Exploring the Impact of Structural Empowerment in Long-Term Care

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Abstract

Nurses employed in long-term care settings have the highest rate to leave their positions within a year compared to other healthcare workers. Ensuring workforce stability in long-term care is a growing challenge for healthcare leaders and researchers. The purpose of this doctoral project was to explore the role of empowerment and the impact it has on the retention of long-term care nursing staff. The study was a cross-sectional design with a descriptive approach evaluating the correlation between work empowerment and job satisfaction. Non-randomized, convenience sampling was used. Nurses who met the inclusion criteria received a structured questionnaire which contained the Psychological Empowerment Instrument, the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II), and the Job Descriptive Index (JDI). Thirty nurses met inclusion criteria and agreed to participate. However only 25 nurses completed and returned their questionnaires. Results of this project reveal that structural empowerment plays a mediating effect in relation to psychological empowerment and job satisfaction. Empowered nurses are more productive, experience less burnout and turnover, and commit fewer errors. The cost associated with a single nursing turnover event ranges between $10,098 and $88,000. Safety is compromised when operating budgets are consumed with nurse vacancy costs. Highlighting areas of strength and weakness within the facility gives administration critical knowledge on ways to create a sustainable and thriving work culture.

Keywords: Long-term care, burnout, turnover, empowerment, staffing, nursing retention, recruitment, work culture, structural empowerment, psychological empowerment, and job satisfaction

Ensuring the Delivery of Long-Term Care: The Implementation of Structural Empowerment

Long-term care (LTC) residents have multiple comorbidities and require complex medical care (McGilton, Tourangeau, Kavcic, & Wodchis, 2013). The depth of attention which LTC residents need can create a challenging work environment for the nursing staff. Nursing staff employed in LTC settings have the highest rate of leaving their positions within a year compared to other healthcare workers (Neff, Cimiotti, Heusinger, & Aiken, 2011; Woodhead, Northrop, & Edelstein, 2016). The purpose of this doctoral project was to explore the role of empowerment and the impact it has on the retention of long-term care nursing staff. Details regarding this EBP are found throughout the following paragraphs including significance, problem and purpose, facilitators and barriers, review of evidence, theoretical framework, methods, results, discussion, and interpretation.

Significance

A growing staff shortage in LTC places a heavy burden on existing nursing staff and prohibits the delivery of quality of care. Increased staff turnover and vacancy rates directly contribute to adverse outcomes and rehospitalization rates of LTC residents (Tummers, Groeneveld, & Lankhaar, 2013). Additionally, employee vacancy and turnover are costly to care facilities, and directly increase the workload and stress levels among remaining staff (Bamonti et al., 2017). Employee burnout and occupational stress not only pose a threat to the mental and physical health of the affected nurse, but the entire nursing staff and the patients seeking care (Woodhead et al., 2016). Though staff turnover and vacancy rates vary by state, the overall yearly nursing turnover rate in LTC nationally exceeds 50% (American Health Care Association, 2014).

Economics, Policy, and Health System

Approximately one-fourth of all newly admitted LTC residents will be rehospitalized within the first 30 days (Thomas, 2012). However, 28-40% of LTC rehospitalizations within the first 30 days could be avoided if adequate nursing staffing was ensured (Mor, Intrator, Feng, & Grabowski, 2010). Over 275 billion dollars are spent annually throughout the United States on LTC with Medicaid and Medicare spending close to 70% of the total amount (American Health Care Association, 2017). Healthcare services are interrupted, and additional costs occur when the LTC facility fails to invest and ensure adequate staffing. Insufficient staffing contributes to poor patient outcomes, medical errors, and increased death rates (McGilton et al., 2013).

Local Issue

Ensuring workforce stability is challenging for healthcare leaders and researchers. The high cost associated with nurse turnover and recruitment reinforces the importance of employment stability. The median turnover rate for registered nurses (RNs) in LTC is higher than 50% when compared to 17.2% in the acute care setting (Cadmus, Salmond, Hassler, Black, & Bohnarczyk, 2016; INC, 2016). About 90,581 RNs in Virginia held an active nursing license during the 2016 Registered Nurse Workforce Survey. Of these 90,581 RNs, 2,461 or 4% identified as working in LTC facilities. Additionally, 1,398 or 2% recognized LTC as their specialty or certification relevant to the delivery of long-term care (VDHP, 2016). Whereas 38% or 26,269 RNs were employed in an inpatient hospital setting (VDHP, 2016). With an ever-growing trend to reduce hospitalizations and increase the delivery care in nonacute settings, LTC administrators in Virginia must create ways to recruit and retrain RNs to increase employment in LTC.

Diversity Considerations

Located in Virginia, this 158-bed LTC has provided nursing care to families with aging

loved ones for over 40 years. With easy access to major roadways, this facility is an ideal

employer for a large area of Virginia. Problems related to burnout and turnover are not limited

to RNs employed in LTC. Turnover rates for licensed practical nurses (LPNs) and certified

nursing assistants (CNAs) employed in LTC fall into a broad range of 36%-90% (American

Health Care Association, 2014). Though the generalizability of this project may be limited to this

facility, the proposed project will address barriers and benefits to nurses employed in LTC.

Problem & Purpose

Problem Statement

Nurses employed in LTC settings have the highest rate of leaving their positions within a

year compared to other healthcare workers, and a lack of support and job resources contribute to

burnout and the intent to leave their current place of employment. In contrast, nurses who report

increased job resources and support experience fewer feelings of burnout and increased job

satisfaction (Neff, Cimiotti, Heusinger, & Aiken, 2011; Prapanjaroensin, Patrician, & Vance,

2017; Woodhead, Northrop, & Edelstein, 2016).

Intended Improvement with Purpose

Despite significant evidence that supports structural empowerment as an effective

measure for reducing burnout and turnover in acute care, limited research has been conducted to

date examining the effect of structural empowerment in LTC. This Virginia LTC provided an

ideal location to explore the impact of empowerment in the workplace. Total nursing turnover

for this facility was 28% in 2018, which is significantly lower than the national average. The

purpose of this doctoral project was to explore the role of empowerment and the impact it has on

the retention of LTC nursing staff.

Facilitators & Barriers

Locally, the demand for LTC continues to grow. A nursing leader in Virginia, familiar with the evidence, encouraged the further review of the relationship between empowerment and LTC nursing staff. The student investigator is a faculty member at a large school of nursing located within Virginia. Equipped with an in-depth understanding of the needs of new graduate nurses the student investigator was well positioned to advocate for the success of this project. Though turnover events are lower when compared to the national average at the surveyed LTC, the administration welcomed this evidence-based project to build upon current facility conducted employment satisfaction data as the cost associated with nursing recruitment, retention, and turnover directly affects the healthcare facility.

Barriers included limited time at the facility as the student investigator is not employed there. Learning the culture of an organization from afar proved to be challenging. Educational backgrounds and needs of the nursing staff were considered; however minimal issues arose during project implementation.

Economic Component

Nursing turnover has a significant impact on the financial performance of the healthcare organization. The individual turnover cost associated with the loss of a single certified employee which includes RNs, LPNs, and CNAs ranges between $10,098 and $88,000 (Y. Li & Jones, 2013). Furthermore, the total annual turnover cost for the facility ranged between half a million dollars to 8.5 million dollars (Y. Li & Jones, 2013). Quality and safety are compromised when operating budgets are consumed with nurse vacancy, recruitment, hiring, training, new-hire productivity, and termination costs (Hayes et al., 2011; Y. Li & Jones, 2013).

Potential and Sustainability

The success of this project falls significantly on the willingness of the facility to share power and opportunity with their nursing staff. Though empowerment is an effective method for increasing job satisfaction (Bawafaa, Wong, & Laschinger, 2015; Caspar & O'Rourke, 2008; Larkin, Cierpial, Stack, Morrison, & Griffith, 2008; Orgambidez-Ramos, Borrego-Ales, Vazquez-Aguado, & March-Amegual, 2017; Young-Ritchie, Spence Laschinger, & Wong, 2009), ensuring access to resources, support, information, growth, and development comes at a cost to the facility. To provide project sustainability and success recommendations for the workplace environment will be cost-effective changes that promote self-determination and autonomy for the nursing staff. Supportive and positive work environments positively influence feelings of empowerment (Bawafaa et al., 2015; Caspar & O'Rourke, 2008; Larkin et al., 2008; Orgambidez-Ramos et al., 2017; Young-Ritchie et al., 2009).

Review of Evidence

The inquiry question for this doctoral nursing project is: For nurses who are currently employed in long-term care, does empowerment favorably increase job satisfaction and impact the likelihood that the nurse will remain in their current practice setting at a 158-bed facility in 6 months?

Search Strategies

The Cumulative Index to Nursing and Allied Health Literature (CINHAL), Ovid Medline, PubMed, and the Cochrane database were utilized to perform a literature search through the online health science library at the University of Missouri-Kansas City (UMKC). Keywords included burnout, turnover, long-term care staffing, nursing shortage, nurse recruitment, and retention strategies, structural empowerment, and nursing leadership. Inclusion criteria included peer-reviewed qualitative and quantitative studies written in English and

published in the last ten years unless relevant to the synthesis of evidence. Additionally, the

articles identified were screened for further items of reference. Exclusion criteria included

unpublished manuscripts, reports of expert opinion, and studies that did not explicitly relate to

the four themes found in the synthesis of evidence.

From this search, 293 unique articles were identified. The titles and summaries were

reviewed, with 39 classified as relevant to the purpose of this doctoral project. Furthermore, a

Rapid Critical Appraisals (Melnyk & Fineout-Overholt, 2015) was performed on each selected

article to ensure validity. The quality level of each study included in this is synthesis according

to Melnyk & Fineout-Overholt (2015) follows: 3 Level I, 24 Level IV, 4 Level V, and 8 Level

VI studies; additionally, 20 of the cited studies serve as the foundational evidence for this project

(Appendix A).

Evidence Sub-Topics

Ensuring workforce stability is challenging for healthcare leaders and researchers. The

high cost associated with nurse turnover and recruitment reinforces the importance of

employment stability. The median turnover rate for RNs in LTC is higher than 50% when

compared to 17.2% in the acute care setting (Cadmus, Salmond, Hassler, Black, & Bohnarczyk,

2016; INC, 2016). Facilities with limited staff turnover present an ideal work environment for

potential new employees (Abou Hashish, 2017; Chu, Wodchis, & McGilton, 2014; Hayes et al.,

2011). Investing in recruiting and intention-to-stay strategies will increase retention rates (Chu

et al., 2014; Orgambidez-Ramos et al., 2017; Yu-Ying, Jui-Chen, Shu-Yuan, & Shu-Fang, 2014).

