is mainly used to describe patient status and function, but in nursing leadership the term autonomy is rarely used. Instead, autonomy in nursing leadership is usually described as power to act (Sherman, 2005). Each article or journal evaluated had similar aspects, and most spoke of what is required for autonomy to exist. The assessment of autonomy is individualistic as it is determined through the beliefs of that individual. To assess autonomy, level of belief or independence is necessary.

Autonomy is a comprehensive issue that requires specific precursors to exist before an individual is considered sovereign. Some antecedents to autonomy are support from senior organizational leadership, personal knowledge and experience, acknowledged competence, leader recognition that the individual has the associated authority to act without barriers, and guardrails to provide guidance in decision-making (Ibrahim et al., 2014; Lopes, Calapez, & Lopes, 2015; Malarkodi, Uma, & Mahendran, 2012; Ng et al., 2008). These factors are paramount for self-governance or self-determination in the work place.

Along with what needs to be in place for autonomy to exist, one must understand the attributes associated with independence state. As mentioned previously, multiple terms have been used to describe and define autonomy. Main features of autonomy are knowledge, self-determination, the ability for rational thought process, accountability,

and desire to act (Lallement, 2015). Autonomy is more than just deciding. The individual must have multiple internal elements that help to move one to act.

Decisively, the act or concept of autonomy, when in action, has consequences. If autonomy truly exists, the end results can have negative and positive effects. The positive consequences of autonomy include increased job satisfaction, increased commitment to the work at hand, position retention, improved work relationships, increased work efficiencies and productivity (Lallement, 2015; Gammelgaard et al., 2011; Pinnington et al., 1995; Ng et al., 2008; Lopes, Lagoa, & Calapez, 2014). The negative impact of autonomy for the organization is that the individual, who feels autonomous, may leave as they have grown in confidence and seek new experiences (Lallement, 2015).

Intent to Stay

The intent to stay has been studied and defined in the literature in several diverse ways. The most common way intent to stay has been defined is that it is the behavioral choice of the individual to remain in their position as influenced by multiple factors (job satisfiers). Intent to stay is the choice of an employee to cognitively commit to remaining with their current employer (Basford, Offerman, & Wirtz, 2012) and is often seen as loyalty to company or supervisor (Chen, 2001). Intent is a behavioral resolve that individuals choose that is based on their personal values, social influence, and viewpoints (Angelle, 2006; Chen, 2001). For purposes of my study, intent to stay will defined as the choice of the employee to remain with their current employer as influenced by job satisfiers (Angelle, 2006; Basford et al., 2012).

Factors that influence intent to stay in the work environment are typical described as job satisfiers (Angelle, 2006; Basford et al., 2012; Ghosh, Satyawadi, & Joshi, 2013). Job satisfiers that are closely associated to employee intent to stay include: fair wages, benefits, career or professional development, advancement opportunities, autonomy, sense of power, work environment control, social aspect, able to contribute to decision making, leadership support, added value, meaningful work, and organizational culture (Kanter, 1993; Kippers, van Veldhoven, & de Witte, 2012; Ghosh et al., 2013; Knapp, Smith, & Sprinkle, 2017).

In nursing, researchers have studied the intent to stay of staff nurses using job satisfiers to determine what influences their choice to stay or leave their role and organization. Nurses, like employees in other service industries, such as business and psychology, have the same desires when it comes to job satisfaction and satisfiers. Yarbrough, Martin, Alfred, and McNeill (2016) discovered that nurses regard professional development, voice in the workplace, autonomy, and value higher than financial rewards and benefits when deciding to leave their positions. Hudgins' (2016) discovered that, in general, nursing leaders had the same desires as Yarbrough et al. (2016) and incorporated that work relationships and supportive culture were big influences on personal career choices to stay. Shared voice, decision making, empowerment, autonomy, leader support, meaning and value, working relationships and collaboration, and development take higher importance in the professional nurse's decision-making about staying in a position (Carter et al., 2012; Fisher et al., 2016; Gilmartin, 2012; Kath et al., 2013; Mrayyan, 2008; Patrick et al., 2006; Yarbrough et al.,

2016). The literature reveals that professional nurses place less importance on traditional job satisfiers (wages and compensation), and higher value on work place influence (Kath et al., 2013; Yarbrough et al., 2016).

Variable Links

Empowerment and Autonomy

Although empowerment and autonomy seemed to be closely related and sometimes used interchangeably, the two concepts are different. Empowerment is to grant power to others through resources and authority, while autonomy is the ability of an individual to have the ability to act for themselves in accordance with the task that they are challenged with (Ibrahim et al., 2014; Singh et al., 2014). The significance of the two concepts are that they play and enhance each other for the betterment of an organization and employee. Li, Liu, Han and Zhang (2016) relate that leaders who partake in empowering activities tend to focus more on the employee's goal attainment and importance, and in return the employee gains a better sense of worth, self-esteem, and motivation that leads to autonomous action.

Research showed that empowerment and autonomy have a very strong impact on an individual's abilities, suggesting that one concept cannot exist without the other. Results from a study that followed secondary school graduates for eight years after school, showed that students that felt empowered and self-directed were more likely to be successful in higher education and obtain employment that was very beneficial (Shogren, Lee, & Panko, 2016). Those that felt empowered, but not autonomous (or the reverse) were not as successful as their counterparts. Sharma and Sahoo (2015) evaluated the

importance of empowerment and autonomy on the success of organizational change. Their work reflected that with the right leadership support that included staff in decision-making and allowed staff a certain amount of latitude, successful adoption of new organizational culture and goals were achieved (Sharma et al., 2015). Additional benefits, such as happy employees, positive work environment, and peaceable relations, were seen in response to leaders relinquishing control to staff during change processes (Sharma et al., 2015).

In healthcare, empowerment and autonomy have been linked to improving staff retention. With staff nurses, there has been recognition that during the onboarding and orientation of new nurses, the amount of professional support and freedom impacts perceptions of role empowerment and autonomy (Watkins, Hart, & Mareno, 2016). Watkins et al., (2016) evaluated the influence that preceptors have on the turnover rate of newly licensed nurses. They discovered that preceptors who allowed new nurses to function to their fullest capabilities by supporting, guiding, and allowing to act independently, positively affected the new nurses' opinions about their abilities to act independently which in turn reduced the one-year mark attrition rate of new staff. Those new staff members that did not feel supported, empowered, or allowed to independently perform from their preceptors sought to leave their positions due to lack of professional confidence and frustration (Watkins et al., 2016). Empowerment and autonomy can exist without each other; however, together they positively impact individual perceptions of self-worth and confidence.

Empowerment and autonomy have been shown to be important to leadership in the business sector. Job satisfaction was noted to be impacted by the leaders' perception of independence and authority to act (Droussiotis et al., 2007). Gustainiene and Endriulaitiene (2009) discovered, while researching links between managers' mental health and job satisfaction, that independence mixed with self-determination played an important role in overall job satisfaction. These findings are in alignment with the literature regarding what staff nurses desire. The link between empowerment and autonomy may also inform to what nursing leaders may desire regarding factors that influence their choice to stay or leave their leadership role.

Empowerment and Intent to Stay

Empowerment plays a significant role in a person's life perceptions and can be used to some extent to predict certain behaviors. Empowering behaviors and actions of leaders are seen by organizations as retention strategies. Dewettinck and van Ameijde (2011) theorized that companies and leaders that supported their employees psychologically and professionally in the workplace improved an overall sense of empowerment which would lead to staff desire to remain in their positions or with their employers. Their results confirmed previous work by showing staff job satisfaction was elevated improving their choice to remain (Dewettinck et al., 2011). Staff that felt supported and provided the authority to participate in organizational decisions and actions, shared their commitment to stay. Those that felt less empowered had plans to move on and seek other opportunities.

Empowerment is a focus in leadership and management to improve employee relations and work outcomes (Basford et al., 2012; Kim et al., 2015; Yarbrough et al., 2016). In a recent study, leaders who empower their staff and focus on professional development by providing individualized support to their employees improved staff satisfaction and commitment (Wilson & Chaudhry, 2017). Empowered employees have a greater perception of the work they do, which then translates to higher job satisfaction leading to the behavioral choice to stay (Patrick et al., 2006).

Autonomy and Intent to Stay

With autonomy being the individual's determination to act independently providing the person has the knowledge and skill to do so (Ibrahim et al., 2014; Lopes et al., 2015; Ng et al., 2008), autonomy has a direct impact on an individual's perception and associated behaviors. In multiple studies related to job satisfaction and intent to stay, the capacity to have autonomy or self-determination in the work place has been identified as significant to a healthy workplace (Breau et al., 2014; Gammelagaard et al., 2011; Ghosh et al., 2013; Lopes et al., 2017). In nursing, the notion of autonomy was no different than other sectors of the working world. Autonomy has been identified as a key factor in staff being happy in their work and deciding to leave (Andrews & Wan, 2009; George, 2015; Spence Laschinger et al., 2014). Autonomy has large reaching impact on nurses in healthcare. Valizadeh, Zamanzadeh, and Habibzadeh, Alilu, Gillespie, and Shakibi (2016) studied other reasons associated with autonomy and nurses leaving the profession. They discovered that autonomy is also linked to a perception of dignity, and when autonomy is removed or non-existent, nurses feel as though their dignity and self-

respect are damaged, demoralizing them. Therefore, driving nurses to have lower job satisfaction and quitting their jobs (Valizadeh et al., 2016).

There are many reasons why someone would choose to remain or leave their professional roles, but autonomy is a common theme and factor in such decisions (George, 2015; Valizadeh et al., 2016). Kanter (1993) identified that self-determination or autonomy is vital to workplace outcomes and staff engagement. Employers that relinquish a certain amount of control and allow staff to be autonomous within the guidelines of an organizations goals and culture have a better time in retaining staff and adding value and meaning to the workplace (Langfred & Rockmann, 2016).

Empowerment, Autonomy, and Intent to Stay

In the study and research of retention strategies for employers, empowerment, autonomy, and decisions to leave positions are commonly seen as two-sides of the same coin (Nowrouzi et al., 2016; Yarbrough et al., 2017). Workplace empowerment and autonomy have a very large influence on employees' intentions of staying. Ghosh et al., (2013) identified that those employees that felt they shared in workplace power and had authority to make timely decisions about their work had improved job satisfaction and intentions of staying with their employers. The authors found the link between empowerment, autonomy, and intent to stay profound as they were trying to identify retention strategies for the competitive employment market. They commented that though the perceptions of empowerment and autonomy were not the only factors in retaining staff, the two concepts did impact virtually all the other retention factors for job satisfaction.

Employee perceptions of empowerment and autonomy are reliable predictors of staff job satisfaction and intentions of staying (Dewettinck et al., 2011; Ghosh et al., 2013). All three concepts are intertwined with each other and are commonly seen as reliant on one another for either positive or negative employment outcomes. These concepts are universal to all work sectors, including nursing. Yarbrough et al. (2016), while studying what was important to staff nurses for job satisfaction and remaining with their employers, reemphasized that the notions of empowerment and autonomy are in the forefront of nurses' minds when considering what drives their job satisfaction and intentions of staying.

