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WORKPLACE EMPOWERMENT AND JOB SATISFACTION
IN PRIMARY CARE NURSE PRACTITIONERS IN SOUTHEAST KANSAS

A Thesis Submitted to the Graduate School
In Partial Fulfillment of the Requirements
For the Degree of
Master of Science in Nursing

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Pittsburg, Kansas

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WORKPLACE EMPOWERMENT AND JOB SATISFACTION IN PRIMARY CARE NURSE PRACTITIONERS IN SOUTHEAST KANSAS

An Abstract of the Thesis by Karen Zafuta Johnson

The purpose guiding this study was to identify perceptions of workplace empowerment and levels of job satisfaction in a group of primary care nurse practitioners in the southeast Kansas area. A quantitative study was conducted and examined as to what background variables are significant for empowerment to be fully realized. This will add knowledge to other studies that have been done on nurse practitioner's job satisfaction so that more will be known about this vital and growing profession.

The population for this study included 30 nurse practitioners that currently work in a primary care setting in the southeast Kansas area and consented to be a part of this research. The primary care settings included but were not limited to: primary care physician's offices, health departments, community health centers, and occupational health settings. The two questionnaires used for this study were the Job Satisfaction Survey developed by Paul Spector, and the Nurse Work Empowerment Scale, developed by Heather Spence Laschinger.

It was the goal of this research study to identify factors that lead to a sense of job satisfaction and empowerment among primary care nurse practitioners. The results of this study could potentially lead to further research on how to recruit and retain quality nurse practitioners. It is these health care providers that are providing high-quality, cost-effective

care to many people. It is essential to identify what factors are desired by nurse practitioners in their job setting in order to retain them in the health care system.

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Chapter I

Introduction

Over the past decade, the role that a nurse practitioner can have in primary health care has gained more attention in the medical and public communities. Nurse practitioners have become an integral part of the primary care system, expanding the options and availability of primary health care services in a cost-effective manner (Koebel, Fuller & Misener, 1991). In fact, the Office of Technology Assessment (OTA) (1986) validates the claim that nurse practitioners have the clinical competence to diagnose and treat 50-90% of the patients who present to a primary care setting. The OTA (1986) further assert that nurse practitioners do this at one-third to one-half the annual salary of that of the physician. Furthermore, the cost-savings a nurse practitioner can have can also be in an indirect manner, as nurse practitioners place much emphasis on preventative medicine and wellness care. Nurse practitioners are able to do this in a less expensive manner than physicians. This can allow individuals in lower-income brackets access to quality health care. These lower-income individuals would otherwise be less likely to seek and receive medical care.

The job satisfaction of nurse practitioners is an important concept as it is in any profession. It is vital to study the cause and effect relationship that job satisfaction can have on practitioners as well as employers and health care in general. One step of this process is identifying what factors are present for nurse practitioners to feel satisfied in their jobs. Sultz, Henry, Bullough, Buck, & Kinyon (1984) found in their longitudinal study that one third of nurse practitioners selected their present positions because of role autonomy. The concepts of autonomy and empowerment have similar qualities. For the purpose of this

study, empowerment is defined as a process of communicating, collaborating, and sharing of decision making between nurse practitioners and their collaborating physicians.

Many studies have been done over the years on registered staff nurses, especially those in critical care areas. Most of these studies focused on nurses' levels of job satisfaction, burnout, and workplace empowerment. There are not many studies that have been done on advanced practice nurses such as nurse practitioners, and the effect that empowerment has on their job satisfaction. This study explored that relationship in primary care nurse practitioners using Rosabeth Moss Kanter's theory of power within organizations (Kanter, 1993). Factors that lead nurse practitioners to feel empowered in their workplace will also be discussed.

Background and Significance

In the 1990's, the role of nurse practitioners in health care reform became more widely known to the public as well as in the health care arena. Nurse practitioners were becoming known as a cost-effective, high quality approach to medical care in both the acute and primary care areas. As reports of high patient satisfaction and reimbursement by third party payors became known, so did the growing trend to hire and retain quality nurse practitioners.

Low rates of job satisfaction contribute to higher levels of job turnover, which in turn leads to increased costs for institutions to orient new employees. These increased costs can lead to further restructuring and downsizing of staff, which continues the cycle. Job dissatisfaction plays an integral role in the problem of nurse and nurse practitioner shortages, which continues to affect patient outcomes. In order for hospitals and institutions to continue

to provide quality, cost-efficient care, it makes more sense to focus efforts on retention and job satisfaction rather on recruitment of new staff.

Significance to Nursing

Nursing has long struggled to establish itself as a recognized profession. Long hours, weekend and holiday shifts, lack of respect from fellow nurses and physicians, stressful working conditions, mediocre pay and understaffing can be replaced by alternative ways of making a living for more money and less stress. With health care costs spiraling, it is becoming paramount to retain quality nurse practitioners by increasing job satisfaction. More studies need to be done in order to identify what factors are required in order for nurse practitioners to be satisfied with their jobs.

One concept that repeatedly shows up in a literature review of job satisfaction and nurses is empowerment. Employees who feel empowered about their work environment are more likely to stay at their jobs for longer periods and also provide a higher level of care. These results are cost-saving for institutions by decreasing turnover and labor costs associated with orientation of new employees. The higher level of care contributes to better patient outcomes and lower health care costs in general (Laschinger, 2001). Research conducted by Bruhn, Brunce, & Floyd (1980) on health practitioners indicates that employers are more pleased with practitioners who are satisfied with their own jobs.

Theoretical Framework

Rosabeth Moss Kanter's theory of power within organizations provides a framework for studying the role of empowering work conditions in decreasing job stress and increasing nurses' attitudes and work satisfaction. Chandler (1986) was the first to test Kanter's theory

in the nursing field. Chandler (1986) utilized the Conditions for Work Questionnaire (CWEQ) to measure 286 staff nurses' perception of power and opportunity in two acute care United States hospitals. This study validated Kanter's prediction that structure was a factor of empowerment in an organization.

Kanter (1993) argues that it is not the inherent traits in a worker's personality that influence the perception of empowerment. Instead, she argues that structural factors within the work environment play the greater role. She also states that employee behavior and attitudes are shaped by challenges and situations in the job environment. Kanter describes power, opportunity, and proportions as the three organizational structures that influence work effectiveness in organizations.

Power

For the purpose of this study, power can be derived from having access to the support, information, and resources necessary to complete tasks and through connections with others in the organization. Power can be formal or informal. Formal power can be found in highly visible jobs that are an integral part of the organization. It can be acquired through positions that permit discretion, visibility and relevance within the organization. Informal power is the alliances that one makes inside and outside the organization, such as with subordinates, superiors and peer networks. (McDermott, Laschinger, & Shamian, 1996).