The following synthesis of evidence will explore contributing factors to burnout, ramifications of

turnover, improving staff satisfaction and retention, and the use of structural empowerment as an

effective measure to reduce burnout and turnover among nursing staff.

Contributing Factors to Burnout

The conceptual definition of burnout describes a nurse's reaction to chronic stress in the work environment. Additionally, the operational concept of burnout is defined and characterized by emotional exhaustion, perceptions of cynicism and disconnection, a sense of inadequacy or recognition, and a lack of achievement (Maslach & Schaufeli, 1993; Westermann, Kozak, Harling, & Nienhaus, 2014). Nurses in LTC face unique occupational stressors that are not experienced by those employed in an acute care environment (McGilton et al., 2013; Woodhead et al., 2016).

Workload and stress directly contribute to burnout (Vander Elst et al., 2016; Woodhead et al., 2016). Low job control, coupled with lack of support and resources set the stage for turnover intention (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Vander Elst et al., 2016; Wendsche, Hacker, Wegge, & Rudolf, 2016). In a multi-state survey exploring contributing factors to burnout among nurses, LTC nurses consistently reported greater job dissatisfaction and burnout when compared to nurses in other practice settings (McHugh et al., 2011). A lack of healthcare, retirement, and tuition benefits coupled with reported low wages and a lack of advancement are common causes of dissatisfaction significantly higher in LTC nurses (McHugh et al., 2011; Tummers et al., 2013; Vander Elst et al., 2016). Furthermore, LTC nurses who participated in McHugh et al. (2011) survey reported that individual workload caused the nurse to miss a critical change in patient status. High levels of burnout compromise patient care and are associated with lower patient satisfaction (Chu et al., 2014; Hayes et al., 2011; McHugh et al., 2011).

Involuntary overtime and increased work demand due to inadequate staffing negatively affect the nurse's mental health (McGilton et al., 2013; Tummers et al., 2013; Yu-Ying et al.,

2014). Personal and work-related fatigue directly contributes to occupational burnout (Abou

Hashish, 2017; Bamonti et al., 2017; Yu-Ying et al., 2014). Failure to provide job readiness

skills and support is associated with a turnover intention (Flinkman & Salanterä, 2015; Hayward,

Bungay, Wolff, & MacDonald, 2016; O'Brien-Pallas, Tomblin, Shamian, & Hayes, 2010).

Increased occupational stress decreases personal commitment to the employer and increases job

dissatisfaction in the employee. Nurses who lack access to opportunity, formal and informal

power, information, support, and resources will continuously experience emotional exhaustion

and burnout (Kanter, 1977; I.-C. Li, Kuo, Huang, Lo, & Wang, 2013; Wang, Kunaviktikul, &

Wichaikhum, 2013; Yu-Ying et al., 2014).

Ramifications of Turnover

Turnover is a multifaceted problem which affects every aspect of LTC (Chu et al., 2014;

McGilton, Boscart, Brown, & Bowers, 2014). Turnover can be external, referring to the number

of individuals who leave the organization, or internal which involves a job change within the

current place of employment (McGilton et al., 2014; Westermann et al., 2014). The conceptual

definition of turnover can be described as a fluctuating variable that directly impacts the

healthcare system (Blau & Boal, 1987; O'Brien-Pallas et al., 2010). Like burnout, turnover is a

complex action based on psychological, cognitive, and behavioral elements (Chu et al., 2014;

Hayes et al., 2011; McGilton et al., 2014; Westermann et al., 2014).

Increased job demands, coupled with minimal coping resources contribute negatively to

the psychological health of the nurse (Fengsong, Newcombe, Tilse, Wilson, & Tuckett, 2014;

Wendsche et al., 2016). Insufficient coping resources are directly correlated to a turnover event

(Fengsong et al., 2014; Hayes et al., 2011; Woodhead et al., 2016). When an LTC facility fails

to provide the necessary coping resources, the facility is actively contributing to a turnover event among staff (Fengsong et al., 2014; Hayes et al., 2011; Tummers et al., 2013).

Turnover negatively affects organizational performance (Chu et al., 2014; Hayward et al., 2016; O'Brien-Pallas et al., 2010). When a nurse leaves their organization, not only does a personal loss occur but the nursing unit experiences a specific skill set loss. Additionally, turnover contributes to a growing nursing shortage in LTC. Nationally, there were 9,800 RN LTC jobs vacant in 2012. This was a 21% increase from 2010, and the deficit of nursing staff in LTC is only projected to worsen (American Health Care Association, 2014). The need for RNs in LTC will further grow as the baby boomer generation continues to age. In 2015, approximately 1.5 million Americans required the care of a residential LTC home. By 2020 it is estimated that over three million individuals will need 24-hour LTC services in 2020 (American Health Care Association, 2017). Unfortunately, LTC will likely face extreme nursing shortages as geriatric care is a less desired area of practice (McGilton et al., 2013; Tummers et al., 2013).

From an administrative standpoint, nurse turnover has a significant impact on the financial performance of the healthcare organization. The individual turnover cost associated with the loss of a single certified employee which includes RNs, licensed practical nurses (LPNs), and certified nursing assistants (CNAs), is between $10,098 and $88,000 (Y. Li & Jones, 2013). Furthermore, the total annual turnover cost for the facility ranged between half a million dollars to 8.5 million dollars (Y. Li & Jones, 2013). Quality and safety are compromised when operating budgets are consumed with nurse vacancy, recruitment, hiring, training, new-hire productivity, and termination costs (Hayes et al., 2011; Y. Li & Jones, 2013).

Improving Staff Satisfaction and Retention

Job satisfaction is closely related to nursing turnover intent. Autonomous nursing practice is linked with increased job satisfaction (Inoue, Karima, & Harada, 2017; Laschinger, Almost, & Tuer-Hodes, 2003). Dissatisfaction in the work environment is the most significant variable associated with turnover, outweighing other predictive measurements such as age, shift, or career advancement (Inoue et al., 2017; Yarbrough, Martin, Alfred, & McNeill, 2017). Furthermore, Hunt et al. (2012) in exploring registered nurse retention strategies found that nurses employed in the LTC setting find satisfaction with work but are dissatisfied with their work environment. Theoretically, if the work environment is engaging and the organizational structure sound, RNs will remain in their current practice setting (Hunt et al., 2012; Larkin et al., 2008; Yarbrough et al., 2017).

Both business and nursing literature recognizes the importance of the organizational culture and the psychosocial work environment (Abou Hashish, 2017; Islam, Khan, & Bukhari, 2016). Hayward et al. (2016) found that professional collaboration and quality leadership directly contributed to the retention of the nursing staff. LTC facilities that foster supportive environments are less likely to experience employee burnout and turnover (Abou Hashish, 2017; Hayward et al., 2016). Furthermore, organizations that promote schedule flexibility are considered desired employers (Leineweber et al., 2016; Yarbrough et al., 2017).

To retain qualified personnel, administrators should create working environments that purposely reduce burnout, increase job satisfaction, and encourage nurses to develop meaningful relationships with the residents (Chen & Johantgen, 2010; Hunt et al., 2012; McGilton et al., 2013). Minimizing workplace stressors improves job satisfaction and increases retention (McGilton et al., 2013; Yarbrough et al., 2017). As management practices influence intent to stay in LTC, facilities should focus on creating opportunities for self-scheduling, increasing

benefit opportunities, developing care delivery models that enhance patient relationships, and review existing staff responsibilities and reduce job demands linked to burnout (Leineweber et al., 2016; McGilton et al., 2013; Yarbrough et al., 2017).

The Incorporation of Structural Empowerment

Rosabeth Kanter's theory of structural empowerment (1977) provides a framework to improve organizational effectiveness. Focusing on the organization instead of individual performance, Kanter believes that a leader's power will grow through empowering others (Kanter, 1977). Through the sharing of power, leaders will increase organizational performance (Bawafaa et al., 2015; Caspar & O'Rourke, 2008; Laschinger et al., 2003). This exchange of power increases a nurses' commitment to their organization (Bawafaa et al., 2015; Caspar & O'Rourke, 2008; I.-C. Li et al., 2013). Nurse managers who implement the principles of empowerment into daily practice, cultivate increased job satisfaction and performance from their staff (Bawafaa et al., 2015; Caspar & O'Rourke, 2008; Lucas, Spence Laschinger, & Wong, 2008; Young-Ritchie et al., 2009). Furthermore, emotionally intelligent leadership was directly related to 203 staff nurses' structural empowerment (Bawafaa et al., 2015; Lucas et al., 2008). Emotionally intelligent nurse leaders increase empowering behaviors among their team by incorporating staff nurses in the decision-making process, ensuring constructive feedback, increasing nurse autonomy, and valuing goal accomplishment (Bawafaa et al., 2015; Lucas et al., 2008; Young-Ritchie et al., 2009).

The six organizational powers that Kanter identifies include an opportunity for advancement, access to information, access to support, access to resources, formal power, and informal power (Kanter, 1977). The six powers create the foundation for structural and psychological empowerment. When employees are ensured the six conditions, team members

report higher job satisfaction and decreased burnout and turnover (Bawafaa et al., 2015; Caspar

& O'Rourke, 2008; Larkin et al., 2008; Orgambidez-Ramos et al., 2017; Young-Ritchie et al.,

2009). Access to opportunity and support in the clinical setting reduced nursing burnout.

Furthermore, when employees report feelings of empowerment, they can accomplish more with

fewer errors (Clavelle, Porter O'Grady, Weston, & Verran, 2016; DiNapoli, O''Flaherty, Musil,

Clavelle, & Fitzpatrick, 2016; Larkin et al., 2008; I.-C. Li, Chen, & Kuo, 2008).