Summary

When considering what drives the intent to stay and job satisfaction, it was evident in the business and management, psychology, nursing, and leadership literature that retention efforts, that include empowering staff and improving autonomy, were important in influencing staff intentions of staying. Empowerment and autonomy were recognized as key factors in job satisfaction and staff engagement behaviors that lead to retention. Supportive organizational culture and leadership behaviors that include relinquishing authority and power to staff have been found to be most effective in employee perceptions. Multiple areas, including nursing, had been studied to evaluate the impact of empowerment and autonomy on staff intentions, however, very few studies included all three variables of empowerment, autonomy, and intent to stay in relation to nursing directors or nurses in general.

The literature review conducted revealed a gap as it pertains to empowerment and autonomy on nursing directors' intent to stay, due to the lack of focus on this population in the nursing profession. The intent of was to identify if empowerment and autonomy are significant to retaining nursing directors by influencing their intentions to stay, by conducting a correlational, quantitative study. The literature was supportive but did not adequately explore factors that sway nursing leaders' decisions when applied to organizational and position commitment. The study of the impact of empowerment and autonomy on intent to stay of nursing directors is significant for adding to the body of knowledge by including nursing leadership retention factors. Previous works associated to nursing job satisfaction, intent to leave, or to stay, had been conducted as quantitative studies, but few studies evaluated the data by looking at the correlation between autonomy, empowerment and the intent to stay. In addition to the lack of correlation in previous studies, the variables of autonomy and empowerment were evaluated as one item: job satisfaction.

Chapter 3 provides the research plan and design for gathering pertinent information about the factors that impact nursing directors' intent to stay as they relate to autonomy and empowerment. The gap in knowledge about empowerment and autonomy as influencing factors on nursing directors' intent to stay was evident in the literature, and the chosen design for research was in alignment with similar studies that had looked at staff nurses' intent to stay, job satisfaction, autonomy, and empowerment. Through the proposed descriptive, correlational quantitative study, light is shed on what impacts nursing directors' in choosing to stay.

Chapter 3: Research Method and Design

Introduction

Since it is essential to the healthcare industry to retain healthcare providers, it was helpful to understand what influences its employees to stay or leave. The purpose of this quantitative study was to determine what factors impact nursing directors' intent to stay in their current role or with their organization, and what effect role autonomy and empowerment have on their intent to stay as compared to traditional job satisfiers.

In Chapter 3, I cover the following topics: (a) the research design and rationale (b) the target population, (c) sampling procedures, (d) sampling design, (e) participation and (f) data collection, (g) the instrumentation, and (h) the data analysis. Other topics in the current chapter included potential threats to validity and ethical considerations for the study and its participants.

Research Design and Rationale

Due to the nature of the topic of the impact of empowerment and autonomy on nursing directors' intent to stay, the associated variables were streamlined to consider only a few that were related to previous studies about nursing retention and intent to stay. What influences individuals to stay or leave can be complicated and multifaceted since professional, personal, and emotional determinants can affect those decisions (George, 2015). Autonomy, and empowerment were the independent variables; job satisfaction and intent to stay were the dependent variables. Job satisfaction was also a moderating variable on intent to stay, due to the individual belief of role happiness and contentment on the decision to stay or leave (Yarbrough et al., 2016).

A descriptive, correlational study was used to evaluate the links between nursing directors' individual opinions of autonomy and empowerment on their personal decisions to stay or leave, conducted through an online, anonymous survey. The descriptive, correlational design was used to evaluate the relationships or lack of relationships between variables and find to what degree they were naturally influenced by each other (Field, 2013). Without manipulating any of the factors, the relationship of the variables to one another was observed.

The research questions for this study were as follows:

1. What is the relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors?
2. What is the relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors?

Although the intended plan of an online survey affords participants to be anonymous, it did pose some resource and time constraints such as recruiting adequate participant numbers and survey length. The study was conducted as an anonymous online survey, which involved the intended target population taking the time to be participate (Seers & Critelton, 2001). In qualitative studies, the researcher seeks out participants in a more direct method, whether it was through voluntary interviews, or direct observation

(Creswell, Henson, Plano, & Morales, 2007), but online survey in quantitative studies were less directive (Cook & Cook, 2008).

As for time constraints, the first issue was based on how long it took to get the needed number of participants to make the study significant and relevant, but also the time that it was needed to test and analyze the data. The time goal for data collection was be 4 to 6 weeks to achieve the required number of participants. The study was a cross-section of the target population, so the length of time that data collection occurred needed to be limited to minimize maturation effects of the study and participants (Creswell, 2009). Another constraint was time for data testing and analysis. Once testing the data was completed, time to conduct data analysis was required to accurately interpret the results into meaningful information that enhanced knowledge on the topic (Albers, 2017).

The proposed research design was aligned with other like studies in the field of nursing. Seers et al. (2001), showed that cross-sectional descriptive studies performed by the survey are useful since the data collection takes place in a specific moment of time, allowing for a momentary viewpoint of opinion. The survey approach also allows for a larger sample size of participants in shorter periods of time and statistical analysis will reveal the strength of relationships between the variables (Creswell, 2009). The analysis of information supports the advancement of knowledge on the topic of nursing directors' intent to stay by potentially revealing the extent that autonomy and empowerment have or does not have on their job satisfaction and decisions to stay.

Methodology

The purpose of this quantitative study was to determine what factors impact nursing directors' intent to stay in their current role, and what effect role autonomy and empowerment have on their intent to stay as compared to traditional job satisfiers. To carry out the study the target population needed to be explicitly and clearly identified, sampling method and sample size was determined, inclusion or exclusionary criteria pinpointed, and appropriate statistical tests selected to analyze the data,

Population

The chosen population included nurses who had been in or now in their nursing director positions. Since every healthcare organization had varying descriptions of what a nursing director was by title and level, the target population was those that have held the title of assistant director of nursing, associate director of nursing, and director of nursing. The role of the nursing director was identified by job description. The typical job description included management, hiring, and the supervision of nursing staff, management of departmental budgets, reporting to senior nursing leadership, developing and supporting high professional practice standards, and professional collaboration with other departments and members of the healthcare team (AONE, 2016; Study, 2017).

The actual number of nursing directors in the United States was not known because no database exists containing the names of nurses in director positions. Based on the reported estimations on the size of the nursing labor force, the projected population size of nursing leadership was about 300,000 (Djukic, Jun, Kovner, Brewer, & Fletcher, 2017).

Sampling and Sampling Procedures

The sample of participants came from nursing directors within the United States. The target population was considered infinite due to the lack of ability to count the number of nursing directors (Frankfort-Nachmias, Nachmias, & DeWaard, 2015). The NDNQI (National Database of Nursing Quality Indicators) did not have information regarding how many nurses hold nursing director positions, despite the many nursing surveys that are conducted on a yearly basis.

The chosen site for sampling was the professional organization of the American Organization of Nurse Executives (AONE). The AONE reported their estimated membership to close to 10,000 and included all levels of nursing leadership. To obtain access to the members of AONE, I complete and application for access to the organization's members which consisted of a one-time fee of $500.00. Access included submission of the study survey to their online periodical for the length of data collection needed. Access to their electronic format was selected instead of their mailing list because the study survey will stay active for 3 months or until the proper number of participants, whichever occurred first. The application process included the fee, Walden's IRB approval, and an executive summary outlining the study including the survey, participant informed consent, and research participation agreement.

Additional data collection was supplemented through Linked In. Recruitment of participants took place within my personal Linked In account and connections. The participants were asked to take part through the Survey Monkey link, keeping their anonymity. There was no fee for using Linked In, and no added approvals.

For a participant's data to be included in the study, their demographic data met the following inclusion criteria (Appendix B). They must have:

1. Been in at least one position of director of nursing, associate director of nursing, or assistant director of nursing for at least 1 year.
2. Reported to a senior nursing director, chief executive officer or chief nursing officer.
3. Supervised at least one department no smaller than 15 FTEs.
4. A minimum of a Bachelor of Science in Nursing, or equivalent time (diploma) with RN licensure.
5. Been employed, as a director of nursing, associate director or assistant director, in a facility with a bed size no less than twenty beds.
6. Spent less than 50% of position in direct patient care.

The sampling design was a nonprobability convenience study (Frankfort-Nachmias et al., 2015). Conducting the surveys through professional organizations that typically had the target population as members, yielded enough responses to complete data analysis. The sample was performed as a convenience sample, as the target population usually (characteristically) were members of the professional organization of the AONE. Convenience came from what was readily available, and due to personal connections with professional organizations made it convenient (Frankfort-Nachmias et al., 2015). Purposive and quota samples were not chosen due to the extra time required to find participants and recruit them for the study (Houser, 2015). Quota sampling was not a good fit to use, especially since it was not the goal to separate specific ethnic or gender

populations from the study (Frankfort-Nachmias et al., 2015). Therefore, non-probability convenience sampling allowed for a higher chance of reaching the targeted population and obtaining adequate numbers of participants for meaningful and significant statistical data (Etikan, Musa, & Alkassim, 2016).

G*Power

The literature showed that similar research studies on intent to stay used G*Power or Tabachnick and Fidell's guidelines (which is like G*power) to decide sample size. Additionally, the various research articles reviewed used a power of .80 for confidence (Hudgins, 2016; Yarbrough et al., 2016). Since G*Power was used to calculate sample size based on different analytical tests, it is important to note the intended tests that may be conducted in the research on nursing directors' intent to stay (Intllectus Statistics, 2017; Field, 2013). The three specific tests conducted were correlational, multiple linear regression and logistic regression. Per the calculations performed through G*Power, correlational sample size needed to be 82 (medium effect 0.3; $\alpha = 0.05$; power = .80; df = 80). It was noted that the more conservative the power, the larger the sample size needed to be. For multiple linear regression, the sample size estimated need was 55 (two-tailed; medium effect; $\alpha = 0.05$; power .80; $df = 51$). For logistic regression, the sample size needed was 143 (medium effect; $\alpha = 0.05$; power .80; $df = 5$). Overall, the research sample population needed to have a sample size of 143 to perform all tests.

Each of the tests chosen helped to reflect different relationships between the variables showing correlations and potential predictability of associated outcomes to intent to stay. Multiple linear regression and logistic regression was used to evaluate the

data for any predictability between the variables. Multiple linear regression was used to assess the predictability of the outcome of intent to stay and job satisfaction based on the impact of the independent variables of autonomy and empowerment, and the moderating dependent variables of job satisfaction to intent to stay. The variables of the study were measured using continuous discrete and categorical, ordinal methods. Since the variables were studied using Likert-type instruments with a range similar to 1 (disagree very much to 5 (agree very much), the variables were measured consistently using continuous, discrete intervals (Field, 2013), ensuring equally dispersed differences of the aspects of the variables. Categorical, ordinal measurement helped decipher what came first; and in the case of autonomy, empowerment, and job satisfaction on intent to stay, ordinal measurement reflected which of the independent variables or dependent variable occurred first. The calculated sample size of 55 was the smallest necessary to show significance or lack of significance of the impact the variables have on each other. If the sample size was too small, the effect of the variables of autonomy and empowerment on satisfaction and intent to stay may result in falsely high significance (Field, 2013). If predictability could be demonstrated from the correlation of autonomy and empowerment on job satisfaction and intent to stay, senior healthcare executives could use the resulting data to change retention tactics with their nursing leadership.

