4-2019

Nurse Managers: An Association between Empowerment and Burnout

Sonja Lynn Avery
California State University, Northern California Consortium Doctor of Nursing Practice

ABSTRACT

NURSE MANAGERS: AN ASSOCIATION BETWEEN EMPOWERMENT AND BURNOUT

The purpose of the study is to ascertain the presence of an inverse relationship between nurse managers' feelings of structural empowerment and self-perception of burnout. Although research is available studying the effects of staff nurse empowerment and burnout, literature is sparse relative to evaluation of nurse manager empowerment and burnout. Of the studies available, there is supportive evidence pertaining to the negative implications associated with nurse manager burnout such as reduced staff nurse retention and morale, decrease in quality of patient care, and financial impact on organizational success. With such negative implications associated with a lack of empowerment and burnout, and with the threat of greater than 60,000 nurse manager vacancies by the year 2020 it is imperative to better understand barriers to longevity in nurse manager positions. This was a voluntary non-experimental quantitative pilot study using a convenience sample of nurse managers and assistant nurse managers recruited through chain sampling. Two validated questionnaire survey tools were combined into one survey and distributed via an electronic survey platform; the Conditions of Work Effectiveness –II questionnaire (CWEQ-II) measures structural empowerment and Maslach's Burnout Inventory™ measures level of burnout. Although the findings of this research did not demonstrate statistical significance, the research may add to the growing body of evidence supporting the importance of organizational structural empowerment.

Sonja Avery

April 2019

NURSE MANAGERS: AN ASSOCIATION BETWEEN EMPOWERMENT AND BURNOUT

by

Sonja Lynn Avery

A project

submitted in partial

fulfillment of the requirements for the degree of

Doctor of Nursing Practice

California State University, Northern Consortium

Doctor of Nursing Practice

April 2019

APPROVED

For the California State University, Northern Consortium
Doctor of Nursing Practice:

We, the undersigned, certify that the project of the following student meets the required standards of scholarship, format, and style of the university and the student's graduate degree program for the awarding of the Doctor of Nursing Practice degree.

Sonja Lynn Avery
Project Author

Dr. Arlene Spilker
Chairperson's name (Chair)
Nursing
San Jose State University,
San Jose, California

Dr. Carl Law
Committee member's name
Anesthesiologist
Regional Medical Center,
San Jose, California

Patricia Vida, MBA, RN
Committee member's name
Nursing Administration
Kaiser Permanente,
Santa Clara, California

AUTHORIZATION FOR REPRODUCTION

OF DOCTORAL PROJECT

x I grant permission for the reproduction of this project in part or in its entirety without further authorization from me, on the condition that the person or agency requesting reproduction absorbs the cost and provides proper acknowledgment of authorship.

_____ Permission to reproduce this project in part or in its entirety must be obtained from me.

Signature of project author: *Sonja Lynn Avery*

ACKNOWLEDGMENTS

Life truly is a journey and not a destination. Never say never and always stretch yourself just beyond your comfort zone. I have much to be thankful for. To my amazing daughter, Isabel. Through you, I have learned the importance and value of expressing your true self. You are my 'little hummingbird' and you inspire me in so many ways. I cherish your gentle soul and vibrant love of not only life, but of all things living. To my wonderful boyfriend. Thank you for your unwavering support and belief in me. Your eternal optimism and joy for life is truly beautiful. You have a most genuine and loving spirit and I am thankful to have you in my life. To my mom, for instilling in me the value and importance of education early on. Little did you know what an impact that would have on me in my adult life. To my academic support team: Dr. Arlene Spilker, Dr. Carl Law, Patricia Vida, Megan Gillespie, and Dr. Sylvia Miller. And finally, to my dearest friends who have cheered me on during my program. I thank you all, for your support.

TABLE OF CONTENTS

Page

LIST OF TABLES

Page

CHAPTER 1: INTRODUCTION

Significant focus has been placed on the cause and effect of staff nurse burnout; however, not much research has been directed toward the cause and effect of nurse manager (NM) burnout. Of the studies and literature reviews that have been conducted, the findings demonstrate that NM burnout has a significantly negative impact on staff morale and retention, quality of patient care and outcomes, and organizational success (Kramer, Maguire, Schmalenberg et al., 2007; Zwink, Dzialo, Fink et al., 2013). In essence, NMs are the foundational link between staff, patients, the interdisciplinary team, and executive leadership (DeCampli, Kirby, & Baldwin, 2010).

Organizations are directly impacted by nurse manager burnout as evidenced by a number of factors that are identified in the literature. These factors include lower patient satisfaction scores and increased patient mortality, as well as a financial loss through the cost of recruitment and training for staff nurses as the result of turnover due to ineffective leadership (Kath, Stichler, & Ehrhart, 2012). According to a study by Alspach (as cited in Huddleston, 2014), the costs associated with recruitment and training of a staff nurse is upwards of 200% of that nurse's salary.

The most recent projections of NM vacancy rate are cited from the American Organization of Nurse Executives (AONE) in 2002 which projected a vacancy rate of approximately 8.4% by the year 2020. Based on that projection by AONE, Shirey (2006) calculates the vacancy rate of NMs to be greater than 67,000 by 2020. Within the literature, there are several identified barriers negatively impacting the path to successful leadership practices and retention. Many of these barriers parallel the themes of structural empowerment, such as

inadequate availability of, and access to, the tools necessary for effective leadership, lack of actual or perceived empowerment and autonomy, lack of appropriate organizational support and mentoring, and minimal opportunity for advancement (Kanter, 1993). Therefore, it becomes imperative for research to identify the possibility of an association between empowerment and burnout to better support NMs in their roles in the face of impending critical demand.

Background

The background and significance of this project stems from the rapidly evolving landscape of the NM role which has changed dramatically since the 1990s where responsibility was primarily focused on clinical care and oversight of general department functions and staff (Titzer, Phillips, Tooley, & Hall, 2013). By the early 2000s, the role migrated to encompass increased accountability for the integration of direct report management, department fiscal oversight, and organizational quality metrics (Kramer et al., 2007). Presently, the role has increased in complexity with the addition of a greater number of direct reports, blurred role boundaries, and dichotomous organizational objectives such as increasing the level of department productivity and delivery of quality patient care within the constraints of a shrinking budget (Nelson, 2017). This is a vastly different approach from years prior where the nurse manager role was predominantly about “managing workers” (Kramer et al., 2007, p. 327).

Many of these changes have been driven by the need for healthcare organizations to be financially prudent as a result of the changes in payment structures and reimbursement for services rendered by the healthcare organization (Kramer et al., 2007). This has ultimately led to NMs taking on the aspect of increased fiscal responsibility and accountability for their departments.