Opportunity

Opportunity refers to the possibility of advancement, inside or outside of the organization. This can include expectations of future prospects, the chance to increase competency and skills, and the rewards and recognition for those skills. The opportunity for

growth and mobility is dependent on three concepts: access to rewards, challenges, and professional development. This professional development includes the chance to serve on committees and task forces (Almost & Laschinger, 2002).

Proportions

Proportions refer to the social makeup of people within the organization such as social class, gender, and race. Kanter feels that if the work environment is set up so that employees have access to opportunity, a greater role in decision making and autonomy, then they will feel empowered.

Kanter's model provides a solid guide for physicians and employers who wish to foster more productive work environments. By changing work environments to reflect access to opportunity, information, resources, and support, physicians and employers will likely see a higher level of organizational commitment and employee job satisfaction. As a result of these changes, they can see lower levels of voluntary job turnover in their nurse practitioners.

Problem Statement

Job satisfaction is an important concept to examine in the nurse practitioner profession. Low levels of job satisfaction can threaten the well being of the nurse practitioner, the work organization, and ultimately patient care. If workers feel that they have little control over their work environment or their opportunity for advancement, they can be more likely to become disillusioned about their profession. This can lead to job turnover, which further harms the organization. The concept of empowerment in nursing has been linked with increased productivity and effectiveness.

More studies need to be done on nurse practitioners and the factors that contribute to job satisfaction. As the numbers of nurse practitioners increase in health care, it is important to identify what contributes to these nurse practitioners feeling satisfied or unsatisfied with their jobs. This can help employers be aware of how to help retain them in practice.

Study Purpose

The purpose guiding this study was to identify perceptions of workplace empowerment and levels of job satisfaction in a group of primary care nurse practitioners in the southeast Kansas area. A quantitative study was conducted and examined as to what background variables are significant for empowerment to be fully realized. This will add knowledge to other studies that have been done on nurse practitioner's job satisfaction so that more will be known about this vital and growing profession.

Research Questions

The following are research questions that were identified for this study:

1. What are nurse practitioners perceptions of empowerment?
2. How does the level of perceived empowerment for this group of primary care nurse practitioners correlate with their levels of job satisfaction?
3. What factors are considered by this group of primary care nurse practitioners to promote or impede empowerment in their workplace?

List of Variables

The following are a list of variables identified from the research questions.

Empowerment: a process of communicating, collaborating, and sharing of decision making between nurse practitioners and their collaborating physicians.

Job satisfaction: The degree of personal contentment and work motivation related to a job.

Definition of Terms

The following is a list of definition of terms that are found in this research study:

Burnout: A syndrome characterized by emotional exhaustion, depersonalization, and a reduced feeling or lack of personal accomplishment (Maslach, 1976).

Primary care nurse practitioners: Advanced practice nurses who have completed their master's degree and work predominantly in primary care settings such as physician's offices and community health centers (Almost & Laschinger, 2002).

Job strain: The result of high psychological demands and decreased decision making freedom over organizational tasks and skill usage (Karasek, 1979).

Conditions of Work Effectiveness Questionnaire-II (CWEQ-II): A questionnaire that is used to measure perceptions of worker's access to the four work empowerment structures: information, support, resources, and opportunity (Chandler, 1986).

Job Activities Scale-II (JAS-II): A three item measure of worker's perceptions of Kanter's concept of formal power (Laschinger, 2004).

Organizational Relationship Scale-II (ORS-II): A four item measure of a worker's perceptions of Kanter's informal power (Laschinger, 2004).

Job Satisfaction Survey: A nine-subscale measure of employee job satisfaction applicable specifically to human service, public, and nonprofit sector organizations (Spector, 1985).

General Assumptions

The following are assumptions to the study:

1. The participants are truthful in answering the questions.
2. The questions on the questionnaires are valid and reliable to determine empowerment and job satisfaction in primary care nurse practitioners.
3. The interpretation of the data will provide information about perceptions of empowerment and job satisfaction that could impact future practice.
4. Instruments used will accurately assess the construct of empowerment and job satisfaction.

Theoretical Assumptions

The following are assumptions to the theoretical framework included in this study:

1. Structural workplace empowerment leads to a worker's psychological empowerment.
2. Workers strive for opportunities for growth, power, and mobility.
3. Psychological empowerment leads to job satisfaction.
4. Nurse practitioners strive for opportunities for growth, power, and mobility.
5. Nurse practitioners' psychological empowerment leads to job satisfaction.

Limitations

The following are limitations to the study:

1. The findings cannot be strongly generalized to all nurse practitioners, as this study will be conducted on primary care nurse practitioners. Nurse practitioners can work in a variety of acute care and primary care settings.
2. These findings cannot be generalized to nurse practitioners working in an urban area, as this study will be conducted in a predominantly rural area.
3. The possibility exists that only those who feel empowered or helpless would take the time to complete the questionnaires. This could result in biased results.

This study appears to be one of a few that studies primary care nurse practitioners and their perceived empowerment and level of job satisfaction. The following chapter will examine the literature on related studies.

Chapter II

Introduction

Before a study on empowerment and job satisfaction can be done, it is important to examine the literature on what has already been studied. Nurses have been studied extensively, as this is a profession in which shortages often occur. It has been important to ascertain what factors can possibly lead to job turnover and/or nurses leaving the profession. It has been difficult to find studies that directly relate to nurse practitioners, their levels of job satisfaction, and the factors that can contribute or detract from this satisfaction. This review of literature will attempt to create a background of information on the concepts of job satisfaction, burnout, job strain, and empowerment.

Review of Literature

This researcher has examined an extensive body of literature relating to empowerment and job satisfaction. Several of the studies were scanned for content. This review was only a means of making the researcher aware of what studies have been conducted, but the information in these studies was not used to direct data collection or theory development from that data (Burns & Grove, 2001).

Job Satisfaction

When reviewing the pertinent literature, many definitions and explanations of job satisfaction emerge. Lancero & Gerber (1995) define job satisfaction as a positive emotional feeling associated with the work role, particularly as related to feelings about autonomy and interaction with other members of the health care team. Kuokkanen, Leino-Kilpi, & Katajisto (2003), state that at least three common denominators are to be found in defining

job satisfaction. The first are factors inherent in the work environment: social integration, communication, and management style. The second are professional factors: autonomy, organizational policies, and pay. The third denominator in job satisfaction is patient care factors, such as expertise and rewarding interaction.

Blegan & Mueller (1987) state that job satisfaction may be considered an “end in itself” and important in its own right. “It is the extent of positive affective orientation to the job” (p. 227). This definition suggests that job satisfaction is related to the individual’s ability to adapt and relate to others and their job description.

Job satisfaction is important in any profession, especially in one such as nursing where struggles with job turnover and shortages are common. According to Parsons (1998), job satisfaction is one of the most studied concepts in organizational research. It is linked with job turnover, job performance, and in the nursing profession, it has also been directly linked to patient satisfaction. Johnston (1997) identifies specific organizational factors that have been reported as affecting registered nurse job satisfaction: powerlessness and locus of control, organizational structure, management styles, pay, burnout, organizational climate, and job stress. Lancero & Gerber (1995) cited a study on the impact of a variety of work-related factors on work satisfaction and anticipated turnover among 1,587 hospital nursing staff. They described two types of job satisfaction: 1) organizational satisfaction (which includes salary or reward, nursing administration style, professional status accorded and interaction with colleagues), and 2) professional/occupational satisfaction or perceived quality of care delivered (time to conduct care activities and general enjoyment of the job). Lancero & Gerber (1995) reported that the study found that among hospital nurses, control

over nursing practice always had a positive impact on job satisfaction while job stress had a consistently negative effect. Even if the control over a situation is only perceived, this still leads to a decreased level of stress for the nurse.

Koelbel, Fuller, & Misener (1991) found that most nurse practitioners were satisfied with their job content but were dissatisfied with their work environments. Sources of job satisfaction included opportunities to use their abilities and a sense of autonomy. Nurse practitioners practicing to their full scope of practice while feeling valued and trusted in their role added to their satisfaction. Major sources of job dissatisfaction included restrictive organizational policies and practices, and a lack of recognition by supervisors. Manderino et al. (1994) found in a similar study that the main sources of stress for nurse practitioners included role restrictions and time demands.

Studies have shown that practitioners that derive a sense of satisfaction and fulfillment from their employment are able to do their job more productively. In other words, practitioners are more likely to give more of themselves to their patients when they get more satisfaction from their jobs. Weisman & Nathanson (1985) confirmed this concept in their study. They demonstrated that nurses' job satisfaction levels were related to clients' satisfaction with the care that the nurses provided. Other benefits of job satisfaction include: improved self-esteem, improved relationships with peers (Blegan & Mueller, 1987), motivation to work to full potential, enhanced overall mental health, and quality performance. The combination of these factors and their interrelationships ultimately leads to patient satisfaction (Gauthier, 1998).

Mullins, et al. (1988) conducted a descriptive study on 439 supervisory and nonsupervisory nursing employees in long term care settings. They reported a statistically positive relationship between job satisfaction and organizational structural factors. These factors included rewards, coordination among departments, standardization of policies, and participation of the employee in the organization. It was determined that these organizational factors deserve more attention in nurse's work environments since it is these factors that affect work effectiveness.

Burnout

When low levels of job satisfaction persist, it can lead to job strain and burnout. Burnout is a phenomenon commonly associated with work conditions in the helping professions, such as nursing, teaching, and law enforcement. Mosby (1994) defines it as:

A popular term for the condition of having mental or physical energy depletion after a period of chronic, unrelieved job-related stress characterized sometimes by physical illness. The health professional loses concern or respect for patients and often develops cynical, dehumanized perceptions of people, labeling them in a derogatory manner. Causes of burnout peculiar to the nursing profession often include stressful, even dangerous, work environments; lack of support; lack of respectful relationships within the health care team; low pay scales compared with physicians' salaries; shift changes and long work hours...and frustration and disillusionment resulting from the difference between job realities and job expectations. (p. 235)

Laschinger, Shamian, & Thomson (2001) state that burnout is a logical outcome of lower levels of autonomy, control over practice, collaborative working relationships, and

organizational trust. According to Toscanco & Ponterdolph (1998), those most likely to experience burnout share certain personality characteristics. These traits include being unassertive, submissive, anxious, fearful, and overburdened. Maslach (1982) proposes that burnout results from a negative environment rather than a defective personality. Chronic stress, rather than acute stress, and prolonged personal contact appear to bring about the highest degrees of burnout.

Burnout is a significant problem in the nursing profession as it threatens the well-being of the nurse, the work organization, and ultimately patient care. If workers feel that they have little control over their work environment or their opportunity for advancement, they can be more likely to become disillusioned about their profession. This can lead to job turnover, which further harms the organization through morale and possible lost revenue from new employee orientation. Burnout continues to be an important concept to study as it relates to the nursing profession, especially in the midst of an ongoing nursing shortage.

Job Strain

Job strain occurs when an individual experiences a combination of high psychological demands and low decision-making freedom over organizational tasks and skill usage (Karasek, 1979). Karasek also states that the psychological stressors that are present in work environments include job demands and workload. This can include the pace at which one must perform, the hectic nature of the job, adequate time to perform the job, proportion of work performed under time pressure, amount of work, level of concentration required, presence of conflicting demands, and interruptions.

Karasek's Job Strain Model describes four types of work situations that are created by work demands and decision making freedom: high-strain, active, low-strain, and passive. In a high strain work environment, workers experience a high level of psychological demands but low levels of decision making capacity. A worker will experience the effects of the psychological demands, such as increased heart rate and an increased state of arousal. However, if the worker has little control over decision making, this increased level of stress will not have an outlet and will result in a prolonged level of stress. This can result in fatigue, anxiety, depression, and physical illness (Karasek & Theorell, 1990 as cited by Laschinger, et al, 2001).

In an active work environment, workers still experience the high levels of psychological demands but also have a high level of decision making latitude. This allows the worker to utilize all available resources and skills to make decisions over the demands. Effective problem solving takes place in such an environment, resulting in little psychological strain (Laschinger, et al. 2001). Jobs in an active work environment are considered to be motivating and growth producing (Karasek & Theorell, 1990).

Low-strain work environments include those that have a low level of psychological demands and high decision making capacity. This type of situation allows the worker to deal with each challenge in the best possible manner. This type of job situation is rare and does not provide many opportunities for a worker to grow to their potential or learn new problem solving skills.

Passive job situations have low levels of psychological demands and low decision-making latitude. A worker's ability is not challenged and over time can lead to a gradual

atrophy of learned skills and abilities (Karasek & Theorell, 1990). This situation shows that a certain amount of stress is challenging and forces a worker to develop new problem solving skills to adapt to the stressors.

While a certain amount of job stress and strain can be productive in motivating workers, prolonged levels of stress can have ill effects. These effects include depression, sleep disturbances, burnout, job dissatisfaction, high blood pressure, effects on cortisol levels, low-back pain, and physical and emotional role limitations (Almost & Laschinger, 2002). Gordon (1991) also lists increased sick time, tardiness, workers compensation claims, workplace conflict, violence, and substance abuse as effects of employees ineffectively coping with stress in organizations. These findings signify how important it is to identify factors that lead to job strain and job satisfaction in nurse practitioners. Their health and well-being depend on it.

Empowerment

Empowerment is a concept that refers to the control and confidence that one has in their working conditions. A supportive working environment that provides access to information, support, and opportunities to learn and grow is conducive to employees feeling empowered. These employees tend to have higher levels of self-efficacy, increased positive attitudes and behaviors, higher levels of commitment, and perceptions of positive outcomes (Laschinger, 1996). This in turn allows employees to positively influence their coworkers and the effects are shared. There is a direct relationship between power of a position, the willingness of those in charge to share that power, and employees at any level experiencing empowerment.

Empowerment can also be defined as a means of creating and sustaining a work environment that speaks to needs and values that facilitate the employee's choice to invest in and own personal actions and behaviors resulting in positive contributions to the organization (Chandler, 1991). Empowerment is also created when collective action among nurses is present. Collaboration, control over practice, and a commitment to improve nursing are evident (Stuart, 1986). When this control and collaboration are not accessible, nurses feel "stuck" and more likely to be labeled by their managers as only "working for a paycheck" and "work only for the sake of acquiring material goods" (Chandler, 1991).

Kuokkanen & Leino-Kilpi (2001) describe the qualities of an empowered nurse in their qualitative study: 1) moral principles (showing ethical responsibility, respect for the individual, honest, just and fair), 2) personal integrity (resourceful, courageous, able to act under pressure, flexible), 3) expertise (competent, autonomous with informal power and a sense of personal responsibility), 4) future-orientedness (innovative, enthusiastic promoter, forward thinking), and 5) sociability (open-minded, respected by others, socially responsible). The authors then identified factors that promote empowerment: moral principals (shared values, esteem for others, shared care philosophy), personal integrity (delegated responsibilities, confidence, feedback), expertise (evaluation and development, cooperation, training), future-orientedness (continuity of work, opportunities for advancement, access to information), and sociability (collegial support, problem solving, open communication).

According to Kanter (1993), the amount of control that employees feel that they have over the conditions of their work is an important factor influencing work effectiveness. This

work effectiveness can increase job satisfaction and decrease job burnout. In a study by Laschinger, Finegan, & Shamian (2001), psychological empowerment was positively linked with structural empowerment even in highly demanding work environments. Their conclusion was that employees could feel empowered and satisfied with their jobs and avoid job strain when they feel empowered about decision making in their organization.

In a study of Canadian staff nurses, Laschinger, Sabiston, & Kutszcher (1997) examined nurses' access to work empowerment activities. Their results supported Kanter's theory that access to work empowerment structures is increased by high levels of formal and informal power. The researchers suggest that it is reasonable to believe that nurses who perceive their work environments to be empowering are more likely to provide high-quality care through more effective work practices.

Kuokkanen, Leino-Kelpi, & Katajisto (2003) also studied nurse empowerment, job-related satisfaction, and organizational commitment. They found that job satisfaction, commitment to the job, and level of professional activity are strongly correlated with nurse empowerment. Professional activity refers to further education, career consciousness, and organizational activities. The authors also suggest that to truly feel empowered, nurses need to have a real influence on decision-making in their institution to where their impact will affect future projects. They also stated that for there are required elements for the empowerment process to take place. These include a low-hierarchy organization, working practices oriented toward teamwork, coherent values and strategies, personnel management that creates opportunities and sufficient resources.

Sarmiento & Laschinger (2004) studied empowerment, burnout, and job satisfaction in nurse educators. This descriptive study revealed that the nurse educators reported moderate levels of empowerment in their workplaces as well as moderate levels of burnout and job satisfaction. Emotional exhaustion, depersonalization, and decreased levels of access to resources contributed to the perception of burnout. These findings have important implications for nurse education administrators.

Almost & Laschinger (2002) studied 63 acute care nurse practitioners and 54 primary care nurse practitioners. They wanted to test the link between empowerment and job strain. They found that primary care nurse practitioners had significantly higher levels of workplace empowerment, collaborations with managers, and job strain than acute care nurse practitioners. In many cases, it was found that acute care nurse practitioners work much longer hours than primary care nurse practitioners with less control over their workload due to hospital routine, size, and environment. According to Kanter's theory, these work conditions are less empowering. It was also found that the primary care nurse practitioners felt they had greater access to information, resources, support, and the opportunity to learn and develop than the acute care nurse practitioners. These results supported Kanter's theory that structural factors within the work environment influence worker's perception of empowerment.

Finegan & Laschinger (2001) conducted a gender analysis on the antecedents and consequences of empowerment. They studied 412 nurses about their access to empowerment structures and their trust and commitment to their organization. This sample included 195 men and 217 women. They found no support for the suggestion that male nurses are more or

less empowered because of their “token” status. The results suggest that empowerment provides an excellent way of enhancing organizational attitudes for both men and women. This study supports Kanter’s theory that empowerment has many positive consequences.

The effect that a nurse manager can have on staff nurses’ perception of empowerment should not be overlooked. McDermott, Laschinger, & Shamian (1996) found a significant and strong positive correlation between staff nurses’ perceptions of empowerment and their perceptions of the manager’s power. The authors state that when managers are in powerful positions, it is easier for them to be successful and to accomplish more. Furthermore, the authors state that if managers have ready access to resources, information, support and opportunity, they are more likely to share their power with the people they supervise. In 1996, Haugh & Laschinger did a study on 46 public health nurses and 10 nurse managers. These nurses were surveyed to examine their perceptions of the amount of power existing in their own and their counterparts’ jobs. Both groups rated their work environments to be somewhat low in power, although managers perceived themselves to be significantly more empowered in their work environments than did staff nurses. Staff nurses perceived themselves to have significantly less access to empowerment structures (opportunity, information, support, and resources) than their managers perceived them to have. Staff nurse empowerment was found to be significantly related to perceptions of their immediate managers’ power in the organization. Another study by Beaulieu, Shamian, Donner, & Pringle (1997) suggested that organizational structures that foster nurses’ empowerment combined with powerful managers may be important factors that contribute to increase long-term care nurses’ commitment.

These concepts of empowerment, job satisfaction, and burnout are important to consider in today's world of healthcare. Nursing shortages and high rates of job turnover in registered nurses and advanced practice nurses continue to occur. It is vital for employers and nurse managers to provide work environments in which nurses feel empowered, as this has been shown to have a positive effect on patient care and satisfaction.

The review of literature reveals common themes among nurses at different education levels and in different levels of acuity. The following chapter describes the type of study that will be conducted for this paper.

Chapter III

This study examined the relationship between job satisfaction and perceived levels of workplace empowerment that primary care nurse practitioners experience. The findings in this study could be helpful in creating empowering work environments that enable nurse practitioners to provide excellent patient care and create positive outcomes in the healthcare system.

Research Design

This study is an example of a descriptive correlational design. A descriptive correlational study examines variables in situations that have already occurred or are currently occurring (Burns & Grove, 2001). There are no attempts to manipulate or change the variables; rather the researcher is examining relationships that exist between them. The variables examined in this study were empowerment and job satisfaction.

Protection of Human Subjects

The Pittsburg State University (PSU) Committee for the Protection of Human Research Subjects provided thesis proposal approval prior to collection of data. Subjects were provided an explanation of the study and its purpose. Verbal and written consents were obtained. Subject anonymity and confidentiality was strictly maintained. Subjects were informed that they could withdraw from the study at any time without prejudice. The questionnaires will be kept in a locked cabinet in the PSU Department of Nursing for three years after the research project is completed. After three years, the questionnaires will be destroyed.

The results of the study will be made public in the Axe Library and the library at the Department of Nursing, Pittsburg State University.

Population and Sample

The population for this study includes all nurse practitioners that currently work in southeast Kansas. The sample included 30 nurse practitioners that currently work in a primary care setting in the southeast Kansas area, consented to be a part of this research, and returned a completed survey. The primary care settings included but were not limited to: primary care physician's offices, health departments, community health centers, and occupational health settings. The type of sampling method used in this study was convenience sampling. According to Burns and Grove (2001), in convenience sampling, subjects are included in the study because they happened to be in the right place at the right time. Subjects are entered into the study until the sample size is reached.

The sample was chosen by sending or hand carrying questionnaires to nurse practitioners who work in primary care settings in the southeast Kansas area. They were identified by phone book listings of practitioners, known practitioners in the area, and listings from local hospitals and health departments of practitioners. The following table depicts the demographic data gathered during this study.

Table 1

Demographics

Demographic	Number	%
Male	3	10%
Female	27	90%
Age: 20-30 years	1	3.4%
31-40	6	20%
41-50	13	43.4%
51-60	9	30%
61+	1	3.4%
Married	27	90%
Single	3	10%
Education		
Bachelor's degree	2	6.7%
Master's degree	26	86.7%
PhD degree	2	6.7%
NP years: 0-5 yrs	15	50%
6-10	10	33.4%
11-15	3	10%
16-20	1	3.4%
21-25	1	3.4%
26-30	1	3.4%
Years in current practice		
0-5	21	70%
6-10	7	23.4%
11-15	2	6.7%
n=30		

Overall, the participants are female, between the ages of 31 and 60, married, hold a master's degree, and have practiced as nurse practitioner ten years or less. As seen above, 27 (90%) of the respondents are female and three (10%) are male. Regarding education: two (6.7%) of the respondents have a bachelor's degree, two (6.7%) respondents have a PhD, and 26(86.7%) have their master's degree. Of the 30 respondents, 15 (50%) have been a nurse practitioner for five years or less, nine (30%) for six to ten years, three (10%) for 15 years or

less, and the remaining three (10%) have been a nurse practitioner for 16-30 years. When asked about years in current practice, 21 (70%) respondents answered five or less years, 7 (23.4%) answered six to ten years, and 2 (6.7%) of the respondents answered 11-15 years.

Setting

The setting for this study was the southeast Kansas area. This is a predominantly rural area. The nurse practitioners work in primary care settings as described in the previous section.

Instrumentation Reliability and Validity

In 2000, Laschinger, Finegan, Shamian, and Wilk developed the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II), a short form of the CWEQ. The CWEQ-II consists of 12 items (three for each of Kanter's four empowerment structures: access to information, support, resources, and opportunity). Items are rated on a five-point Likert scale.

The Job Activities Scale (JAS-II) is a 3-item measure of staff nurses' perceptions of Kanter's concept of formal power. The Organizational Relationships Scale (ORS-II) is a 4-item measure of staff perceptions of Kanter's informal power. The items in these scales are also rated on a five-point Likert scale and mean scores are obtained by summing and averaging items, with a high score reflecting higher levels of formal and informal power. The CWEQ-II, JAS-II, Global Empowerment Scale, and ORS-II together make up the Nurse Work Empowerment Scale.

The construct validity of the CWEQ-II was substantiated in a confirmatory factor analysis that revealed a good fit of the hypothesized factor structure ($\chi^2 = 279$, $df = 129$, CFI

= .992, IFI = .992, RMSEA = .054) (Laschinger, 2004). Laschinger, Finegan, Shamian and Wilk (2001) validated the factor structure of the 6 measures of empowerment. Based on these results, a total empowerment score is created by summing the subscales of the CWEQ-II, JAS-II and ORS-II (score range: 6-30, with a higher number signifying greater perceived workplace empowerment). Scores ranging from 6 to 13 are described as low levels of empowerment, 14 to 22 as moderate levels of empowerment, and 23 to 30 as high levels of empowerment. The tool also includes a 2-item Global Empowerment scale, which is used as a construct validity check. The two global empowerment items are summed and averaged to create a score ranging from 1-5. This score is not included in the structural empowerment score. The correlation between this score and the total structural empowerment score provides evidence of construct validity for the structural empowerment measure. The CWEQ-II correlates highly with the global measure of empowerment ($r = 0.56$), providing additional evidence of construct validity. Cronbach's alpha reliability levels for the CWEQ-II ranges from 0.78 to 0.93 in several studies (Laschinger, 2004).

Paul Spector developed the Job Satisfaction Survey (JSS) in 1985. It was designed to measure employee job satisfaction, especially in human service, public, and nonprofit sector employees. The JSS is a 36-item, nine-facet scale to assess employee attitudes about the job and aspects of the job. Each facet is assessed with four items, and a total score is computed from all items. A summated rating scale format is used, with six choices per item ranging from "strongly disagree" to "strongly agree." Based on a sample of 2,870, it has an internal consistency reliability (coefficient alpha) of 0.91 (Spector, 1985).

Data Collection

This nurse researcher either mailed or hand-carried a letter of transmittal (Appendix C) to participants explaining the nature of the study. Study questionnaires were given to participants at this time. Telephone contact was made to determine availability for further participation for those whom the researcher could not contact in person. Consent to participate was obtained through subject signature on the Letter of Transmittal. The questionnaires were returned to the nurse researcher in the provided self-addressed stamped envelopes.

Data Analysis

Descriptive statistics was used to describe the major study variables and sample demographics such as gender, education, age, marital status, years in practice and years in current practice. Correlational analysis was used to test the hypotheses. Probability level was set at .05.

Chapter IV

The purpose of this study was to identify perceptions of workplace empowerment and job satisfaction in a group of primary care nurse practitioners in the southeast Kansas area. During the month of March 2005, the Job Satisfaction Survey and the Nurse Work Empowerment Scale were sent to 43 nurse practitioners in the following Kansas counties: Neosho, Labette, Bourbon, Linn, Woodson, Montgomery, Cherokee, and Crawford. A demographic form was also sent out to obtain information on age, gender, education, and years in practice. After a two-week deadline, 31 subjects had returned the packet with a return rate of 72%. One of the questionnaires was unable to be used due to incomplete responses, bringing the final sample size to 30.

The Job Satisfaction Survey consisted of 36 questions with each question scored on a six-point scale. Half of the items are written in the positive direction, and half of the items are written in the negative direction. High scores on the scale represent job satisfaction, so the negatively worded items must be reversed before summing with the positively worded into facet or total scores. There are nine subscales of job satisfaction in this survey: pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication. Scores on each of nine facet subscales, based on four items each, can range from four to 24; while scores for total job satisfaction, based on the sum of all 36 items, can range from 36 to 216.

Survey Results

The total job satisfaction scores in this study ranged from 109 to 207, with a mean of 156, standard deviation of 26.5, a median of 159, and a mode of 177. The median, mean, interquartile range, and standard deviation of each subscale score are shown in the following table.

Table 2

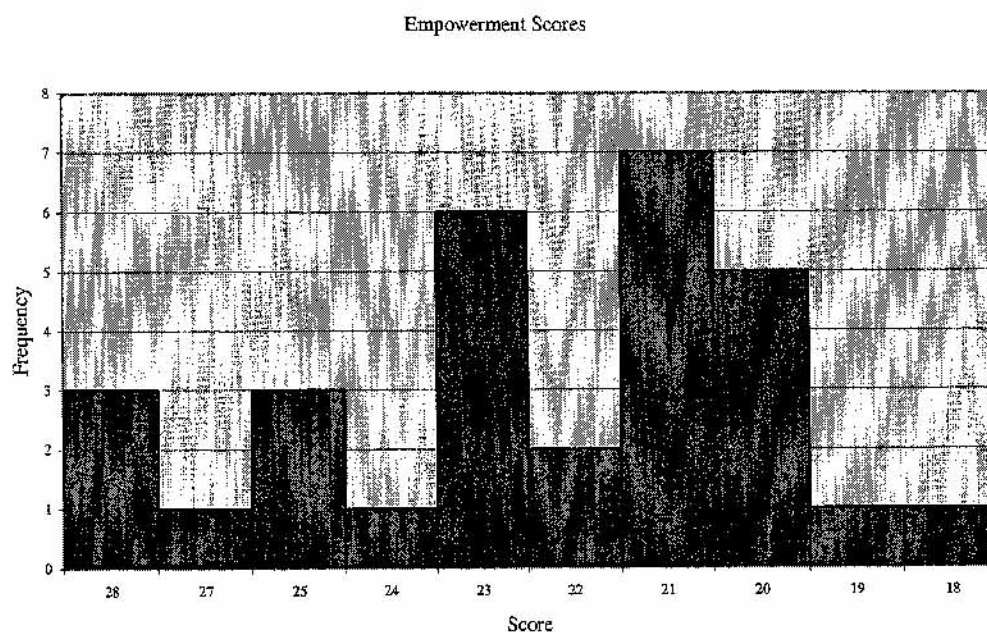
Job Satisfaction Subscales

Subscale	Median	Mean	Interquartile Range	Standard Deviation
Nature of Work	22	22	3	2.1
Coworkers	20	20	6.5	3.2
Supervision	21	20	5	3.2
Contingent Rewards	17	17	5.8	4
Communication	18	17	6.8	4.9
Pay	16	16	6	4.7
Fringe Benefits	15	15	7.8	5.9
Operating Conditions	15.5	15	5.8	3.2
Promotion	14	14	4	4.2
<i>n</i> =30				

Nature of one's work had the highest mean score of 22 out of 24 possible points, followed by coworkers and supervision, both with a mean score of 20. Contingent rewards and communication had the next highest mean of 17, while pay followed closely with a mean score of 16. Fringe benefits and operating conditions both had a mean score of 15, while promotion had the lowest mean score as a subscale of job satisfaction at 14.

The Nurse Work Empowerment Scale consists of the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II), the Job Activities Scale-II (JAS-II), and the Organizational Relationships Scale-II (ORS-II). The CWEQ-II is a questionnaire that consists of 12 items (three for each of Kanter's four empowerment structures: opportunity, information, support, and resources). The JAS-II is a three-item measure of nurses' perceptions of Kanter's concept of formal power, and the ORS-II is a four-item measure of nurses' perceptions of informal power. A total empowerment score is created by summing the subscales of the CWEQ-II, JAS-II, and the ORS-II (score range 6-30, with higher scores reflecting higher levels of perceived empowerment). The following histogram reflects the range and frequency of total empowerment scores.

Graph 1

Frequency of Empowerment Scores

$n = 30$

The empowerment scores ranged from 18 to 28. The mean score was 22.5 with a standard deviation of 2.7.

Correlational analysis was used to answer the research question: How does the level of perceived empowerment for this group of primary care nurse practitioners correlate with their levels of job satisfaction? Using Excel, a Pearson's correlation coefficient (r) of 0.62 was figured for the two variables, empowerment scores and job satisfaction scores. To obtain the value of the coefficient of determination, 0.62 is squared: $r^2 = 0.39$. This measures the proportion of variability in one variable that can be determined from the

relationship with the other variable. In this case, the empowerment scores determine or predict 39% of the variability in the job satisfaction scores.

The critical value was calculated using Excel. The calculated values must meet or exceed the critical value of 0.37 in order to conclude that a significant correlation exists between the two variables. A correlation matrix was done using Excel to calculate Pearson correlation coefficients on empowerment, job satisfaction, and the nine subscales of job satisfaction. The results are shown in Table 2. Those values exceeding the critical value are shaded in gray.

Table 3

Correlation Matrix

		<i>Job</i>	Critical
	<i>Empowerment</i>	<i>Satisfaction</i>	value=0.37
Empowerment	1		
Job Satisfaction	0.62	1.00	
Pay	0.38	0.82	
Promotion	0.66	0.80	
Supervision	0.44	0.55	
Fringe Benefits	0.53	0.78	
Contingent rewards	0.61	0.84	
Operating Conditions	0.28	0.69	
Coworkers	0.25	0.53	
Nature of work	0.45	0.59	
Communication	0.45	0.82	<i>n=30</i>

Promotion had the highest correlation coefficient value of 0.66, followed closely by job satisfaction at 0.62, and contingent rewards at 0.61. Fringe benefits had a correlation coefficient value of 0.53, followed by nature of work and communication each at 0.45. Supervision (0.44) also exceeded the critical value of 0.37, as did (0.38). Those factors of

job satisfaction that did not meet or exceed the critical value were operating conditions and coworkers.

Chapter V

Summary

Job satisfaction is a popular term these days as relates to the nursing profession. When reading about factors that affect nurses' job satisfaction, empowerment is often mentioned. The purpose of this research project was to identify perceptions of workplace empowerment and job satisfaction in a group of primary care nurse practitioners in the southeast Kansas area. Thirty eligible nurse practitioners completed questionnaires to provide data for this study.

Discussion

After reviewing the results of the JSS, it was found that the mean score for total job satisfaction was 156 out of 216 total points. This indicates that overall, the level of job satisfaction in this group of nurse practitioners is high. Upon examination of the job satisfaction subscales, these practitioners identified nature of work as the factor that they are most satisfied with. This refers to feeling that their work is worthy, enjoyable, and something to be proud of. Their coworkers including supervisors also were identified as leading to job satisfaction. This could refer to the good working relationship that they have with their collaborating physician. Contingent rewards such as feeling appreciated/recognized for work done also scored moderately high, as did communication with the organization. Those factors that were scored lower as pertaining to job satisfaction were pay, fringe benefits, operating conditions, and promotion. This could be interpreted that this group feels that they aren't rewarded enough monetarily and through employee benefits. They also indicate that they have too much paperwork and red tape to deal with

while not anticipating that they will have adequate opportunity for advancement in their organization. In a similar study by Almost & Laschinger (2002), the authors found that nurse practitioners identified time demands, role restrictions, lack of understanding of their role by managerial and medical personnel, and interpersonal conflict as stressors in their workplace. It was also reported that the psychological demands that these nurse practitioners experienced were offset by control over their work

After examining the results of the Nurse Work Empowerment Scale, the overall mean for the group was 22.5. This indicates a moderately high level of empowerment. The Pearson's r was calculated at 0.62. The positive value of 0.62 indicates that there is a strong positive relationship between empowerment and job satisfaction. In this case, when the level of empowerment goes up or down, the level of job satisfaction goes up or down to correspond. These results answer the research question asked earlier: "How does the level of perceived empowerment for this group of primary care nurse practitioners correlate with their levels of job satisfaction?"

The high level of empowerment and corresponding job satisfaction makes sense in this group of nurse practitioners in southeast Kansas. For the most part, they are working independently of their collaborating physician. While the physician is available for consultation, they are not usually working side by side with the nurse practitioner, which could lead to a sense of empowerment and job satisfaction. This follows the results of similar studies on registered nurses, in that job satisfaction and empowerment go hand in hand. In Almost & Laschinger's (2002) study on acute care and primary care nurse practitioners, the authors reported both groups feeling moderately empowered, with moderate

level of collaboration with managers, a low level of job strain, and a moderately high level of collaboration with physicians. In a study of college nurse educators (Sarmiento, et al, 2004), it was found that the educators reported moderate levels of empowerment in their workplaces as well as moderate levels of burnout and job satisfaction. The authors also concluded that while empowerment and level of emotional exhaustion were both significant predictors of job satisfaction, empowerment was the stronger of the two (Sarmiento, et al, 2004).

The second research question was: "What factors are considered by this group of primary care nurse practitioners to promote to impede empowerment in their workplace?" When examining empowerment and subscales of job satisfaction, this group indicated that there is a significant correlation between empowerment and pay, promotion, supervision, fringe benefits, contingent rewards, nature of work, and communication. These could be considered the factors that promote empowerment. There was a strong positive relationship found to exist between job satisfaction and empowerment. It could then be inferred that the nurse practitioners' perceptions of empowerment would include those job satisfaction subscales that had a significant correlation with empowerment. These subscales could answer the first research question: "What are nurse practitioners perceptions of empowerment?"

It was interesting to note that pay barely exceeded the critical value as a determinant of empowerment. This group seemed more interested in things such as career advancement, supervisors, health insurance, and being recognized for a job well done. These results could be accounted to the fact that the majority of the respondents are in the age range that they probably have a family to provide for and good fringe benefits are a necessity. The fact that the majority has been in the profession ten years or less could account for the desire for

promotion. Factors that did not prove to show a significant correlation with empowerment were operating conditions and coworkers. In a similar study by Kuokkanen, et al (2003), it was found that empowerment was linked with job satisfaction, commitment to the job, and professional activity in nurses.

Implications for Practice

The implications for nurse practitioners in practice include looking at the factors that this group rated low in satisfaction. Since promotion within one's job or profession is a factor that rated poorly and it is correlated with levels of empowerment, this could be an area of further research.

Overall, this group felt that their benefit package did not meet their expectations. This is an area that employers could look at when considering recruitment and retention of nurse practitioners. Offering better health/life insurance plans, retirement contributions, and profit sharing are a few examples of how to attract and maintain quality practitioners.

Implications for Future Study

It is imperative to critically analyze the factors that this sample group identified as contributing to empowerment and job satisfaction. Since this was one of the few studies done of its kind on nurse practitioners, job satisfaction, and empowerment, similar studies with a larger sample size should be done to validate the results. Examining nurse practitioners from urban areas as opposed to rural areas should be done, as well as researching practitioners in specialties such as pediatrics or orthopedics. Future studies could also include nurse practitioners in different geographic regions of the United States, or even other countries. Since the majority of this sample group were females between the ages of 30

and 60, it would be interesting to see what results are obtained from a sample group with more males and/or of a different age bracket.

Future studies should continue to identify factors that can promote or impede levels of job satisfaction and empowerment in nurse practitioners. This can lead to a better understanding of what factors can contribute to recruitment and retention. Nurse practitioners are a growing, vital part of today's healthcare. As medical costs continue to rise, it is increasingly important to retain such well-educated, cost-effective health care providers.

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Appendix A

September 21, 2004

Dr. Heather Spence Laschinger
School of Nursing, University of Western Ontario
London, Ontario, Canada N6A 5C1

Dear Dr. Laschinger,

I am a graduate nursing student at Pittsburg State University. I am working on a research project under the direction of Cheryl Giefer, RN, PhD. I am conducting a study on primary care nurse practitioners in the southeast Kansas area. The purpose of this study is to measure job satisfaction and empowerment in this group of nurse practitioners.

I am requesting permission to copy and use the Nursing Work Empowerment Scale that you and Dr. G. Chandler developed.

Sincerely,

Karen Johnson
Graduate Nursing Student
Pittsburg State University



NURSING WORK EMPOWERMENT SCALE Request Form

I request permission to copy the Nursing Work Empowerment Scale as developed by Dr. G. Chandler and Dr. Heather K. Spence Laschinger. Upon completion of the research, I will provide Dr. Laschinger with a brief summary of the results, including information related to the use of the Nursing Work Empowerment Scale used in my study.

Questionnaires Requested:

Conditions of Work Effectiveness-I (includes JAS and ORS): Yes

Conditions of Work Effectiveness-II: Yes

Job Activity Scale only: Yes

Organizational Relationship Scale only: Yes

Organizational Development Opinionnaire or Manager Activity Scale: Yes

Other Instruments:

Please complete the following information:

Date: 9/20/04

Name: Karen Johnson

Title: RN & Masters student

University/Organization: Pittsburg State University, 1701 S. Broadway, Pittsburg, KS

Address: 503 E. 27th, Pittsburg, KS 66762

Phone: (620) 231-0954 (after 4pm)

E-mail: bkaajohnson@yahoo.com

Description of Study: The questionnaire will be used to measure job satisfaction in Southeast Kansas nurse practitioners and find out if it is related to on the job empowerment. The population will include approximately 30 Nurse Practitioner

Permission is hereby granted to copy and use the Nursing Work Empowerment Scale.

Date: September 21, 2004

Signature: _____

Dr. Heather K. Spence Laschinger, Professor
School of Nursing, University of Western Ontario
London, Ontario, Canada N6A 5C1
Tel: 519-661-4065 Fax: 519-661-3410
E-mail: hkl@uwo.ca

Appendix B

February 13, 2005

Paul E. Spector
Department of Psychology
University of South Florida
Tampa, FL 33620

Dear Mr. Spector,

I am a graduate nursing student at Pittsburg State University. I am working on a research project under the direction of Cheryl Giefer, RN, PhD. I am conducting a study on primary care nurse practitioners in the southeast Kansas area. The purpose of this study is to measure job satisfaction and empowerment in this group of nurse practitioners.

I am requesting permission to copy and use the Job Satisfaction Survey that you developed.

Sincerely,

Karen Johnson
Graduate Nursing Student
Pittsburg State University

Dear Karen:

You have my permission to use the JSS in your research.

Best,

-- *Paul E. Spector* 2/24/05
Paul E. Spector
Department of Psychology
University of South Florida
Tampa, FL 33620
(813) 974-0357 Voice
(813) 974-4617 Fax
spector@shell.cas.usf.edu
website <http://shell.cas.usf.edu/~spector>

Appendix C

Dear

Date

I am a graduate nursing student at Pittsburg State University working on a research project under the direction of Cheryl Giefer, RN, PhD. I am conducting a study to measure job satisfaction and empowerment among primary care nurse practitioners in the southeast Kansas area.

I am interested in finding out what factors lead to a sense of empowerment and autonomy and what factors lead to job satisfaction, job strain and burnout in nurse practitioners. The research study involves filling out questionnaires. These questionnaires usually take less than 20 minutes to complete.

By volunteering to participate in this study, you will assist nurses, physicians, nurse practitioners, and other health care workers in understanding more about what factors are involved in retention of quality nurse practitioners in their jobs. All information that you share will be kept confidential. Your name will not be used when I report the findings. The results of this study will be reported for groups of nurse practitioners, not for individuals. You may withdraw from the study at any time.

I will be contacting you by phone within the next few days to talk with you more about the study, and to obtain your verbal consent to participate. I look forward to talking with you. Thank you for your time.

Sincerely,

Karen Johnson, RN, BSN
Graduate Nursing Student
Pittsburg State University

Your signature will serve as consent to participate

Appendix D

CONDITIONS OF WORK EFFECTIVENESS QUESTIONNAIRE - II (Laschinger 2000)**How much of each kind of opportunity do you have in your present job?**

	None	Some		A Lot	
	1	2	3	4	5
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?

	No Knowledge	Some Knowledge		A Lot of knowledge	
	1	2	3	4	5
1. The current state of the organization.	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?

	None	Some		A Lot	
	1	2	3	4	5
1. 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?

	None	Some		A Lot	
	1	2	3	4	5
1. 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:

	None	Some		A Lot	
	1	2	3	4	5
1. 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?

	None		Some		A Lot
1. 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
	Strongly Disagree			Strongly Agree	
1. 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

JOB SATISFACTION SURVEY Paul E. Spector Department of Psychology University of South Florida Copyright Paul E. Spector 1994, All rights reserved.							
PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.		1-Disagree very much 2-Disagree moderately 3-Disagree slightly 4-Agree slightly 5-Agree moderately 6-Agree very much					
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6

	<p>PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.</p> <p>Copyright Paul E. Spector 1994, All rights reserved.</p>	<p>1-Disagree very much 2-Disagree moderately 3-Disagree slightly 4-Agree slightly 5-Agree moderately 6-Agree very much</p>
19	I feel unappreciated by the organization when I think about what they pay me.	1 2 3 4 5 6
20	People get ahead as fast here as they do in other places.	1 2 3 4 5 6
21	My supervisor shows too little interest in the feelings of subordinates.	1 2 3 4 5 6
22	The benefit package we have is equitable.	1 2 3 4 5 6
23	There are few rewards for those who work here.	1 2 3 4 5 6
24	I have too much to do at work.	1 2 3 4 5 6
25	I enjoy my coworkers.	1 2 3 4 5 6
26	I often feel that I do not know what is going on with the organization.	1 2 3 4 5 6
27	I feel a sense of pride in doing my job.	1 2 3 4 5 6
28	I feel satisfied with my chances for salary increases.	1 2 3 4 5 6
29	There are benefits we do not have which we should have.	1 2 3 4 5 6
30	I like my supervisor.	1 2 3 4 5 6
31	I have too much paperwork.	1 2 3 4 5 6
32	I don't feel my efforts are rewarded the way they should be.	1 2 3 4 5 6
33	I am satisfied with my chances for promotion.	1 2 3 4 5 6
34	There is too much bickering and fighting at work.	1 2 3 4 5 6
35	My job is enjoyable.	1 2 3 4 5 6
36	Work assignments are not fully explained.	1 2 3 4 5 6

Appendix F

Nurse Practitioner Demographic Form

Name _____

Male: _____ Female: _____

Age: _____

Marital Status: Married _____ Single _____

Level of Education: Bachelor's degree _____ Master's degree _____ Doctorate _____

Number of years practicing as a nurse practitioner _____

Number of years in current position _____