Logistic regression was another form of regression, but it differed in that it placed the outcome variable as categorical, and the predictor (independent) variables as continuous (Field, 2013). Logistic regression was used to show more in-depth predictions about the outcome of job satisfaction and intent to stay. Using demographic or categorical

details, logistic regression helped predict which individuals behaved or acted in a particular way related to demographic data (Field, 2013). The sample size of 143 was necessary due to the complexity of logistic regression testing, and potential significance of the impact of variables. If the sample size was too small, the odds of prediction of outcomes based on the variables could be too high causing false predictions (Bergtold, Yeager, & Featherstone, 2011).

Participation and Data Collection

Participation and data collection was conducted through the professional organization of the AONE and was voluntary. Participants were recruited through the organization's online electronic platform that includes AONE eNews and AONE working for you. Recruitment was carried out through an advertisement for the study that included a link to the survey through Survey Monkey™. Participation was encouraged to help further the knowledge of the profession and nursing leadership, so no monetary or similar form of compensation was offered.

If participants contributed, there was an informed electronic statement outlining the intent of the study minimizing risk to the participant and ensuring anonymity. Opening statements for the survey included the type of data that was to be collected, including demographic information. In the survey platform, the participant was asked to read the opening statements and had the opportunity to agree or disagree with continuing to the survey. Agreeing equaled the subject's informed consent and it was assumed if they continued to the survey.

Along with the targeted instrumentation for the study, the following demographic data was collected: the length of time the participant was in the position of director of nursing, assistant director, or associate director; age; gender; reporting structure to a senior executive; bed size of their facility; percentage of time spent in direct patient care; professional degrees; State of employment; number of FTEs when in the position of nursing director; and, length of time in the nursing profession (Appendix C). Once the subject had concluded the anonymous online survey, they were thanked and reminded of the intent of the study and to publish my dissertation. There was no follow-up with participants post survey. I provided my email if the participant wanted to contact me separately.

Data were collected anonymously through an online platform (Survey Monkey™). Participants had the choice to not take part after the disclosure and informed consent. Only data collected from subjects who agreed to continue to the survey were used. No personal identifying data was asked for. Only my name and contact information was provided to the participants at the end of the survey if they wished to communicate after the study was concluded. If a participant did not complete the full survey, their data was evaluated for impact on study results and were excluded as missing data.

Data were stored electronically on secured external devices and secure cloud storage. Devices chosen were thumb drive IronKey™ and external hard drive, that only the researcher had access to. These external devices were password protected. The cloud storage was password protected. The researcher's dissertation committee chair had access to the data upon request. All raw data collected remained in to the possession of the

researcher. Data is being maintained for the prescribed amount of time as dictated by Walden IRB.

Instrumentation

Several instruments were used for data collection on the variables of empowerment, autonomy, intent to stay and job satisfaction. The operational definitions of each of the variables were:

1. *Autonomy* – The ANA (2017) defined autonomy as being in a place of self-governance or being provided the right to self-govern. Autonomy was measured using the Attitude Toward Professional Autonomy Scale for Nurses and CWEQ-II scale. Asakura et al., (2016) operationalized autonomy to be when an individual had a positive opinion about their independence, self-reliance, and control over their work environment.
2. *Empowerment* - Empowerment was often described as the sense of awareness of one's surroundings and the ability to control outcomes or to realize completion of goals (Keys, McConnell, Motley, Liao & McAuliff, 2017). Empowerment of an employee was providing the authority to act and to make decisions for their selves (Mills & Ungson, 2003). Empowerment was measured using the CWEQ-II and MSQ scales. These scales highlighted factors that impacted job satisfaction, including employees' opinion about their level of power (Laschinger et al., 2001; Wanous, 1972).
3. *Intent to Stay* – Intent to stay had been described as the choice of the individual to remain in their position and maintaining loyalty to a business or corporation (Chen, 2001; Mayfield et al., 2007; Nowrouzi, Rukholm, Lariviere, Carter, Koren,

Mian, & Giddens, 2016). Intent to stay was measured using Mayfield et al., (2007) Intentions to Stay Scale.

4. *Job Satisfaction* - Job satisfaction comes as the response from the employee finding fulfillment and value in the work that they do, as well as the recognition for a job well done, often seen in benefits and perks of the job (George & K.A., 2015). Job satisfaction of nursing directors was assessed using the CWEQ-II and MSQ instruments.

CWEQ-II. The CWEQ-II was developed by Laschinger et al., (2001) to gather data associated with the concept of empowerment (Appendix D). The original version of the CWEQ was 21 items and assessed by Likert scale. The questionnaire was based on Kanter's theory of empowerment and applied to the profession of nursing, and the compilation of Spreitzer's Psychological Empowerment Scale, Job Activities Scale, and Organizational Relationships Scale (Laschinger et al., 2001). The authors have granted permission for use for non-commercial research and educational resources without the need of direct communication. Permissions have been registered with PsycTests (Appendix E).

The appropriateness of CWEQ-II rested in the measurement of both Kanter's theory of empowerment, and past nursing research using this questionnaire for empowerment and job satisfaction. The CWEQ-II questionnaire measured the participants' opinion of workplace opportunity, resources, information, support, and both formal and informal power, and autonomy. CWEQ-II has a published Cronbach alpha reliability scores ranging from 0.67 to .95 (Stewart, McNulty, Quinn-Griffin, &

Fitzpatrick, 2010). The survey was useful in evaluating individual opinion of non-traditional job satisfiers, as well as a reflection of empowerment and autonomous activities.

The CWEQ-II had been used in six studies regarding the role empowerment played in staff nurse retention, nursing satisfaction, and nursing leadership empowerment. Stewart et al. (2010), used the CWEQ-II to evaluate empowerment within a group of nurse practitioners about their work environments and reported. The Cronbach's $\alpha = 0.86$, which showed reliability. Construct validity ($r = .56$) of the CWEQ-II was established and reported in other studies (Kretzschmer et al., 2017; Patrick et al., 2006).

Manojlovich (2005) utilized the CWEQ-II in studying the significance of nurse-physician communication on the work environment and nursing job satisfaction. Although empowerment was not a main variable of the study, the author discovered that nurse empowerment did have a significant impact on work relations and satisfaction among nurses. Manojlovich's instrument reliability for CWEQ-II was $\alpha = 0.90$.

In another study regarding middle management leaders and empowerment, Spencer and McLaren (2017) wanted to evaluate impressions of empowerment as it relates to different nursing leaders within the broad positional spectrum. They discovered that depending on the hierarchical nursing leadership position, differing levels of empowerment were experienced by the participant. The higher the nursing leadership was in the organization, the more empowerment they had. Spencer et al. (2017) found their study's Cronbach's to be $\alpha = 0.87$.

Attitude Toward Profession Autonomy Scale for Nurses (APASN).

The APASN was developed in Japan to explore why Japanese nurses scored lower on autonomy than their counterparts around the globe (Asakura, Satoh, & Watanabe, 2016) (Appendix F). The authors discovered in their preliminary work that Japanese nurses had a different understanding of autonomy. They developed the APASN scale to highlight the different cognitive aspects of autonomy and assessed using Likert scale. The authors conducted a lengthy literature review and a comparison to developing their scale. They conducted two studies to pilot the instrument and establish validity. The pilot study yielded a Cronbach's $\alpha = 0.85$ for overall scale. The authors then revised the scale removing those items that did not produce valid reliability scoring. The second study confirmed both reliability ($\alpha = 0.85$), and content validity (CFI = .90, GFI = .93) with similar scales measuring autonomy (Asakura et al., 2016).

The APASN was appropriate for use due to the components of autonomy: independence, self-reliance, and control over work conditions (Asakura et al., 2016). APASN scale, unlike others, measures directly the principles and practice of autonomy. Although the APASN scale had not been used by any other researchers, the scale did carry content validity and reliability suitable for studying the variable of autonomy. APASN scale did not require written permission and has been established with PsycTests (Appendix G).

Intention to Stay Scale. The Intentions to Stay Scale was developed by Drs. Jacqueline and Milton Mayfield to study the effect of leader communication on employee intentions of staying (Appendix H). They developed their tool to positively reflect the

choice to stay or leave. The Intentions to Stay scale was a simple seven-item scale utilizing Likert scale to elicit positive or negative reactions to the intent to stay or turnover (Mayfield & Mayfield, 2007). Three of the statements reflect positive intention, while the remaining four reflect opinions about the decision to leave. Cronbach's reliability for the negative responses is $\alpha = .77$ and is $\alpha = .66$ for the positive responses. No validity data were provided. However, the authors state that the overall model that they chose had a goodness-of-fit index of 0.93 (Mayfield et al., 2007). Permissions were granted by the original authors through electronic communication (Appendix I).

The Intentions to Stay Scale was used in one study to investigate the impact of mentoring on intentions of leaving or staying of employees in the information technology field (Naim & Lenka, 2017). The population of participants was professionally educated in their field of practice in India. The researchers found when they used the Intentions to Stay scale in their study, that it produced similar reliability to the original ($\alpha = .76$, mean value of 3.46, SD = .57) (Naim et al., 2017). The Intentions to Stay scale was appropriate to collect data regarding the variable of intent to stay based on the questionnaire statements regarding the intention of staying with the organization, reflecting the opinion of the participant at the moment they participate in the survey. The Intentions to Stay scale measured feelings about their employment (Mayfield et al., 2007; Naim et al., 2017).

Minnesota Satisfaction Questionnaire (MSQ). The MSQ was originally developed by Weiss, Dawis, England, and Lofquist in 1967, and included one hundred items. The original was used to evaluate job satisfaction and was used with a wide variety

of professions, male and female participants, and educational backgrounds (Weiss et al., 1967), and included intrinsic and extrinsic job satisfaction insight. The MSQ measures traditional job satisfiers as they apply to recognition, work culture, pay, and workload/ schedule. Reliability for the long form MSQ was proven between $\alpha = .78$ to .93. There was no validity testing on the original work of Weis et al. (1967). However, they did perform test-retest correlation coefficients at one-year which was 0.89.

John Wanous continued the work of Weiss et al. (1973), by shortening the form to make it more palatable in 1973 (Appendix J). Wanous' modified short form MSQ includes twenty items and has the reliability that is alignment with the original, $\alpha = .80$. There is no validity testing published; however, Wanous noted in his version that the concept scoring was the same as the original. Permissions for use are made available for non-commercial research through PsycTESTS without further written permission (Appendix K). The instrument uses Likert scale for participant self-assessment.

MSQ has been used in several research studies, including nursing. In one such study, the authors were investigating the impact of burnout on nursing job satisfaction in Turkey (Ozden, Karagozoglu, & Yildirim, 2013). The population was nurses who worked in intensive care units and included females primarily with bachelor's degrees. The study reliability for the MSQ was $\alpha = .77$. Validity was not noted in the Ozden et al. (2013) study.