Healthcare facilities which apply Kanter's structural empowerment theory in the clinical

setting find that areas that practice empowerment have higher quality outcomes when compared

to non-empowering health care settings (Goedhart, Oostveen, & Vermeulen, 2017; Jiajia et al.,

2016). Additionally, the implementation of structural empowerment in hospitals reduced

burnout and job stress (Jiajia et al., 2016; Laschinger et al., 2003). The implementation of

structural empowerment sets the stage for healthcare facilities to adopt professional governance

structures giving voice to employees who once were voiceless in the decision-making process

(Larkin et al., 2008; Laschinger et al., 2003; I.-C. Li et al., 2013).

Theory

Kanter's theory of structural empowerment (Appendix B) positively influences employee

and organizational morale and success (Larkin et al., 2008; Laschinger et al., 2003; I.-C. Li et al.,

2013). The implementation of Kanter's concepts in a healthcare facility reduces employee stress,

encourages active participation and teamwork, and ensures support and autonomy (Goedhart et al.,

2017; Jiajia et al., 2016; Orgambidez-Ramos et al., 2017). The provision of support regarding

structural empowerment increases feelings of competence and self-efficacy for nursing team

members. By ensuring support, nurses are able to gather new information, refine and gain new

skills, and acquire feedback on personal performance (Caspar & O'Rourke, 2008; Jiajia et al., 2016; Orgambidez-Ramos et al., 2017; Wang et al., 2013).

Concepts

The six organizational powers Kanter identifies: opportunity for advancement, access to information, access to support, access to resources, formal power, and informal power create the foundation for structural and psychological empowerment (Kanter, 1977). Applying Kanter's theory to this EBP project allows for the exploration of the effect of the structural empowerment in the workplace. When employees are ensured the six conditions, team members report higher job satisfaction and decreased burnout and turnover (Bawafaa et al., 2015; Caspar & O'Rourke, 2008; Larkin et al., 2008; Orgambidez-Ramos et al., 2017; Young-Ritchie et al., 2009). Measuring the variables of empowerment and job satisfaction allows for their influence to be examined. The theory of structural empowerment will guide data collection to ensure data is collected empirically and correlate with the concepts (Appendix C).

Application of Theory

The theory of structural empowerment is a middle-range theory which has been tested empirically throughout numerous studies in both the business and healthcare setting. The implementation of structural empowerment is an effective method to increase job satisfaction in the clinical setting (Caspar & O'Rourke, 2008; I.-C. Li et al., 2008; I.-C. Li et al., 2013; Wang et al., 2013). Nurses who experience increased job satisfaction are better equipped to deliver higher quality care. Structural empowerment increases the opportunity for LTC nurses to provide individualized care (Caspar & O'Rourke, 2008; Goedhart et al., 2017; I.-C. Li et al., 2008; I.-C. Li et al., 2013; Wang et al., 2013). Care opportunities are enhanced when LTC nurses have access to empowerment structures (Caspar & O'Rourke, 2008; I.-C. Li et al., 2008;

I.-C. Li et al., 2013; Orgambidez-Ramos et al., 2017; Wang et al., 2013). Access to resources allows staff to complete their work more purposefully. Furthermore, access to resources actively reduces work stressors for LTC nurses (Caspar & O'Rourke, 2008; I.-C. Li et al., 2008; I.-C. Li et al., 2013).

Methods

IRB and Site Approval

This EBP was classified as evidence-based quality improvement (EBQI) as it drew upon existing evidence to the delivery of care in the LTC setting. The student investigator undertook an extensive literature review and synthesis of evidence before moving forward with this EBP project. The goal of this EBP was to examine the effect that structural empowerment has on job satisfaction for nursing staff employed in LTC. Although this EBP project was administrative, project approval was sought from the University of Missouri Institutional Review Board (IRB) where it was classified as non-human research. A contract between the Virginia LTC and the University of Missouri-Kansas City was created, and site approval was obtained from the director of nursing and the facility administrator. The IRB approval letter can be found in (Appendix D).

Ethical Issues

Ethics ensures the foundation for excellent research practices (Doody & Noonan, 2016). A dilemma which occurred during the planning phase with the site was time availability to survey the nursing staff. Though ideally, the student investigator would have preferred to have had the opportunity for two rounds of surveys over an extended period to provide a more comprehensive view, taking nursing staff away from patient responsibilities creates a liability.

Therefore, the structure of the EBP project was designed with the LTC site in mind and to ensure minimal risk of harm to both the nurse and the patient.

Privacy, protection, and confidentiality.

The University of Missouri- Kansas City IRB approved this EBP as non-human research as well as the use of the three survey tools. The Health Insurance Portability and Accountability Act (HIPPA) was maintained throughout this doctoral nursing project. Confidentiality and privacy were maintained throughout the retrospective review of the site's employee satisfaction surveys and turnover history. Participant surveys were anonymous with no identifying factors included on any of the three surveys.

Student investigators conflict of interest.

The student investigator denies any conflict of interest in the creation, implementation, or evaluation of this doctoral project. Though this project was noninvasive, the student investigator still considered, planned, and anticipated any potential or actual risks. Confidentiality, privacy, and protection were essential both to the nurses who participated in this study and the student investigator.

Funding

Funding was not sought for this doctoral project. The student investigator anticipated a low overhead for this EBP. The majority of the budget was consumed with printing costs (Appendix E).

Setting & Participants

This DNP project took place at a 158-bed LTC located in Virginia. The nursing team is comprised of RNs both Bachelor of Science (BSN) and Associate of Science (ASN), LPNs, and

CNAs. It is suspected that more RNs participated in this project as the facility had a separate in-service previously scheduled for RNs the day of survey distribution.

Inclusion criteria included being over the age of 18 and holding a professional certification of either RN, LPN, or CNA currently employed at the LTC site. Additionally, the participating nurse had to be off orientation and functioning in their role independently. Furthermore, the participating nurse had to be working directly with patients in a non-administrative position.

Exclusion criteria included being under the age of 18, administrators, temporary or contract staff, non-certified nursing roles such as care partners or nurse externs, or nurses who had already submitted their resignation. Additionally, nursing staff members who were currently on orientation were omitted from the study.

Sampling Method

A non-randomized, convenience sampling was used. Thirty nursing staff members agreed to participate in the three surveys with 25 nurses returning their completed surveys. Burnout, turnover, job satisfaction, and empowerment were compared to the current literature. Employee job satisfaction was compared to the LTC facilities annual employee satisfaction surveys which took place before this EBP.

EBP Intervention

This evidence-based quality improvement intervention was to examine if empowerment in the workplace affected employee job satisfaction in LTC. The student investigator explained the purpose of this intervention to the LTC facility administration, nursing managers, and to the nursing participants. The explanation served the purpose of gaining informed consent to participate in the three surveys examining empowerment and job satisfaction. Nursing staff

participants were told that they could withdraw from survey participation at any time, and that

withdrawal would not affect their role in their place of employment. Nursing staff participants

who agreed to be surveyed and who met inclusion criteria completed structured questionnaires

which included the Psychological Empowerment Instrument, the Conditions of Work

Effectiveness Questionnaire-II (CWEQ)-II, and the Job Descriptive Index (JDI). After the

participant completed their questionnaires, the participant placed their surveys into a sealed

envelope that was provided by the student investigator. Participants then put sealed envelopes

into one of three large manila folders that were previously set at each of the three nursing

stations found within the LTC facility. Questionnaires were answered anonymously with no

identifying factors. The student investigator collected all three manila folders which contained

the completed questionnaires. Dessert was brought to each of the three nursing stations and

placed in the employee breakrooms for all members of the nursing staff regardless of survey

participation status. Retrospective employment data review took place in January through March

of 2019 with survey collection taking place in February 2019. The logic model (Appendix F), the

time flow (Appendix G), and the intervention flow (Appendix H) further delineate intervention

process and time-frame.

Change Process & EBP Model

Rosabeth Kanter's Theory of Structural Empowerment was employed as the process for

change this DNP project. Through the sharing of power, leaders will increase organizational

performance (Bawafaa et al., 2015; Caspar & O'Rourke, 2008; Laschinger et al., 2003). This

exchange of power increases a nurses' commitment to their organization (Bawafaa et al., 2015;

Caspar & O'Rourke, 2008; I.-C. Li et al., 2013). The implementation of structural empowerment

is an effective method to increase job satisfaction in the LTC setting (Caspar & O'Rourke, 2008;

I.-C. Li et al., 2008; I.-C. Li et al., 2013; Wang et al., 2013).

The EBP model chosen to advance this DNP project was the Promoting Action on

Research Implementation in Health Services (PARiHS). PARiHS considers the context and the

necessary structure required to make a meaningful change (Kitson, Harvey, & McCormack,

1998). This EBP model complements Kanter's Theory of Structural Empowerment as PARiHS

emphasizes the needs of the organization to determine the appropriate intervention.

Additionally, implementing research into clinical practice must be based on an organizational

issue rather than an individual concern (Kitson et al., 1998). Finally, like structural

empowerment, successful implementation of evidence will occur when there is the appropriate

facilitation of change (administration), and the context is receptive to change (clinical nursing

staff).

Study Design

The study implemented a cross-sectional design with a descriptive correlational approach

to evaluate the correlation between work empowerment and job satisfaction. Thirty nurses who

met inclusion criteria agreed to participate in the structured questionnaire, with 25 nurses

returning their completed survey. Results of the surveys were compared to current evidence-

based literature. Job satisfaction was compared to retrospective employment surveys provided

by the LTC facility.

Validity

Internal validity of this project was maintained by using the same structured

questionnaire throughout the survey period. As there was no control group, there was no risk of

contamination between participants. Due to the shortened survey period distribution, the sample

size was limited. The results of this DNP project were compared with similar studies. If results

from this DNP project reflect like results to other similar studies, the results will be generalizable

increasing external validity. Additionally, the internal and external validity of this project is

enhanced through the use of the Psychological Empowerment Scale, Conditions of Work

Effectiveness Questionnaire (CWEQ)-II, and the Job Descriptive Index (JDI) which are

validated, reliable, and considered standard when examining job satisfaction, empowerment,

burnout, and turnover.

Outcomes

The first project outcome was to examine if empowerment favorably increases job

satisfaction. The second project outcome was to understand further factors which contribute to

burnout and turnover for LTC nursing staff. Effective recruitment and retention strategies for

LTC nurses directly the economic status of the facility, increase the quality of care, and the well-

being of the individual nurse.