Additionally, NMs are now expected to facilitate forward organizational momentum through application and demonstration of effective leadership skills. However, the ability to lead successfully is inhibited by time constraints, a negative work-life balance, and actual or perceived increased workloads, without the necessary level of support to manage effectively (Warshawsky & Havens, 2014). Compounding these factors is the practice of organizational leadership implementing the latest 'in vogue' initiatives that are intended to improve operational efficiency. Unfortunately, sustaining the implemented initiatives is much more difficult than starting them; therefore, when organizations jump from one efficiency trend to the next, the applied philosophy fails, resulting in the opposite effect and leaving behind frustrated employees in the wake of failed implementation (Holweg, M., Staats, B., & Upton, D.M. (2018).

Recruitment and succession planning may also be impacted as the next generation of nurses is not expressing interest in the administrative arena (Hall et al., 2013). According to Warshawsky and Havens (2014), NMs who are engaged, connected, and committed to their organizations have an active role in succession planning, both as a mentor for upcoming staff who may express interest in leadership and as individuals who are qualified to advance to senior leadership roles. Additionally, there is potential for a negative financial impact on organizations as a result of NM attrition due to the associated costs of replacing a NM; this cost is estimated to be 75-125% of their annual salary (Titzer et al., 2013). Therefore, investing into the success and longevity of the NM role is a financially sound expenditure.

Problem Statement

Current literature suggests that there is evidence to link empowerment with a positive work environment that reduces burnout, improves patient outcomes and reduces financial strain on the organization (Spencer and McLaren, 2016). Nurse managers who are able to mitigate the negative effects of role strain and create healthy and collaborative work environments through effective leadership style, have the ability to attain and retain strong and effective nursing staff (Zwink et al., 2013). As noted by Kramer et al., (2007), "…staff nurses in 14 Magnet hospitals identified NM support as one of the eight work processes essential in an excellent work environment" (p. 327). This is important to note as the Magnet model has identified structural empowerment as one of the five components that make up the model. The additional four include transformational leadership, exemplary professional practice, innovations and improvements, and empirical outcomes. Within the context of the Magnet model, structural empowerment it is identified as supporting an environment of empowerment among nurses and fostering professional practice in nursing (Moore, 2014). As defined by Rosabeth Kanter (1977), structural empowerment is a theoretical framework describing the value and importance of empowering workers through access to necessary resources to demonstrate success in their roles. According to Prado-Inzerillo, Clavelle, and Fitzpatrick (2018), "…Magnet recognition signifies that the institution is a place where excellent nursing care is provided and where highly qualified professional nurses wish to be employed" (pg. 502). Additionally, Prado-Inzerillo, Clavelle, and Fitzpatrick (2018), identify that leadership behaviors have a direct and significant impact in the development and sustainment of the professional nursing practice environment.

Empowerment among nurses in Magnet status organizations provides them opportunity for involvement with shared-governance while support from the organization fosters a level of autonomy in decision making and involvement with the mission and organizational goals (Clavelle, O'Grady, and Drenkard, 2013). Faulkner and Laschinger (2008), noted that NMs who exhibit a positive use of power and foster an environment of respect ultimately experience improved nursing outcomes, a stronger alignment with organizational goals and a greater sense of trust. Effective NMs are an integral part of registered nurse (RN) retention and engagement, and ultimately have a direct impact on the quality of care delivered to patients at the bedside.

Purpose

The purpose of this pilot study was to ascertain NM's perceptions of institutional support and empowerment, and determine if an inverse relationship with the NMs self-perception of burnout exists:

- H_0 – There is no correlation between structural empowerment and self-perception of burnout
- H_1 – There is an inverse relationship between structural empowerment and self-perception of burnout

Structural empowerment is a concept that defines power as the means through which employees have access to professional opportunities, information, resources, support, and interpersonal connections within the workplace. (Laschinger, 2012). Supporting the concept and application of the structural empowerment elements within an organization, facilitates engagement and effectiveness of leaders. These elements include: access to opportunity, access to

resources, access to information, availability of and access to support from upper leadership, formal power, and informal power (Laschinger, 2012).

The practice and support of effective nursing leadership has been identified by both the Institute of Medicine (IOM) and the American Association of Critical-Care Nurses (AACN), as an area of opportunity for growth and development. Thus, there is an identified need for health care organizations to support and implement the changes necessary to create a more supportive work environment for NMs, which ultimately translates to a safer working environment for managers and staff. This involves shifting organizational priorities to better support nurse leaders in their roles (Feather, 2015). The benefits of shifting priorities include improved quality of patient care, improved staff RN retention and lower organization costs associated with reduction of turnover (Seguin, 2019; Shirey et al., 2010).

In 2004, the IOM published Keeping Patients Safe: Transforming the Work Environment of Nurses. This publication addressed the need to shift the culture of healthcare organizations to one that better supports the working environment of nurses in an effort to enhance the delivery of safe patient care. An integral component of this shift relies on the effectiveness of nurse leaders within the organization and their ability to lead effectively and through evidence-based practice. Per Littell (as cited in Parsons & Stonestreet, 2003), the organizational environment was the strongest predictor of satisfaction for NMs. Thus, providing a supportive environment for NMs can foster their resilience within the role which then provides stability and positive influence for frontline staff.

As stated in the IOM report, in order to foster a culture of improved patient safety leading to successful patient outcomes, there are five critical standards that

health care organizations must adopt to affect environmental, or cultural, change from within. These include:

> "(1) balancing the tension between production efficiency and reliability (safety), (2) creating and sustaining trust throughout the organization, (3) actively managing the process of change, (4) involving workers in decision making pertaining to work design and work flow, and (5) using knowledge management practices to establish the organization as a 'learning organization'" (pg. 108).

Many of these critical standards from the IOM are closely aligned with, and can be integrated with those of structural empowerment. The availability and access to these domains of empowerment foster a positive association with power allowing for NMs to align with the organizational mission and facilitate forward momentum of the goals.

Shortly after publication of the 2004 IOM report, the AACN partnered with VitalSmarts to conduct a national study titled Silence Kills: The Seven Crucial Conversations for Healthcare. The results of the study highlight a number of concerns associated with the need to improve a culture of safety within healthcare organizations. Organizational cultures where mistrust of leadership is prevalent and where lack of communication and transparency are the norm, leads to a prevalence of negativity that adversely impacts staff morale and patient safety (Fontaine & Gerardi, 2005). In 2005, the AACN also developed six guiding standards for healthy work environments, where authentic leadership is identified as the sixth standard. Authentic leadership describes nurse leaders as completely engaged in and fully embracing the concept of a safe and healthy work environment while supporting others in adopting these standards (Pinkerton, 2005). A 2013 critical care nurse work environment survey, indicated that nurses

don't perceive hospital leadership as believing in the concept of a healthy work environment, nor do nurses perceive leadership as valuing or genuinely supporting staff in achieving it, which indicates a disconnect between NMs goals and reality (AACN, 2016). As nurse managers are the catalysts for sustaining a healthy and engaged workplace culture, it behooves organizations to embrace opportunities for positive culture change.