In another study of leadership impact on job satisfaction, the author used the MSQ short form which showed a Cronbach $\alpha = .88$. The author tested results validity by factor loading with intrinsic and extrinsic job satisfaction with the overall cumulative variance

explained = 59.4%; (KMO = .84; Bartlett $x^2 = 997.09$; $p < 0.01$) (Yang, 2016). Yang tested for skewness (0.10 to -0.18) and kurtosis (0.16 to -0.75) and found all to be within criteria for validity. The population of participants included both men and women, with varying degrees of education who worked in the insurance industry in Taiwan. The MSQ was useful to my study of nursing directors and their intent to stay due to the broad use of the tool on varying populations of individual and keeping reliability that was in alignment with the original study of Weiss et al. (1967), including nurses. The MSQ posed statements that generate individual opinions about job satisfaction factors that reflect traditional job satisfiers.

Data Analysis

SPSS v23 was used to store and test data. SPSS is one of the many statistical programs that is used by statisticians and researchers. The program allowed for manual entry, importing, or exporting of data. Due to the program's ability to accept imported information, it helped minimize data entry errors (Field, 2013). Data screening and cleaning were simplified as it helped to find if any data was missing from participants, meaning that participants did not answer all survey questions/ statements. Missing data could skew results, therefore removing or ignoring incomplete responses became necessary (Field, 2013). The analysis plan included the use of Pearson's correlation coefficient, *t*-test, multicollinearity, the goodness of fit, descriptives testing, Wald statistic, log-likelihood statistic, z-statistic, and multiple correlation coefficient *R*.

RQ1 was as follows:

What is the relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors?

For RQ1, correlational testing with Pearson's R coefficient was used to show the relationship between autonomy, job satisfaction and intent to stay, as well as, empowerment to job satisfaction and intent to stay as measured by the CWEQ-II, APASN, Intentions to Stay, and MSQ instruments. Empowerment and autonomy was evaluated to confirm any relationship exists between the independent variables. The following tests were used for multiple linear regression: multicollinearity, model fit, and descriptive statistics. Wald statistic, log-likelihood statistic, *z*-statistic and multiple correlation coefficient *R* were used in the logistic regression to evaluate nondirectional predictions of outcomes based on the independent variables and the dependent variables.

RQ2 was as follows:

What is the relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors?

For RQ2, Pearson's coefficient was used to determine if there was a relationship of traditional and non-traditional job satisfiers to job satisfaction and intent to stay as measure by the CWEQ-II, MSQ, and Intentions to stay instruments. Pearson's was needed to show if any correlation existed between the variables that may be impactful or meaningful to keeping nursing directors. The following tests were used for multiple linear regression: multicollinearity, model fit, and descriptive statistics. Wald statistic,

log-likelihood statistic, *z*-statistic and multiple correlation coefficient *R* were used in the logistic regression to evaluate nondirectional predictions of outcomes based on the independent variables and the dependent variables.

Each method was tested separately from the others. There were three separate methods for testing purposes, and it was important to segregate the findings of each from the next. Systematic data analysis began with correlation, then moved to multiple linear regression, ending with logistic regression. To assist with clean testing, separate reporting occurred with the findings.

Threats to Validity

External Threats

As it is with all research, there can be several types of threat to validity of a study that can be placed into two categories: external and internal. Potential external threats to researching the impact of empowerment and autonomy on the nursing director's intent to stay will come mainly from participant interaction in data collection and testing of data in the analysis. First, participant interaction was anonymous through a self-directed online survey that took time to complete. An additional threat was obtaining enough participant numbers for the needed sample size. Both components were mitigated by ensuring that the survey was made available for enough length of time for the chosen platform to circulate to participants, and to make every effort to streamline the survey tool to minimize participant time needed to complete it (Creswell, 2009; Fulton, 2016).

The second external threat was the testing of data. The three methods of correlational testing, multiple linear regression, and logistic regression for treating the

data had been identified to test the research questions and hypothesis. It was important to set up regimented and separate testing focus for each method. An additional external threat was a potential for incorrect interpretation of the results. A counter for the threat in testing data was the use of confidence intervals (Creswell, 2009).

Internal Threats

Internal threats maybe statistical regression and instrumentation. Due to the target population and their associated experiential backgrounds, there may be individuals who self-report on the survey with very high or very low scores. These extremes could influence data analysis (Field, 2013). If outliers occurred, those data points were evaluated and removed from the dataset. Instrumentation may also be a threat due to the length of the instruments and construct validity. Every effort was made to choose reliable short form versions of selected tools, minimizing the time needed to complete them by the participant.

Construct and Statistical Validity

Construct validity. Construct validity was a form of threat that often comes when definitions of variables or operational definitions were not in alignment with the theory or construct of a study (Bouchenooghe, De Clercq, Willem, & Buellens, 2007; Creswell, 2009). The threat of malalignment could be true of any research study, and all efforts were made to clarify meaning. With the study of autonomy and empowerment affecting nursing directors, autonomy and empowerment definitions varied from one interpretation to the next. The definitions of the variables had been carefully thought out

and defined as it applied to the workplace and influence it had on impressions of job satisfaction and intentions of staying in a position.

Threats to construct validity also existed in the choice of data collection tools in a quantitative study. Construct validity threat was minimized since the instrumentation that had been chosen to have been used in earlier data collection in research even though statistical validity information was not available (Bouchenooghe et al., 2007). Face validity of the chosen instruments was in alignment with the topic focus and similar to other instruments that were not selected (Creswell, 2009).

Statistical validity Threats to statistical validity are created when inferences are incorrectly or broadly made by statistical certainty about how variables relate to each other. Validity is impacted by low population size (*n* size), a low statistical power of the tests used, and when test assumptions are compromised (Bouchenooghe et al., 2007; Creswell, 2009; Field, 2013). The threat of statistical validity was real, in that, the sampling was conducted by convenience, and there was a possibility that the target size for the sample may not be reached. The smaller the sample, the smaller the statistical significance of the data and incorrect generalizations could be made for the population. Care was taken to watch data collection for proper sample size but was accepted as a potential threat to the validity of the data.

Ethical Procedures

The ethical and safe treatment of research participants is a critical part of any research (NIH, n.d.). A researcher can never know the full extent of the impact of a study on, but every effort must be taken to minimize issues. The target population for this study

was educated professional nurses that had been in or were currently in leadership positions and were not considered a vulnerable population (Creswell, 2009; Shivayogi, 2013). However, steps were taken to ensure that they were kept safe and protected.

Permissions. I obtained access to the members of the American Organization of Nurse Executives (AONE) through authorized application. The AONE did not have an IRB, so researchers must apply for access to their member list and include an executive summary and University IRB approval. In preliminary talks with the AONE, the study regarding the impact of empowerment and autonomy on the nursing director's intent to stay was accepted into their online platform pending acceptance of necessary documents and application. The only other permission to conduct my study required was IRB approval from Walden University. Walden IRB approval and AONE approval were both obtained prior to data collection (Study Approval #02-22-18-0069302).

Participants and Informed Consent. Recruitment of participants posed minor ethical concerns and were managed through study disclosure and informed consent through an online survey tool. With the use of Survey Monkey™, there was a statement addressing the participant's approval, and he/she were given the choice to agree or disagree to move forward with the survey. If the participant agreed to move forward, by clicking "Agree," their agreement to participate was an indication that they gave consent for their information to be utilized and were advanced to the study survey. Approval of informed consent was granted by the Walden IRB.

Summary

Chapter 3 described the research plan and approach to sampling, data collection, and proposed data testing. The study was a descriptive, correlational quantitative design, being conducted as an anonymous online survey. The proposed study's purpose was to discover if there was a relationship between autonomy and empowerment on the nursing director's impression of job satisfaction and their intent to stay in their leadership position. The instruments that had been selected were based on their use in similar studies and the constructs they measured (autonomy, empowerment, job satisfaction, and intent to stay). The instruments selected were CWEQ-II, APASN, Intent to Stay, and MSQ. All instruments were shown to have been reliable and valid in other similar studies.

The target population had been named as nurses that had held a nursing director, assistant director, or associate director for at least one year, along with other inclusionary/exclusionary criteria. The data collection and statistical testing were identified, as well as any threats to study validity.

In Chapter 4, the studies survey results and data analysis are discussed.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to determine what factors impact nursing directors' intent to stay in their current role and what effect role autonomy and empowerment have on that intent.

The research questions and hypotheses were as follows:

RQ1: What is the relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors?

H_0: There is no relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors.

H_1: There is a relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors.

RQ2: What is the relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors?

H_0 – There is no relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors.

H_1 – There is a relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors.

In this chapter I explain how the data were collected, the time frame of collection, demographic information, population representation, how the data collection plan was followed, and the results of the data analyzed by the prescribed statistical tests. The results section answers the research questions by addressing the hypotheses.

Data Collection

Time Frame

Data collection was conducted over the course of 42 days from the time the online survey was posted on LinkedIn and the AONE electronic platform. Response rates were low initially, so two additional repostings were required on LinkedIn at about the 2-week and 4-week mark. Because part of the plan was to provide the survey link through AONE's electronic newsletter and platform, a reminder posting was not possible. AONE, according to their research contract, kept my survey advertisement and link posted throughout the contracted timeframe. I closed the survey link at the end of the 42 days due to low response rates.

Response Rates

My goal was to obtain a maximum of 143 participants to meet my sample size as calculated by G*Power. Participants were sought out anonymously through LinkedIn and

AONE and offered the study survey link through SurveyMonkey. Although the participant pool was a potential of 10,000, there were only 86 participants that submitted consent and entered the survey from LinkedIn or AONE. Based on the estimated membership of AONE, the initial response rate was <1%. After reviewing all participant responses and ensuring that they met the survey's inclusionary and exclusionary criteria, there was a total of 76 valid participant responses. There were 10 participants that gave consent but only answered the demographic questions. Of the remaining 76, 70 participants provided complete responses. All 76 were included in the data analysis depending on which survey tool questions they answered. The final sample size was 76, or .76% of the total potential sample.

Plan Discrepancies and Fidelity

The study plan was followed as planned in Chapter 3, with one exception. When the participation dropped off, the plan changed to end data collection at 6 weeks, instead of the planned 3 months. Since interest had waned and I did not have the ability to directly contact potential participants, further reminders or reposting of the survey would exceed the recommendations of the IRB. There has been no report of adverse outcomes due to the participation in this study.

Sample Characteristics

Several demographic questions were asked to evaluate if the target population of this study was representative of the larger body of nursing directors. These same demographics were used to include or exclude participants based on their characteristics. These characteristics include number of leader positions held, age, gender, level of leader

supervision, facility size, percentage of time spent in direct patient care, professional degree, state of employment, number of FTEs (full time equivalents) supervised, and time in the nursing profession. These characteristics can be divided into professional and personal characteristics. Table 1 shows the participants' personal characteristics. Table 2 shows work place and professional characteristics.