Measurement Instruments

The measurement tools used to evaluate the effect of empowerment and job satisfaction

were the Psychological Empowerment Instrument, the Conditions of Work Effectiveness

Questionnaire-II (CWEQ-II), and the Job Descriptive Index (JDI). All three measurement tools

are frequently found in both nursing and business literature and used to analyze employees in the

workplace.

Validity and Reliability

The Psychological Empowerment Scale is a 12-item scale comprised of four domains:

meaning, competence, self-determination, and impact (Spreitzer, 1995). Furthermore, the

Psychological Empowerment Scale is widely used with well-defined properties along with strong

test-retest reliability. The Cronbach's alpha reliability estimate for the Psychological

Empowerment Scale is 0.80 (Sprietzer, 1995).

The Conditions of Work Effectiveness Questionnaire (CWEQ)-II measures opportunity,

information, support, and resources (Laschinger, Finegan, Shamian, & Wilk, 2001). Construct

validity of the (CWEQ)-II is supportive of confirmatory factor analysis and correlates highly

with global empowerment measures. Additionally, the Cronbach alpha reliabilities for the

(CWEQ)-II ranges from 0.79 to 0.82, and 0.71 to 0.90 for the subscales (Lachinger et al., 2001).

The Job Description Index (JDI) assesses job satisfaction. The JDI assessment measures

employees' satisfaction with work, pay, promotion, supervision, and co-workers (Cheng, 1977;

Liu, 2005). The JDI is widely used and strongly correlates with other measures of job

satisfaction. The Cronbach alpha reliability for the JDI ranges from 0.86 to 0.91 (I.-C. Li et al.,

2013).

Procedure and Permission

The student investigator was solely responsible for the administration and collection of

the anonymously completed surveys. Nurses who met inclusion criteria completed three surveys

which were formatted into a structured questionnaire. Before survey distribution permission to

use the Psychological Empowerment Instrument, the (CWEQ)-II, and the JDI was sought and

granted from their original authors (Appendix I).

Quality of Data and Analysis

Demographic data could not be collected without compromising participant anonymity.

Survey results were compared with previous employment satisfaction studies from the LTC

facility and evidence collected from like studies. Data was obtained from the structured

questionnaire and input and analyzed within SPSS (see Appendix J). A priori power analysis for

multiple regression was used with a large effect, power of 0.8, number of predictors 2, and a probability level of .05 which revealed a required sample size of 25 (see Appendix K). The anticipated number of program participants was 30. However, only 25 nurses returned their completed surveys. Confirmation of the power analysis is available in Appendix K.

Results

Facility Employee Engagement Survey

The LTC facility contracts with a consulting agency to annually evaluate employee engagement. Measuring engagement allows the organization to better understand employee passion and commitment to the facilities mission, activity, and place of employment. Through a series of questions using an engagement index scale, employees are then classified in one of five engagement levels: catalysts, advocates, endorsers, contributors, or resistors. A greater number of employees who fall into the catalysts and advocates levels, increase the likelihood that the organization will be successful.

Employee Engagement 2017. 80 employees participated in the 2017 engagement survey (Appendix L). Greater than 50% of all LTC staff members who participated in this survey fell into the catalysts and advocates category. Engagement results were reported as: catalysts (33.8%), advocates (20.0%), endorsers (21.3%), contributors (16.3%), and resistors (8.8%). The top three key driving factors for employee engagement were the following: "I think I will be working at this LTC in three years," "At work, I have the opportunity to do what I do best every day," "I believe this LTC is living up to its mission and goals." The three highest scoring factors were "I know what is expected of me (86.7/100)," "My performance review is completed and shared with me on time (86.3/100)," and "I believe our employees provide residents with the best possible care (86.1/100)." The three lowest scoring factors were "Staff

issues including conflicts are resolved fairly (68.8/100)," "Communication is good at this LTC, both on my team and with other teams (69.4/100)," and "The workload of my team is distributed fairly (71.9/100)."

  Employee Engagement 2018. Sixty-eight employees participated in the 2018 engagement survey (Appendix M). Engagement results were reported as catalysts (32.4%), advocates (23.5%), endorsers (23.5%), contributors (10.3%), and resistors (10.3%). The top three key driving factors for employee engagement were, "At work, I have the opportunity to do what I do best every day," "I believe the LTC is living up to its mission and goals," and "I feel I'm part of a team that is producing meaningful results to the organization." The three highest scoring factors were, "I know what is expected of me (87.9/100)," "My performance review is completed and shared with me on time (87.6/100)," and "I believe our employees provide residents with the best possible care (87.2/100)." The three lowest scoring factors were, "Communication is good at this LTC, both on my team and with other teams (70.2/100)," "Staff issues, including conflicts, are resolved fairly (71.3/100)," and "The employee wellness programs at this LTC meet my personal needs (72.0/100)."

2018 Staff Turnover Report

  The total turnover for 2018 for this LTC was 28% (Appendix N). Turnover only occurred for full-time employees with all part-time employees remaining in their current roles for the year. The monthly turnover average was 2.3%, while the LTC employed an average of 113 full-time nursing staff members each month. Turnover for the year was highest in July with 6 full-time individuals leaving their positions accounting for 5% turnover for the month. The lowest month for turnover was September with no turnover events for the month.

DNP Project Setting and Participants

The study was conducted over three months from January 2019 through March 2019 to expand upon the facilities employee engagement reports. A total of 30 nurses agreed to participate in this program with 25 returning their completed surveys. The nursing staff comprised of bedside RNs, LPNs, and CNAs. It is suspected that more RNs participated in this project, as the facility had a separate in-service previously scheduled for RNs the day of survey distribution.

Intervention Course

The LTC facility scheduled time in February 2019 for the student investigator to visit the site for survey distribution and collection among the staff. The student investigator distributed each survey which allowed for informed consent to be gained, ensuring the purpose of this study was explained, and that inclusion criteria were met. Each participant was given a structured questionnaire that contained a total of three surveys: the Psychological Empowerment Instrument, the Conditions of Work Effectiveness Questionnaire-II (CWEQ)-II, and the Job Descriptive Index (JDI) (Appendix O). After the nurse completed their questionnaire, the nursing staff member placed their survey into a sealed envelope that was provided by the student investigator. Sealed envelopes were then returned to one of three large manila folders that were previously placed by the student investigator at each of the three nursing stations found within the LTC facility. Questionnaires were answered anonymously with no identifying factors. Thirty nursing staff members agreed to participate in the three surveys with 25 nurses returning their completed surveys. The student investigator collected all three manila folders which contained the completed questionnaires. Retrospective review employment data review took place in January through March of 2019.

Outcome Data

Psychological empowerment. The average score for psychological empowerment for LTC nurses who participated in this study was 4.47 (SD 0.51). The results indicate high levels of psychological empowerment reported by the sample. Among the four different domains of psychological empowerment, meaning was the highest reported domain (mean = 4.73, SD 0.42), followed by impact (mean = 4.52, SD 0.53), self-determination (mean = 4.40, SD 0.64), and competence (mean = 4.18, SD 0.80) (Appendix O).

Structural empowerment. The Conditions of Work Effectiveness Questionnaire-II was used to evaluate structural empowerment. LTC nurses reported an average empowerment score of 3.60 (SD 0.54) with the results indicating a greater than moderate level of structural empowerment. Among the six different domains of structural empowerment, information ranked highest (mean = 3.68, SD 1.07), followed by support (mean = 3.61, SD 0.84), informal power (mean = 3.60, SD 0.90), opportunity (mean = 3.59, SD 0.73), formal power (mean = 3.49, SD 0.71), and resources (mean = 3.48, SD 0.71). Evaluation of global empowerment was also included in this data set. Global empowerment reflects the likelihood the individual will remain in their place of employment, and participants reported extremely high indicators of 8.3 (SD 1.46; Appendix O).

Job Descriptive Index (JDL). LTC nurses reported an average job satisfaction score of 4.17 (SD 0.44). These results indicate that a high level of job satisfaction was recorded by participants. Among the six domains of the JDI, supervision 4.41 (SD 0.63) was the highest scoring domain, followed by work 4.39 (SD 0.57), co-workers 4.23 (SD 0.79), job overall 4.27 (SD 0.47), promotion 4.06 (SD 0.72), and pay 3.90 (SD 0.75) for the least satisfaction (Appendix O).

Psychological and structural empowerment, and job satisfaction. A correlation exists among psychological and structural empowerment and job satisfaction ($r= 0.10$, $p=0.63$, and $r= 0.24$, $p= 0.24$). A Pearson product moment correlation table was created to understand further which variable within psychological and structural empowerment significantly affected job satisfaction for LTC nurses. Variables were placed in a hierarchical stepwise pattern.

Mediation revealed that that structural empowerment had a mediating effect on psychological empowerment related to job satisfaction (standardized $b= 0.10$, $p= 0.63$, $R2= 0.11$). When structural empowerment was included in the equation, a reduction was noted in the relationship between psychological empowerment and job satisfaction ($b= 0.10$ to $b= -0.05$) (Appendix O).

Discussion

Most Important Successes

The most important success regarding the outcome of this project is a deeper understanding of the positive role empowering structures have at this LTC facility. The nursing staff and the facilities administration was receptive in participating in this study. Empowered nurses are more productive, experience less burnout and turnover, and commit fewer errors (Clavelle et al., 2016; DiNapoli et al., 2016; Larkin et al., 2008; I.-C. Li et al., 2008). Highlighting areas of strength and weakness within the facility gives administration critical knowledge on ways to create a sustainable and thriving work culture.

Study Strength

The survey tools are easy to obtain and considered the standard in furthering understanding regarding job satisfaction. The student investigator experienced little resistance from the nursing staff as they were accepting of this project. Implementation was overall

successful with 83% of participating nurses returning their surveys. Increasing empowering

structures within the workplace will be dependent on the facility. However, fostering

empowerment within the workplace is easily sustainable and a cost-effective measure to reduce

nursing burnout and turnover.

Results Compared to Literature

Results from this DNP project were benchmarked to a larger study by Li et al. (2013) that

examined empowerment in the LTC setting. Though fundamental demographic differences did

exist, Li's sample was comprised of 65 registered nurses from 38 LTC facilities in Vietnam,

whereas the student investigator had a mixed sample of RNs, LPNs, and CNAs creating a sample

size of 25 from one LTC facility, but study similarities exist. Both Li et al. (2013) and the

student investigator used the same 3 survey tools throughout their respective studies.