The ability to provide improved quality of care for all patients and thus improve patient care outcomes is imperative. Mackoff and Triolo conducted a phenomenological qualitative study which identified that "Empowerment of nursing practice, which has been linked to satisfaction, goal accomplishment, and retention, was a dominant theme for nurse managers" (2008, p. 167). Additional findings linked to success include a culture of regard, where NMs feel supported and mentored by executive leadership and feel empowered to share ideas; a culture of meaning where NMs feel empowered to share their strategic initiatives for moving the organization forward and actively creating the mission and vision; and a culture of excellence which supports the importance of organizational support for NMs in creating an environment of high standards for patient care. The findings from a 1996 study by McDermott, Laschinger, and Shamian discuss the positive impact that engaged and empowered NMs have on staff and the organization. This theme of empowerment threads through decades of leadership literature, noting that NMs have an opportunity to pave the way for creating empowered and engaged staff resulting in positive patient care outcomes and the success of an organization.

Theory of Structural Empowerment

Rosabeth Moss Kanter's theory of structural empowerment is a conceptual framework that supports the concept that mitigation of burnout may occur when managers, in general, are positively impacted by feelings of empowerment in their role. She further elaborates on the adverse effects created when individuals feel powerless, and how this negativity infiltrates the organization as a whole. Kanter is best known in the business field for her work on strategic leadership, change management and innovation. (British Libraries, n.d.). The theory of structural empowerment identifies six concepts needed to achieve empowerment: access to opportunity, access to resources, access to information, availability of and access to support from upper leadership, formal power, and informal power (Kanter, 1993). Each standard plays an important role in supporting employees to feel empowered in the work they do (Faulkner & Laschinger, 2008).

When defining the characteristics of structural empowerment, access to opportunity speaks to both the availability for advancement within the organization as well as the availability of organizational involvement for the employee. Availability of resources and information provides NMs with the appropriate tools necessary to maintain productivity and allows the manager to gain insight into organizational policies and practices. Access to support includes feedback and guidance from peers which integrates with the concept of informal power which includes the development of positive peer networks. Finally, formal power is derived from visibility within the organization and the level of flexibility and autonomy within one's role.

Within the context of structural empowerment, Kanter posits that organizational atmosphere and experiences have strong influences on employee behaviors and engagement within their working environment. Certain people with

specific skill sets and intrinsic motivation will be drawn to a particular type of job, thus the job has specific qualities that evoke behaviors and actions in certain individuals (Kanter, 1993). This is an important consideration as certain characteristics are identified among NMs who have longevity and engagement within their roles (Mackoff and Triolo, 2008). These identified signature characteristics of NMs embrace the fundamental concepts of structural empowerment. Examples include generativity, or mentorship, which aligns with the structural empowerment themes of access to opportunity and communication, as well as mission-driven, or purpose and intent, which encompasses access to resources. Therefore, the ability of an organization to successfully engage the culture from within and move forward to embrace the core values of structural empowerment can ultimately foster an environment of manager support. This practice can lend to greater stability of the workforce and improved quality of patient care.

Nursing application of structural empowerment

Kanter's theory has been integrated into nursing and nursing leadership since the 1990s. While clinical nursing is not considered to be a part of the corporate world, healthcare organizations certainly are and as such, rely on good business practices and positive profit margins to continue operations. Nurse managers must generate positive influence with both front-line nurses and senior leadership in order to foster a culture where staff feel empowered. Nurse leaders who embrace and support a culture of empowerment, improve staff feelings of job satisfaction which enhances the delivery of quality patient care (Cicolini, Comparcini & Simonetti, 2014). Empowered staff who perceive having influence

over their practice are more likely to be engaged, thus demonstrating greater organizational commitment and intent to stay (AACN, 2016).

Although the term and meaning of the word ‘power’ is generally associated with negative connotation, Kanter refers to the term in a positive manner where power is defined as having the ability to move things in a forward direction and ‘getting things done’ (1993, p.166). Kanter views power as a source of autonomy or mastery of skill. Through the positive effects of autonomy and forward momentum, NMs can foster feelings of empowerment, thus minimizing negativity and burnout as evidenced by previous research in the 1990’s from Laschinger and Havens (Gilbert, Laschinger, & Leiter, 2010).

CHAPTER 2: REVIEW OF THE LITERATURE

Literature Review

There is a substantial amount of research available relative to staff RN burnout. However, there is minimal research available speaking to an association between staff nurse empowerment and burnout. While there is a small body of literature available relative to NM burnout, there is lacking research associating NM burnout with empowerment. Upon researching the data bases Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PUBMed with key words: nurse managers, nursing leadership, empowerment, burnout, and management, limited research was found specifically associating nurse manager empowerment and burnout. Of the literature available relative to empowerment of nurse managers, most of it originates from Canada with Heather Laschinger, PhD and colleagues at the forefront of the research. While the Canadian studies have provided insight into the challenges associated with NM burnout, there are a number of factors that influence the structure of healthcare in other countries. These include governmental oversight and access to healthcare, working conditions, and pay structure associated with healthcare workers, all of which are vastly different in other countries when compared to the United States (U.S.). Due to these identified variations in healthcare structure, the focus of this literature review was predominantly regarding studies conducted in the U.S.

Parsons and Stonestreet (2003) led a qualitative study using open ended questions in interview style to identify factors that support retention of nurse managers and foster change in health care organizations to better support nurse managers in their role. The sample size included 28 nurse managers from a five - hospital health system located in the United States. Through the interview process

six major themes were identified: “communication, administrative management philosophy, effective administrative systems, successful personal practices, quality of care, and retention” (p. 122-124). From these primary six themes, eight sub-themes were extracted and subsequently used to better describe three of the primary themes. Three subthemes of mentorship and listening skills of the supervisor, effective communication, and clearly stated feedback and expectations were related to communication. Two subthemes were associated with administrative management philosophy and included “participation in planning and decision making, and feeling empowered to manage” (p. 122). Finally, the theme of effective administrative systems was linked with “resource management systems, meaningful orientation and professional development systems, and manager compensation systems” (p. 122).

Communication, administrative management philosophy, and effective administrative systems in addition to the associated sub-themes that were extracted from the data are consistent with the concepts of structural empowerment. For example, Kanter’s concept of access to support is closely associated with the theme and subthemes of communication as feedback and mentorship from supervisors and peers are methods of communication. Speaking to the theme of administrative management philosophy and associated sub-themes, these concepts are closely linked with two of Kanter’s structural empowerment themes: access to opportunity and access to resources. These themes support the aspects of role development, professional growth, education, and access to the necessary elements to support job performance. Finally, effective administrative systems and the associated sub-themes are closely in line with Kanter’s themes of access to resources and information where the NM has the necessary information and knowledge to perform effectively in the role.