Table 1

Sample Personal Characteristics

	Characteristics	*f*	Percent of sample (*N* = 76)
Gender			
	Male	9	11.8
	Female	67	88.2
Age			
	21-30	1	1.3
	31-40	4	5.3
	41-50	16	21.1
	51-60	43	56.6
	60+	12	15.8
Professional Degree			
	BS/BSN	6	7.9
	MSN	44	57.9
	Ph.D/ DNP	14	18.4
	MHA	6	7.9
	MS Healthcare	1	1.3
	MBA	2	2.6
	MPA	3	3.9
Years in the Nursing Field?			
	3-10	4	5.3
	11-20	16	21.1
	21-30	18	23.7
	31-40	31	40.8
	41+	7	9.2
State Currently Employed			
	Arizona	1	1.3
	California	3	3.9
	Colorado	8	10.5
	Connecticut	4	5.3

Delaware	1	1.3
Florida	2	2.6
Georgia	3	3.9
Iowa	2	2.6
Illinois	6	7.9
Indiana	5	6.6
Maryland	3	3.9
Michigan	1	1.3
Montana	1	1.3
North Carolina	2	2.6
Nebraska	3	3.9
New Hampshire	1	1.3
New York	6	7.9
Ohio	2	2.6
Oklahoma	2	2.6
Pennsylvania	6	7.9
South Carolina	1	1.3
Texas	7	9.2
Vermont	1	1.3
Virginia	2	2.6
Washington	1	1.3
Wisconsin	2	2.6

Table 2

Workplace-Professional Characteristics

Characteristics	*f*	Percent of Sample (*N* = 76)
Number of leader positions held in career		
1	3	3.9
2	13	17.1
3	16	21.1
4	12	15.8
5	13	17.1
6	8	10.5
7	5	6.6
8	2	2.6
10	2	2.6
11	1	1.3
16	1	1.3
Years in current role		

1-10	53	69.7
11-15	11	14.5
16-20	5	6.6
21-30	5	6.6
31-36	2	2.6
Number of FTEs supervised		
15-100	24	31.6
101-200	25	32.9
201-300	11	14.5
301-400	6	7.9
401-500	5	6.6
501-700	2	2.6
701-986	3	3.9
Facility bed size		
20-100	10	13.2
101-250	15	19.7
251-450	26	34.2
451-700	15	19.7
701-1500	10	13.2
Percentage of time in direct patient care		
0-10	70	92.1
11-20	4	5.3
21-30	1	1.3
31-40	0	0
41-50	1	1.3
Senior supervisor report		
Director	9	11.8
Senior Director	4	5.3
CNO	46	60.5
CEO	4	5.3
COO	3	3.9
VP	10	13.2

Representativeness. One goal of this survey was to define the population as there were no specific demographic definitions for the target population. The target population was aimed at nursing directors, assistant directors, and associate directors in the United States. It is not known how many nursing directors are in the overall nursing workforce, so actual percentage size cannot be confirmed as representative of the whole. It was estimated that the nursing workforce is approximately 3 million, with an estimated ten

percent being nursing leaders. This sample size is only 0.025% of the overall estimated nursing leaders.

Even though the sample size does not represent the larger estimated body, this sample reflected the general representation of the nursing work force in gender and location. Gender is one such category that is in alignment with the larger target population. This sample closely mimics the current estimations of male to female nurses in the US. The study had a 11.8% male and 88.2% female participants mirroring the current estimated percentages in the US of 9% male and 91% female (Fastaff, 2018). Despite the low percentage of participants in relation to the larger body of nurses, this study had a very diverse response with 26 of the 50 states represented (Table 1).

The rest of the demographic results are not in alignment with the overall nursing demographic statistics for the United States, as there is no data set specifically focused on nursing directors. In a 2016 nursing demographics survey conducted by Nursing.org, it was estimated that 55.55% of all nurses in the United States were over 45 years of age. This compares to 93.5% of the sample participants in this study who were over 40 years of age. Most of the participants had an MSN or higher degree (92.1%), compared to Nursing.org's (2016) nursing workforce advanced education of MSN or higher (21.7%). In comparing a similar study, the average age of the nursing leader is remaining steady, albeit slightly higher (Table 3). Notable differences are the increasing percentage of higher education among nursing leaders growing and years of experience. The increase in higher education is a positive reflection on recommendations made by the IOM to increase overall nursing education. Years of experience has increased, while years of

nursing leadership experience has lowered. This may be due to the retirement trend noted in the literature, and the need to fill nursing leader positions with younger less experienced nurses.

Table 3

Sample Comparison to 2014 Nurse Manager Study

Demographic	2018				2014			
	n	Mean	%	Range	*n*	Mean	%	Range
Age	76	49		21-61	286	47.4		26-68
Gender								
Female	67		88.2		262		90.3	
Male	9		11.8		28		9.7	
Highest Education								
Bachelors	6		7.9		135		46.4	
Masters	56		73.6		129		44.3	
Doctorate	14		18.4		3		1.0	
Yrs of Nursing Exp	76	29.1		3-48	287	21.3		2-45
Yrs of Leadership	76	8.9		1-36	290	9.1		0-35

Note. Data for comparison are from a nurse manager job satisfaction and retention study by Warshawsky and Havens (2014).

Results

Descriptive Statistics

I measured the statistical impact of the independent variables of empowerment and autonomy on the dependent variables of intent to stay and job satisfaction. Data were collected using an internet-based survey. Each variable was operationalized using an associated scale. Empowerment was measured by CWEQ-II. Autonomy was measured by the APASN. Intent to stay was measured by the Mayfield intentions to stay scale, and job satisfaction was measured using the short form MSQ.

Empowerment. The variable of Empowerment was measured using the 21-Likert item CWEQ-II scale. CWEQ-II has 6 subscales: opportunity, access to information, support, access to resources, formal power and informal power. In past uses, the CWEQ-II's reliability scores ranged from Cronbach's α of 0.67 to 0.95 (Stewart et al., 2010). The Cronbach's alpha of the CWEQ-II's from my data was α = 0.918 which is consistent with previously reported reliability. The construct validity by factor analysis using KMO = 0.833. Table 4 shows the descriptives for the CWEQ-II. There has not been a reported factor analysis on this instrument tool in previously reviewed research.

Autonomy. The independent variable of autonomy was operationalized using the APASN scale. This scale was an 18 item Likert scale. APASN has three subscales: independence, autonomous judgment, and control. For this study, the APASN's Cronbach's α = 0.886. This reliability score was in alignment with the original scales use by its creator (α = 0.85). Construct validity for this scale in this study was KMO = 0.758. This was lower than the original (CFI = .90), however, a score between .7 to .8 with KMO is considered representative in the construct (Field, 2013). Table 4 shows the descriptives for APASN.

Intent to Stay. The outcome variable of intent to stay was evaluated using the Mayfield intention to scale. This scale was a 7-item Likert scale. The Cronbach's alpha of the intention to stay scale reliability score was α = 0.795 which is consistent with previously reported reliability. The factor analysis for construct validity was KMO = 0.737. Table 4 shows the descriptives for the Intent to Stay scale.

Job Satisfaction. Job satisfaction was both an outcome and moderating variable and was measured using the MSQ short form. Job satisfaction has been shown in previous research to impact retention and intent to stay in both positive and negative ways. For example, if overall job satisfaction was low then the individual was less likely to stay in their position (Kath et al., 2013; Yarbrough et al., 2016). The short form is a 20-item Likert scale. Each questionnaire statement in the MSQ is associated with a specific job satisfaction concept. The reliability of this scale for measuring job satisfaction was $\alpha = 0.933$. This reliability is in alignment with previous studies ranging from .77 to .93 (Ozden et al., 2013; Weiss et al., 1973). Construct validity is very strong with a KMO = 0.868. This validity score was like a previous study that had a KMO = 0.84. Table 4 shows the descriptives for the MSQ.

Table 4

Descriptives Statistics for Survey Tools and Variables

Variable	Scale	*N*	Items	*M*	*SD*	α
Empowerment	CWEQ-II	75	21	3.82	.666	0.918
Autonomy	APASN	71	18	3.19	.548	0.886
Intent to Stay	Intention to Stay Scale	71	7	2.94	.426	0.795
Job Satisfaction	MSQ	70	20	4.04	.628	0.933

Note. CWEQ-II = Conditions for Work Effectiveness Questionnaire-II, APASN = Attitude Toward Professional Autonomy Scale for Nurses, MSQ = Minnesota Satisfaction Questionnaire

Statistical Analysis

Data Cleaning. I reviewed all data looking for any significantly missing data or outliers. Originally, there were 86 in the sample, however, 10 were removed due to lack of demographic information that would have potentially excluded or included the cases.

The ending sample size was 70, because 6 of the participants had skipped over a few items.

All statistical assumptions were reviewed to ensure quality and outcomes of the tests run. The assumptions for correlation was not violated for any test. All Pearson's *r* values were between +1 to -1. For multiple linear regression, all assumptions were not violated as all variables were evenly distributed, and multicollinearity was maintained. In the logistic regression, all assumptions were maintained. The assumption of multicollinearity was reviewed for both multiple linear regression and logistic regression, and it was found that items in scales were closely related. To correct for this violation, items were grouped into sub-scales and then as a whole.

All scale items were reviewed to evaluate the need for recoding for reverse questions. The MSQ, CWEQ-II, and APASN scales did not need to be recoded. The intention to stay scale had four items out of seven that need to be recoded due to the reverse nature of the questionnaire statements. Recoding for reverse items was in alignment with statistical data analysis norms. No other revisions or recoding was necessary to analyze the data.

Research Question 1: What is the relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors? .....

Correlation. In completing the analysis of the relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors, I conducted a general correlation on all four variables with the intent to stay being primary dependent variable. The results revealed that there was significant

correlation between intent to stay, empowerment, and job satisfaction. The only correlation for autonomy was job satisfaction. Intent to stay to empowerment was r = .564, p = .000, intent to stay to job satisfaction was r = .595, p = .000, empowerment to job satisfaction was r = .772, p = .000, and autonomy to job satisfaction was r = .307, p = .005. There was not a significant relationship between autonomy and intent to stay or empowerment. Table 5 shows the correlation between the variables.

As previously mentioned, there was no significant correlation between the variable autonomy and intent to stay, with one exception. While reviewing subscales of autonomy (independence, autonomous judgement and control), the subscale of independence was significantly related to intent to stay, r = .268, p = .024. This significance stems from two questions related to independence: "I think that becoming a director of a healthcare facility is desirable for nurses," and "I think that it is desirable for nurses to be allowed to have their own practices."

All six subscales of the empowerment variable had significant correlation to job satisfaction. The subscales relate as such: opportunity (r = .586, p = .000), access to information (r = .620, p = .000), leadership support (r = .614, p = 000), access to resources (r = .466, p = .000), formal power (r = .632, p = .000), and informal power (r = .502, p = .000). All p values were 2-tailed and significant at the 0.01 level.

There was correlation between job satisfaction and two of the three subscales of autonomy. Both independence (r = .423, p = .000) and autonomous judgment (r = .271, p = .023) were significantly related to overall job satisfaction. *P* values for independence

was significant at the 0.01 level. *P* values for autonomous judgment were significant at the 0.05 level.