Additionally, both examined the effect that structural empowerment has specifically in LTC.

Although the student investigator's sample size was much smaller than Li et al. (2013)

results from the structured questionnaire aligned. Li et al. (2013) found that structural

empowerment acted as a mediator between psychological empowerment and job satisfaction

(standardized b= 0.27, p= 0.30). Though the student investigators sample size was much smaller

structural empowerment continued to play a mediating effect among the sampled LTC nurses.

Furthermore, Li et. al (2013) participants scored higher on psychological empowerment

(mean= 3.87, SD= 0.40) than structural empowerment (mean= 3.29, SD= 0.64). The student

investigator's sample also ranked psychological empowerment (mean= 4.47, SD= 0.51) to be

greater than structural empowerment (mean= 3.60, SD= 0.54). These results are consistent with

previous studies in like clinical settings (I.-C. Li et al., 2013).

Limitations

Internal Validity Effects

Because this project examined the effect of empowerment at a specific facility, there was

no control group to draw comparisons. A lack of a control group could potentially lessen the

validity of the results and suggest that the evidence for support is limited. Furthermore, while no

identifying factors were collected, some survey questions were left blank and could have affected

results.

External Validity Effects

Due to the cross-sectional nature of this DNP project, definitive statements in regards to

the relationships between the variables of psychological empowerment, structural empowerment,

and job satisfaction cannot be made. Further limitations arise from the small sample size and

location. Though comparisons to other studies can be made, the results of this study are site-

specific and cannot be applied to other LTC facilities in Virginia.

Sustainability of Effects

Sustainability of the effects is dependent on administration and their willingness to share

power with their nursing staff. Through retrospective chart review, the facility has a history of

engaging their nursing staff and strives to create an ideal working environment. The short-term

effects of empowerment are seen through decreased burnout. Long-term effects are not being

measured in this DNP project, however would be related to reduced nursing turnover events over

time.

Minimizing Study Limitations

A limited sample size was a significant limitation. Although all subjects approached for

the study consented to participate, only 25 of the 30 participants returned their completed

surveys. Additionally, survey distribution and collection was limited to the time the facility

allotted.

Interpretation

Expected and Actual Outcomes

The actual outcomes aligned as expected. Increased empowerment positively affects job

satisfaction. Similar to Li et al. (2013), the information domain found within structural

empowerment played a predictive role in job satisfaction. Furthermore, the resource domain also

scored high like Li et al. (2013) study. However, the number of resources and the availability of

information were only examined at a single facility, versus Li et al. (2013) whose study reflected

the collective resources and information availability of 38 LTC. A further continuation of this

study will allow for the student investigator to expand this project to other LTC facilities in

Virginia and increase the sample size.

Drawing upon comparison with retrospective review of the LTC facility provided data

that further supports the validity of the outcomes. The high global empowerment score of 8.3

(SD 1.46) is reflective of the lower than national average turnover this facility experienced in

2018. Furthermore, a key driving factor in 2017 and 2018 was that employees saw themselves

still employed at this LTC three years from now which further supports high global

empowerment. The information and resources domains are reflective of 2017 and 2018

employment data where nurses knew what was expected of them and believed that they were

able to provide the best possible care to their residents.

Intervention Effectiveness

Providing a facility with a deeper understanding of employee needs during a time of

overall workforce instability in LTC is invaluable. Facility administrators are now equipped

with a holistic picture of how committed their employees are to the organization and how they

find personal fulfillment within their role as a nurse. Through the sharing of power, nurses

become involved in the decision-making process within the organization. Furthermore,

administrators can optimize and enhance areas of weakness to increase organizational value.

Empowered nurses are invested not only in their patients but in the overall success of the facility.

Intervention Revision

The student investigator has two suggested revision of the intervention. The first revision

would be to break down the structured questionnaire into 3 separate rounds of surveys. The

nursing staff though very willing to participate seemed slightly overwhelmed at the length of the

questionnaire. It was estimated that the survey would take 15 minutes total to complete;

however, adding this on top of regular job responsibilities could be considered taxing. Though

employee buy-in might be more challenging to follow through with 3 separate survey rounds,

taking a survey for 5 minutes appears less daunting.

Additionally, the student investigator would like to include night shift nurses in the

sample. Traditionally, management has less of a presence during the evening hours, and this

could have an effect on resources, power, and opportunity. The inclusion of night shift nurses

would increase the spectrum of levels of empowerment found within the facility.

Expected and Actual Impact to Health System

The individual turnover cost associated with the loss of a single certified employee which

includes RNs, LPNs, and CNAs, ranges between $10,098 and $88,000 (Y. Li & Jones, 2013).

Quality and safety are compromised when operating budgets are consumed with nurse vacancy,

recruitment, hiring, training, new-hire productivity, and termination costs (Hayes et al., 2011; Y.

Li & Jones, 2013). This DNP project is an easily sustainable cost-effective program that can

continue at the facility after completion of this doctoral project. Improving the culture of the

organizational setting reduces feelings of burnout and turnover events. Project modifications can

be made based on staff and facility needs. Data collection can be continued, allowing for long-

term results to be interpreted.

Conclusions

An increased understanding of nurses' factors that lead to burnout and turnover in LTC

will help alleviate staff shortages and increase the delivery of care. Due to the complexity of

turnover, Kanter's theory of structural empowerment (1977) guided data collection and

dissemination of research. Although this topic has been previously discussed in the literature,

gaps remain in the implementation of their findings. Burnout and turnover continue to plague

LTC. The absence of resources prohibits quality and contributes to burnout and turnover (Jiajia

et al., 2016; Kanter, 1977; I.-C. Li et al., 2013; Orgambidez-Ramos et al., 2017). Insufficient

staffing in LTC contributes to poor patient outcomes, medical errors, and increased death rates

(Harris-Kojetin, Sengupta, & Park-Lee, 2016; McGilton et al., 2013).

Fostering a clinical environment that facilitates professional practices and emphasizes

formal and informal power will increase competency and feelings of self-efficacy (Goedhart et

al., 2017; I.-C. Li et al., 2013; Orgambidez-Ramos et al., 2017). Social support creates a

pathway for new information to be shared, for feedback to be given, and allows for questions

(Clavelle et al., 2016; DiNapoli et al., 2016; Orgambidez-Ramos et al., 2017). The

administration must be mindful of available resources and ensure access. Administrators who

practice empowering behaviors and provide access to empowering structures employ nurses who

report higher job satisfaction (Clavelle et al., 2016; DiNapoli et al., 2016; Orgambidez-Ramos et

al., 2017).

Workload and stress directly contribute to burnout (Vander Elst et al., 2016; Woodhead et al., 2016). Low job control, coupled with lack of support and resources set the stage for turnover intention (McHugh et al., 2011; Vander Elst et al., 2016; Wendsche et al., 2016). Dissatisfaction in the work environment is the most significant variable associated with turnover, outweighing other predictive measurements such as age, shift, or career advancement (Inoue et al., 2017; Yarbrough et al., 2017). It is anticipated that the implementation of structural empowerment in the clinical setting will cultivate increased job satisfaction.

This DNP project was disseminated at the 2018 Virginia Nurses Association Conference in Richmond, Virginia. It is the student investigator's intention to submit this EBP project for publication to the Journal of Nursing Management. Findings are planned to be presented at the 2019 Virginia Nurses Association Conference. Through sharing the results of this project, it is hoped that access to opportunity and support will increase in the LTC setting. Empowered nurses are more productive, experience less burnout and turnover, and commit fewer errors (Clavelle et al., 2016; DiNapoli et al., 2016; Larkin et al., 2008; I.-C. Li et al., 2008).

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    orientation. *Research in Nursing & Health, 39*(5), 353-363. doi:10.1002/nur.21729

Westermann, C., Kozak, A., Harling, M., & Nienhaus, A. (2014). Burnout intervention studies

    for inpatient elderly care nursing staff: systematic literature review. *International Journal*

    of Nursing Studies, 51(1), 63-71. doi:10.1016/j.ijnurstu.2012.12.001

Woodhead, E. L., Northrop, L., & Edelstein, B. (2016). Stress, social support, and burnout

    among long-term care nursing staff. *Journal of Applied Gerontology, 35*(1), 84-105.

    doi:10.1177/0733464814542465

Yarbrough, S., Martin, P., Alfred, D., & McNeill, C. (2017). Professional values, job

    satisfaction, career development, and intent to stay. *Nursing Ethics, 24*(6), 675-685.

    doi:10.1177/0969733015623098

Young-Ritchie, C., Spence Laschinger, H. K., & Wong, C. (2009). The effects of emotionally

    intelligent leadership behaviour on emergency staff nurses' workplace empowerment and

    organizational commitment. *Nurs Leadersh (Tor Ont), 22*(1), 70-85.

Yu-Ying, L., Jui-Chen, C., Shu-Yuan, L., & Shu-Fang, W. (2014). The correlations between job

stress and occupational burnout among nursing staff. *Journal of Nursing & Healthcare

Research, 10*(4), 276-285. doi:10.6225/JNHR.10.4.276

Appendix B

Evidence Table

PICOTS: For nurses who are currently employed in long-term care, does implementing an evidence based structural empowerment program compared to the prior lack of a system favorably impact the likelihood that the nurse will remain in their current practice setting in 6 months at a for-profit long-term care home?

Contributing Factors to Burnout

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Woodhead et al., 2016. Stress, social support, and burnout among long-term care nursing staff. *Journal of Applied Gerontology*	Utilized JDI to measure burnout and investigate relation between job demands, job resources, and burnout in LTC nursing staff	Level IV. Quantitative Cohort Study	N=250 216 Female 34 Male Participants: CNAs, LPNs & RNs employed in LTC in WV. Most of sample worked 7am-3pm and relatively experience	Age Gender Marital Status Race Education Role in Facility Shift Worked Employment Status Experience in Long-Term Care	Demographic questionnaire. NHSI. Daily Stress Inventory. Sources of Support. Social Provisions Scale. MBI.	Levels of personal stress < occupational stress, t (490) = 3.69, p=.0002.	Verifies existing that reassurance of worth is associated with decreased burnout.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
			in long-term care.				
Yu-Ying et al., 2014. The correlations between job stress and occupational burnout among nursing staff. *Journal of Nursing & Healthcare Research.*	Explored relationship between job stress and burnout. Additionally, identified causative factors of burnout.	Level IV. Evidence from a quantitative cohort study.	117 registered nurses employed at a medical center in northern Taiwan.	Work environment Emotional exhaustion Leadership practice Supervisory support Communication Professional development opportunities Retention Benefits	Cross-sectional survey Demographic survey Job content questionnaire Occupational burnout inventory SPSS 20.0	Findings: 6. Occupational burnout 2. Personal fatigue 3. Work related fatigue	Administration should be mindful that increased resources equip nurses to better handle job stressors.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
McGilton et al., 2013. Determinants of regulated nurses' intention to stay in long-term care homes. *Journal of Nursing Management*	Explored reasons to stay versus reasons to leave among LTC nurses.	Level IV. Quantitative Cohort Study.	155 LTC from Canada.	Nurse characteristics Job Satisfaction Burnout Resident relationships Work relationships Leadership relationships Intention to stay	Five-point Likert like scale, measured criteria to stay versus intention to leave.	Likelihood-ratio test chi-square vs. null model. 6. Younger nurses more likely to leave. 2. Burnout increased chances of leaving.	Sample of nursing staff was limited in size and geographic setting. LTC administrators should create environments that reduce burnout and increase job satisfaction.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Tummers, Groeneveld, & Kankhaar, 2013. Why do nurses intend to leave their organization? A large-scale analysis in long-term care. *Journal of Advanced Nursing.*	Explore reasoning behind why LTC nurses leave their current place of employment.	Level I. Systematic Review Based on existing EBP of six job characteristics.	9,982 Dutch LTC nurses.	Nurse characteristics Job Satisfaction Burnout Resident relationships Work relationships Leadership relationships Intention to stay	T-test for cc variables . Work Quality Indicators. Chi-Square test for nominal/ordinal variables.	Most frequently cited reason to leave: insufficient personal development and career opportunities in current place of employment.	Systematic review provides guidelines for LTC facilities on ways to retain their current nursing staff.

Ramifications of Turnover							

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Wendsche et al., 2016. High job demands and low job control increase nurses' professional leaving intentions: the role of care setting and profit orientation. *Research in Nursing & Health.*	To exam how care setting and ownership influence LTC nurses' intention to leave.	Level IV Cohort Quantitative Study.	309 RNs working in 78 care units.	Age Gender Job Contract Working Hours Organizational Tenure Professional Experience Team Size	German FIT questionnaire Intention to Leave Scale.	For profit RNs reported higher leaving intentions.	Lower job control, coupled with higher job demands increase the likelihood a LTC nurse will leave current place of employment.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
McGilton et al., 2014. Making tradeoffs between the reason to leave and reasons to stay employed in long-term care homes: Perspectives of licensed nursing staff. *International Journal of Nursing Studies.*	To explore reasons that influence LTC nurses' intention to stay in current role.	Level V. Qualitative Descriptive Study.	7- LTC homes in Canada.	Age Gender Working Hours Length of time in current facility RN or LPN	Data collection and analysis was guided by directed content analysis.	Working conditions influenced the nursing staff's intention to stay.	Increased professional development and staff opportunities encourages LTC nursing retention.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Chu et al., 2014. Turnover of regulated nurses in long-term care facilities *Journal of Nursing Management.*	To identify relationship nursing turnover in LTC and organizational factors. Stress Process Model.	Level IV. Evidence from a quantitative cohort study.	324 surveys from 49 LTC facilities.	Work setting Emotional exhaustion Leadership practice Support Information sharing Professional development opportunities Retention Benefits	Employment benefits as the ratio of number FTE to PTE, as only working FT for benefits MBI SAS 9.2, dependent & continuous variables, linear regression.	Increase in leadership practices associated w a decrease in turnover. Higher leadership practices associated with lower nursing turnover.	Long-term care facilities must build strong leadership and communication to minimize turnover.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Li & Jones, 2013.

A literature review of nursing turnover costs.

Journal of Nursing Management. | A literature review examining nursing turnover and costs from 1990 – 2010. | Level V. Qualitative Systematic Review. | 10 studies met criteria to be included in the review. | Nursing turnover along with turnover rates.

Methodologies for data collection and sources.

Variations in calculating turnover costs. | Systematic review contained 10 quantitative studies. | Past studies differed in conclusions regarding turnover. | Study is beneficial to address turnover on an executive level. |

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Hayes et al., 2011.

Nurse turnover: A literature review- An update.

International Journal of Nursing Studies. | A comprehensive review of nursing turnover. | Level V. Qualitative Systematic Review. | 68 studies | Workload, stress, and burnout.

Management style.

Empowerment.

Role perceptions.

Individual factors.

Career advancements and pay/benefits. | Systematic review contained both qualitative and quantitative studies. | Generational factors must be explored. | Nursing turnover plagues the healthcare system. |

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
O'Brien-Pallas et al., 2010. Impact and determinants of nurse turnover: a pan-Canadian study. *Journal of Nursing Management.*	To identify reasoning for turnover and implications for facility managers.	Level IV. Case Control Quantitative Study.	4,481 nurses responded in wave 1. 3,844 nurses responded in wave 2.	Age Gender Marital Status Education Working Hours Nurse Experience Physical Health Mental Health Autonomy	The impact of turnover along with unit specific variables were examined. Wave 2 nurse level outcomes used to control corresponding Wave 1 values.	Increased role ambiguity and along with increased role conflict associated with increased turnover rates. SAS version 9 MLWIN 2.02 Random intercept hierarchical linear models, descriptive statistics, alpha reliabilities.	Well-staffed and supportive environments contribute to increased job satisfaction and increased care.

Improving Staff Satisfaction & Retention							
First Author, Year, Title, Journal	**Purpose, Theory Used (if reported)**	**Research Design, Evidence Level***	**Sample, Setting**	**Study Variables**	**Measures & Reliability (if reported)**	**Results & Analysis Used**	**Limitations & Usefulness**
Abou & Ebstam, 2017. Relationship between ethical work climate and nurses' perception of organizational support, commitment, job satisfaction and turnover intent. *Nursing Ethics.*	To explore the relationship between the climate of the facility and how it compares to job satisfaction, and turnover intention.	Level IV. Quantitative Cohort Study.	500 registered nurses in Egypt.	Perceived organizational support Organizational commitment Job Satisfaction Turnover intention	Ethical Climate Questionnaire Survey of Perceived Organizational Support Organizational Commitment Questionnaire Index of Job Satisfaction Turnover Intention	Increased organizational support, increases personal commitment, and job satisfaction. SPSS version 20.0, Cronbach's alpha, descriptive statistics, Pearson correlation coefficient analysis, T-test, ANOVA, regression analysis.	Supportive work environments decrease turnover intention.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Leineweber et al., 2016. Nurses' practice environment and satisfaction with schedule flexibility is related to intention to leave due to dissatisfaction: A multi-country, multi-level study. *International Journal of Nursing Studies.*	To explore how the practice environment and job satisfaction influence intention to leave.	Level IV. Quantitative Cohort Study.	23,076 registered nurses representing 10 European countries.	RN level Unit level	Practice Environment Scale of the Nursing Work Index	Intention to leave nursing profession explained by factors on individual level. Multilevel modelling, intra-class correlation coefficients, odds ratios, descriptive statistics, Cronbach's alpha.	Practice environment and satisfaction influenced intention to leave.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Kooker & Kamikawa, 2011. Successful strategies to improve RN retention and patient outcomes in a large medical center in Hawaii. *Journal of Clinical Nursing.*	A report of retention initiative program in Hawaii.	Level V. Qualitative Study.	New Nurse Fellowship and Clinical Coach Programs implemented. 4 inpatient units became Magnet Pilot Units.	Age Gender Working Hours Professional Experience	Nursing Turnover Cost Calculation Methodology. Actual cost of nurse turnover calculated to be 1.2-1.3 x the RN annual salary.	Retention improved: 55·97–68·20% RN vacancy rate decreased: 11·26–2·19% Patient satisfaction increased: 84·6–87·8%.	Lower job control along with high job demands increase turnover intention.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Cowden et al., 2011.

Leadership practices and staff nurses' intent to stay: a systematic review

Journal of Nursing Management. | To present findings of best practices of administration, management, and staff on nurses' intent to stay. | Level I. Evidence

A systematic review of published EBP studies | 23 studies | Quality of studies

An assessment was used for evaluating correlational studies. | 22 different tools used to measure leadership practices. Most frequent tool- Multifactor Leadership Questionnaire. | Leadership styles influence staff nurses' intentions to remain or leave current place of employment. | Increased positive leadership practices linked with retainment. |

The Implementation of Structural Empowerment							
First Author, Year, Title, Journal	**Purpose, Theory Used (if reported)**	**Research Design, Evidence Level***	**Sample, Setting**	**Study Variables**	**Measures & Reliability (if reported)**	**Results & Analysis Used**	**Limitations & Usefulness**
Goedhart et al., 2017. The effect of structural empowerment of nurses on quality outcomes in hospitals: a scoping review. *Journal of Nursing Management.*	To assess and synthesize studies who have made best practice guidelines between structural empowerment, nurses and quality outcomes.	Level I. Evidence Systematic review of published EBP guidelines	12 cross-sectional studies from North America.	Quality assessed by-Quality Assessment and Validity Tool for Correlation Studies	Quality Assessment and Validity Tool for Correlational Studies.	Positive associates of structural empowerment for nurses, increase in quality of care and patient safety climate, and work and unit effectiveness.	Empowering conditions increase the delivery of quality patient care.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Orgambidez-Ramos et al., 2017. Structural empowerment and burnout among Portuguese nursing staff: An explicative model. *Journal of Nursing & Healthcare Research.*	Kanter (1977) Structural Empowerment	Level IV. Evidence from a quantitative cohort study.	297 registered nurses employed at least 1 year.	Opportunity Information Support Resources Burnout Empowerment	Maslach Burnout Inventory- 9 items emotional exhaustion & 5 items depersonalization CWEQ-II STATA 13.0 Significance level 0.05, Harman's test, descriptive analysis, Cronbach's alpha, Pearson's coefficients.	Increased opportunity and support reduces burnout.	Management should develop support and increase the availability of resources to increase empowerment.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Jiajia et al., 2016. Structural empowerment, job stress and burnout of nurses in China *Applied Nursing Research.*	To identify structural empowerment, job stress and burnout in China.	Level IV. Evidence from a quantitative cohort study.	1,002 registered nurses currently employed working in China.	Total structural empowerment Burnout Job Stressor Patient care Workload & time distribution Nurse-physician relationship	CWEQ-II- 19 items related to work empowerment. MBI SPSS 17.0 Descriptive & inferential analyses Cronbach's alpha, Pearson's correlation, linear regression & structural equation.	Workload and time pressure most common job stressor. Structural empowerment reduces job stress and burnout.	Structural empowerment reduces job stress which strongly influences burnout.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Bawafaa et al., 2015. The influence of resonant leadership on the structural empowerment and job satisfaction of registered nurses. *Journal of Nursing Research.*	Explore the influence of resonant leadership and structural empowerment Kanter's (1977) theory of structural empowerment.	Level IV. Quantitative Cohort Study.	1,216 registered nurses in Canada.	Resonant leadership Total empowerment Opportunity Information Support Resources Job satisfaction	Resonant leadership Scale CWEQ-II Job Satisfaction	Resonant leadership and structural empowerment increased job satisfaction. SPSS version 20.0, Cronbach's alpha, descriptive & inferential statics, hierarchical multiple linear regression.	Developing leadership skills will foster healthy work environments along with promoting satisfaction and nurse retention.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Li et al., 2013. The mediating effects of structural empowerment on job satisfaction for nurses in long-term care facilities. *Journal of Nursing Management.*	Explores effects of empowerment on job satisfaction. Kanter's (1977) structural empowerment theory.	Level IV. Quantitative Cohort Study.	65 registered nurses at 38 LTCFs in Taipei City, Taiwan accepted into study.	Psychological Empowerment Meaning Competency Self-determination Impact Structural Empowerment Opportunity Information Support Resources	Psychological Empowerment Scale Structural Empowerment Scale Job Description Index (JDI)	Structural empowerment increases job satisfaction. SPSS Version 12.0, Significance level 0.05 (two-tailed), descriptive, multiple regression analysis using hierarchical stepwise method.	Structural empowerment increases job satisfaction.

First Author, Year, Title, Journal	Purpose, Theory Used (if reported)	Research Design, Evidence Level*	Sample, Setting	Study Variables	Measures & Reliability (if reported)	Results & Analysis Used	Limitations & Usefulness
Caspar & O'Rourke, 2008. The influence of care provider access to structural empowerment on individualized care in long-term care facilities. *Journals of Gerontology Series B.*	To explore ways managers can increase the delivery and quality of care.	Level IV. Evidence from a quantitative cohort study.	242 registered & licensed practical nurses. 326 care aids.	Informal power Formal power Information Support Resources Opportunity	Analyzed the relationship between empowering structures and care delivery.	Empowerment increased 50%. Individualized care 45%.	Individualized care in LTC is enhanced when nurses have access to empowering tools.

*Levels of Evidence (Melnyk & Fineout-Overholt, 2015).
I. Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials or evidence-based clinical practice guidelines based on systematic reviews of RCTs.
II. Evidence obtained from at least one properly designed randomized controlled trial.
III. Evidence obtained from well-designed controlled trials without randomization.
IV. Evidence obtained from well-designed case control and cohort studies.
V. Evidence from systematic reviews of descriptive and qualitative studies.
VI. Evidence from a single descriptive or qualitative study.
VII. Evidence from opinion of authorities and/or reports of expert committees

Appendix B

Theory Application of Structural Empowerment

Orgranizational Characteristics:
Formal/Informal Power, Span of Control & Access to Empowering Structures

Environment:
Structural Empowerment, Access to Information, Opportunity, Resources & Support

Leadership Effectiveness:
Transformational Leadership, Emotional Intelligence, Leader Empowering Behavriors

Nurse Empowerment:
Increased Job Satisfaction, Commitment, Work Engagement & Effectiveness, Decreased Turnover, Increased Resident/Family Satisfaction & Continuity of Care

Appendix C

Definition of Terms

Burnout- The conceptual definition of burnout describes a nurse's reaction to chronic stress in

the work environment. Additionally, the operational concept of burnout is defined and

characterized by emotional exhaustion, perceptions of cynicism and disconnection, a sense of

inadequacy or recognition, and a lack of achievement (Maslach & Schaufeli, 1993; Westermann,

Kozak, Harling, & Nienhaus, 2014).

Turnover- The conceptual definition of turnover can be described as a fluctuating variable that

directly impacts the healthcare system (Blau & Boal, 1987; O'Brien-Pallas et al., 2010). Like

burnout, turnover is a complex action based on psychological, cognitive, and behavioral

elements (Chu et al., 2014; Hayes et al., 2011; McGilton et al., 2014; Westermann et al., 2014).

Appendix D

IRB Approval

From: UMKC IRB
Sent: Wednesday, September 19, 2018 4:42 PM
To: Lindholm, Lyla J.; Reed, Andrea (UMKC-Student)
Subject: 18-220- Not Human Subjects Research Determination Notification

It has been determined that the protocol referenced below does not meet the definition of research with human subjects set forth in Federal Regulations at 45 CFR 46.102. Please go to https://umkc.keyusa.net and login to eProtocol to access the formal determination letter in the event history for this study.

Protocol ID: 18-220
Principal Investigator: Lyla Lindholm
Protocol Title: Ensuring the Delivery of Long-Term Care, Improved Nurse Retention
NHSR

If you have any questions about this determination, please contact the Research Compliance Office (email: umkcirb@umkc.edu; phone: (816)235-5927).
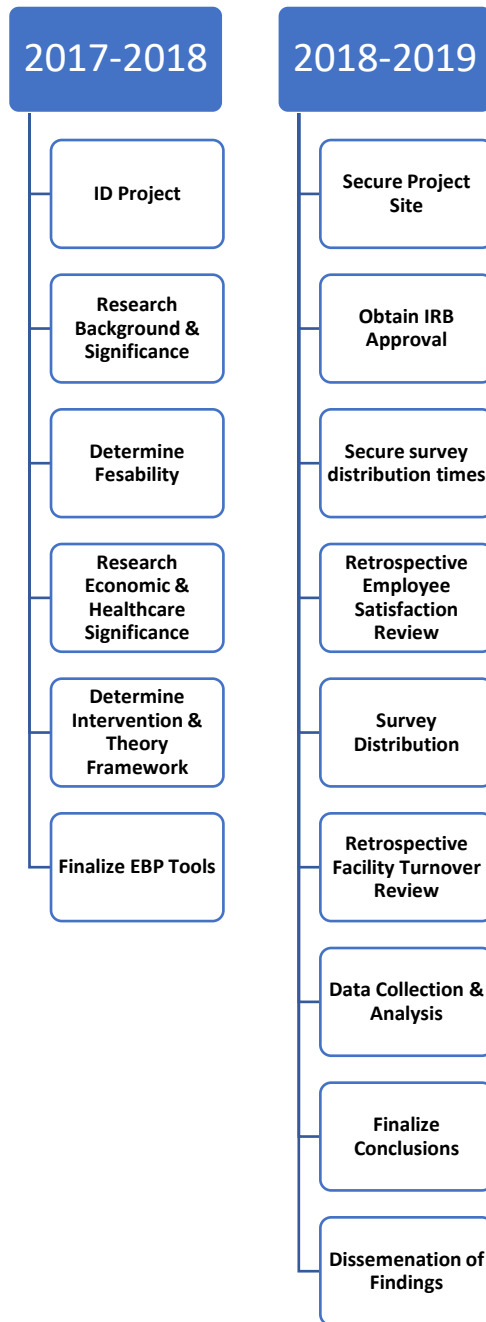
Appendix E

Budget

Andrea Reed DNP©, MSN, RN				
Funding Will Be Determined Spring/Summer 2018				
Doctoral Project Start Date: January 2019				
Item	**Cost/Unit**	**Quantity**	**Amount ($)**	**Notes**
Student Time: Andrea Reed	$0.00		$0.00	Student will not be compensated for time
Psychological Empowerment Survey	$1.00	30	$30.00	Full color, 24lb cardstock
Conditions of Work Effectiveness Survey-II	$2.00	30	$60.00	Full color, both sides, 24lb cardstock
Job Descriptive Index	$2.00	30	$60.00	Full color, both sides, 24lb cardstock
Sealed Envelopes	$4.00	1	$4.00	
Manila Folders	$6.00	1	$6.00	
Paper clips	$3.00	1	$3.00	
Black Ink Pens	$5.00	1	$5.00	
Candy for Nurses	$15.00	2	$30.00	
Total			$198	

Appendix F

Logic Model

Logic Model for DNP Project					
Student: Andrea Reed MSN, RN					
Inquiry, PICOTS: (P) For nurses who are currently employed in long-term care, (I) does empowerment increase job satisfaction, © compared to the prior lack of a system, and (O) favorably impact the likelihood that the nurse will remain in their current practice setting (T) in 6 months (S) in their current place of employment?					
Inputs	**Intervention(s) Outputs**		**Outcomes – Impact**		
	Activities	*Participation*	*Short*	*Medium*	*Long*
Evidence, sub-topics 1. Burnout 2. Turnover 3. Job Satisfaction 4. Empowerment **Major Facilitators or Contributors** 6. Andrea Reed **Major Barriers or Challenges** 1. Securing an adequate sample of RNs, LPNs, CNAs 2. Obtaining a diverse sample of LTC nurses. 3. Funding.	**EBP intervention which is supported by the evidence in the Input column (brief phrase)** Fostering a clinical environment that facilitates professional practices and emphasizes formal and informal power will increase competency and feelings of self-efficacy. **Major steps of the intervention (brief phrases)** 1.Structured questionnaire 2. Retrospective review employee satisfaction surveys 3. Retrospective review facility turnover 4. Interpretation of data 5. Sharing results with facility	**The participants (subjects)** LTC nurses currently employed in Virginia **Site** 158-bed LTC Facility **Time Frame** 6 months **Consent or assent Needed** Consent needed **Other person(s) collecting data (yes,no)** No **Others directly involved in consent or data collection (yes/no)** No	**(Completed during DNP Project)** **Outcome(s) to be measured** Primary: Reduction in job burnout. Secondary, if applies: Increased job satisfaction. **Measurement tool(s)** Psychological Empowerment CWEQ-II JDI **Statistical analysis to be used** Regression Model Mediation	**(after student DNP)** **Outcomes to be measured** Evaluate the effect of empowerment on job satisfaction.	**(after student DNP)** **Outcomes that are potentials** Increasing empowerment in the work place serves as a way to recruit and retain qualified nurses into LTC.

Appendix G

Time Flow

2017-2018	2018-2019
ID Project	Secure Project Site
Research Background & Significance	Obtain IRB Approval
Determine Fesability	Secure survey distribution times
Research Economic & Healthcare Significance	Retrospective Employee Satisfaction Review
Determine Intervention & Theory Framework	Survey Distribution
Finalize EBP Tools	Retrospective Facility Turnover Review
	Data Collection & Analysis
	Finalize Conclusions
	Dissemenation of Findings

Appendix G:

Intervention Flow Diagram

Step 1: Retrospective Employee Satisfaction Review

Step 2: Survey Distribution

Step 3: Retrospective Employee Turnover Review

Step 4: Analysis of Data

Step 5: Finalize Conclusions

Step 6: Dissemination of Findings

Appendix I

Measurement Tools & Permission

Appendix J

Data Collection

Appendix K

Power Analysis: A-Priori Sample Size for Multiple Regression

Anticipated Effect F2	Desired Statistical Power Level	Number of Predictors	Probability	Minimum Sample
0.45	0.8	2	0.05	25

Appendix L

Retrospective Facility Employee Satisfaction & Turnover

2017

Appendix M

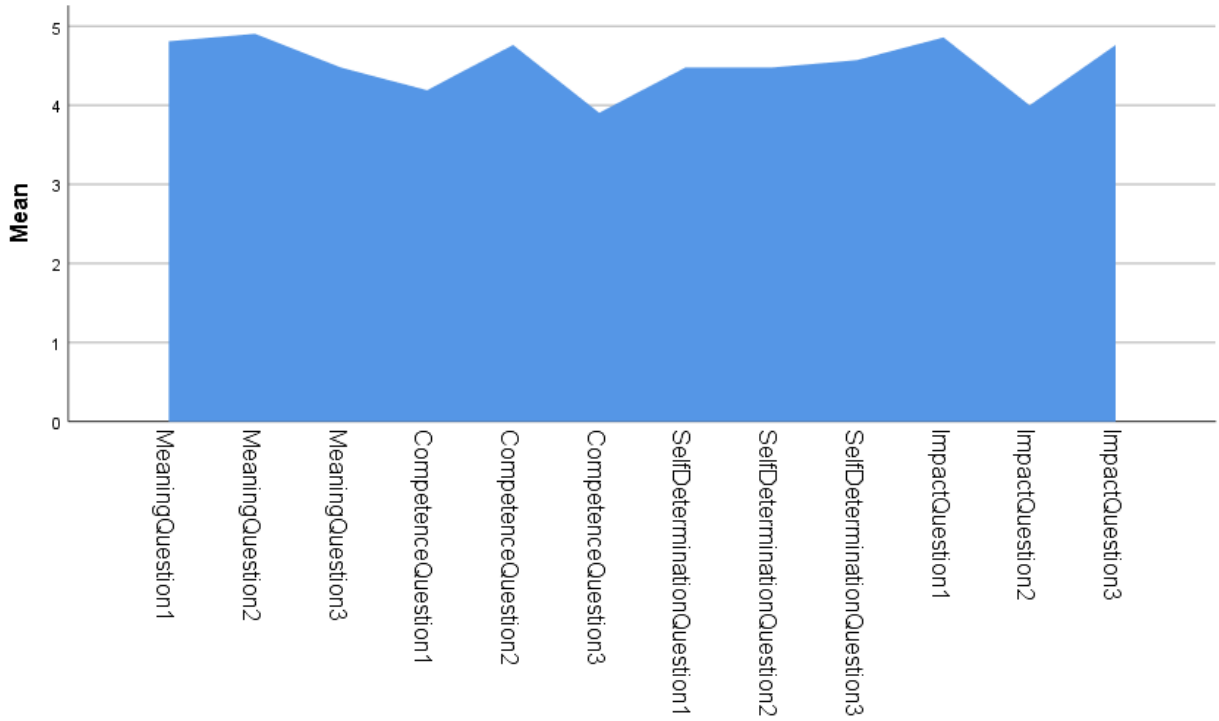Retrospective Facility Employee Satisfaction & Turnover

2018

Appendix N

Turnover 2018

Appendix M

Sample Structured Questionnaire

The Psychological Empowerment Scale

Listed below are several self-orientations that people may have regarding their work role. Using the following scale, please indicate the extent to which you agree or disagree that each one describes your self-orientation: 1- Strongly Disagree, 2- Disagree, 3-Neutral/No Opinion, 4- Agree, 5-Strongly Agree

I am confident about my ability to do my job.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

The work that I do is important to me.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

I have significant autonomy in determining how I do my job.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

My impact on what happens in my department is significant.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

My job activities are meaningful to me.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

I have a great deal of control over what happens in my department.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

I can decide on my own how to go about doing my work.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

I have considerable opportunity for independence and freedom in how I do my job.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

I have mastered the skills necessary for my job.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

The work that I do is meaningful to me.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

I have significant influence over what happens in my department.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Strongly Disagree   Strongly Agree

I am self-assured about my capabilities to perform my work activities.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5
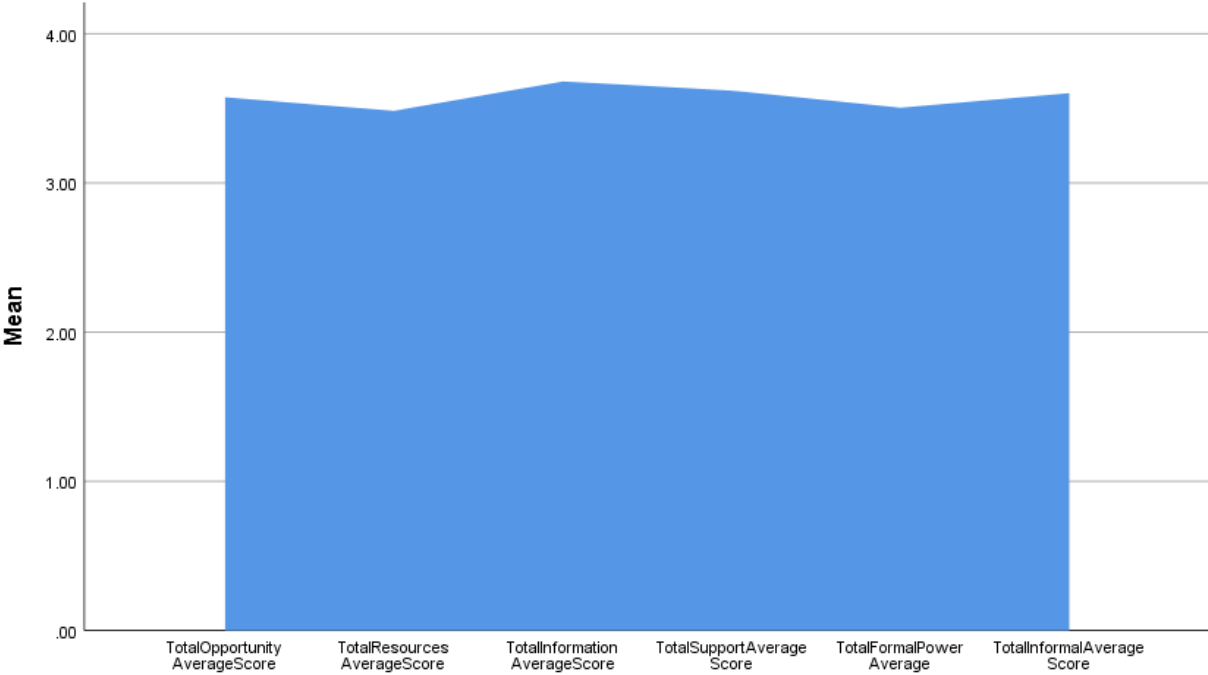
Strongly Disagree   Strongly Agree

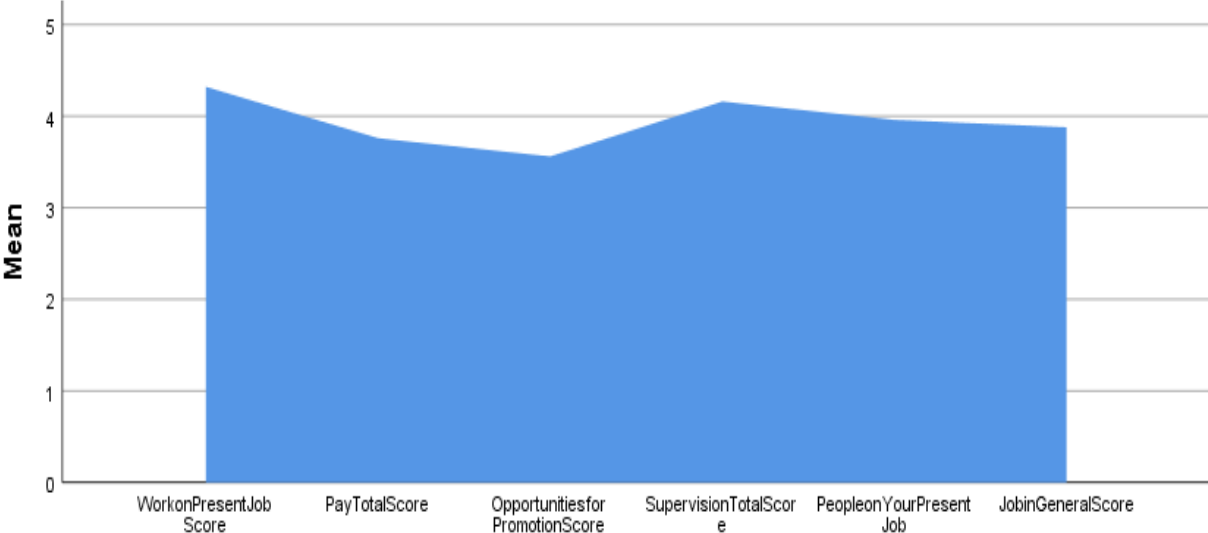Appendix O

Descriptive Statistics

Psychological Empowerment

Conditions of Work Effectiveness-II

Job Descriptive Index

Regression

Mediation

Pearson Correlation