While the focus of this study connects key indicators to NM retention, a predominant factor identified as a significant barrier to retention was lack of empowerment. Taking these elements into consideration, this study supports the concept that nurse managers who feel empowered are more likely to be engaged and productive. Although this study is dated (2003), and the sample is reflective of only one organization, the results of the research remain relevant as there are significant similarities to present date information that render it valuable for the purposes of comparison. In this study, the authors identified an impending vacancy rate of nurse managers as high as 8.5% in some areas of the United States which was based on information provided by the AONE in 2002. At this time, more recent information is not available. Most notably, there is a demonstrated association between empowerment and retention of nurse managers as identified in the characteristics of the themes.

Mackoff and Triolo (2008) conducted a phenomenological qualitative study with a convenience sample of 30 NMs from six hospitals. Participants were provided a standardized open-ended questionnaire identified as the Nurse Manager Engagement Questionnaire (NMEQ) to be completed prior to a scheduled face-to-face interview with the researchers. The face-to-face interviews were conducted over a 90-minute time frame and allowed for dialogue relative to the participants' answers to the questions. Sample questions from the questionnaire include: 1) "You have been in your role at _____ for at least five years. How do you explain the positive factors that have influenced your decision to stay in your job?" 2) "How has this particular organization been a good fit in enhancing your success and longevity as a middle manager?" (pg. 119). Upon completion of the study, ten signature behaviors associated with NM engagement were extracted through thematic analysis and were labeled as: "mission driven, generativity, ardor,

identification, boundary clarity, reflection, self-regulation, attunement, change agility, and affirmative framework" (Mackoff & Triolo, 2008, p.121-123).

While the focus of this study highlights key attributes associated with nurse manager resiliency and engagement rather than empowerment, it does provide a relevant foundational framework of key nurse manager behaviors that are associated with lower levels of burnout and longevity in the role. All of the nurse managers engaged in the study had greater than five years of experience in their role which may also contribute to the successful attributes of longevity. This is an important consideration as newer managers may still be developing their strengths which can be significantly impacted by the amount of support from leadership. Findings from this study provide data to support the need for greater organizational support of nurse manager roles which can lead to increased empowerment and engagement. Although this research is dated (2008), it remains relevant in the identification of linking engagement to nurse manager longevity.

Shirey, et al., (2010), performed a qualitative descriptive study using face-to-face interviews with 21 female NM participants. The participant sample was from three hospitals, with one noted as a Magnet designated hospital. This is important to note as Magnet designation implies a specific culture of support for leadership as demonstrated through the incorporation of empowerment within the Magnet model (Moore, 2017). The purpose of the study was to identify the decision-making process that nurse managers rely on when faced with stressful situations in the workplace.

Regan and Rodriguez (2011), examined empowerment among middle managers (assistant nurse managers and nurse managers) through a quantitative, cross-sectional, descriptive survey method. Integrating Kanter's theory of organizational empowerment along with psychological empowerment, as defined

by Conger and Kanungo, the authors primary focus was assessment of middle managers self-perception of empowerment within their roles. The CWEQ-II tool was distributed among the assistant nurse managers and managers of the study site with a total of 42 participants. Results of the study found that the middle management group of this organization did not feel empowered. Of the participant pool, middle managers newer to their roles, expressed lower empowerment scores than those who had been in management for longer periods of time.

While this study does not compare empowerment with burnout, it does highlight critical factors associated with perceptions of empowerment. Having access to the tools necessary to do one's leadership role effectively is imperative. The results of this study are consistent with findings identified in other organizations and other countries where it is noted that nurse managers who feel empowered have a positive impact on staff morale which can promote an increase in the quality of care delivered at the bedside.

O'Brien (2011) conducted a descriptive, correlational study to determine if an inverse relationship exists between empowerment and burnout among nurses who work specifically in dialysis outpatient treatment centers. This study was conducted in the U.S. with a participant sample size of 233 dialysis nurses. The two study tools distributed included the CWEQ-II and the Emotional Exhaustion Subscale of the Maslach Burnout Inventory™. Study findings indicated a significant inverse relationship between perceptions of structural empowerment and perceptions of burnout among dialysis nurses. Although this study is specific to a particular population of nurses directly involved with patient care, as with the following Canadian study, it supports an identified inverse relationship between the concepts of structural empowerment and burnout within the nursing field.

Shirey, Ebright and McDaniel (2013) noted that decisions about department daily operations are often made with limited information, are time sensitive in nature, and with frequent interruptions, yet not allowing for the NM to adequately process the information. These decisions are complex and high level thus, require continual assessment and application of critical thinking in order to synthesize and process the incoming data. The authors identify that the complex nature and frequency of demands that interrupt the cognitive process has potential to negatively impact the delivery of patient care through increased errors or omissions in care. As applied to nurse managers, their taxed cognitive process impedes their ability to make effective decisions about department operations, initiatives impacting patient care, and staff related issues.

Three primary themes and their associated sub-themes linking chronic stress to an impact on cognitive decision making were extracted from the research. These themes include: sources of stress, coping strategies, and health-related outcomes. Within the theme of sources of stress, participants identified that limited access to resources, lack of transparency from organizational leadership, limited leadership support, and limited peer support across departments led to increased stress as well as a lack of empowerment that was necessary to get the work done.

As stated previously, Kanter's definition of power is the ability to move things in a forward direction and 'getting things done' (1993, p. 166). The extracted elements from this study are in direct alignment with the theme of Kanter's theory of structural empowerment: access to resources, access to information, access to support, and informal power relative to peer and inter-organizational relationships. Therefore, these findings are important, suggesting that the decision-making capacity and overall health of nurse managers is

negatively impacted by chronic stress and the exposure to complexities of the current obligations associated with the manager role. Nurse managers who experience a negative cognitive effect as a result of exposure to the chronic stress of decision making are more likely to experience signs and symptoms of burnout which include difficulty focusing, anxiety, decreased quality of work, and frustration (Elbright, et al., 2010; Middaugh & Willis, 2018). It is important to note that these findings by Shirey, et al., (2010) are significant in that they link the concept that empowering nurse managers provides an opportunity to mitigate feelings of burnout, which has been attributed to chronic stress (O'Brien, 2011).

Zwink et al., (2013) conducted a qualitative descriptive study interviewing inpatient nurse manager focus groups to ascertain their perceptions of the nurse manager role. The sample size included 20 of the 21 invited participants of a Magnet designated hospital. The goal of the study was to describe the current role of the nurse manager and identify possibilities to improve manager satisfaction, work-life balance, and retention.

Topics of the discussion groups centered upon current work environment, overall satisfaction of the role, and needs relative to personal development and education. Common traits identified among successful nurse managers include the themes of: communication, resiliency, integrity and visionary strengths. Although this study did not directly evaluate a link between empowerment and burnout, it identified organizational characteristics which support the NMs in their roles and foster perceptions of empowerment and reduced feelings of burnout. Organizational characteristics extracted from the study include: effective communication from senior leadership, access to information and resources, autonomy, and strong peer collaboration, which Kanter defines as a part of informal power (1993). With the identification of these parallel themes associated

with structural empowerment and the link to burnout, this study highlights the need for more focused research into the association of empowerment and burnout among nurse managers.

Oliver, Gallo, Griffin, White, & Fitzpatrick (2014), conducted a quantitative study using a cross-sectional design to establish baseline levels of structural empowerment of clinical nurse managers within a health care system. The Conditions for Work Effectiveness Questionnaire – II (CWEQ-II) tool was distributed to 210 clinical nurse managers with a resulting sample size of 140 participants. The CWEQ-II is a modified version of the CWEQ-1, and was developed by Laschinger for research into the four domains of structural empowerment based on Kanter's theory (Lashinger, 2012).

Results from the study showed moderate levels of empowerment among the clinical nurse managers of the organization. The authors discuss strategies associated with support of the NM through provision of leadership educational opportunities, mentorship, tuition reimbursement, and assistance with enhanced peer and departmental relationships. Additionally, the organization from which this study was conducted has initiated the TeamSTEPPS philosophy. This philosophy was developed by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) in an effort to enhance delivery of safe patient care (King, et al., 2008). Per the authors, implementation of the TeamSTEPPS form of communication has fostered a culture of employee empowerment (including physicians) where questioning clinical care is supported in an effort to enhance patient safety. Another opportunity supporting TeamSTEPPS implementation is the department manager's daily communication with staff where staff is encouraged to highlight clinical concerns identified and participate in problem solving dialogue. Although the sample was not

generalized, only offering insight into a specific health care organization, it does provide more current data relevant to nurse manager empowerment and highlights organization specific strategies that are effective in supporting the growth and development of the clinical nurse managers.

Two studies from Canada speak specifically to the association between empowerment and burnout in the nursing field using both the CWEQ-1 and II tools in adjunct to a specific version of Maslach Burnout Inventory™. One study used Maslach Burnout Inventory Educator Survey™ (Sarmiento, Laschinger, & Iwasiw, 2003) and the other utilized Maslach Burnout Inventory General Survey™ (Greco, Laschinger, & Wong, 2006). Although dated and not specific to nurse managers, both studies provide a foundation of support to the small, unfolding body of literature associated with nurse manager empowerment and burnout.

Sarmiento, Laschinger, and Iwasiw (2003) studied nurse educators and an association between empowerment, burnout, and job satisfaction through the integration of Kanter's theory. Findings of the study found correlation between empowerment (perception and actual) and the level of burnout and work dissatisfaction. The results of this survey demonstrated a statistically significant correlation between empowerment and burnout. While the roles of the educator and manager are different, the concepts of a supportive upper leadership, transparency in communication and access to resources and information necessary to be successful in one's role are fundamentally the same. Therefore, they provide foundational evidence linking empowerment and burnout.

Greco, Laschinger, and Wong (2006) completed a cross-sectional correlational study with 322 participants to determine the correlation of nurse empowerment and burnout with the integrated variable of work engagement. The study's central focus was the effect of leadership behaviors on staff nurse

retention. The NM impact on department morale and patient outcomes has been documented in the literature prior to 2006 and it is known that engaged nurse managers are more effective and have the ability to empower department staff leading to positive patient outcomes.

The CWEQ-II and the Emotional Exhaustion subscale of the Maslach Burnout Inventory ™ were used and integrated with the Areas of Worklife Scale (AWS) which is a subscale of the burnout inventory questionnaires. The findings of this study concluded that greater than 50% of the participants scored in the severe burnout category. This study supports the idea that nurses who are empowered by their managers, upper leadership, and the organization, have greater perception of empowerment therefore provide more effective patient care thus leading to more favorable patient outcomes. Although this is a Canadian study, there are some similarities in the working environment between the United States and Canada. For example, nurse managers in Canada, Ontario specifically, are experiencing significant shifts in their roles and taking on greater responsibility and larger spans of control, such as increased reporting staff resulting in decreased day to day interactions with department staff.

As with the study by Iwasiw, et al., (2003), there are some variables to consider. As mentioned previously, the two countries' health care policies, health care coverage, and type of medicine practices vary as do reimbursement practice. However, understanding the causal factors that link empowerment and burnout, there remains substantial opportunity to learn from these earlier Canadian studies.

CHAPTER 3: METHODS AND MATERIALS

Methodology

This was a pilot study that utilized chain sampling in an effort to engage NMs of various health care organizations from across the country. Two survey tools in addition to a demographic questionnaire were combined into a single survey and distributed utilizing the electronic survey platform of Qualtrics. The survey was designed to ensure that all questions were answered in an effort to avoid exclusion of a participant due to an incomplete survey.

The primary variable was structural empowerment with the secondary variable of burnout. University institutional review board approval was obtained for the study prior to distribution of the consent letter which contained the embedded survey link. The study design was a non-experimental quantitative study using descriptive statistics for analysis of the Likert-scale responses for both of the survey tools. The two survey tools, Conditions for Workplace Effectiveness Questionnaire – II (CWEQ-II) (Appendix A) and Maslach Burnout Inventory™ – Human Services Survey (MBI-HSS), as well as a demographic questionnaire (Appendix B) were combined and inserted in an electronic survey platform. An anonymous web link to the survey was embedded in the participant consent letter which was distributed to participants. Anonymity was ensured and discussed in the participant letter (Appendix C).

Sampling Procedures

Recruitment of participants was achieved with a chain sampling technique where participants were recruited through verbal and electronic means of personal communication, word-of-mouth between colleagues, and electronically through social media platforms. Of the 11 respondents, a total of five did not meet

inclusion criteria. Due to the difference in overnight staffing structure and on-call variability within the peri-operative service line (pre-operative, recovery room, and the operating room), this service line was excluded from the survey. Additional exclusions from the survey included contracted employees due to their temporary affiliation to the hospital and director or executive level leaders due to their removed scope of direct management oversight of clinical staff engaged in direct patient care. This left six participants meeting inclusion criteria. Participation in the survey was voluntary and completely anonymous.

Participants of this study were defined as nurse managers and assistant nurse managers who have oversight of one or more departments embedded within a service line of a hospital. For this study, three primary hospital service lines were represented which included maternal child health (MCH), critical care (inclusive of telemetry units and intensive care units), and medical-surgical departments.

Instruments

Two survey tools, Conditions of Work Effectiveness – II (CWEQ-II) and the Maslach Burnout Inventory Human Services Survey™ (MBI HSS), in addition to a demographic questionnaire were combined into a single survey and distributed through the electronic survey platform, Qualtrics. Permission for use of the MBI – HSS tool was obtained through Mind Garden, Inc. However, due to copyright restrictions, publication of the tool in its entirety is restricted, though sample statements of the tool are permissible and provided in Appendix D.

The MBI-HSS contains 22 questions associated with job-related feelings (Maslach and Jackson, 1981). This survey uses a Likert scale of 1 to 6 ranging from never (0) to every day (6). There are three subscales extracted from the

survey including emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). EE is a 9-question scale assessing an individual's feelings of emotional overextension resulting in exhaustion that is caused by the work environment. DP is a 5-question scale measuring an impersonal response toward staff, co-workers, instruction, or service. PA is an 8-question scale assessing feelings of achievement and competence (Maslach and Jackson, 1981). Higher scores with EE and DP are associated with a higher degree of burnout, where a lower score with PA is associated with a higher level of burnout. Construct validity is substantiated by Cronbach's α reliability coefficients which are .90 for EE, 0.79 for DP, and 0.71 for PA.

The CWEQ-II questionnaire, available and accessible through the internet, uses a Likert scale of 1 to 5 ranging from none (1) to a lot (5) to measure the subscales of empowerment, which include: access to opportunity, resources, information, support, formal power (activities that provide a source of power), and informal power (stronger relationships with organizational associations). Higher scores are associated with feelings of stronger access to those subscales. Of note, formal power is measured through responses to the Job Activities Scale (JAS) and informal power is measured through responses to the Organizational Relationships Scale) as noted in Appendix E. Finally, Global Empowerment (GE) which is defined as a validation index, seeks to identify the perception of empowerment. There is one question associated with GE and higher scores indicate a greater sense and perception of empowerment felt by NMs (Laschinger, 2012). The Likert-scale for the GE question ranges from strongly disagree (1) to strongly agree (5). Cronbach's α reliability coefficients for the CWEQ-II range from .67 to .95 (Laschinger, 2012). A two- tailed *t*- test correlation analysis was performed to

identify, if any, a relationship between the level of empowerment to the level of burnout.

CHAPTER 4: RESULTS AND DISCUSSION

The demographic characteristics of the six respondents are represented in table 1. The mean age of the respondents was 40 years; two (33%) were male and four (67%) were female. The highest nursing degree earned was a Bachelor of Science Degree in Nursing, of which 100% of participants had attained. None of the respondents held a higher-level degree. The length of time in current role revealed one individual (17%) had been in the management role for less than a year; three (50%) had been in their current role for 1-5 years; and two (33%) had been in their role for 6-10 years. Of those responding, two (33%) were manager status, while the remaining four (67%) were assistant managers. Five of the respondents were in California and all five were noted to be working in organizations seeking Magnet status. Additionally, all five organizations in California were noted to have union representation of RN staff and not-for-profit status. The remaining respondent was in Idaho and identified employment at a non-magnet seeking/non-magnet status as well as non-union and for-profit facility. The mean average bed size of the managed departments was 26.5 and the reported direct report full-time equivalent (FTE) employees for the respondents ranged from 15-75.

Table 1 Demographic Characteristics

Participant Demographic Characteristics (N = 6)

Variable	N	%
Age, y		
31-40	3	50
41-50	3	50
Gender		
Male	2	33
Female	4	67
Level of Nursing Education		
Bachelor's degree	6	100
Length of time in nursing		
11y-20y	6	100
Level of management		
Manager	2	33
Assistant Managers	4	67
Length of time in current role		
< 1	1	17
1y-5y	3	50
6y-10y	2	33
Department or service line you are responsible for		
Maternal Child Health (including Pediatrics, PICU, NICU, Labor and Delivery, and Mother Baby)	1	17
Medical Surgical	3	50
Telemetry/Critical Care	2	33
Is the hospital:		
Actively seeking Magnet status	5	83
Non-magnet seeking/non-magnet status	1	17

Pearson correlation coefficient was computed to assess the relationship between structural empowerment and emotional exhaustion, depersonalization, and personal accomplishment respectively and between global empowerment and emotional exhaustion, depersonalization, and personal accomplishment respectively (see Table 2). There was no correlation between the variables of structural empowerment and emotional exhaustion [r = -0.354, n = 6, p = 0.491] or between the variables of global empowerment and emotional exhaustion [r = -0.744, n = 6, p = 0.09]. There was no correlation between the variables of structural empowerment and depersonalization [r = 0.279. n = 6, p = 0.592] and no correlation between global empowerment and depersonalization [r = -0.257, n = 6, p = 0.623]. There was also no correlation between structural empowerment and personal accomplishment [r = 0.299, n = 6, p = 0.565], nor a correlation between global empowerment and personal accomplishment [r = -0.662, n = 6, p = 0.160]. Without statistical significance noted, one cannot make valid inference of the results.

Table 2 Results for Correlation between CWEQ-II and MBI-HSS Variables

		OPPORTUNITY	INFORMATION	SUPPORT	RESOURCES	SE TOTAL	GE TOTAL
EE AVG	Pears Corr	-0.108	-0.116	-0.144	-0.739	-0.354	-0.744
	Sig. (2-tail)	0.838	0.827	0.785	0.093	0.491	0.090
DP AVG	Pears Corr	0.472	0.489	0.423	-0.344	0.279	-0.257
	Sig. (2-tail)	0.345	0.325	0.403	0.504	0.592	0.623
PA AVG	Pears Corr	0.228	0.345	-0.186	0.544	0.299	-0.662
	Sig. (2-tail)	0.665	0.503	0.725	0.265	0.565	0.160

In evaluation of the individual NM scores, empowerment scores demonstrated that five of the six participants scored at a moderate level of

empowerment (83%) with a mean score of 17.8 and one participant scored at a high level of empowerment with a score of 24. This participant's score for MBI-HSS indicated feelings of emotional exhaustion on average of once per month or less, feelings of depersonalization approximately once per month or less and feelings of personal accomplishment approximately a few times per week. When calculating the mean scores of the participants, structural empowerment scored in the moderate range, emotional exhaustion and depersonalization scored slightly below average, and personal accomplishment scored slightly above average. There was minimal variation when the scores were calculated individually.

Limitations

Outcomes of this pilot study did not yield statistically significant results. Likely the largest component associated with the inability to achieve statistical significance was the small sample size. It is noted that there were several contributing factors to the low participation rate, including lack of support from organizations where nurse managers are discouraged from completing any surveys, despite the anonymity of the participant and the organization. Another significant limitation was the time frame in which the survey was available for participants, six weeks, which was directly influenced by the length of the doctoral program. Finally, the limitations placed on the inclusion criteria (five respondents were managers from the peri-operative service line) for the study did not allow for data from those respondents to be incorporated into the results.

CHAPTER 5: CONCLUSION

The landscape of the nurse manager role has changed significantly over the past two decades, evolving from a role of general staff management to a more complex role with oversight of operational, fiscal, and project management needs. The increased demands currently placed on NMs, makes this role one of the most challenging administrative roles in healthcare (Loveridge, 2017). Although, reasons for the projected nurse manager vacancy rate are multifactorial and include such indicators as stress, lack of empowerment, attrition, and lack of succession planning; the most common reason has been cited as burnout (Loveridge, 2017). Engaged and effective nurse leaders have a direct impact on the quality of patient care delivered at the bedside, staff morale, and organizational financial metrics. With the latest identified projection of an 8.4% NM vacancy rate by the year 2020, organizations have an obligation to invest in the future of nurse managers. Research has been conducted in Canada which speaks to the association of an empowered nursing manager workforce and the mitigating effects of burnout. Additionally, there are few, though emerging, studies in other countries (China, Sweden, Italy) evaluating the association between structural empowerment and the emotional exhaustion aspect of the Maslach Burnout Inventory™ among NM groups.

Findings of the correlation between empowerment and burnout have potential to positively impact healthcare organizations through reduced costs associated with staff and manager turnover and improved delivery of safe patient care. As a key contributor to the success and operation of a healthcare organization, implementation of successful and sustainable practices to retain NMs in their role is imperative. Further research can facilitate identification of

perceptions of structural empowerment and success rates of the NM population within an organization and foster cultural change to better enhance opportunities for NMs to feel empowered within their roles.

REFERENCES

REFERENCES

AACN Standard for establishing and sustaining health work environments: a journey to excellence. 2nd Ed. (2016). Retrieved from: https://www.aacn.org/WD/HWE/Docs/HWEStandards.pdf.

British British Libraries (n.d.). Rosabeth Moss Kanter: Pioneer of empowerment and change management thinker. Retrieved from: http://mbsportal.bl.uk/taster/subjareas/busmanhist/mgmtthinkers/kanter.aspx

Cicolini, G., Comparcini, D., & Simonetti, V. (2014). Workplace empowerment and nurses' job satisfaction: a systematic literature review. *Journal of Nursing Management,* 22, 855-871.

Clavelle, J.T., O'Grady, T.P., & Drenkard, K. (2013). Structural empowerment and the nursing practice environment in Magnet® organizations. *Journal of Nursing Administration, 43*(11), 566-573.

DeCampli, P., Kirby, K., & Baldwin, C. (2010). Beyond the classroom to coaching: preparing new nurse managers. *Critical Care Nursing Quarterly April-June, 33* (2), 132-137. doi: 10.1097/CNQ.0b013e3181d913db.

Faulkner, J. & Laschinger, H. (2008). The effects of structural and psychological empowerment on perceived respect in acute care nurses. *Journal of Nursing Management, 16,* 214-221.

Feather, R. (2015). Tools assessing nurse manager behaviours and RN job satisfaction: a review of the literature. *Journal of Nursing Management* 23, 726-735.

Fontaine, D.K. & Gerardi, D. (2005). Healthier hospitals? AACN's healthy work environment standards help managers build solid patient safety cultures through nurse retention, productive communication, and true collaboration. *Nursing Management, 36*(10), 34-44.

Gilbert, S., Laschinger, H.K.S., & Leiter, M. (2010). The mediating effect of burnout on the relationship between structural empowerment and organizational citizenship behaviours. *Journal of Nursing Management, 18,* 339-348.

Greco, P., Laschinger, H.K.S., & Wong, C. (2006). Leader empowering behaviours, staff nurse empowerment and work engagement/burnout. *Nursing Leadership 19*(4), 41-56.

Holweg, M., Staats, B., & Upton, D.M. (2018). Making process improvements stick. *Harvard Business Review,* December 2018, 16-19.

Institute of Medicine. (2004). Keeping patients safe: transforming the work environment of nurses. Retrieved from: http://www.nap.edu/read/10851/chapter/6.

Huddleston, P. (2014). Health work environment framework within an acute care setting. *The Journal of Theory Construction and Testing*, *18*(2), 50-54.

Kanter, R.M. (1993). *Men and women of the corporation.* 2nd edition. New York, NY: BasicBooks.

Kath, L.M., Stichler, J.F., & Ehrhart, M.G. (2012). Moderators of the negative outcomes of nurse manager stress. *The Journal of Nursing Administration 42*(4), 215-221.

Kramer, M., Maguire, P., Schmalenberg, C., Brewer, B., Burke, R., Chmielewski, L., Cox, K., Kishner, J., Krugman., M., Meeks-Sjostrom, D., & Waldo, M. (2007). Nurse manager support. What is it? Structures and practices that promote it. *Nursing Administration Quarterly, 31*(4), 325-340.

Laschinger, H.K. (2012). Conditions for work effectiveness questionnaire I and II: User Manual. *Western University, Canada.* Retrieved from: http://www.uwo.ca/fhs/hkl/.

Loveridge, S. (2017). Nurse manager role stress. *Nursing Management,* 21-27, doi: 10.1097/01.NUMA.0000514058.63745.ad.

Mackoff, B.L. & Triolo, P.K. (2008). Why do nurse managers stay? Building a model of engagement. Part 1, dimensions of engagement. *The Journal of Nursing Administration, 38*(3), 118-124.

Maslach, C., Jackson, S.E., Leiter, M.P., Schaufeli, W.B., & Schwab, R.L. (1981). Maslach Burnout Inventory™ Instruments and Scoring Keys. Mind Garden, Inc.

McDermott, K., Laschinger, H.K.S., & Shamian, J. (1996). Work empowerment and organizational commitment. *Nursing Management, 27*(5), 44-47.

Middaugh, D. & Willis, A. (2018). Managerial burnout: putting out the flames. *Medsurg Nursing 27*(2), 121-122.

Moore, S. (2017). Structural empowerment and the Magnet model: a perfect fit. Are empowerment structures present in your workplace? *American Nurse Today*, *9*(9), 46-48. Retrieved from: https://www.americannursetoday.com/structural-empowerment-magnet-model-perfect-fit/.

Nelson III, K.E. (2017). Nurse manager perceptions of work overload and strategies to address it. *Nurse Leader*, 406-408. Retrieved from: http://dx.doi.org/10.1016/j.mnl.2017.09.009.

O'Brien, J.L. (2011). Relationships among structural empowerment, psychological empowerment, and burnout in registered staff nurses working in outpatient dialysis centers. *Nephrology Nursing Journal*, *38*(6), 475-482.

Oliver, B., Gallo, K., Griffin, M.Q., White, M. & Fitzpatrick, J. (2014). Structural empowerment of clinical nurse managers. *The Journal of Nursing Administration*, *44*(4), 226-231.

Parsons, M.L. & Stonestreet, J. (2003). Factors that contribute to nurse manager retention. *Nursing Economic$*, *21*(3). 119-126.

Pinkerton, S. (2005). AACN standards for establishing and sustaining healthy work environments. *Nursing Economic$*, *23*(3), 138-140.

Prado-Inzerillo, M., Clavelle, J.T., & Fitzpatrick, J.J. (2018). Leadership practices and engagement among Magnet® hospital chief nursing officers. *Journal of Nursing Administration*, *48*(10), 502-507.

Regan, L.C. & Rodriquez, L. (2011). Nurse empowerment from a middle-management perspective: nurse managers' and assistant nurse managers' workplace empowerment views. *The Permanente Journal, 15*(1), e101-e107.

Sarmiento, T.P., Spence Laschinger, H.K. & Iwasiw, C. (2003). Nurse educators' workplace empowerment, burnout, and job satisfaction: testing Kanter's theory. *Journal of Advanced Nursing, 46*(2), 134-143.

Seguin, C. (2019). A survey of nurse leaders to explore the relationship between grit and measures of success and well-being. *The Journal of Nursing Administration, 49*(3), 125-131.

Shirey, M.R. (2006). Stress and coping in nurse managers: two decades of research. *Nursing Economic$, 24*(4), 193-211.

Shirey, M.R., McDaniel, A.M., Ebright, P.R., Fisher, M.L. & Doebbeling, B.N. (2010). Understanding nurse manager stress and work complexity, factors that make a difference. *The Journal of Nursing Administration 40*(2), 82-91.

Spence Laschinger, H.K. & Finegan, J. (2005). Using empowerment to build trust and respect in the workplace: a strategy for addressing the nursing shortage. *Nursing Economic$, 23*(1), 6-13.

Spencer, C. & McLaren, S. (2016). Empowerment in nurse leader groups in middle management: a quantitative comparative investigation. *Journal of Clinical Nursing* 26, 266-279, doi: 10.1111/jocn.13426.

Titzer, J., Phillips, T., Tooley, S., & Shirey, M. (2013). Nurse manager succession planning: synthesis of the evidence. *Journal of Nursing Management 21*(7), 971-979.

Warshawsky, N.E. & Havens, D.S. (2014). Nurse manager job satisfaction and intent to leave. *Nursing Economic$, 32*(1), 32-39.

Zwink, J.E., Dzialo, M., Fink, R.M., Oman, K.S., Shiskowsky, K., Waite, K., DeVine, D., Sanders, C.L. & Le-Lazar, J.T.T. (2013). Nurse manager perceptions of role satisfaction and retention at an academic medical center. *The Journal of Nursing Administration, 43*(3), 135-141.

APPENDICES

APPENDIX A: CONDITIONS FOR WORK EFFECTIVENESS QUESTIONNAIRE-II TOOL

CONDITIONS FOR WORK EFFECTIVENESS QUESTIONNAIRE-II

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

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

Challenging work	1	2	3	4	5
The chance to gain new skills and knowledge on the job	1	2	3	4	5
Tasks that use all of your own skills and knowledge	1	2	3	4	5

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

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

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

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

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

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

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

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

Time available to do necessary paperwork	1	2	3	4	5
Time available to accomplish job requirements	1	2	3	4	5
Acquiring temporary help when needed	1	2	3	4	5

In my work setting/job: (JAS)

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

the rewards for innovation on the job are	1	2	3	4	5
the amount of flexibility in my job is	1	2	3	4	5
the amount of visibility of my work-related activities within the institution is	1	2	3	4	5

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

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

Collaborating on patient care with physicians	1	2	3	4	5
Being sought out by peers for help with problems	1	2	3	4	5

Being sought out by managers for help with problems	1	2	3	4	5
Seeking out ideas from professionals other than physicians, e.g., physiotherapists, occupational therapists, dieticians	1	2	3	4	5

GLOBAL EMPOWERMENT

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

1 = Strongly Disagree 2 3 4 5 = Strongly Agree

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

APPENDIX B: DEMOGRAPHICS QUESTIONNAIRE

Demographics Questionnaire	
1) Age: • < 31 years • 31 – 40 • 41 – 50 • 51 – 60 • > 60 years 2) Gender • Male • Female 3) Highest Degree in Nursing Earned • Diploma • Associate's Degree • Bachelor's Degree • Master's Degree • Doctorate/PhD 4) Highest non-Nursing Educational Degree Earned • Associate's Degree • Bachelor's Degree • Master's Degree • Doctorate/PhD 5) Years of RN Licensure • < 5 • 5 – 10 • 11 – 20 • 21 – 30 • 31 – 40 • > 41 6) Years in Management/Leadership Positions • < 1 • 1 – 5 • 5 – 10 • 10 – 20 • > 20	7) Level of Leadership Responsibilities • Assistant Manager • Manager • Director (defined as no direct management of clinical staff) • Executive (defined as no direct management of clinical staff) 8) Department or Service Line • Outpatient (non-24-hour department) • Medical/Surgical • Telemetry • Critical Care • Maternal Child Health (including Pediatrics, PICU, NICU, Labor and Delivery and Mother-Baby) • Peri-Operative Services • Other: 9) Number of nurses/staffs directly managed 10) Number of beds in unit managed 11) Is hospital: • For profit • Not-for profit 12) Is hospital: • Magnet status • Actively seeking magnet status • Non-magnet seeking/non-magnet status 13) Is there union representation for nurses managed? • Yes • No

APPENDIX C: PARTICIPANT LETTER WITH SURVEY LINK

My name is Sonja Avery and I am a doctoral nursing student candidate with the California State University, Northern California Consortium at Fresno State University. My research project for this program will evaluate nurse manager empowerment in the workplace with the purpose of identifying nurse managers' and assistant nurse managers' perceptions of institutional support. This will help to determine an existing relationship between empowerment and nurse manager's job-related feelings. Because you are a nurse manager or assistant nurse manager, I am inviting you to participate in this research project by completing the survey embedded in the link provided at the end of this letter.

The questionnaire will require approximately 15 - 20 minutes to complete and includes general demographic questions, questions from Conditions for Work Effectiveness Questionnaire II, and questions from the MBI Human Services Survey. There is no compensation for responding. If you choose to participate in this project, please answer all questions as honestly as possible and within 30 days of receipt of the survey link, or before December 31, 2018. The link is confidential and participation is voluntary. In order to ensure that all information will remain confidential, please do not include your name.

Thank you for taking the time to assist me with this important project. Data collected will provide useful information regarding nurse manager feelings of empowerment in addition to overall job-related feelings which will facilitate further development and support of this critical role in nursing. Completion and submission of the questionnaire will indicate your willingness to participate in this study. If you require additional information or have questions, please contact me or my project chair, Arlene Spilker at the numbers or email listed below.

Nurse Manager Survey, DNP

Sincerely,

Sonja Avery, MSN RN

Sonja Avery
(650) 759-0060
soavery@mail.fresnostate.edu

Arlene Spilker
(408) 666-5444
Arlene.Spilker@SJSU.edu

APPENDIX D: MASLACH BURNOUT INVENTORY™ HUMAN SERVICES SURVEY

Maslach Burnout Inventory™ – Human Services Survey Sample Questions

I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some recipients.