Table 5

Correlations of the Variables

	Intent To stay	Empowerment	Autonomy	Job Satisfaction
Intent to Stay	1	.564**	.081	.595**
Empowerment	.564**	1	.195	.772**
Autonomy	.081	.195	1	.307**
Job Satisfaction	.595**	.772**	.307**	1

**. Correlation is significant at the 0.01 level (1-tailed).

Multiple linear regression. Multiple regression analysis was used to test if empowerment and autonomy significantly predicted a nursing director intended to stay and the level of their job satisfaction. Two separate tests were conducted to isolate the dependent variables of intent to stay and job satisfaction. Assumptions made for multiple regression are that the dependent variable is distributed normally for the target population. The variances for the population are the same for all levels of the independent variables. The sample was random, and data collected from participants were independent of each other. Homogeneity of regression is the assumption that the slope is the equal among each grouping, and multicollinearity. All assumptions were tested for and all conditions were met in both tests.

Intent to stay. The results of the regression for intent to stay indicated that the variable of empowerment explained 32% of the variance (R^2 =.32, F(1, 69)=32.301, p = .000). Autonomy did not contribute to predict the outcome of intent to stay. Table 6 reflects the step effect of the variables to intent to stay. Figure 2 shows the

homoscedasticity of the predicted slope of empowerment to intent to stay.

Table 6

Summary of Intent to stay to Empowerment and Autonomy

Step	R	R^2	R^2_{adj}	ΔR^2	F_{chg}	p	df_1	df_2
1. Empowerment	.565	.319	.309	.319	32.301	.000	1	69
2. Autonomy	.566	.320	.300	.001	.097	.757	1	68

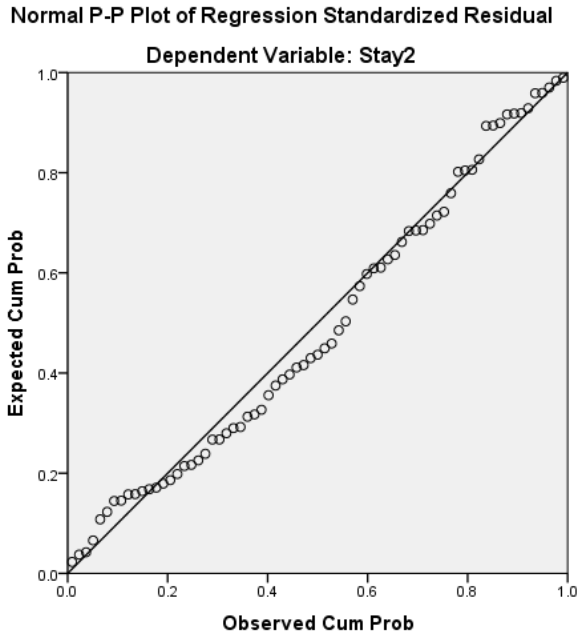

Figure 2. Homoscedasticity of intent to stay. This figure shows the predicted relationship of empowerment to intent to stay.

Job satisfaction. Multiple regression analysis was used to test if empowerment and autonomy significantly predicted level of job satisfaction of nursing directors. The results of the regression indicated the two predictors explained 62% of the variance (R^2 = 0.62, F(2,67) = 54.929, p = .000) (see Table 7). Empowerment was the strongest predictor to job satisfaction, with autonomy adding to overall satisfaction. Figure 3 reflects the homoscedasticity of this test.

Table 7

Summary of Job Satisfaction, and Empowerment and Autonomy

Step	R	R^2	R^2_{adj}	ΔR^2	F_{chg}	p	df_1	df_2
1. Empowerment	.772	.596	.590	.596	100.18	.000	1	68
2. Autonomy	.788	.621	.610	.025	4.51	.037	1	67

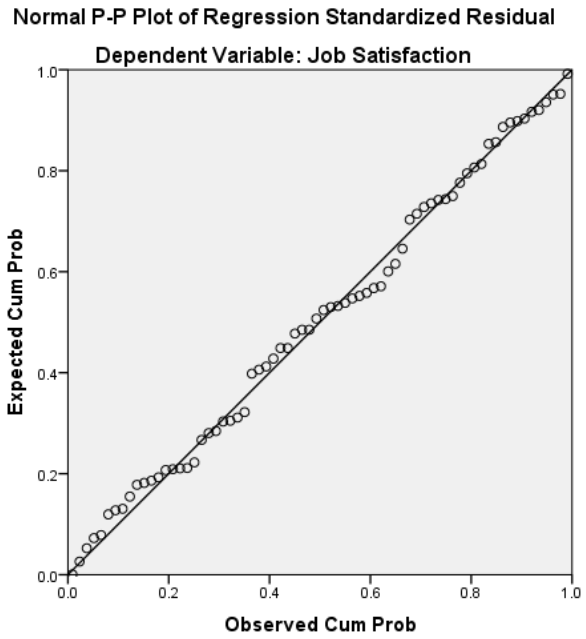

Figure 3. Homoscedasticity of job satisfaction. This figure shows the predicted to observed relationship of empowerment and autonomy on job satisfaction.

Logistic regression. Logistic regression with a stepwise approach was utilized to determine to what extent empowerment and autonomy could be used to predict which nursing directors would stay or leave, with job satisfaction being a moderator. The results of the logistic regression (Table 8) showed that the tested model to be successful in predicting the outcome of intent to stay (-2 Log Likelihood = 13.310; Cox and Snell = .201; $X^2(4) = 15.731$, $p = .003$). The model revealed the significance of empowerment on

the intent to stay with autonomy enhancing predictability. Job satisfaction appears to contribute to intent to stay predictability. This model had an overall percent of predictability at 84.3%.

Table 8

Predictability of Intent to Stay

	β	*Wald*	*df*	*p*	Odds Ratio
Job Satisfaction-satisfied[a]	1.854	3.552	1	0.059	6.385
Autonomy	4.433	2.409	1	0.066	84.150
Empowerment	50.127	5.511	1	0.019	168.513
Autonomy & Empowerment	1.707	3.918	1	0.048	0.034

a. The parameter for not satisfied is set to zero because it is redundant.

Research Question 2: What is the relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors?

Correlation. With this research question, the intent was to determine if traditional or nontraditional job satisfiers had a relationship with the intent to stay among nursing directors. Initial testing was conducted using the intent to stay scale and the job satisfaction scale. The MSQ had individual questionnaire statements that were related to either traditional or nontraditional items. The testing reflected that there was a positive correlation between both traditional and nontraditional job satisfiers to the intent to stay. Table 9 reflects correlations between intent to stay and job satisfiers. There were two items in the MSQ that measured independence (a construct of autonomy), and one had a

negative correlation and the other a positive correlation. Working alone had no significant relationship to intent to say. Having freedom to use their own methods had a significant relationship to intent to stay. The traditional job satisfier of schedules was not measured by the MSQ, but variety was. Variety was defined as the chance to try or do other things. Several items were very closely linked, so grouping the individual items into traditional and nontraditional labels was necessary (Table 10). In the traditional satisfiers the individual items that were closely correlated were supervisors with good employee relations, supervisors are competent, security, and advancement. In the nontraditional satisfiers the individual items that were closely correlated were independence in using own methods, responsibilities, accomplishments, and using all abilities. Table 10 shows the correlation as grouped items.

Table 9

Correlations between Intent to Stay to Traditional and Nontraditional Items

Item	*r*	*p*
Traditional		
Pay		
Staying busy	.180	.136
Be somebody	.411**	.000
Supervisors with good employee relations	.530**	.000
Supervisors are competent	.554**	.000
Recognition	.477**	.000
Morals/ Values	.267*	.025
Be the boss	.077	.528
Security	.521**	.000
Good policies-work culture	.468**	.000
Advancement	.515**	.000
Good working conditions-work culture	.501**	.000
Good coworkers-work culture	.441**	.000
Nontraditional		
Accomplishments/achievements	.473**	.000
Independence – work alone	-.033	.789
Independence – Use own methods	.491**	.000

Responsibilities	.496**	.000
Variety	.432**	.000
Use all abilities	.459**	.000

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the .05 level (2-tailed).

Table 10

Correlation between Intent to stay and Traditional and Nontraditional Job Satisfier Grouping

	Intent to Stay	Traditional	Nontraditional
Intent to Say	1	.624**	.487**
Traditional	.624**	1	.878**
Nontraditional	.497**	.878**	1

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

Multiple linear regression. Multiple regression analysis was used to test the relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) to intent to stay and overall job satisfaction. The results of the regression indicated the two predictors explained 38% of the variance (R^2 =.38, F(2, 69) = 22.366, p = .000). A regression model analysis was used to further evaluate the predictive relationship between intent to stay and job satisfaction by evaluating the level of involvement from traditional and nontraditional job satisfiers. The sample multiple correlation coefficient was .633, which yielded a with a 38% of intent to stay can be explained by the combination of both traditional satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture, etc.) and nontraditional satisfiers (accomplishments, independence, workplace decision influence, responsibilities, etc.).

The Regression model showed that traditional satisfiers (pay**,** acknowledgment**,** praise**,** benefits**,** schedules**,** workplace culture**)** were significant predicators of intent to stay (r = .624, p = .000). Table 11 reflects the regression of predictability. The Pearson's r between the two classification of job satisfiers (traditional and nontraditional) reflected a positive and significant relationship to each other enhancing intent to stay (r = .878, p = .000).

Table 11

Summary of Traditional and Nontraditional Job Satisfiers to Intent to Stay

Step	R	R^2	R^2_{adj}	ΔR^2	F_{chg}	p	df_1	df_2
1. Traditional	.624	.389	.380	.389	43.313	.000	1	68
2. Nontraditional	.633	.400	.382	.011	1.255	.267	1	67

Logistic regression. Logistic regression with a stepwise approach was used to determine if the combination of empowerment, autonomy, traditional and nontraditional satisfiers could predict a nursing director's intent to stay. The regression results were predictive (-2 Log Likelihood = 45.908, Goodness of fit = 54.681, $X^2(5) = 19.989$, p = .001). However, the combination of autonomy and empowerment had the most significance to predicting intent to stay compared to the job satisfiers.

The odds of someone staying because of empowerment and autonomy are 1/0.020, or 50 times more likely to stay then someone that does not feel empowered or autonomous (Table 12). It was noted in observed versus predicted outcomes, higher overall job satisfaction and feeling empowered influenced nursing directors' intent to stay. For predictability, this logistic regression could predict up to 95% for intent to stay

for nursing directors based on the combination of empowerment, autonomy, and job satisfiers.

Table 12

Predictability for Intent to stay with Grouped Satisfiers

	β	*Wald*	*df*	*p*	Odds Ratio
Traditional Satisfiers	-.363	.072	1	.789	.695
Nontraditional Satisfiers	-1.551	1.931	1	.165	.212
Autonomy	3.208	4.229	1	.040	24.733
Empowerment	2.800	2.295	1	.130	16.441
Autonomy/Empowerment	-3.912	4.553	1	.033	.020

Summary

In this chapter, the analysis of data related to two research questions was provided. The first question was: what is the relationship between empowerment and autonomy on job satisfaction and the intent to stay among nursing directors? The data showed that there was a significant relationship between the independent variable of empowerment and the dependent variables of intent to stay and job satisfaction. Autonomy was not found to be significant to intent to stay but did have a significant relationship to job satisfaction. Additionally, it was discovered that empowerment and autonomy, in combination, can explain why nursing directors stay. Job satisfaction was found to moderate the relationship. In logistic regression, evaluating a nursing director's reflection on their own empowerment, autonomy can be used to predict who will stay or go, with the perception of job satisfaction moderating the intent to stay when one or both autonomy and empowerment are missing from the equation.

The second question was: what is the relationship between traditional job satisfiers (pay, acknowledgment, praise, benefits, schedules, workplace culture) and non-traditional job satisfiers (accomplishments, independence, workplace decision influence, responsibilities) on job satisfaction and the intent to stay among nursing directors? The data showed that there is significant correlation between job satisfiers and intent to stay. However, traditional satisfiers were more closely related to predicting nursing directors' intent to stay.

The findings regarding the impact of empowerment and autonomy were revealing, especially the finding that autonomy carried almost no relationship to nursing directors' intent to stay. The findings regarding the traditional and nontraditional satisfiers were surprising, however there may be some socioeconomic influence.

In Chapter 5, I will interpret the findings of this chapter, as well as a compare it to the previous literature, research, and theoretical framework.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Given the increasing concerns about retaining nurses due to the growing challenges (growing aging patient population, nurses leaving the workforce for any reason including retirement) in healthcare, engagement and retention of all level of nurses is important. In previous research with staff nurses and some leadership, empowerment and autonomy were identified as important factors influencing intentions of staying (Allen, 1998; Breau et al., 2014; Carter et al., 2012; Curtis et al., 2011; Havens et al., 2008). This quantitative study sought to determine what factors impact a nursing director's intent to stay in her or his current role, and what effect role autonomy and empowerment have on nursing directors' intent to stay in their current positions as compared to traditional job satisfiers. The quantitative study used a cross-sectional, correlative design. Correlation, multiple linear regression, and logistic regression were used to evaluate whether relationships did exist between the variables, and to what extent the variables could predict the outcome of intent to stay.

Key findings found in data analysis revealed that empowerment had the greatest significance on intent to stay and job satisfaction. Autonomy did not have any meaningful relationship to intent to stay, but it did impact job satisfaction. Nursing directors' opinion seems to put higher importance on the ability to have the tools (information, resources, support, and power) to do their job, rather than independence.

The remainder of this chapter reflects on the findings of the data analysis, describes the limitations of this research, offers recommendations for future study, and discusses the implications for social change.

Interpretation of the Findings

The findings add to the current body of knowledge regarding overall retention, specifically with the intent to stay and job satisfaction. One assumption I made was that nursing directors, being nurses first, would be influenced by the same factors that impact staff nurses. The findings showed that was mostly true with respect to empowerment and job satisfaction.

Autonomy

Autonomy, which has been studied in relation to job satisfaction, has been shown to have a positive effect on job satisfaction, commitment to the work, improved work culture and relationships, increased work effectiveness and efficiency, and retention (Lallement, 2015, Gammegaard et al., 2011; Pinnington et al., 1995; Lopes et al., 2014). This research confirmed that autonomy improved job satisfaction, but it did not improve intent to stay. The only relationship between autonomy and intent to stay was in one autonomy subscale: independence. These findings contrasted with previous studies regarding staff nurses in which autonomy was ranked after caring for patients and work environment (Ibrahim et al., 2014). The positive findings for the relationship between autonomy and job satisfaction for nursing directors were seen in two of the three subscales of autonomy (independence and autonomous judgement), but not in the third subscale of control. This may mean that job satisfaction improves when nursing directors

have the freedom to make decisions independent of their senior leadership, and thus lead to quicker actions. Control over the work did not appear to be important to nursing directors. The finding of autonomy having an impact on job satisfaction supports previous findings of Andrews et al. (2009) and George (2015) and improves the likelihood that an individual would stay. In this case, it was the nursing director's perception of independence that influenced their job satisfaction and intentions of staying.

Empowerment

Empowerment, like autonomy, has been studied in several industries and was linked to job satisfaction and positive intentions of staying. Empowerment, when actualized, provided the individual a sense of power, control, independence, confidence, decision-making, and self-governance (Breau et al., 2014; Conger et al., 1988; Farr-Wharton et al., 2012; Kanter, 1998; Singh et al., 2014) that lead to feelings of job satisfaction and wanting to stay with their employer (Wong et al., 2013). The data revealed a positive correlation between a sense of empowerment with positive job satisfaction and the desire to stay. All six subscales of empowerment (opportunity, access to information, support, access to resources, formal power, and informal power) were significant to nursing directors' intentions of staying, with job satisfaction being enhanced.

An interesting finding was that empowerment and autonomy were not closely related, except for the autonomy subscale of independence. The other two subscales were control and autonomous judgment. Autonomous independence was shown to have

significant correlations with the empowerment subscales of opportunity, access to information, support, and formal power. This may be based on the nursing directors role requirements to work closely with their senior leaders (AONE, 2017). It is a close working relationship with senior executives that is necessary for identifying and meeting strategic goals of an organization. Therefore, autonomous judgment and control of the work may not be a priority in feeling empowered or being autonomous.

Findings related to predictability of the variables on the intent to stay were thought provoking. The data suggest that job satisfaction alone is not enough to encourage nursing directors to stay, but job satisfaction combined with a sense of empowerment and autonomy did improve the odds of staying. This is despite autonomy having no significant relationship with intent to stay, but more likely autonomy influences the perception of job satisfaction. These findings support the previous works of Dewettinck et al. (2011) and Ghosh et al. (2013), in that all three concepts (empowerment, autonomy and job satisfaction) were reliant on each other to improve retention.

Kanter's Theory of Empowerment

Kanter's theory of empowerment was based on both the structural and organizational support of an employee that empowered them to be engaged and to have a sense of workplace impact which lead to improved job satisfaction and the desire to stay (Kanter, 1998). Within the notion of empowerment, the need for autonomy (confidence, self-advocacy, self-efficacy, and independence to act) was necessary for the individual to truly feel empowered. Kanter's theory necessitated that the individual needed certain

"tools" to feel empowered, and those tools were opportunity, access to information, leadership support, access to resources and differing levels of power to act (Kanter, 1998; Laschinger et al., 2007).

The data supported Kanter's theory that positive perceptions of empowerment were significantly related to overall job satisfaction and intentions to stay. Autonomous independence was correlated to feelings of empowerment and positive job satisfaction. This study was not able to determine levels of confidence, self-advocacy or self-efficacy, precursors of autonomy in Kanter's theory (Kanter, 1998).

Limitations of the Study

Generalizability and Sample Size

Generalizability to overall leaders was difficult to ascertain because there has been little to no research conducted about leaders' intentions to stay found in current literature, and little demographic information available to make comparisons. The generalizability of the results is limited to the group of nurse administrators in this study. My sample size was 76. This did not meet two (correlation and logistic regression) of my three power analysis calculations. Future studies should attempt to have a larger sample size to have a larger representation of nursing directors. Despite having lower numbers for the sample size, demographics collected from the target population showed a wide spread of leaders throughout the United States, covering 26 of the 50 United States.

Study Design

Instrumentation. Instrumentation was identified as a possible limitation due to the length, reliability, and validity of the tools used for the survey questionnaire. The

overall length of the final questionnaire was 78 items (12 demographic questions and 66 survey items). The average time that it took the participants was nine minutes. The range of time that it took was between 5 to 15 minutes to complete the survey. There were 10 participants that were excluded from the final sample size due to incomplete survey responses, possibly impacting the strength of the data analysis.

Correlational Design. Correlational study method and design was identified as a potential limiting design in that it does not offer any explanation of causality. In my study, the correlational study was ideal for answering questions about the relationship between the study variables but did not offer any insight to any why questions or in depth understanding of cause and effect. This was a limitation as data analysis had generated questions about why one variable had more of an impact than another, or why the variable of autonomy did not have as big of an impact as previous research with front-line nursing staff.

Recommendations

The findings suggest that more research needs to be conducted regarding the nursing directors' intent to stay and to seek a better understanding what empowerment really means to the individual leader. In previous research regarding staff nurses, empowerment was a significant desire to overall job satisfaction (Allen, 1998; Breau et al., 2014; Shermuly et al., 2013). The findings shared here suggest the same for nursing directors. Possibly a shorter quantitative survey or qualitative approach can shed more light on individual impressions and how best to empower nursing directors and improve their intent to stay. Also, this study's sample size was smaller than the priori calculated

target power analysis suggested, which may have skewed some of the data results. A study with a larger sample size is needed.

Some of the findings suggest that there is more to the intention to stay for nursing directors beyond empowerment, autonomy, traditional and nontraditional job satisfiers. Further research on age specific motivation could shed more awareness on retention efforts as some respondents seemed to have an intent to stay regardless of the job satisfaction or their impression of autonomy and empowerment. The older the respondent, the more likely they would stay despite their workplace feelings.

Implications

Positive Social Change

The implications of my research potentially can impact both on the organizational policy making and contributes new knowledge to the nursing profession creating positive social change. The healthcare industry has worked (and continues to work) on ways to retain nursing staff to support the growing challenges of our older populations retiring and requiring healthcare services. Nursing directors and nursing leaders have not been included in these efforts, even though past studies have shown the significance of leadership on quality care, patient safety, and the influence they have on the retention of the bedside nurse (Apostolidis et al., 2006; Gillen, 2014; Jaiswal et al., 2016; Squires et al., 2010).

My findings can pave the way to discovering retention measures that would enhance the intent to stay of critical nursing leadership, which would have a positive social change aspect by keeping nursing leaders. If senior leadership and human

resources can find ways to improve nursing directors' empowerment, there is the potential for enhanced individual job satisfaction leading to their desire to remain in their position or with their organization. According to previous research, improving, stabilizing or maintaining patient safety, patient outcomes, and frontline staff retention can lead to positive social change in all communities.

Theory

Kanter's theory of empowerment was used to frame and test the research questions related to the influence or impact that empowerment and autonomy has on the nursing directors' intent to stay and their job satisfaction. The results of this study support Kanter's theory and have potential for positive social change showing that empowerment is a crucial component to overall job satisfaction and increases the likelihood that the nursing director would stay. Kanter's theory of empowerment also includes the notion of autonomy being important to perceptions of empowerment.

Conclusion

This study was an investigation into whether empowerment and autonomy were important for influencing nursing directors' intent to stay and their job satisfaction. Despite the limiting factors of the length of the survey tool and sample size, this study revealed significant data reflecting the importance of the nursing director's perception of empowerment and autonomy on their intent to stay. The act of having been empowered by supervisors has been shown to have an impact on one's desire to remain in their position and provide meaning to the work they do. The data analysis showed that the perception of being empowered improved desire to stay and enhanced job satisfaction.

The findings of this study have significant implications to senior healthcare leadership in improving the nursing director's power to act in their role to the best benefit of the organization and industry, thereby increasing the chances that they will remain in their position or stay within their organization. Positive nursing leadership has the potential to improve the health of communities.

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Appendix A: Permission to use Kanter's Theory

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

Thank you for your inquiry regarding the use of Professor Kanter's theories around organizational structure and empowerment. You have Prof. Kanter's permission to use her theories (sited appropriately of course). Unfortunately, we do not have any visual representations for your reference.

Best,
Russ

Russ Woron-Simons
Faculty Support Specialist, Rosabeth Moss Kanter
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617-495-6420

Appendix B: Inclusion/ Exclusionary Criteria

For a participant's data to be included in the study, the participant's demographic data will meet the following:

1) Must have been in a position of director of nursing, associate director of nursing, or assistant director of nursing for at least 1 year.
2) Must have reported to a senior nursing director, chief executive officer or chief nursing officer.
3) Must have supervised at least one department no smaller than 15 FTEs.
4) Must have a minimum of a Bachelor of Science in Nursing, or equivalent time (diploma plus experience) with RN licensure.
5) Must have been employed, as a director of nursing, associate director or assistant director, in a facility with a bed size no less than twenty beds.
6) Must have spent less than 50% of position in direct patient care.

Appendix C: Demographic Questions

How long where you in your position of director of nursing, assistant director, or associate director? _____

How many leadership positions have you held in total? _____

What is your current age? ____ 21-30

____ 31-40

____ 41-50

____ 51-60

____ 61 +

What is your gender? ___Female ____ Male

Who do/did you report to in your director position? Director_____ Senior Director____

Chief Nursing Officer___ Other____

What is the bed size of your facility? _____

What is the percentage of time you spent in direct patient care in your director position? _____

What is your professional degree? _____Diploma, _____BS/BSN _____MSN

_____Ph.D/ DNP _____Other

What state do/ did you work as a nursing director? _____

How many FTE's did you supervise in your director position? _____

How long have you been in the nursing profession? _____

Appendix D: CWEQ-II Questionnaire

Please answer each statement to the best of your ability using the Likert scale as you think of each statement as it applies/ applied to you during your director position.

How much of each kind of opportunity do you have in your present job?

1 = None 2 3 = Some 4 5 = A Lot 1. Challenging work 1 2 3 4 5 2. The chance to gain new skills and knowledge on the job 1 2 3 4 5 3. Tasks that use all of your own skills and knowledge 1 2 3 4 5

How much access to information do you have in your present job?

1 = No Knowledge 2 3 = Some Knowledge 4 5 = Know A Lot

The current state of the hospital 1 2 3 4 5 2. The values of top management 1 2 3 4 5 3. The goals of top management 1 2 3 4 5

How much access to support do you have in your present job?

1 = None 2 3 = Some 4 5 = A Lot

Specific information about things you do well 1 2 3 4 5 2. Specific comments about things you could improve 1 2 3 4 5 3. Helpful hints or problem-solving advice 1 2 3 4 5

How much access to resources do you have in your present job?

1 = None 2 3 = Some 4 5 = A Lot

Time available to do necessary paperwork 1 2 3 4 5 2. Time available to accomplish job requirements 1 2 3 4 5 3.

Acquiring temporary help when needed 1 2 3 4 5

In my work setting/job: (JAS)

1 = None 2 3 = Some 4 5 = A Lot

The rewards for innovation on the job are 1 2 3 4 5 2.

The amount of flexibility in my job is 1 2 3 4 5 3.

The amount of visibility of my work-related activities within the institution is 1 2 3 4 5

How much opportunity do you have for these activities in your present job: (ORS)

1 = None 2 3 = Some 4 5 = A Lot

Collaborating on patient care with physicians 1 2 3 4 5 2.

Being sought out by peers for help with problems 1 2 3 4 5 3.

Being sought out by managers for help with problems 1 2 3 4 5 4.

Seeking out ideas from professionals other than physicians, e.g., physiotherapists, occupational therapists, dieticians 1 2 3 4 5

GLOBAL EMPOWERMENT How much of each kind of opportunity do you have in your present job?

1 = Strongly Disagree 2 3 4 5 = Strongly Agree

Overall, my current work environment empowers me to accomplish my work in an effective manner 1 2 3 4 5 2.

Overall, I consider my workplace to be an empowering environment 1 2 3 4 5

Appendix E: Details and Permissions to use CWEQ-II

Conditions of Work Effectiveness Questionnaire-II Version Attached: Full Test

PsycTESTS Citation:

Laschinger, H. K. S., Finegan, J. E., Wilk, P., & Shamian, J. (2000). Conditions of Work Effectiveness Questionnaire-II [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t31393-000

Instrument Type: Inventory/Questionnaire

Test Format: Each of the 6 3-item uses a 5-point response ranging from 1 = None to 5 = A Lot. the 2-item validation measure of global empowerment uses a 5-point range from 1 = Strongly Disagree to 5 = Strongly Agree. An overall empowerment score can be calculated by summing the first four or all six subscales.

Source: Supplied by author.

Original Publication:

Laschinger, Heather K. Spence, Finegan, Joan, Shamian, Judith, & Wilk, Piotr. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: Expanding Kanter's model. The Journal of Nursing Administration, Vol 31(5), 260-272. doi: 10.1097/00005110-200105000-00006

Permissions:

Appendix F: Attitude Toward Professional Autonomy

Scale for Nurses Questionnaire (ATPASN)

Attitude Toward Professional Autonomy Scale for Nurses

Factor 1, Job-related independence
Item 23 (I think that practicing independently in the community is desirable for nurses)
Item 22 (I think that becoming a director of a healthcare facility is desirable for nurses)
Item 24 (I think that it is desirable for nurses to independently manage clinics for primary care nursing)
Item 20 (I think that it is desirable for nurses to be allowed to have their own practice)
Item 21 (I think that practicing nursing without a medical doctors' supervision is desirable)

Factor 2, Autonomous clinical judgment
Item 7 (I desire to practice nursing according to my own judgment)
Item 8 (I desire to decide how to care for patients according to my own judgment as a nurse)
Item 13 (I desire to decide how to arrange my duties independently while also considering the patient's condition)
Item 4 (I think that it is desirable for nurses to make their own judgments without depending on a doctor)
Item 12 (I think that it is desirable for nurses to arrange their duties by themselves)
Item 5 (I think that it is desirable for nurses to judge which professional should care for patients)
Item 2 (I desire to voice my opinion to medical doctors when I have a different opinion from them)

Factor 3, Control over work conditions
Item 16 (I think that deciding by myself when I will take night duty is desirable)
Item 15 (I think that deciding by myself when I will take a day off is desirable)
Item 9 (I think that deciding my work shift by myself is desirable)
Item 17 (I think that working in my preferred duty zone is desirable)
Item 10 (I think that it is desirable for nurses to select their own work clothing)
Item 11 (I think that it is desirable for nurses to wear any hair style they like during work as long as it does not interfere with their duties)

Note. Responses were rated on a five-point Likert-type scale, ranging from 1 (Strongly disagree) to 5 (Strongly agree).

Appendix G: Details and Permissions for Use of ATPASN

Attitude Toward Professional Autonomy Scale for Nurses Version Attached: Full Test

PsycTESTS Citation:
Asakura, K., Satoh, M., & Watanabe, I. (2016). Attitude Toward Professional Autonomy Scale for Nurses [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t59843-000

Instrument Type:
Inventory/Questionnaire

Test Format:
The Attitude Toward Professional Autonomy Scale for Nurses contains 18 items rated on a five-point Likert-type scale, ranging from 1 (Strongly disagree) to 5 (Strongly agree).

Source:

Asakura, Kyoko, Satoh, Miho, & Watanabe, Ikue. (2016). The development of the attitude toward Professional Autonomy Scale for Nurses in Japan. Psychological Reports, Vol 119(3), 761-782. doi: 10.1177/0033294116665178, © 2016 by SAGE Publications. Reproduced by Permission of SAGE Publications.

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PsycTESTS™ is a database of the American Psychological Association

Appendix H: Intent to Stay Scale

Items

Please place an X in the brackets by the answer that best describes your feelings about your current work situation. Note. All questions had the following possible responses: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree.

1. I expect to be working for my current employer one year from now.
2. I would change jobs if I could find another position that pays as well as my current one.
3. I am actively looking for another job.
4. I would like to work for my current employer until I retire.
5. I would prefer to be working at another organization.
6. I can't see myself working for any other organization.
7. I would feel very happy about working for another employer

Appendix I: Details and Permissions for Use of the Intentions to Stay Scale

Intentions to Stay Scale Version Attached: Full Test

PsycTESTS Citation:
Mayfield, J., & Mayfield, M. (2007). Intentions to Stay Scale [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t63366-000

Instrument Type:
Inventory/Questionnaire

Test Format:
This instrument consists of seven items, each rated for agreement on a five-point scale with the following response options: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree.

Source:
Mayfield, Jacqueline, & Mayfield, Milton. (2007). The effects of leader communication on a worker's intent to stay: An investigation using structural equation modeling. Human Performance, Vol 20(2), 85-102. doi: 10.1080/08959280701332018, © 2007 by Taylor & Francis. Reproduced by Permission of Taylor & Francis.

Permissions:
Dear Tiffany,

We are happy that you want to use our scale. We released the scale under a creative common share-alike by attribution license, so you are free to use it. You can find the license details herehttps://creativecommons.org/licenses/by-sa/4.0/legalcode. The only major requirements the license has is that you give us attribution when you reproduce the scale, you state the license we released the scale under, you reproduce the license text or give a link to the license, and if you make any changes to the scale you also release your changes under the same license. (You do not have to put the attribution or license information on your survey - we will be happy if you do so in your dissertation and publications.)

We hope this information answers your questions, but please let us know if you have more. We are happy to help you out however we can. Also, please let us know how your research progresses.

We wish you the best with your dissertation. It sounds interesting.

Sincerely,
Milton & Jackie Mayfield

Appendix J: Minnesota Satisfaction Questionnaire

Modified Short Form Survey (MSQ)

Items: Scored using a 5-point Likert scale from 1 (not satisfied) to 5 (extremely satisfied)

1. Being able to keep busy all the time
2. The chance to work alone on the job
3. The chance to do different things
4. The chance to be "somebody"
5. Supervisors handle employees well
6. Supervisors competent at making decisions
7. Being able to do things not against my conscience
8. The job provides steady employment
9. The chance to tell people what to do
10. The chance to do things for other people
11. The chance to make use of my abilities
12. Good company policies
13. Fair pay
14. Good chance for advancement
15. Freedom to use my own judgment
16. The chance to use my own methods
17. Good working conditions
18. Co-workers get along with each other
19. Praise for doing a good job
20. The feeling of accomplishment from the job

Appendix K: Details and Permissions for use for MSQ

PsycTESTS Citation:
Wanous, J. P. (1973). Minnesota Satisfaction Questionnaire—Modified Short Form [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t02360-000

Instrument Type:
Inventory/Questionnaire

Test Format:
The modified MSQ is rated 5-point Likert-type scale with anchors ranging from 1 (not satisfied) to 5 (extremely satisfied). Instructions to respondents were modified as follows: To measure psychological needs for work, subjects were asked to think in terms of "preferences" for each item. To measure initial job expectations, subjects were asked to think in terms of "realistic expectations when I become an operator.".

Source:
Wanous, John P. (1973). Effects of a realistic job preview on job acceptance, job attitudes, and job survival. Journal of Applied Psychology, Vol 58(3), 327-332. doi: 10.1037/h0036305

Permissions: