THE ROLE OF LEADER EMPOWERING BEHAVIORS ON WORK ENGAGEMENT AND

INTENT TO STAY AMONG STAFF NURSES IN ACUTE CARE HOSPITALS

by

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DISSERTATION

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ABSTRACT

THE ROLE OF LEADER EMPOWERING BEHAVIORS ON WORK ENGAGEMENT AND

INTENT TO STAY AMONG NURSES IN ACUTE CARE HOSPITALS

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Leader empowering behavior is a facilitative process where employees perceive their leader to allow self-management and self-leadership of employees. Leader empowering behaviors can be perceived by employees as either enabling or burdensome. The purpose of this descriptive correlational study was to examine the relationship of leader empowering behaviors with nurse demographics, work engagement and intent to stay. A convenience sample of nurses (N = 212) employed in various nursing units within four hospitals completed an online survey related to perceived leader empowering behaviors, and the nurse's level of work engagement and intent to stay in his/her organization of employment.

Overall, the staff nurses in this study perceived their leader to be empowering (M = 5.62, SD = 1.07). A moderate, positive correlation was found between leader empowering behavior (LEB) and work engagement [(ρ) = 0.4559, p<0.001)]. A moderate, positive correlation was also found between leader empowering behavior and Intent to stay, [(ρ) = 0.4937, p<0.001)]. A strong, positive correlation was found between Intent to stay and work engagement, [(ρ) = 0.5164, p <0.001)]. No significant differences were found between the staff nurse's age groups (p = 0.368) and LEB. No significant differences were found in LEB when the sample was divided into the staff nurse's age

groups, education level, years in current department/unit, years in current hospital, years

in nursing, employment status, and shift worked. The results of the study highlight the

significance of leader empowering behaviors on staff nurse empowerment, work

engagement, and intent to stay in their organization of employment.

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Chapter 1

Introduction

Nurses are working in acute care hospitals that are in a state of frequent and rapid change. Compounding this rapid state of change is the expectation to remain compliant with changing regulatory and practice standards, increasing workload and the growing use of advanced technology. The pressures of these workplace changes on nurses require supportive and empowering leadership. Leaders play a significant role in how employees experience their work and their continued likelihood of staying in the organization. Without supportive, empowering leadership in a stressful work environment, nurses may become less committed and more disengaged to the point of leaving the organization. Organization refers to the healthcare organization where the nurse currently works.

Empirical data have indicated that leaders have a significant influence on employee health and well-being in terms of negative outcomes such as emotional exhaustion (burnout) (Bobbio, Bellan & Manganelli, 2012; Boudrias, Morin, & Broodeur, 2012; Rutledge, 2015). Leaders however, can also enhance general psychological well-being which can affect employee's level of work engagement (Mendes & Stander, 2011; Simpson, 2009; Tuckey, Bakker, &Dollard, 2012), trust (Gao, Janssen, & Shi, 2011; Wang & Hsieh, 2013; Wong & Cummings, 2009), and role clarity (De Villers & Stander, 2011; Hall, 2008). Leaders also play a significant role in an employee's decision to either stay or leave the organization (Albrecht & Andreetta, 2010; Carter & Tourangeau, 2012; Galletta, Portoghese, Battistelli, & Leiter, 2012; Hauck, Quinn Griffin, & Fitzpatrick, 2011). Less clear, however, are the processes through which leader empowering behaviors facilitate the motivational processes that underpin staff nurses level of work engagement and intent to stay in their organization of employment.

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The purpose of this study was to examine the relationship between the staff nurse's perception of their leader's use of empowering behaviors and their level of work engagement and intent to stay in their organization of employment. Described in this chapter are the background, research problem and purpose statements for this dissertation study. In addition, Chapter 1 includes the research questions guiding the study and a discussion of the importance of the study to the field of leadership. Following a discussion of the proposed theoretical framework, the chapter concludes with definitions of critical terms and assumptions of the study.

Background and Significance

Organizations require the constant application of effective and relevant leadership to maintain regulatory compliance, enhance customer satisfaction and financial performance, and optimize people management (Indrianawati, 2010; Ulrich, Smallwood, & Sweetman, 2008). Leaders in organizations are responsible for providing the direction and support employees need to create the environmental conditions that promote high levels of work engagement especially during necessary changes and transformations (Albrecht, 2010; Ghadi & Fernando, 2011; Giallonardo, Wong, & Iwasiw, 2010; Mendes & Stander, 2011; Salanova, Lorente, Chambel, & Martinez, 2011; Wang & Hsieh, 2013). Leaders in the current healthcare environment however are experiencing expanded job responsibilities and span of control which affects the leader-nurse relationship and can in turn lead to staff nurse's emotional exhaustion and intentions to leave the organization (Squires, Tourangeau, Laschinger, & Doran, 2010).

Leader behaviors have been shown to influence employee work engagement (Bamford, Wong, & Laschinger 2010, Brady-Germain, & Cummings, 2013; Manning, 2016) because social identification with managers positively influenced the nurse's level of work engagement (Wong; Laschinger, & Cummings, 2010; Salanova, Lorente,

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Chambel, & Martinez, 2011). Leaders had a significant influence in optimizing working conditions that correlated with employee's level of engagement and intent to stay (Cowden, Cummings & Profetto-McGrath, 2011; Tuckey, Bakker, & Dollard, 2012;). When leaders developed organizational structures that empowered employees to contribute to the organization's strategic goals, the employee's level of engagement was increased (Abdelhadi, & Drach-Zahavy, 2012; Brunetto, Xerrri, & Shriberg, 2013; Othman & Nasurdin, 2012; Van Bogaert, Wouters, Willem, & Mondelaers, 2013). Positive relational leadership styles have been associated with higher patient satisfaction and positive patient outcomes such as lower medication errors, restraint use, patient mortality and hospital acquired infections (Cummings, Midoddzi, Wong, & Estabrooks, 2010; Wong & Giallonardo, 2013; Wong, Cummings, & Ducharme, 2013).

Healthcare systems employ more than 60% of all nurses in the United States ([U.S] Bureau of Labor Statistics, 2011). Gallup's (2013) employee engagement findings for the healthcare industry indicated that one in four nurses (25%) were actively disengaged compared to 16% of the U.S. population (The Gallup Organization, 2013). Only 18% of nurses were engaged, which was a significantly lower proportion than the 30% found for the working population in the U.S as a whole. As a group, nurses had the lowest engagement levels among other category of workers that the Gallup Organization has studied. The lack of engagement among nurses has been linked to negative patient outcomes (JCAHO, 2010).

The Advisory Board Company (2014), a firm that promotes best practices to improve performance of healthcare organizations, conducted a survey of nearly 300,000 individuals from various industries including approximately 75,000 registered nurses. The nurses who were surveyed were employed at more than 250 health care organizations. The survey indicated that nurses were the most disengaged (7.4%)

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compared to all other frontline clinical staff (6.3%). The magnitude of disengagement among staff nurses was particularly troubling because nurses comprise the largest segment of the healthcare workforce.

An association has been found between a lack of engagement and an increase in employee turnover (Bamberg, Akroyd, & Moore, 2008; Leclair & Page, 2007). The 2012 Bureau of Labor statistics indicated a need for 495,000 replacement RN's by 2020. A 26% growth in registered nurse positions has been projected as well by 2020 which brings the total number of job openings to 1.2 million between the years 2010-2020. The number of projected nurse vacancies causes growing concern for registered nurses in the workforce because nurses are essential in the delivery of patient care. Retaining registered nurses is an important strategy to ensure healthcare organizations achieve their goals, contain cost and sustain quality patient care.

High turnover negatively affects cost because turnover cost represents a large portion of an organization's operating budget (Morrison, Burke, & Greene, 2007; Trepanier, Early, Ulrich, & Cherry, 2012). High registered nurse turnover rates can have negative consequences on the organization's finances and the quality of patient care. Jones (2004, 2005, & 2008) reported turnover cost of $88,000 to replace one nurse. Turnover costs can include cost associated with recruitment and orientation of new staff, loss of experienced nurses, periods of short staffing, and overtime for remaining nurses (Duffield et al., 2012; North, Leung, Ashton, Rasmussen, Hughes, & Finlayson, 2013; Trepanier, et al., 2012). In addition, the use of temporary agency nurses who are less familiar with the organization introduces the increased potential for adverse patient outcomes (Buffington, Zwink, Fink, Devine, & Sanders, 2012).

Although some turnover is good and can revitalize an organization, the quality of patient care resides in the experience, knowledge and expertise of staff nurses (North,

et.al, 2013). Researchers have consistently shown that without strong, competent, and engaged nurses, the quality of patient care was compromised (Van Bogaert, Clarke, Willems, & Mondalaers, 2012; Van Bogaert, Wouters, Willem, Mondalaers & Clarke, 2013; Van Bogaert, Van Heusden, Olaf, & Franck, 2014). Hospital leaders must understand issues related to work engagement and intent to stay. Nedd (2006) argues that there is great potential for leaders to develop and implement interventions that may facilitate an employee's intent to stay in an organization.

<div align="center">Statement of the Problem</div>

Nurses' affective and motivational performance at work, understood as engagement is critical to the delivery of quality patient care (Simpson, 2009). The effect of nurses' performance on various patient outcomes within the hospital setting is widely recognized by various regulatory organizations (Joint Commission on Accreditation of Healthcare Organizations, 2010). Nurses also play a critical role in care transformation. For organizations to successfully transition from a fee-for-service system to one that increasingly rewards value, leaders will rely disproportionately on their nurses' unique complement of skills to improve interdisciplinary collaboration, better manage chronic disease, and integrate patient care across settings. Without a highly committed and fully engaged nursing workforce, these goals will be difficult to achieve (The Advisory Board Company, 2014).

Significant financial costs are associated with employee disengagement and turnover (Buffington, etal., 2012; Duffield et al., 2012; North, et al., 2013; Trepanier, et al., 2012). Less clear however, are the processes through which leaders can empower employees to promote and sustain high levels of work engagement and enhance nurses' intent to stay in the organization. A review of the literature showed conflicting results and the extent to which specific leader behaviors influenced work engagement and intent to

stay. Whether specific empowering attributes of the leader or the leader's interactions with staff led to increased level of engagement and intent to stay in the organization remains unclear. Examining the relationship between leader empowering behaviors and the variables within the practice environment directly related with work engagement and intent to stay is clearly needed. Increased understanding of how leaders can influence the work environment may provide insight about how leaders can directly and indirectly influence staff nurses' level of work engagement and intent to stay in their organization of employment.

<p style="text-align:center">Theoretical Framework</p>

Kanter's (1977) theory of structural power in organizations offers a useful theoretical framework to explain concepts related to workplace behaviors such as work engagement and intent to stay (Cho, Laschinger, & Wong, 2006; Greco, Laschinger, & Wong, 2006; Nedd, 2006). Kanter's theory also offers a theoretical framework to guide nursing leaders in creating empowering working conditions (Greco, Laschinger, & Wong, 2006). Power reflects the ability to mobilize human and material resources as opposed to dominance and influence (Kanter, 1977). The structure of the work environment is associated with the employee's attitudes and behaviors in organizations. In other words, employees display different behaviors and attitudes based on their perceived access to power and opportunity structures.

Formal and informal power allows access to two organizational structures that promote an empowering workplace. The first organization structure, the structure of opportunity refers to growth, mobility, and the likelihood of increasing knowledge and skills (Kanter, 1977, 1993) and is important in determining the degree of engagement with work (Greco et. al, 2006). It also influences the employee's intent to stay with the

organization (Nedd, 2006). Employees lacking opportunity are less motivated to succeed and consequently less productive (Kanter, 1977)

The second organization structure, the structure of power refers to the ability to access and mobilize resources, information, and support from one's position in the organization to successfully complete the job. Access to resources refers to the ability to acquire necessary supplies, equipment, money, and personnel needed to achieve organizational goals. Information refers to the data, technical knowledge, and expertise required in performing one's job. Support relates to guidance and feedback received from peers, subordinates, and supervisors to enhance effectiveness (Kanter, 1977; Laschinger & Havens, 1996; Nedd, 2006).

Together, the structures of opportunity and power influence both power and empowerment within the organization. When employees do not have access to the resources, information, support and opportunities necessary to do their work, they experience powerlessness. The feeling of powerlessness affects the employee's degree of work engagement and intent to stay with the organization. Leaders play an important role in ensuring access to sources of empowerment in work settings.

Overall, the leader's empowering behaviors influence staff nurse empowerment, work engagement and intent to stay in the organization. Empowerment is not the only factor affecting engagement and intent to stay. Individual characteristics, work patterns, and work environment factors may influence the staff nurses' level of work engagement and intent to stay in their organization of employment (Figure 1).

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Figure 1 Research Framework: Leader Empowering Behaviors Influence on Staff Nurses' Empowerment, Engagement, and Intent to Stay Model (© by Ingrid A. Kindipan 2017)
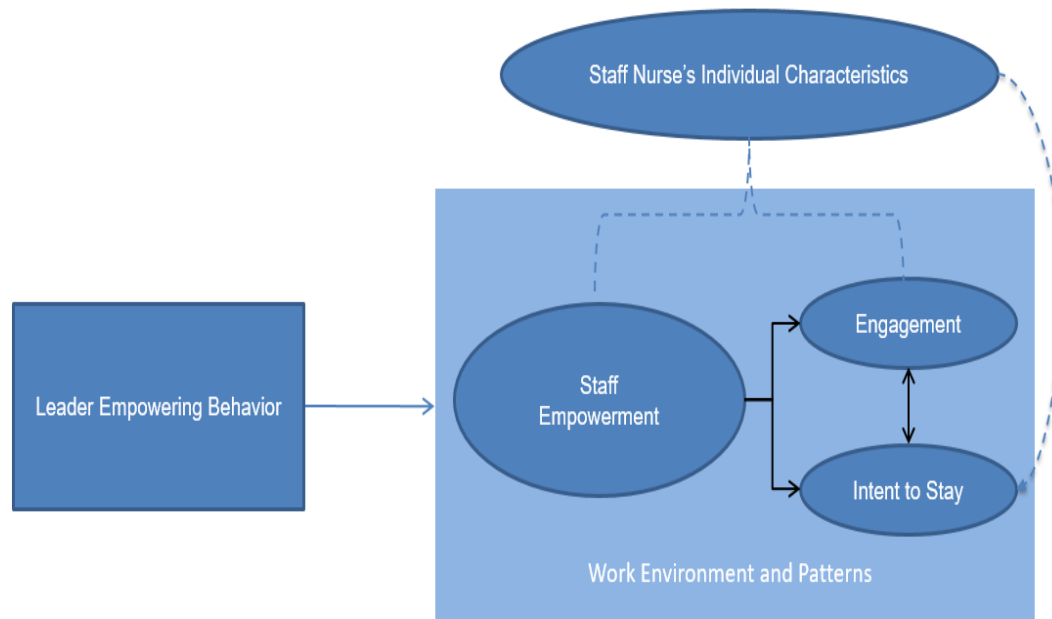
Statement of the Purpose

The purpose of this study was to examine the relationship between the staff nurse's perception of their leader's use of empowering behaviors and their level of work engagement and intent to stay in their organization of employment.

Research Questions

Research questions focus the study on the problems to be explored (Creswell, 2005). Research questions also define the objectives of the study and describe what is going to be examined (Janesick, 2000).

1. What are the relationships among individual characteristics, work patterns, work environment, staff nurse's perceptions of leader empowering behaviors, work engagement, and intent to stay in their organization of employment among staff nurses working in acute care hospitals?

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2. Are there differences in leader empowering behaviors, work engagement, and intent to stay among staff nurses working in acute care hospitals based on individual nurse characteristics?

Conceptual Definition of Terms

To explore the influence of leader empowering behaviors on work engagement and intent to stay. Clear definitions for the terms staff nurse, leader, engagement and intent to stay were essential. The terms used in the study are defined below.

Acute Care Hospital

Acute care hospitals referred to tertiary hospitals that provided a full range of acute health care services to a large metropolitan region.

Staff Nurse

A staff nurse was a nurse who was licensed by the State Board of Nursing under the authority of the nursing act and its regulations and was authorized to use the title Registered Nurse (RN). For the purpose of this study, a staff nurse was defined as a registered nurse who worked in an acute care hospital setting, was assigned to a patient care unit, was responsible for providing direct patient care, reported to a nurse manager and worked in the same organization for at least six months.

Nurse Leader

A nurse leader was a nurse who managed and had 24-hour accountability of one or more defined areas in nursing services. The major functions of the role included patient care management, human resource management and fiscal/operational management based on the job descriptions of the position in the institution.

Work Engagement

Work engagement was defined as a positive, fulfilling work-related state of mind that was characterized by vigor, dedication, and absorption (Schaufeli, Salanova,

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Gonzalez-Roma, & Bakker, 2002. Vigor was characterized by high levels of energy and mental resilience while working. Dedication referred to being strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge. Absorption was characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one had difficulty detaching oneself from work (Schaufeli, et al., 2002).

Intent to Stay

Intent to stay was the nurse's perception of the 'estimated likelihood of continued membership in an organization" (Price & Mueller, 1981, p 546).

Assumptions

This study was based on the following assumptions.

1. Registered nurses had self-awareness of leader empowering behaviors that affected employee's level of engagement and intent to stay in their organization of employment.

2. Registered nurses will respond honestly to confidential electronic surveys. Registered nurses continue to rank very high/high in honesty and ethical standard ratings as indicated by an 85% honesty and ethical standards rating according to the national Gallup poll. (American Society of Registered Nurses, 2016)

3. Registered nurse's work relationship with the nurse leader will influence their response to survey questions.

Summary

Introduced in chapter 1 was a discussion of the background and significance of leader empowering behaviors on work engagement and intent to stay in an organization. Decreased work engagement and the lack of intent to stay within an organization leading to turnover behaviors are contributing factors to increased organizational costs and

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decrease in organizational performance. Leaders are in a prime position to influence

employees' level of engagement and intent to stay in an organization by empowering

their employees through the various empowering strategies mentioned earlier.

Chapter 2

Critical Review of Relevant Literature

This chapter presents a review of related literature regarding leader empowering behaviors, work engagement and intent to stay. The purpose of this study was to examine the relationship between the staff nurse's perception of their leader's use of empowering behaviors and their level of work engagement and intent to stay in their organization of employment. By examining staff nurse's perceptions of leader empowering behaviors, the process through which leader empowering behaviors facilitate the motivational processes that underpin staff nurse's level of work engagement and intent to stay in their organization of employment may be illuminated.

Search Strategies

Databases searched, included Academic Search Complete, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, MEDLINE, PsycINFO, Psychology and Behavioral Sciences Collection, PsycARTICLES, and ERIC. Keywords used in the search for relevant literature were leader empowering behavior, empowerment, work engagement, and intent to stay. Quantitative and qualitative articles were included in this literature review. A broad timeframe from 1977 to 2016 was used in the search for articles to capture early landmark research through current studies related to the research concepts. The search was limited to peer reviewed-journals and articles that contained the research study concepts. Articles were selected then based on their relevance to answering the research questions. Approximately 90 articles were selected that reported studies in which the researchers measured concepts that were relevant to the study. Articles were organized into the categories of empowerment, leader empowering behavior, leadership behavior, work engagement and intent to stay. All articles were reviewed for potential contribution to this research study.

Empowerment

Empowerment has been described as "a process of enhancing feelings of self-efficacy among members through the identification of conditions that foster powerlessness and through their removal by both formal organizational practices and informal techniques of providing efficacy information" (Conger & Kanugo, 1988, p. 474). Leader empowering behaviors was defined as a facilitative process wherein employees perceive their leader to allow for self-control, self-regulation, self-management and self-leadership of employees and has also been associated with positive management (Mcphee, 2014; Vecchio, Justin & Pearce, 2010; Zbierowski, 2011). Prior research on empowering leadership however showed mixed and inconsistent findings. Kanter (1977) introduced employee empowerment and continues to be seen as a leader on the topic. The fundamental belief of those advocating empowerment was that empowerment initiatives affected work engagement (Cziraki & Laschinger, 2015; Klerk & Stander, 2014; Lee, Idris, & Delfabbro, 2016; Tuckey, Dollard & Bakker, 2012), and improved employee job satisfaction (Laschinger, Finegan, & Shamian, 2001; Vecchio, Justin, & Pearce, 2010).

Leader empowering behaviors have been shown to positively influence employee empowerment (Albrecht & Andreetta, 2011; Chen. et. al, 2011; Raub & Robert, 2010; Van Dierendock & Dijkstra, 2012; Zand & Bartol, 2010) performance, well-being, and attitude (Hempel, Zhang, & Han, 2012; Wallace, Johnson, Mathe, &Paul, 2011; Zang & Bartol, 2010). Leader empowering behaviors also influenced employee turnover intentions (Albrecht & Andreetta, 2011; Hauck, Griffin & Fitzpatrick, 2011; Rheaume, Clement & LeBel, 2011; Schmaltz, 2013; Smithe et. al, 2012; Laschinger, 2012). The positive effects of the leader's empowering behavior were due to the leader's positive

focus on developing employees and ensuring their success individually and as a team in work settings (Sharma & Kirkman, 2015).

Some researchers however, have demonstrated that empowering leadership could be perceived by the employee as unfavorable (Ahearne et al., 2005; Hui et al., 2004; Robert et al., 2000). Empowering leadership has also been linked to employee resistance (Maynard et al., 2007), and task uncertainty (Cordery et al., 2010), factors that potentially hampered both individual and organizational performance. Vechio (2010) suggested that empowering leadership may not always be beneficial. Some employees may see autonomy and the increased responsibilities that comes with being empowered as burdensome. Employees have been found to respond to the perceived burden associated with autonomy and increased responsibilities by exhibiting lower levels of work performance (Maynard et al., 2012). Employees may respond in a similar pattern when they perceive empowering leadership as being absent.

Attributes of empowering leadership were identified as fostering explicit coordination procedures and focusing on learning oriented goals among team members rather than performance oriented goals. Unless the leader is directive and focused on performance, initial team performance under empowering leaders may be lower (Lorinkova, Pearsall, &Sim, 2013). Cheong, Spain, Yammarino and Yun (2016) studied 226 leader-follower dyads and found that the leader's empowering behaviors towards followers were at sometimes perceived as permissive, which was interpreted by some followers as the leader abdicating his or her responsibilities and duties. This perceived abdication of responsibilities may have decreased the followers' work role performance through heightened job induced tension. Based on the review of the literature, leader empowering behaviors can either be perceived by followers as enabling or burdening.

The Enabling Process of Leader Empowering Behaviors

Leader empowering behaviors influence the followers' work role performance by promoting the followers' self-efficacy through five stages of empowerment (Conger & Kanungo, 1988). The first two stages are diagnosing conditions within the organization that are responsible for feelings of powerlessness among followers and using empowerment strategies to address feelings of powerlessness among followers. The process continues with the strategies being exercised providing self-efficacy information to followers. Followers respond by strengthening their effort-performance expectancy or enhancing their beliefs in personal efficacy. The behavioral effects of the followers' enhanced self-efficacy are demonstrated in stage five.

According to Bandura's (1986) theory, when a leader engages in empowering behaviors towards their followers, followers will feel more efficacious about their job because of the perceived support from their leader in the forms of emotional support; positive persuasion, and words of encouragement. Prior research supported this assertion that specific leader empowering behaviors were positively related to followers' self-efficacy (Ahearne et al., 2005) and specific types of self-efficacy (Biemann, Kearney, & Marggraf, 2015; Srivastava et. al, 2006; Zhang & Bartol, 2010; Zhang & Zhou, 2014).

Enhanced self-efficacy leads to followers' improving their work role performance through adaptivity, proactivity and task proficiency. Individuals with high self-efficacy engaged in enhanced efforts to complete tasks and persisted in the face of challenges (Chebat & Kollias, 2000). Cheong et. al (2016) found leader empowering behaviors such as enhancing the meaningfulness of work, fostering participation in decision making, providing autonomy, and expressing confidence in high performance comprised the enabling process of empowering leadership. In sum, as an enabling process, the

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increased level of follower's self-efficacy is likely influenced by the leader's empowering behavior that positively affected the follower's work role performance.

The Burdening Process of Leader Empowering Behaviors

The burdening mechanism of leader empowering behaviors were influenced by the followers' negative perception of the increased autonomy associated with empowerment. Langford and Moye (2004) found individuals with greater task autonomy may become cognitively distracted and become uncomfortable when faced with decisions about task implementation. Decision-making caused higher stress levels for some individuals with more autonomy and lead to lower work role performance. The follower may perceive the autonomy given by the leader as an attempt to extort more work and effort from them for the same pay without any additional resources. This follower perception may have led to increased follower's job induced tension or feelings of strain associated with the follower's task and lead to undesirable work role performance.

In summary, the cost of follower autonomy and the lack of congruence between the follower's perception of their role and the leader's perception of the follower's role leads to job induced stress. The incongruence precipitated a burdening process that explained the relationship between specific behaviors of empowering leadership and the follower's work role performance.

Leader Empowering Behavior

Leader empowering behavior has been defined as a facilitative, power-sharing process where employees perceive their leader to allow self-control, self-regulation, self-management, and self-leadership (Mcphee, 2014; Vecchio, Justin, & Pearce, 2010). Formal leaders are those leaders who were in positions of status and authority in their organizations of employment. Empowering behaviors enhanced both individual and team autonomy and investment in their work (Chen, Kirkman, Kanfer, Allen & Rosen, 2007;

Konczak, Trusty & Stelly, 2000; Lorinkova, et. al., 2013), and raised their level of intrinsic motivation (Srivastava, Bartol, & Locke, 2006).

Highly motivated individuals were emotionally engaged in their work (Konczak, Stelly & Trusty, 2000). Konczak et al., (2000) identified the dimensions of leader empowering behavior to be 1) the delegation of authority; 2) the leader's ability to emphasize accountability; 3) encouragement of self-directed decision-making; 4) the leader's ability to share information; 5) development of skills; and 6) coaching to promote innovation. A leader who shared information and knowledge with followers enabled them to fully contribute and make quality decisions that were valuable to the organization (Hakimi, Van Knippenberg, & Giessner, 2010).

Leaders redistributed power and gave new responsibilities to followers, holding them accountable for outcomes (Hakimi et al., 2010; Konczak et al., 2000). Self-directed decision-making was described as allowing and involving subordinates to participate in problem solving processes (Konczak et al., 2000; Van Dierendonck & Dijkstra, 2012), and enabling subordinates to feel empowered (Mills, Fleck, & Kozikowski, 2013). With information sharing, leaders shared information with employees and employees also shared information with one another (Arnold, Arad, Rhoades, & Drasgow, 2000; Konczak et al., 2000; Pearce & Sims, 2002).

Leaders also played a significant role in developing skills and coaching for innovative performance when leaders created opportunities for training and enhanced skills of subordinates (Konczak et al.,2000; Pearce & Sims, 2002). Employee behavior depends on the relationship between an employee and the leader, as experienced by the employee (Mardanov, Heischmidt, & Henson, 2008). Development of human capital has also been identified as one of the most predictive positive practices in organizational effectiveness (Cameron, Mora, Leutscher, & Calarco, 2011).

Leader Empowering Behavior Related to Employee Work Engagement

Chandler (1986) was the first nurse researcher to test Kanter's (1977) empowerment theory that predicted individual work behaviors were affected by the presence or absence of certain structural variables. In a study with staff nurses (N =268) from two different hospitals of similar characteristics, Chandler found significant correlations between the work environment and work behaviors, which supported Kanter's theory. A significant correlation between access to support and information and the nurse's perception of the work environment was found. Nurses who perceived they had less support experienced powerlessness, resulting in passive behavior, low motivation, and low risk taking behaviors (Chandler, 1986).

Chandler (1992) in a qualitative study collected data through individual interviews with staff nurses (N =56) from two different hospitals and three different medical centers. Participants were asked to describe a situation where they felt empowered and a situation they felt powerless. Fifty-seven percent of the nurses reported feeling empowered when they were comforting, supporting or teaching the patient and family. Nurses (23%) also experienced empowerment when physicians asked for their opinions, considered their input, collaborated in making patient care decisions, and verbally acknowledged the nurses' input. Empowerment was also reported by a few nurses when working well as a team, being recognized and complemented by the head nurse, and feeling good about themselves as nurses.

The themes identified in this study were congruent with the dimensions of Kanter's structural empowerment. In this study, however, empowerment was described as originating from within the nurses themselves and not from someone else.

In a Malaysian longitudinal study of relationships among hierarchical culture, empowering leadership and employees' work engagement through work meaningfulness

(*n* = 134), Lee, Idris & Delfabbro (2016) used a leadership behavior questionnaire and the Utrecht Work Engagement Scale short version (UWES-9). Leader's empowering behavior played a significant role in enhancing employee's work engagement and, influenced work meaningfulness consistent with other studies. Empowering leaders created more meaningful jobs by empowering employees to be responsible for their tasks through the autonomy given to them (Lee et. al., 2016)

In a cross-sectional study of Canadian staff nurses, (N =322) structural empowerment partially mediated the influence of leader empowering behaviors on work engagement (*M* = 3.69, *SD* =1.25). Nurses were moderately engaged (*M*= 3.89, *SD* = 0.79). Enhancing meaningfulness of work and facilitating goal accomplishment had the greatest effect on nurse empowerment. Expressing confidence in employees was the most frequently used leader empowering behavior (M=3.69, SD=1.5) while participative decision making was the least used leader empowering behavior (M=3.25, SD=1.52). There were no meaningful effects of demographics on leader empowering behaviors and work engagement (Cziraki & Laschinger, 2015).

Wong, Laschinger and Cummings (2010) explored the relationship between authentic leadership and staff nurses' trust in their manager, work engagement, voice behavior and perceived unit care quality in a non-experimental predictive survey of 280 registered nurses working in acute care hospitals in Canada. Authentic leadership significantly and positively influenced staff nurses' trust in their manager which in turn played a role in fostering trust, work engagement, voice behavior and perceived quality of care

In Bamford, Wong and Laschinger's (2013) secondary analysis of data collected of a random sample of 280 registered nurses working in acute care hospitals in Canada, nurses in this study reported moderate engagement in their work (*M*=4.01, *SD*=0.97).

The Utrecht Work Engagement Scale was used to assess nurse's work engagement. Nurses in this study also perceived their managers to exhibit a moderate degree of authentic leadership (*M*=2.35, *SD*=0.99). Bamford et al., (2013) attributed 6.2% of the variance in work engagement to leadership. These findings confirmed the findings of the study conducted by Wong, Laschinger, and Cummings (2010).

Laschinger, Wilk, Cho and Greco (2009) compared the influence of empowering work conditions on work engagement and effectiveness between new graduate nurses (*n* = 185) and experienced nurses (*n*= 294). Laschinger et. al. (2009) combined Kanter's structural empowerment theory with Schaufeli and Bakker's work engagement theory (2004) and posed the hypothesis that the effect of empowerment on work effectiveness was mediated by work engagement. Results of the study supported the hypothesis in both groups of nurses. The mediating effect of engagement on work effectiveness was significantly higher in the experienced work group, whereas for the new graduate, an empowering environment strongly predicted perceptions of effectiveness and work engagement. Laschinger et al., (2009) suggested that new nurses required structural resources and empowerment to be able to adapt to their new role in the nursing profession, while experienced nurses required empowering working conditions to perceive effectiveness and experience the motivation for work engagement.

Havens, Warshawsky, and Vasey (2013) conducted a non-experimental survey of direct care registered nurses (*N* = 747) working in five acute care rural Pennsylvania hospitals to assess work engagement, decisional involvement, relational coordination and the nursing practice environment. Using the Utrecht Work Engagement Scale, they found with the exception of the absorption component, there were no statistically significant differences in engagement across generational cohorts. The nursing practice environment and tenure on the clinical unit predicted work engagement for baby boomers

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while relational coordination, tenure on the unit, and the nursing practice environment predicted work engagement for Generation X. In both cohorts, the nursing practice environment which was heavily influenced by the unit's leaders predicted work engagement. These findings align with Laschinger et. al (2009) findings on the positive influence of empowering work environments on work engagement.

Manning (2016) used a descriptive correlational design to evaluate the influence of nurse manager leadership style factors on staff nurse work engagement among staff nurses (N = 441) in three acute care U.S hospitals. Using the Utrecht Work Engagement Scale and the Multifactorial Leadership Questionnaire, Manning found that transactional and transformational leadership styles in nurse managers had a positive and significant influence on staff nurse work engagement $(p< .001)$. Passive-avoidant leadership style in nurse managers on the other hand negatively influenced staff nurse work engagement $(p<.05)$.

Salanova, Lorente, Chambel, and Martinez (2011) examined the relationship between supervisor's transformational leadership and staff nurses' extra role performance as fully mediated by staff nurses' self-efficacy and work engagement. A convenience sample included nurses (n=280) and their supervisors (n=17) working in a large Portuguese hospital. Salanova et al. (2011) found a direct and significant relationship between transformational leadership and work engagement.

Orthman and Nasurdin (2012) explored the relationship between social support comprised of supervisor support and co-worker support as it related to reports of work engagement in a quantitative correlational study of Malaysian staff nurses (N = 402) working in three different general hospitals. Supervisor support was positively related to work engagement while co-worker support was found to have no effect on work engagement. Orthman and Nasurdin's (2012) findings echoes Salanova et al.'s (2011)

findings on the significant and positive influence of supervisor support on work engagement.

Brunetto, Xerri, and Shriberg (2013) examined the impact of workplace processes (perceived organizational support, supervisor-subordinate relationships and teamwork) on the engagement, well-being, organizational commitment and turnover intentions of randomly chosen nurses working in Australia (*n*= 510) and nurses working in USA (*n*= 718) hospitals. Manager-subordinate relationships were a predictor of work engagement but were not a predictor of work engagement among the American sample. Managers in Australia have high discretionary power, while discretionary power among managers in the USA is decreasing (Brunetto, etal., 2013).

Montani, Courcy, Giorgi, and Boilard (2015) chose a Canadian hospital undergoing organizational change as a setting to test a theoretical model of nurses' resistance to change. Their first aim was to determine whether nurses' dispositional resistance to change was indirectly and negatively related to behavioral empowerment through the mediating role of psychological empowerment. Their second aim was to test, whether supervisors' empowering management practices buffered the negative relationship between dispositional resistance to change and psychological empowerment and the relationship between resistance to change and behavioral empowerment among nurses (*N* =197). There was an indirect negative relationship between dispositional resistance to change and behavioral empowerment through psychological empowerment. Montani et al., (2015) also found that the supervisor's empowering management practices mitigated the negative influences of dispositional resistance to change on nurses' empowerment. These findings were significant as they related to the leader's empowering practices in engaging staff support and maintaining high levels of work engagement during periods of transitional and organizational changes.

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In summary, a review of the literature on the relationship between leader empowering behavior and employee work engagement revealed that many researchers utilized various versions of the Utrecht Work Engagement Scales (Schaufeli & Bakker, 2013) to measure employee work engagement. These findings support the choice of the Utrecht Work Engagement Scale for the study. In addition, the researchers provided support for employee empowerment through leader empowering behaviors reflected in manager-subordinate relationships and various leadership styles such as transformational, transactional, authentic leadership styles and as an antecedent to work engagement, supporting the inclusion of perceived leader empowering behavior as one of the variables.

Seven of the studies on leader empowering behaviors and work engagement took place in Canada (Bamford, et al., 2013; Cziraki &Laschinger, 2015; Greco et al., 2006; Laschinger et al, 2009; Wong, et al., 2010; Montani et al.,2015). Other studies were set in Australia (Brunetto et al., 2013) and Portugal (Salanova et al., 2011), two in Malaysia (Lee et al., 2016; Orthman & Nasurdin, 2012), and four in the United States (Chandler, 1986 & 1992; Havens et al., 2013; Manning, 2016). The relatively small number of studies performed in the United States indicates a gap in knowledge due to difference in work environments between countries.   Also, Brunetto et al., 2013 found that U.S. nurses' predictors of work engagement were different from those of Australian nurses, an additional indicator that studies are needed in the U.S. More studies are needed on employee empowerment and work engagement to be conducted in US hospital settings.

Leader Empowering Behavior Related to Intent to Stay

Laschinger, Finegan, and Wilk (2009) found that structural empowerment at the nursing level positively influenced staff nurse's perceptions of psychological

empowerment.   In addition, they found that structural empowerment was inversely related to anticipated turnover among critical care nurses (N =257).

Simpson (2009) conducted a descriptive, cross-sectional study to examine the relationship of job satisfaction, turnover cognitions, job search behavior, and nurse demographics to work engagement among registered nurses in one U.S. hospital (N =167). Professional status, interaction, and thinking of quitting explained 46%, of the variance in work engagement (F (3, 160) = 47.546, p< .001). Otherwise stated, nurse's work engagement increased as satisfaction with professional status and interaction at work increased and thinking of quitting decreased. Job satisfaction components of professional status and interaction were shown to significantly moderate the relationship between thinking of quitting and work engagement (t= 1.96, p<.05).

Hauck, Quinn Griffin, and Fitzpatrick, (2011), examined the relationship between perceptions of structural empowerment and anticipated turnover among critical care nurses (N =257) in a tertiary university U.S. hospital. Hauck et. al., (2011) found that nurses perceived themselves to be moderately empowered (M = 20.51, SD = 3.04) as measured by the Conditions of Work Effectiveness Questionnaire II (Laschinger et al., 2009). Access to opportunity rated as the highest empowering factor followed by support, information, and resources respectively. In addition, there was a significant inverse relationship (r = - 0.23, p =0.02) between perception of empowerment and turnover intention. Stated otherwise, nurses who felt empowered had a lower anticipated turnover score (Hauck, Quinn Griffin, & Fitzpatrick, 2011).

Smith, Capitulo, Griffin, and Fitzpatrick (2012) examined the relationship between structural empowerment and intention to leave a current position among psychiatric practical and registered nurses (n = 50). Smith et al., (2012) found that 62% of the respondents perceived that they were moderately empowered, with 22% rating "high"

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empowerment indicating opportunity, information, support, and resources respectively as empowering precepts. They also found a significant, negative correlation between intention to leave and empowerment ($r = -0.55$, p < 0.01).

Zurmehly, Martin, and Fitzpatrick (2009) investigated the relationship between registered nurses' perceptions of structural empowerment and intent to leave their current position or the profession of nursing using a descriptive, correlational design. Among randomly selected registered nurses ($N = 1355$), moderate levels of empowerment were found consistent with the findings of Hauck et al., (2011) and Smith et al., (2011). Zurmehly et al., (2009) also found an inverse relationship between intent to leave a current position with empowering qualities of opportunity and support. Intention to leave the profession was most strongly associated with nurses perceiving that leaders did not provide resources or information. Nurses from ages 50 – 60 and those with a bachelor's or higher degree indicated higher levels of empowerment and were reported to be less likely to leave their current position.

Over a five-year period, Rheaume, Clement, and LeBel (2011) examined precepts correlated with intentions to turnover in their current nursing position. Using a mixed-method design, they determined new graduated nurses ($N = 348$) to be moderately empowered as evidenced by perceived competence levels ($x^2 = 5.38$, $SD = .64$), a finding that held stable over the 5-year period. The researchers also found a significant, negative correlation between psychological empowerment and intention to leave, indicating that increased empowerment reduced reports of turnover intentions. The researchers found no differences in turnover intention based on the nurse's age.

Peachey (2002) conducted a study among full time staff nurses ($N = 191$) to examine the relationship between staff nurses' perception of workplace empowerment, psychological empowerment, organizational commitment, and absenteeism. Nurses'

perceptions of leader empowering behaviors were significantly related to their perceptions of workplace empowerment structures; access to opportunity (r=.46), information (r=.42), support (r=.62), and resources (r=.57), formal power (r=.55), informal power (r=.54) and global empowerment (r=.48), (p= <.001). Leader empowering behaviors were also significantly related to organizational commitment (p= .001).

Albrecht and Andreetta (2010) examined the relationship between empowering leadership, empowerment, and turnover among community health employees (N = 158) including 37 licensed and non-licensed personnel. The nurse's results were not discussed separately, however, among the entire sample, they found a significant indirect effect of leader empowering behavior and empowerment on turnover intention.

In a descriptive correlational study Laschinger (2012) examined determinants of job satisfaction with turnover intentions of new graduate registered nurses (N =342), nurses with less than two years of practice experience. Laschinger (2012) found support for the proposed model predicting structural empowerment and leadership behaviors to mediate the relationship between burnout and turnover intentions. The strongest determinant of turnover was empowerment and leadership practices. Incivility or bullying was a statistically insignificant determinant of intention to leave the current position (Laschinger, 2012).

Tourangeau, Cranley, Laschinger, and Pachis (2010) surveyed professional and non-professional health care workers (N = 675) from 26 long-term care facilities in Ontario, Canada to examine the role that work relationships had on two outcomes in long-term care settings: job satisfaction and turnover intentions. Registered nurses reported the highest turnover intention, lowest job satisfaction, and increased levels of burnout. Supportive leadership practices were found to have no significant impact on reports of job satisfaction or turnover intention (Tourangeau et al., 2010).

Buffington, Zwink, Fink, DeVine, and Sanders (2012) examined factors influencing registered nurse retention among outpatient and inpatient nurses ($N = 677$) with over one year of experience working in a Magnet hospital in Colorado. Buffington, et al., (2012) found management's lack of support and recognition, significantly and positively influenced turnover intentions. A large portion of the nurses surveyed (39%) reported plans to leave their current positions. Demographic variables of age, years of experience, tenure were not significantly related to intention to leave the current position.

Van den Heede etal., (2013) investigated strategies to retain nurses ($N = 3186$) in 56 acute care hospitals in Belgium. Over a quarter of nurses intended to leave their positions (29.5%). Of these, 29.7% planned to leave the nursing profession. Hospitals with the highest percentage of nurses intending to leave were labeled as "low" performing and those with the lowest percentage of nurses intending to turnover as "high" performing. Structured interviews were conducted with the Chief Nurse Officers. The findings from the interviews of the top three and bottom three performing hospitals validated that participative leadership, perceived as having "high accessibility," correlated with lower turnover intentions (Van den Heede et al., 2013).

Research outside of nursing has contributed to the understanding of employee empowerment and intent to stay. These studies are useful for understanding the concept of empowerment within a nursing context. De Villers and Stander (2011) examined the relationship between leader-member exchange, role clarity, psychological empowerment, engagement and turnover intention among managers and sales consultants within a financial institution ($N=278$). Results of the study indicated that psychological empowerment mediated the relationship between role clarity, work engagement, and turnover intention. Higher levels of psychological empowerment were associated with higher levels of work engagement ($r=0.75$), and role clarity ($r=0.83$, $p<0.05$).

Psychological empowerment was negatively related to turnover intention (r= -0.44, p<0.05). When employees were psychologically empowered, they were more likely to be highly engaged at work, and less likely to leave the organization (DeVillers & Stander, 2011).

Results from a study conducted by Mendes & Stander (2011) among employees (N= 179) working in a chemical organization indicated that leader empowering behavior predicted turnover intentions and work engagement.

Mendes and Stander (2011) also investigated whether leader empowering behavior can positively impact role clarity, psychological empowerment and work engagement, with the final outcome being the retention Leader empowering behavior was measured with the Konczak et al., (2000) Leader Empowering Behavior Questionnaire (LEBQ). Leader empowering behavior, role clarity, and psychological empowerment predicted work engagement. Work engagement also predicted employees' intention to leave (Mendes & Stander, 2011).

Klerk and Stander (2014) examined the relationship between leadership empowerment behavior, psychological empowerment, work engagement, and turnover intention among 700 employees in various production areas (N=322). Results of the study showed significant (p<0.01) positive relationships between leadership empowerment behavior, psychological empowerment (r=0.37), work engagement (r=0.51), and a negative correlation with turnover intention (r= -0.20). The results implied that leadership empowerment behavior greatly influenced employee perceptions and experiences in the work environment, which in turn increased work engagement. When leaders empower their employees they will feel more in control of their work environment and will experience meaning in their work. The results of this study were consistent with previous studies and confirmed that when leaders empower rather than control their

employees, employees will experience psychological empowerment (De Villers &

Stander, 2011; Mendes & Stander, 2011). Psychologically empowered employees were

more engaged, more loyal and less likely to consider leaving their positions (De Villers &

Stander, 2011).

In summary, a review of the literature supported the relationship that existed

between leadership, empowerment, and intent to leave either a position or profession.

Albrecht and Andreetta (2010) and Rheaume et al., (2011) however were the only

researchers who found a direct correlation between leader empowering behavior and

psychological empowerment, and an indirect relationship between leader empowering

behavior and turnover intentions.

Previous studies in regards to empowerment and turnover intentions aligned with

the assertion that provision of empowerment whether it is structural or psychological in

nature, is essential in promoting employee retention. Empowerment, however simply

describes the conditions of the work environment and specific leader behaviors that

promote empowerment. It does not describe the employee reactions to these conditions.

For this reason, the relationships among empowerment, work engagement and intent to

stay were examined together in this study.

Empowerment and Organizational Characteristics

Organizational characteristics such as Magnet status have been cited as

influencing an employees' perception of empowerment. Upenieks (2003) found Magnet

hospitals (N=305) that Magnet hospital nurses were significantly more empowered than

those in non-Magnet hospitals (M=3.55 [.96] and M=2.63 [.99] respectively, (t=8.56,

P=.001). Magnet hospital characteristics were linked to higher levels of trust in

management (β = .56) and lower burnout levels (β = .62) in a study of Canadian staff

nurses (n=3016) (Laschinger, Shamian, and Thomson, 2001).

Laschinger, Almost, and Tuer-Hodes, (2003) conducted secondary analyses of data from three studies and found relationships between the dimensions of structural empowerment and the nursing work index subscale.   Structural empowerment encompassed opportunity, information, support, resources, formal power, and informal power. The nurse work index measured autonomy, control over practice environment, and positive nurse physician relationships, characteristics of Magnet hospitals. In the first study of randomly selected staff nurses (N = 233) working in a tertiary hospital, nurses believed that their job settings were moderately empowering (M= 17.9, SD = 3.0). Levels of Magnet characteristics were equally moderate (M=2.68, SD=0.55). The total empowerment score was strongly related to the total nursing work index subscales (r= .60, P= <.0001), with the resources subscale (r = .55) having the strongest relationship with empowerment. The second study conducted by Laschinger et al., (2003) used a sample of staff nurses working in a network of eight rural community hospitals (N=531). Results of the study indicated that the nurses believed that their job settings were moderately empowering (M=18.37, SD=2.82). Levels of Magnet characteristics were also moderate (M=2.78, SD=0.50). Similar results of the first study, total empowerment scores were significantly related to the total nursing work index subscales (r= .49, p= <.0001), the most strongly related being the resources subscale (r = .54). The third study consisted of acute care nurse practitioners (N= 53). The nurse practitioners' ratings of work empowerment were higher than those in either sample of staff nurses (M=20.96, SD=3.08) as were their ratings of Magnet hospital characteristics (M=3.20, SD=0.46). Similar to the findings of the first two studies, the total empowerment score was strongly correlated with the total nursing work index subscales (r= .57, p= <.0001). Access to empowerment structures were also strongly related to the total nursing work index subscales (r= .57, p= <.0001). However, in contrast to the studies with staff nurses,

access to information was most strongly related to the overall nursing work index ($r = .52$) among the nurse practitioners. All three studies used the same instruments to measure structural empowerment and Magnet hospital characteristics.

In an older study, McDermott, Laschinger, and Shamian (1996) examined the relationship between registered nurse's perception of job-related empowerment and their commitment to organization ($N= 112$). A significant positive relationship between nurse's perception of job-related empowerment and their reported commitment to the organization was found. The results indicated that nurses who have access to resources, information, opportunity and support in their work environment are more likely to be committed to their organization. These findings are similar to the findings of Laschinger, et al., (2003) findings. Individuals are more likely to be more committed to the organization when they are afforded the opportunity for growth and mobility in their work while being rewarded for their contributions to organizational goals. Conversely, low opportunity in working environments leads to lower ambition, lack of motivation and low organizational commitment (McDermott, Laschinger, &Shamian, 1996).

Significant positive correlations were also found among job-related empowerment, age and years of nursing experience and among access to opportunity, age and length of experience on their unit. As age increased, nurses perceived they had more opportunities for rewards and recognition, use of knowledge and skills, and access to more challenging work. In other words, as nurses' increase in age and experience, they became more knowledgeable and skilled at accessing the sources of power, resources, information, support and opportunity (McDermott et al., 1996).

McDonald, Tullai-McGuiness, Madigan and Shively (2010) examined the relationship between nurse participation in formal work structures and their perception of empowerment among nurses ($N=122$) employed in a Veterans Affairs healthcare system.

Nurses perceived a moderate amount of structural empowerment and a greater sense of opportunity (M=3.78, SD=0.87), resources (M=3.04, SD=0.72) and support (M=2.92, SD=0.94). The information component of structural empowerment was rated lower (M=2.75, SD=0.88) than the other three dimensions. These findings were similar to the study findings by Nedd (2006). Nurses in Nedd's study perceived the greatest access to opportunity, followed by support, resources and access to information. McDonald et al. (2010) also compared perceptions of empowerment between nurses who participated in nursing councils to nurses who did not participate in councils. Those who participated on councils (39.3%) and, the number of council meetings the nurse attended correlated significantly with support (r= 0.37, p=.009). The percentage of time council members communicated information with their peers at the unit level correlated positively with informal power (r=0.30, p=.04). Overall, the results indicated that organizational structures that provide opportunities for nurses to participate in work related activities that were important to them supported empowerment, which was essential in promoting a healthy work environment.

Barden, Quinn Griffin, Donahue, and Fitzpatrick (2011) examined the relationships between perceptions of shared governance and empowerment among nurses working in an acute care setting (N=158). Shared governance was defined as a professional practice model based on the principles of partnership, equity, accountability, and ownership at point of service. Shared governance enabled nurses to exercise control over decisions that affected their practice (Porter- O'Grady, Hawkins, & Parker, 1997). Barnes et al., (2011) found a significant relationship between perceptions of shared governance and empowerment. As shared governance increased, so did nurses' perception of empowerment (r=0.34, p<.0001). The study results were similar to McDonald et al. (2010) findings. The link between shared governance and

empowerment is significant because shared governance provides an important communication and decision-making infrastructure.

Empowerment is consequent to engagement in that empowered employees demonstrated the characteristics of an engaged employee. Reynders (2005) found in her study of employees in a government institution that higher levels of psychological empowerment increased levels of work engagement. Stander and Rothman (2009) also found that psychological empowerment was a statistically significant predictor of employee engagement. Perceptions of leader empowering behaviors significantly related to perceptions of psychological empowerment and the subscales of autonomy, impact (p= <.001), and meaning (p= .006) among staff nurses (N=191) (Peachey, 2002).

In summary, organizational characteristics such as Magnet status significantly influenced employees' perception of empowerment. Organizational characteristics associated with Magnet status such as autonomy, shared governance, access to opportunity, support, information and resources have been noted to influence employees' perception of empowerment and can influence employees' level of work engagement and intent to stay in their organization of employment.

<div align="center">Intent to Stay</div>

Previous studies suggested that intent to stay is a good predictor of turnover (Price & Mueller,1981; Van Breukelen, Van Der V List, & Steensma, 2004). This association suggests that when an employee no longer intends to stay in an organization, this intention is likely to be followed by turnover behavior (Irvine & Evans, 1995; Nedd, 2006). Intent to stay appears to be a viable alternative when it is not feasible to study actual turnover (Nedd, 2004).

Price and Kim (1993) examined the relationships between demographic variables and intent to stay among a sample that included military medical personnel such as

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physicians, nurses, dentists, and technical staff (N =1,521). The demographic variables included occupation, education, rank, length of service, race, gender, religion, age, place of birth, marital status, and ethnicity. Weak but significant relationships (p<.01) were found between intent to stay and educational attainment (r=.21), length of service (r=.07), and rank (r=.12). The relationship with intent to stay was strongest with those who had one to two years of college, those who served in the Air Force for 10 to 14 years, and those who were non-commissioned officers (Price & Kim, 1983).

Kim, Price, Mueller, and Watson (1996) continued their line of research on intent to stay among military physicians (N = 244) at a medical center on an Air Force base in Texas. Intent to stay data was measured by a questionnaire developed by the researcher with items related to job satisfaction, organizational commitment, structural variables such as autonomy, and individual variables such as the extent which expectations had been met. Demographic variables included education, rank, age and owed service served as controls because these variables should not have significantly contributed to intent to stay (Kim, et.al., 1996).

The results of a regression analysis indicated that organizational commitment had a significant relationship (p<.01) with intent to stay (r = .54) (Kim, et.al., 1996). Search behavior, the degree to which an employee was looking for a job had a significant negative relationship to intent to stay (r=-.45). Opportunity, the availability of another job in the organization also had a significant negative relationship with intent to stay (r=-.22). The total explained variance of these three variables was 41%. (Kim et al., 1996).

In a similar study, Nedd (2006) found among a random sample of Florida licensed registered nurses (N=206) no statistically significant relationships between self-reported intent to stay and the demographic variables of gender, age, years worked in nursing, years worked on current job, and level of education. Intent to stay was

significantly and positively correlated with all empowerment variables (p<0.01), formal power (r=0.43), informal power (r=0.31), overall conditions of work empowerment (r=0.52), opportunity (r=0.48), information (r=0.39), support (r=0.47), and resources (r=0.45). Nurses in this study perceived the greatest access to opportunity in their positions to be the development of knowledge and skills to advance in the organization followed by support, resources and information (Nedd, 2006).

The results of this study were different from the findings of Laschinger, Almost, and Tuer-Hodes (2003) in that nurses perceived the greatest access to resources and support. Nedd's (2006) findings were consistent with those of similar studies (Laschinger, Finegan, & Shamian, 2001; Laschinger & Havens, 1996) that suggested nurses perceived the greatest access to the empowerment structure of opportunity. Individual nurse characteristics were not significantly related to intent to stay. This finding was consistent with Kanter's theoretical expectation that work behaviors such as intent to stay, are more related to perceived access to workplace empowerment structures within the organization and not so much related to personal characteristics.

Schmaltz (2013) examined the relationship between the perception of organizational structural empowerment and intent to stay among nurse (N =1159) in a large Midwest medical center. Congruent with the findings of Nedd (2006) and Laschinger and Havens (1996), Schmaltz found no significant difference of structural empowerment scores related to age, gender, years in nursing, and years in organization or unit. Results of this study also supported similar studies (Laschinger, Finegan, & Shamian, 2001; Laschinger & Havens, 1996; Nedd, 2006) that suggested nurses perceived the greatest access to the empowerment structure of opportunity. In addition, results of this study were consistent with Nedd's (2006) findings that suggested positive correlations between empowerment scores and intent to stay.

Milanese (2013) examined the relationship among direct care nurses (*N*=267) perception of empowerment structures, occupational commitment, and intent to stay in an acute care hospital. The results of the study indicated no significant differences by nursing unit of work on empowerment structures, commitment dimensions, full or part time work status, or education level. However, affective commitment was the strongest commitment dimension that predicted intent to stay. Affective commitment was defined as the employee's attachment to, identification with, and involvement in the organization. In addition, the empowerment dimensions of support, resources and opportunities were strong predictors of intent to stay, with support being the strongest predictor. Milanese's (2013) findings were similar to those of Almost, and Tuer-Hodes (2003) who reported that nurses perceived the greatest access to resources and support.

Borhani, Abbaszadeh, Nakhaee and Roshanzadeh (2014) used the same intent to stay questionnaire used by Nedd (2006) to examine levels of moral distress and professional stress and their relationship with intent to stay in the profession among Iranian nurses (*N*=220). There were no significant correlations observed between the intensity and frequency of moral distress, professional stress, and intent to stay among nurses (*p*>0.05). Similar to Nedd's (2006) study, there were no significant correlations between demographic variables of gender, age, ward, number of years in service, and type of employment.

In a cross-sectional study at various types of hospitals in Taiwan, Chen, Perng, Chang and Lai (2014) examined the influence of work values and personality traits on the intent to stay at work among nurses (*N* = 1246). The team developed a self-rated 3-item questionnaire from their clinical and administrative experience with frontline nurses. A significant but weak correlation was observed between intent to stay and age (*r*=0.15, *p*<0.001) and between intent to stay and time in present job (*r*=0.12, *p*<0.001). Senior,

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more experienced nurses were more likely to stay with their hospitals than were younger less experienced nurses. Intent to stay was moderate (*M*=8.8, *SD*=1.9) for the unmarried participants and slightly above moderate (*M*=9.2, *SD*=1.9) for married participants indicating a significant difference between the two groups of respondents (*t*=4.13, *p*<0.001). Mean scores of intent to stay were moderate (*M*=8.6, *SD*=2.10) among those who served at religious hospitals and slightly above moderate (*M*=9.30, SD=1.10) for those who served at a non-religious hospital. The differences between the two groups were statistically significant (*t* = 4.8, *p*<0.001) indicating that senior, married nurses working at non-religious hospitals were the subgroup with the highest level of intent to stay (Chen, Perng, Chang & Lai, 2014).

Gregory, Way, Lefort, Barrett and Parfrey (2007) tested a model linking culture to organizational commitment and intent to stay among (*N*=343) acute care registered nurses. The researchers examined the nurses' perceptions of organizational culture, attitudes and behaviors. Culture indirectly influenced intent to stay through trust (*B*=.10), and satisfaction (*B*=.23), with satisfaction (B=.46) ranked as the greatest determinant of intent to stay followed by culture (*B*=38) and trust (*B*=.25).

In summary, demographic characteristics such as age, gender, education, years of service were not related to intent to stay (Milanese, 2013; Nedd, 2006; Schmaltz, 2013). Different researcher-developed intent to stay instrument were used which created difficulty in making comparisons across studies. The intent to stay construct was used to determine relationships with various constructs which also made comparisons of study results difficult.

<center>Work Engagement</center>

One of the challenges in understanding engagement at work is its lack of a universal definition and the lack of a widely accepted validated and reliable tool. Four

lines of research characterize this topic and included personal engagement,

burnout/engagement, work engagement, and employee engagement.

Personal Engagement

Kahn (1990) defined personal engagement as the employing or expressing of

oneself physically, cognitively, and emotionally during work role performances. When

engaged, employees are physically involved, cognitively vigilant, and emotionally

connected. In contrast, when employees are disengaged, they withdraw or defend

themselves physically, cognitively or emotionally during their work role performances.

The physical aspect of engagement relates to the physical energies exerted by

employees to accomplish their work role (Kahn, 1990). The cognitive aspect of

engagement relates to the employees' beliefs about the organization, its leaders and

working conditions. The emotional aspect of engagement reflects the employees' feelings

and attitude about the organization and its leaders. Therefore, according to Kahn (1990),

engagement means to be psychologically and physically present when occupying and

performing an organizational or work role.

May, Gilson, and Harter (2004) built on Kahn's (1990) theoretical framework in

his ethnographic work to explore the effects of three psychological conditions –

meaningfulness, safety, and availability on employee's engagement at work.

Psychological meaningfulness was viewed as a feeling that one is receiving a return on

investment in their work role performances. Tasks, roles and interactions at work reflect

psychological meaningfulness. Psychological safety was defined as a sense of being

able to express oneself without fear of negative consequences to one's self-image or

status at work. Interpersonal relationships, management styles, intergroup dynamics and

organizational norms influence psychological safety. Psychological availability was

viewed as a sense of possessing the physical, emotional and psychological resources

needed for investing oneself in the work role. Physical and emotional energies, insecurity and outside life influence affected psychological availability (May et. al, 2004; Simpson, 2009). To further explore the determinants of the psychological conditions on work engagement, May et. al (2004) developed an untitled 14 item scale. All scales used a 5-point agreement- disagreements Likert format with 1-strongly agree and 5-strongly disagree unless otherwise noted. Examples of questions on the tool are: a) I really put my heart into my job, b) I'm not afraid to be myself at work, c) My job fits how I see myself, and d) I trust my coworker/supervisor.

Burnout/Engagement

Engagement has been understood to be the direct opposite of burnout and exists on a continuum with burnout on one end of the continuum and engagement on the other end. Burnout has been defined as a psychological syndrome characterized by exhaustion (low energy), cynicism (low involvement) and inefficacy (low efficacy), which is experienced in response to chronic job stressors. Engagement on the other hand is defined as the positive antithesis of burnout characterized by high energy, high involvement, and high efficacy. Characteristics of engagement are the direct opposite of the burnout dimensions of exhaustion, cynicism and inefficacy (Maslach & Leiter, 1997: Leiter & Maslach, 2004). The Maslach Burnout Inventory (MBI) is recognized as the leading measure for burnout. The MBI surveys address three general scales such as emotional exhaustion, depersonalization and personal accomplishment. (Leiter & Maslach,2004). Details about the MBI survey were beyond the scope of this review because the focus of this study was on engagement.

Work Engagement

Work engagement has been defined as a positive, fulfilling work-related state of mind characterized by vigor, dedication, and absorption (Schaufeli, Salanova, Gonzalez-

Roma, & Bakker, 2002). High levels of energy and mental resilience while working characterize vigor. Dedication refers to being strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge. Absorption is characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulty detaching oneself from work (Schaufeli, et al., 2002). Engagement is not a momentary and specific state, but rather, a "more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual or behavior" (Schaufeli, Bakker, & Salanova, 2006). The Utrecht Work Engagement Scale has been used to measure employee's level of engagement in various settings including healthcare.

Employee Engagement

Employee engagement refers to the individual's involvement, satisfaction and enthusiasm for work (Harter, Schmidt, & Hayes, 2002). The Gallup work audit has been used as a tool to measure employee's level of engagement.

In summary, although there is no universal definition and meaning of engagement, it has been defined as a distinct construct that consists of cognitive, emotional, and behavioral components that are associated with individual role performance. The existence of different definitions, theoretical perspectives, and measurements, however, creates a research results that cannot be compared. Truss et al., (2006) assert that unless engagement is universally defined and measured, it will be difficult to know whether efforts to improve engagement are working.

Predictors of Work Engagement

Organizational Predictors of Work Engagement

There was minimal empirical research on the predictors of engagement at work. However, it was possible to identify a number of organizational and individual predictors

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from the different studies conducted.

Job Characteristics

Psychological meaningfulness was precipitated by a sense of self accomplishment from work role performances (Kahn, 1992). In a qualitative study using grounded theory, Kahn (1990) explored the conditions at work by which employees personally engaged and disengaged among employees from a summer camp and an architectural firm. The results suggested that psychological meaningfulness was achieved from job characteristics that provide variety, autonomy, challenging work, allowed the use of different skills, and included the opportunity to make important contributions. Kahn's (1992) assertion resonated with Hackman and Oldham's (1980) job characteristics model that includes job characteristics such as skill variety, task identity, task significance, autonomy and feedback. Jobs that are high on the core job characteristics motivated employees to be more engaged (Kahn, 1992).

May et al. (2004) conducted a field study ($N = 213$) using survey methodology to test a model of employee's engagement at work and examine the effects of Kahn's (1990) proposed psychological conditions on work engagement. They found that work role fit, supervisor relations, and meaningfulness explained the largest amount of the variance ($R^2 = 62$) in work engagement. These findings were consistent with previous research (Hackman & Oldman, 1980; Kahn, 1990). When employees saw their work role as opportunities to express themselves, and were supported by their supervisors they were more likely to experience a sense of meaning and higher levels of engagement at work.

Jenaro, Flores, Orgaz, and Cruz (2011) described the association between nurse's individual characteristics, job features and work engagement among nurses ($N = 412$). With regards to engagement, 33% of the nurses experienced high dedication, 20-

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40% experienced high vigor, and 36.7% experienced high absorption. Satisfaction with job position, higher quality of working life, lower social dysfunction and lower stress associated with patient care predicted the domains of vigor and dedication. There were no effects for length of service or professional category (Jenaro et. al., 2011).

In a survey of employees (N =102) working in a variety of jobs and organization, Saks (2006) found that job characteristics (r=0.37, p< 0.001) and organizational support (r=0.36, p< 0.01) were significant predictors of work engagement. Ram and Prabhakar (2011) also found a positive correlation between job characteristics (r = 0.55, p<0.01), perceived organizational support (r = 0.431, p< 0.01) and work engagement among employees (N = 310) from various levels of management in the hotel industry. In both studies (Prabhakar, 2011; Saks, 2006,) the strong correlations between job characteristics and engagement at work were attributed to participant's views of their work as challenging and, meaningful with opportunities to use different skills and make independent decisions, and important contributions.

Research has shown that employees who were empowered to make decisions important to their performance were highly engaged at work (Lawler & Worley, 2006; Purcell, Kinnie, Hutchinson, Rayton, & Swart, 2003). Job characteristics such as workload and control were also found to positively mediate the relationship between job enrichment (r= 0.48, p<0.01) and engagement at work (r=0.55, p< 0.01) (Maslach, Schaufelli, & Leiter, 2001).

Rewards and Recognition

Two types of reward, extrinsic and intrinsic have been identified in the literature. Extrinsic rewards are tangible rewards that are mostly financial in nature such as pay raises, bonuses, and benefits given to employees (Ram & Prabhakar, 2011). Although pay is an important factor for most employees in accepting a job, it becomes less

important as employees becomes established in a job. Day to day motivation is influenced by intrinsic factors (Finney, 2008).

Intrinsic rewards are psychological rewards that employees get from doing meaningful work and performing it well (Cameron, David & Pierce, 2002). Kahn (1990) reported that employees vary in their level of engagement as a result of their perceptions of the benefits they receive from performing a work role. A sense of reward for performing work can come from external incentives and recognition in addition to meaningful work. Employees are therefore, more likely to engage themselves at work to the extent that they perceive greater amounts of reward and recognition for their role performances.

Maslach et al. (2001) suggested that the lack of reward and recognition may result in employees feeling devalued, a condition leading to burnout. In contrast, appropriate recognition and reward results in higher levels of engagement (Maslach et al., 2001). Among healthcare workers (N = 110). Fiabane, Giorgi, Sguazzin, and Argentero (2013) investigated organizational and personal factors, work engagement and occupational stress perceptions. Fiabane et. al. (2013) found significant and positive correlations between reward, fairness and values and the dimensions of engagement (vigor, dedication, and absorption). They also found significant associations among personal factors such as mental health, locus of control, job satisfaction, and engagement, with correlations ranging from 0.26 and 0.53 (Fiabane et al., 2013).

In a focus group of general and psychiatric nurses (N= 20), Freeney and Tiernan (2009) identified insufficient reward as a barrier to work engagement. Insufficient reward was described by the participants as not being paid sufficiently for completed work especially when compared with other members of the multidisciplinary team such as physiotherapists. Not only did the participants feel insufficiently rewarded, they also felt

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they were treated unfairly. The perceived lack of sufficient reward and unfair treatment

were contributing factors to the lack of interest in investing heavily in work or extending

skills through training. This echoed Maslach and Leiter's (1997) model in which the lack

of or inappropriate rewards for employees are a common source of burnout. Seeing their

patients recover, however, kept the nurses motivated and dedicated to their jobs. In

addition, feeling part of a community created a pleasant atmosphere which was a key

element in engaging nurses in their work (Freeney & Tiernan, 2009). Ram and

Prabhakar (2011) also found a strong positive correlation between intrinsic and extrinsic

rewards and employee engagement (r =0.46, p= <0.01), which indicated that when

performance receives its due recognition, employees were more likely to be engaged at

work.

Perceived Organizational and Supervisor Support

Theoretically, psychological safety involves a sense of being able to employ the

self without negative consequences (Kahn, 1992). The employees' perception of safety

stems from the amount of care and support they receive from their organization and their

direct supervisor. Kahn (1992) asserts that supportive and trusting relationships and

supportive management promote psychological safety which leads to increased level of

engagement at work. Employees feel safe in work environments characterized by

openness and supportiveness in which employees are allowed to experiment and try new

things without fear of the consequences (Kahn, 1990, 1992).

May et. al (2004) found that supportive supervisor relations were positively

related to psychological safety (r= 0.56, p<.05). Psychological safety and preceptor

support may be especially important to new graduates. Giallonardo, Wong, and Iwasiw

(2010) found that for new graduate nurses (N= 169), work engagement partially mediated

the relationship between their perception of preceptor authentic leadership and job

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satisfaction (β=0.22, P <0.01). Stated otherwise, new graduate nurses who were paired

with preceptors who demonstrated high levels of authentic leadership felt more engaged

and were more satisfied. Authentic leadership was defined as an ongoing process

whereby leaders and followers gained self-awareness and established open, trusting and

genuine relationship with others. The results supported the study findings of

Cho, Laschinger, and Wong, (2006) with a sample of new graduate nurses (N=226). The

nurses felt that greater access to workplace empowerment structures including a strong

interpersonal relationship with their preceptors and supervisors (r=0.57, p<.01) and

access to resources (r=0.55, p<.01) led to higher degrees of engagement, less burnout,

and ultimately led to greater organizational commitment. Saks (2006) also found

perceived organizational support to be positively related to engagement at work (r=0.57,

p<0.001) among employees (N= 102) working in a variety of jobs and organizations.

Empowering leadership has also been identified in the literature as a predictor of

work engagement.   Empowering leadership emphasizes the importance of leaders

actively encouraging and enabling followers to lead themselves by providing them with

autonomy, discretion, control, decision latitude or power (Manz & Sims, 1987). Examples

of empowering leader behaviors include encouraging, participative decision making,

leading by example coaching, information sharing and demonstrating concern for

employees (Pearce & Sims, 2002).

In a study among community health service workers (N= 139) Albrecht and

Andreetta (2010) found that empowering leadership was significantly positively related to

work engagement (r=0.66, p<0.001) and negatively related to turnover intentions (r= -

0.77, p<0.001). The results indicated that when employees perceived their leaders to

have an empowering style of leadership, they in turn felt empowered. Such feelings of

empowerment led employees to feel engaged and less likely to entertain thoughts of leaving the organization.

Greco, Laschinger, and Wong (2006) tested a model to examine the relationship among nurse leaders' empowerment behaviors, perceptions of empowerment and work engagement/ burnout among staff nurses (N=322) employed on acute care hospital units. Results of the study indicated that leader empowering behavior had a strong positive effect on empowerment (β=0.71) and consequent increased levels of engagement at work.

In summary, when employees believe that their organization is concerned about them and cares about their well-being, they are more likely to reciprocate by becoming more engaged. Employees tend to view their supervisor's orientation toward them as indicative of their organization's support. The employee's perceived absence or presence of supervisor support can mean the difference in their level of engagement and their commitment to the organization (Rhoades & Eisenberger, 2002). When leaders develop organizational structures that empower employees, the structures promote a greater sense of fit between the employee's expectations of work life quality and organizational processes and goals. The result is higher levels of work engagement (Greco, Laschinger, & Wong, 2006).

<div align="center">Individual Predictors of Work Engagement</div>

Individual differences influence work performance. Kahn (1990) argues that psychological differences may influence an individual's ability to engage or disengage in their role performance, just as they influence the individual's ability to be involved or committed at work. Individuals also engage differently given their experiences of psychological meaningfulness, safety, and availability in specific situations. For example, when individuals experience situations as unsafe conditions, individual differences will

dictate which coping strategies are deployed, and the extent to which individuals engage or disengage (Kahn, 1990).

Perceptions relate to the way the individual makes sense of their environment, and interpret and respond to the events and people around them, which can influence their level of engagement (Robinson, 2006). Personality is a key influence in the process of perception. Bowdwitch and Buono (2001) suggest that it is the personal perception of social and physical environment that shapes and directs how engaged an employee is, instead of an objective understanding of an external reality. Work engagement is also related to emotional experiences and well-being (May et al., 2004). The individual factor of type A behavior (defined as behavior that is achievement striving and irritable/impatient; Barling & Charbonneau, 1992) and its relationship to work engagement has been considered. Although type A behavior and work engagement were correlated (r=0.36), type A behavior and work engagement only shared 13% of the variance (Halberg, Schaufeli, & Johansson, 2007; Simpson, 2009).

Walker and Campbell (2013) conducted a multidimensional study of how nurses perceived having the skills to develop their work successfully. They found social intelligence, defined as the extent to which people perceive their ability to adapt and interact in social work situations was a predictor of work engagement in the framework of work readiness (Walker & Campbell, 2013). Participants in the study included graduate nurses (N= 96) from two regional hospitals in Australia (Walker & Campbell, 2013).

In summary, engagement is an individual level construct, and if engagement does influence organizational outcomes, it must first influence individual-level outcomes. It is therefore logical to expect work engagement to be related to the individual's attitudes, intentions, and behaviors. Kahn (1992) proposed that high levels of engagement lead to both positive outcomes for the employee. Positive outcomes include

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quality of the employee's work, their own experience of doing work, and organizational-level outcomes such as growth and productivity of organizations.

Outcomes of Work Engagement

The primary reason behind the popularity of employee engagement is that it has positive consequences for organizations (Saks, 2006). Harter et al (2002) reported the results of a meta-analysis that included Gallup data from 42 studies conducted in 36 various companies. The meta-analysis provided empirical evidence for the link between employee engagement and several organizational outcomes. Employee turnover (r=0.30), customer satisfaction/loyalty (r=0.33), and safety (r=0.32) had the strongest relationships to employee engagement. Productivity (r=0.25) and profitability (r=0.17) were also positively related, but of a lower magnitude.

Employees who were engaged at work were more likely to have a greater affinity to their organization and lower tendency to leave (Finney, 2008; Ram & Prabhakar, 2011; Saks, 2006, Schaufeli et al., 2006; Simpson, 2009). Saks (2006) also found that engagement was positively related to organizational commitment (r=0.59, p=<0.001). Thus, there are practical reasons that managers and researchers of organizations should be concerned with employees' engagement at work. As indicated earlier however, engagement is an individual-level construct. Engagement must influence individual-level outcomes through the personal attitudes, intentions, and behaviors before it can influence organizational outcomes.

Laschinger et al., (2009) examined the impact of empowering work conditions on nurse's work engagement and effectiveness and compared differences among these relationships in new graduates (n=185) and experienced nurses (n=294). Results of the study indicated that work engagement significantly mediated work effectiveness in both groups, although work effectiveness was significantly stronger among experienced

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nurses Laschinger et. al (2009). Salanova et. al (2011) found similar results in their study

of nursing supervisors and nurses (N=280). Self-efficacy appeared as the principal

personal resource that influenced extra-role performance (additional work performance

by nurses) through work engagement (Salanova et. al., 2011).

In retirement homes in Northern Israel, Abdelhadi and Drach-Zahavy (2012)

tested a model of the ward's climate of service, nurse's patient-centered care behaviors,

and work engagement among nurses (N= 158). Results of the study indicated that

nurses' work engagement was a mediator in the relationship between the atmosphere in

the ward and the nurses' patient-centered care behaviors (Abdelhadi & Drach-Zahavy,

2012).

Van Bogaert, Clark, Willem and Mondelaers (2012) examined the relationship

between practice environment ratings, workload, work engagement, job outcomes and

assessment of quality of care among registered nurses (N = 357) working in two

psychiatric hospitals in Belgium. The absorption subscale of the Utrecht Work

Engagement Scale had a direct impact on both quality of care and job-related outcomes

(Van Bogaert, et. al., 2012).

<div align="center">Summary</div>

In summary, the findings revealed that a number of factors predicted work

engagement. First, several researchers supported work engagement as an individual

construct related to the employee's cognitive, psychological and emotional well-being.

Although engagement was influenced by several individual factors, the employee's level

of engagement affected organizational outcomes. Second, work engagement partially

mediated the relationship between the predictor and outcome variables. Finally,

employees who perceive higher organizational support were more likely to reciprocate

with greater levels of engagement in their job and the organization. Employees who are

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provided with jobs that were high on job characteristics were more likely to reciprocate with greater work engagement. Employees who felt they were rewarded, treated fairly and supported were more likely to reciprocate with higher levels of engagement.

Research Gap

Leader empowering behaviors have far reaching influence on an employee's level of work engagement and intent to stay in an organization. The employee's level of work engagement and intent to stay in an organization can affect the organization's financial, operational and quality outcomes. Although these concepts have been studied with subjects from different industries, including healthcare, this is the first study that examined the concepts of empowerment, work engagement and intent to stay among nurses in the same study. The current study examined these concepts in the same study in order to expand the knowledge of their interrelationships and their influence on the employee.

Chapter 3

Methods and Procedures

The purpose of this study was to examine the relationship between the staff

nurse's perception of their leader's use of empowering behaviors and their level of work

engagement and intent to stay in their organization of employment. This chapter

presents a description of the methods of the study including discussions of the research

design, sample, setting, measurement, data collection, and data analysis.

Research Design

This research study used a descriptive correlational design. Descriptive

correlational studies are used to describe variables and examine relationships within a

given situation (Grove, Burns, & Gray, 2013). Examining the relationships among

variables may provide the basis for further interventional designs (Groves, et al., 2013).

This research design was chosen to gain a greater understanding of the interrelatedness

of leader empowering behaviors, work engagement and intent to stay in their

organization of employment.

Sample

The size of a sample with statistical power was calculated using G*Power (Faul,

Erdfelder, Lang, & Buchner, 2009). An a priori power analysis employing Pearson's-

Product Moment correlational analysis indicated that a minimum of 138 participants

would be required with a desired statistical power of .80, an alpha level of .05, and an

anticipated r of 0.30. To allow for participants who may not answer all items on the

instruments and to enhance the geographical diversity of the sample, the desired sample

was set for 200. A non-probability convenience sample was used for this study.

Convenience sampling allowed the researcher to recruit the most participants.

The study was conducted in four acute care, tertiary hospitals within a not for profit healthcare system in Dallas, Texas. Accredited number of beds for all four hospitals ranged from 296 to 1000 beds. All four hospitals offered emergency care and advanced medical services for both inpatient and outpatient services in various medical and surgical specialties. Each hospital was accredited by the Joint Commission and other accrediting organizations for various disease specific certifications. To enhance diversity of the sample, the study was conducted in various units within the participating hospitals.

Subjects

Inclusion Criteria

The sample for this study included registered nurses who were working in a direct patient care capacity greater than 50% of the time and worked at least 20 hours a week in an acute care hospital.

Exclusion Criteria

Registered nurses who were currently in orientation, working under the supervision of an assigned preceptor and who had worked less than 3 months in their organization of employment were excluded from the study. Registered nurses who were working strictly in an administrative capacity and had no involvement in providing direct patient care were also excluded from the study.

Measurement Methods

Three measures were used to evaluate the variables of leader empowering behavior, work engagement, and intent to stay. The measures included a demographic questionnaire, Leader Empowering Behavior Questionnaire (LEBQ) (Konczak et al., 2000), the Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2003), and Intent to Stay Questionnaire (Kim, et al., 1996). The study variables, its related measure,

and the number of items within the measure are presented in Table 1. Reliable and valid

measures with the fewest items were selected to minimize subject burden.

Table 1 Variables and Related Measures

Variable	Measure	Number of Items
Personal and Professional Characteristics	Demographic Questionnaire	8
Leader Empowering Behavior	Leader Empowering Behavior Questionnaire (Konczak, Stelly, & Trusty, 2000)	17
Work Engagement	Utrecht Work Engagement Scale Short Version(UWES) (Schaufeli & Bakker, 2003)	9
Intent to Stay	Intent to Stay Questionnaire (Kim, Price, Mueller & Watson, 1996)	4

Leader Empowering Behavior Questionnaire (LEBQ)

Several instruments have been developed to measure leader empowering

behaviors.   One such instrument, the Leader Empowering Behavior Questionnaire

(LEBQ), is a self-reported measure developed by Konczak, Stelly, and Trusty (2000) to

provide leaders with feedback on behavior relevant to employee empowerment. The

original instrument is a 17- item scale with six subscales. The six subscales consisted of

items related to delegation of authority, accountability, self-directed decision making,

information sharing, skill development, and coaching for innovative performance. Items

are scored on a 7-point Likert scale ranging from "strongly disagree (1) to "strongly agree" (7). Higher scores indicated higher employee perceptions of leader empowering behaviors. Two items were added from Arnold, Arad, Rhoades, & Drasgow (2000) to increase the number of items that measured the "information sharing" dimension.

Konczak, Stelly, and Trusty (2000) subjected the measure to psychometric testing to assess validity and reliability. Data collected using the tool were analyzed using confirmatory factor analysis. One, six and seven-factor models were tested on the first independent sample of subordinates (N = 254) who rated 424 managers participating in a leadership training program at a Fortune 500 consumer products company. The more parsimonious six-factor model indicated better fit (*CFI*=.96, *GFI*=.90, *AGFI*=.86, *RMSR*=.08, X^2 231.90, *df* = 104, *p*< .05). The inter-factor correlations ranged from .48 to .87. All standardized factor coefficients were greater than .78 with the exception of item 6 (.67) and item 12 (.55). Standard deviations were 0.93 to 1.33 which indicated moderate variability in the scales. Internal consistency was evaluated using Cronbach's alpha reliability estimates. Cronbach's alpha, the most commonly used statistic to assess internal consistency, provides an indicator of how items fit together conceptually (Devon et al., 2007). According to Nunnally and Bernstein (1994), a reliability coefficient of 0.70 is acceptable for new scales. Konczak, Stelly, and Trusty (2000) reported a Cronbach's alpha ranges of .80 to .91 for the first sample.

One, six and seven-factor models were also tested on a second independent sample of subordinates (N = 988), but as was the case with the first sample the six-factor model provided better fit. (*CFI*=.96, GFI=.94, *AGFI*=.91, *RMSR*=.10, X^2 564.92, *df*= 104, *p*< .05). The inter-factor correlations ranged from .40 to .88. As with the initial sample, all standardized factors coefficients were greater than .78 with the exception of item 6

(.65) and item 12 (.62). There was moderate variability in the scales as indicated by the standard deviations of 0.99 to 1.37. Cronbach's alpha ranges of .82 to .90 for the second sample were also acceptable. Overall, the results indicated that a six-factor model provided a good description of the relationships among the leader empowering behavior questionnaire items. The two studies confirmed the validity of the questionnaire's six subscales.

<div align="center">Utrecht Work Engagement Scale (UWES)</div>

The Utrecht Work Engagement Scale short version (UWES) (Schaufeli & Bakker, 2003) was used to measure employee's level of work engagement in this study. The instrument included three dimensions of work engagement: vigor, dedication, and absorption. The original UWES comprised 24 items was translated into various languages. Seven unsound items were eliminated after psychometric testing so that three scales, totaling 17 items remained. Items are scored on a 7-point frequency scale ranging from "never" (0) to "always" (6). A high score indicates high levels of work engagement. The internal consistency of the measure ranged from a Cronbach's alpha coefficient of 0.68 to 0.91(Duran, Extremera, & Rey, 2004; Peters, Schaufeli, & Den Ouden, 2003; Schaufeli& Bakker, 2004; Salanova, Schaufeli, Gonzalez-Roma, & Bakker, 2002). Confirmatory factor analyses have shown that the three-dimensional structure of work engagement was superior to the one factor model (Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002). According to Storm and Rotham (2003) the UWES can be used as an unbiased instrument to measure work engagement.

Data collected in 10 different countries (*N*=14,521) were used to develop a shorter version of the UWES. The reason for shortening the UWES was to decrease the likelihood of attrition (Schaufeli, Bakker, & Salanova, 2006). The shorter version consists of nine items (UWES-9) grouped into three subscales: vigor (3 items), dedication (3

items), and absorption (3 items). Items are scored on a Likert scale ranging from 0

indicating "never" to 6 indicating "always". Possible scores range from 0 to 54 with higher

scores indicating higher work engagement. Internal consistency of the scale was

supported by a Cronbach's alpha of .92 for the total scale and .86 for vigor, .86 for

dedication and .79 for absorption subscales (Schaufeli & Bakker, 2003; Schaufeli,

Bakker, & Salanova, 2006). Factorial validity of the UWES-9 was demonstrated using

confirmatory factor analyses and supports the three-factor structure (CFI=.96, GFI=.95,

$AGFI$=.90, $RMSR$=.03, X^2=3227.29, df= 240, p< .05) (Schaufeli, Bakker, & Salanova,

2006). Using confirmatory factor analyses, Simpson (2009) found a three-factor model of

work engagement which supported the established three factor structure previously

confirmed by Schaufeli and Baker (2003). Eigenvalues in Simpson's (2009) study of

work engagement among nurses were greater than 1.00, and a three-factor solution was

supported with 70.6% of the variance explained.

<center>Intent to Stay</center>

The employee's intent to stay in the organization was measured by the Intent to

Stay Questionnaire that was developed by Kim, Price, Mueller and Watson (1996). The

four items include five-point Likert-type response scales and are summed to obtain a

score. The responses are scored from 1 (strongly agree) to 5 (strongly disagree) and

scores are reversed for negative items. Nedd (2004) used the Intent to Stay instrument

to examine employee perceptions of workplace empowerment in relation to self-reported

intent to stay on the job (N=206 Florida registered nurses). The author reported a

Cronbach's alpha coefficient of .86.

Demographic data were collected using a researcher developed tool. Specific

variables included age, gender, education level, years in current department/unit, years in

current hospital, years working in nursing, employment status, and primary work shift.

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Data Collection Procedure

Data for this study was collected by an Internet-based survey. All measures were placed in an electronic format as one document. Participants were recruited through the e-mail list of registered nurses working at any of the four participating hospitals within a healthcare system in Dallas, Texas. The e-mail lists were obtained with permission from the hospital's Chief Nursing Officers.

The survey was constructed in Qualtrics (Qualtrics, 2013) and a link to the survey was disseminated via an e-mail message. E-mail surveys are advantageous compared to traditional methods of data collection (Huley, Cummings, Browner, Grady, & Newman, 2007) because they allow participants an uncomplicated way to provide data and increase the efficiency of data collection. Surveys administered through e-mail can also be directly entered into a statistical analysis program (Huley et al., 2007). There are, however, disadvantages to administering surveys by e-mail. For example, individuals without computer access may not be able to participate.

Qualtrics is an online computer program that allows the custom construction and dissemination of surveys to collect data (Qualtrics, 2013). Nurses completed the survey anonymously by following the link. The participant's identity could not be discovered because the survey had no identifying data and strict confidentiality procedures were followed. In addition, the participant's responses to the survey questions were aggregated in the University of Texas at Arlington survey repository through Qualtrics.

Ethical Considerations

This study was submitted and approved by the Institutional Review Board (IRB) of the organization where the study was conducted and University of Texas at Arlington's IRB prior to initiation. Participation in this study was strictly voluntary with participants having the choice not to participate in this study without penalty. The e-mail contained a

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letter outlining the risks and benefits to participating in this research study. There were

no risks associated with this study. There were no direct benefits to participants

associated with this study. The e-mail also included a waiver of the signature for the

informed consent because of using an online survey. Not collecting a signature on an

informed consent document also maintained the participants' anonymity. Individuals who

chose to participate, however may have contributed to the overall knowledge related to

the role of leader empowering behaviors on work engagement and intent to stay among

staff nurses working in acute care hospitals. Participants had the opportunity to decline

participation by not clicking on the survey link and not completing the survey. Clicking on

the survey link and completing the survey indicated willingness to participate in the

survey. Participant e-mail addresses were not recorded during data collection.

Participant identifiers were not used in the data collection process. All electronic data

were stored in a password-protected computer with only the researcher having access to

the password.

<div align="center">Statistical Data Analysis</div>

The Statistical Package for the Social Sciences ([SPSS], 2013) and Stata version

14 (Stata Corp., 2015) were used for data analysis in this study. All data were

downloaded into the program following collection and all scores were standardized to

create an exploratory model for analysis.

Demographic data such as age, gender, education level, and years in current

department/unit were reported as frequencies and percentages. Years in current hospital,

number of years working in nursing, employment status, and, the shift the nurse worked

primarily were reported as frequencies and percentages for the sample.

All data were examined to determine whether correlations were met. The

variables in this study did not meet the assumptions for parametric analysis (Pearson's Correlations).

In addition, the variables in this study are scaled on an ordinal scale of measurement, hence the decision was made to use a nonparametric alternative. The Spearman's rank-order correlation coefficient was selected to evaluate the relationships among all study variables. Grove, Burns, and Gray (2013) suggest using Spearman's rank-order correlation coefficient if one or both of the variables violates the assumptions for a Pearson's correlation or if the variables are scaled on an ordinal scale of measurement.

Summary

This chapter described the methodology of this descriptive correlational research study. The research design was used to examine the relationship between leader empowering behaviors, work engagement and intent to stay among staff nurses working in acute care hospitals. An online survey was delivered via Qualtrics and was distributed via e-mail to prospective participants. Four hospitals within a health system in Dallas, Texas served as the setting for the study. Following data collection, STATA and the SPSS were used to answer the research questions.

Chapter 4

Findings

This chapter focuses on the findings of a study conducted on the staff nurse's perception of their leader's use of empowering behaviors and self-reports of work engagement and intent to stay in their organization of employment. The relationships among leader empowering behaviors, work engagement and intent to stay among staff nurses working in acute care hospitals were examined. The differences in individual characteristics and leader empowering behaviors, work engagement, and intent to stay among staff nurses working in acute care hospitals were compared. The chapter begins with a discussion of the sample characteristics. The quantitative results related to the research questions are presented. The chapter ends with a summary of the findings.

Sample Characteristics

Descriptive statistics were computed for the demographic variables using Stata version 14 (StataCorp, 2015). The sample of registered nurses who participated included 230 who started the survey with 212 surveys being completed. Review of the completed surveys indicated that 15 of the participants only completed the demographic questionnaire and left all the questions in the Leader Empowering Behavior Questionnaire (LEBQ), Utrecht Work Engagement Scale, and Intent to Stay questions unanswered. Two of the participants answered all of the demographic questions and three questions on the LEBQ. One of the participants also answered all of the demographic questions and 8 of the LEBQ questions. A decision was made not to include the 18 surveys because there were more than 50% of missing data. The final sample size was 212 for a 21% response rate.

The sample was primarily comprised of females (n= 190). Participants ranged from 20 to 65 years of age with the 50 – 60-year-old age range comprising the highest

percentage (*n*= 51). Most participants had a college education with more than half

(69.3%) having completed a Bachelor of Science in Nursing (BSN) degree. The largest

proportion of the participants reported to have worked in their current department/unit

between 1-5 years (36.79%). Most worked in their current hospital between 1 – 5 years

(*n*=73). The participants were experienced nurses with (52.36%) working in nursing for

greater than 15 years. Most worked in a full time status (*n*=193). The majority worked on

the day shift. Individual characteristics are presented in Table 4 and work characteristics

in Table 4 - 1.

Table 4 Individual Nurse Characteristics (*N*=212)

Variable	Response Options	Frequency (%)
Age in years	20 - 30	44 (20.75%)
	30 - 40	49 (23.10%)
	40 - 50	45 (21.23%)
	50 - 60	51 (24.06%)
	>60	23 (10.85%)
Gender	Male	19 (8.96%)
	Female	190 (89.62%)
	Prefer Not to Answer	3 (1.42%)
Education	ADN	21 (9.91%)
	BSN	147 (69.34%)
	MSN	21 (9.91)
	Masters in Another Field (e. g. MBA)	11 (5.9%)
	Other (Diploma in Nsg.)	12 (5.6%)

Table 4 – 1 Work Characteristics of Nurses (N = 212)

Variable	Response Options	Frequency (%)
Years in Department/ Unit	<1 year	20 (9.43%)
	1-5 years	78 (36.79%)
	6-10 years	44 (20.75%)
	11-15 years	30 (14/15%)
	>15 years	40 (18.87%)
Years in Current Hospital	<1 year	14 (6.60%)
	1-5 years	73 (34.43%)
	6-10 years	42 (19.81%)
	11-15 years	19 (8.96%)
	>15 years	64 (30.19%)
Years Working in Nursing	<1 year	9 (4.25%)
	1-5 years	51 (24.06%)
	6-10 years	22 (10.83%)
	11-15 years	19 (8.96%)
	>15 years	111 (52.36%)
Employment Status	Full time	193 (91.04%)
	Part time	16 (7.55%)
	PRN	3 (1.42%)
Shift Primarily Worked	Days	144 (67.92%)
	Evenings	6 (2.83%)
	Night	39 (18.40%)
	Day/ Night Rotation	3 (1.42%)
	Weekends only	20 (9.43%)

Measurement Reliability

Three instruments were used in this research study: the Leader Empowering

Behavior Questionnaire (LEBQ), the Utrecht Work Engagement Scale (UWES), and the

Intent to Stay Questionnaire. All the instruments demonstrated strong internal

consistency reliability. Cronbach's alpha reliability estimates for all measures are
presented in Table 4 - 2.

Table 4 – 2 Internal Consistency Reliability Estimates of Instruments Used

Instrument	Mean (SD)	Number of Items	Cronbach's Alpha
Leader Empowering Behavior Questionnaire	5.62 (1.07)	17	0.95
Utrecht Work Engagement Scale	5.69 (1.02)	9	0.91
Intent to Stay Questionnaire	3.70 (.920)	4	0.84

Descriptive Results of Study Variables

The scores presented in Table 4 - 3 indicate that most participants perceived
their leader as one who demonstrated leader empowering behaviors. Based on the
frequencies of the scores within the domains of the instruments, most participants
perceived their nurse leaders held them accountable for their performance, delegated
authority according to their level of responsibility, included them in work-related decisions
and communicated information needed to meet the needs of their customers.

Table 4 – 3 Results of Leader Empowering Behavior Questionnaire

N = 212 Percentage (%)	Strongly Disagree Disagree Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree Agree Strongly Agree
Delegation of Authority			
My manager gives me the authority I need to make decisions that improve work processes and procedures.	4 (1.8) 14 (6.6) 5 (2.3)	10 (4.7)	37 (17.4) 73 (34.4) 69 (32.5)
My manager gives me the authority to make changes necessary to improve things.	5 (2.3) 13 (6.1) 7 (3.3)	17 (8.0)	47 (22.17) 61 (28.7) 62 (29.2)
My manager delegates authority to me that is equal to the level of responsibility that I am assigned.	3 (1.4) 9 (4.2) 7(3.3)	6 (2.8)	35 (16.5) 79 (37.2) 73 (34.4)
Accountability			
My manager holds me accountable for the work that I am assigned.	2 (0.9) 0 (0) 1 (0.4)	3 (1.4)	9 (4.2) 84 (39.6) 113 (53.3)
I am held accountable for performance and results.	2 (0.9) 0 (0) 1 (0.4)	2 (0.9)	12 (5.6) 74 (34.9) 121 (57.0)
My manager holds people in the dep't accountable for customer service.	3 (1.4) 3 (1.4) 6 (2.8)	4 (1.8)	21 (9.9) 72 (33.9) 103 (48.5)
Self-Directed Decision Making			
My manager tries to help me arrive at my own solutions when problems arise, rather than telling me what he/she would do.	5 (2.3) 9 (4.2) 11 (5.1)	14 (6.6)	44 (20.6) 77 (36.1) 53(24.8)
My manager relies on me to make my own decisions about issues that affect how work gets done.	5 (2.3) 4 (1.8) 11 (5.1)	8 (3.7)	34 (15.9) 89 (41.7) 62 (29.1)
My manager encourages me to develop my own solutions to problems I encounter in my work.	3 (1.4) 5 (2.3) 10 (4.7)	19 (8.9)	29 (13.6) 84 (39.4) 63 (29.5)
Information Sharing			
My manager shares information that I need to ensure high quality results.	2 (0.9) 6 (2.8) 7 (3.3)	9 (4.2)	35 (16.5) 81 (38.0) 73 (34.2)
My manager provides me with the information I need to meet customer needs.	4 (1.8) 5 (2.3) 4 (1.8)	8 (3.7)	30 (14.0) 92 (43.4) 70 (33.2)
Development of Skills			
My manager encourages me to use systematic problem-solving methods.	5 (2.3) 16 (7.5) 17 (8.0)	37 (17.3)	29 (13.6) 66 (30.9) 43 (20.2)
My manager provides me with frequent opportunities to develop new skills.	7 (3.3) 12 (5.6) 14 (6.6)	14 (6.6)	44 (20.6) 70 (33.0) 52 (24.5)
My manager ensures that continuous learning and skill development are priorities in my department.	5 (2.3) 11 (5.1) 10 (4.7)	16 (7.5)	35 (16.5) 74 (34.7) 62 (29.1)
Coaching for Innovative Performance			
My manager is willing to risk mistakes on my part if, over the long term, I will learn and develop as a result of the experience.	8 (3.7) 17 (8.0) 23 (10.8)	44 (20.6)	42 (19.8) 46 (21.6) 33 (15.5)
I am encouraged to try new ideas even if there is a chance they may not succeed.	6 (2.8) 14 (6.6) 17 (8.0)	33 (15.4)	39 (18.4) 67 (31.4) 37 (17.4)
My manager focuses on corrective action rather than placing blame when I make mistakes.	6 (2.8) 4 (1.8) 15 (7.0)	28 (13.2)	32 (15.0) 77 (36.1) 51 (24.0)

The Utrecht Work Engagement Scale is a commonly used measure for work engagement. The work engagement scores for this study are presented in Table 4 - 4. According to the data presented, participants indicated that they were very often engaged at work. The highest level of agreement was found for the item of feeling proud of the work they did. Other high levels of agreement were found with feeling like going to work and being immersed in their work. Overall, participants were strongly engaged at work.

Table 4 – 4 Results of Utrecht Work Engagement Scale

N = 212 Percentage (%)	Never	Almost never (A few times a year or less)	Rarely (Once a month or less)	Sometimes (A few times a month)	Often (Once a week)	Very Often (A few times a week)	Always (Everyday)
Vigor							
At my work, I feel bursting with energy.	3 (1.4)	5 (2.3)	10 (4.7)	40 (18.8)	33 (15.5)	75 (35.3)	46 (21.7)
At my job, I feel strong and vigorous.	2 (0.9)	6 (2.8)	10 (4.7)	35 (16.5)	40 (18.8)	71 (33.4)	48 (22.6)
When I get up in the morning, I feel like going to work.	7 (3.3)	13 (6.1)	13 (6.1)	27 (12.7)	35 (16.5)	77 (36.3)	40 (18.7)
Dedication							
I am enthusiastic about my job.	0 (0)	6 (2.8)	4 (1.8)	24 (11.3)	23 (10.8)	67 (31.6)	88 (41.5)
My job inspires me.	0 (0)	4 (1.8)	7 (3.3)	25 (11.7)	27 (12.7)	66 (31.1)	83 (39.1)
I am proud of the work that I do.	0 (0)	0 (0)	3 (1.4)	11 (5.1)	17 (8.0)	43 (20.2)	138 (65.0)
Absorption							
I feel happy when I am working intensely.	2 (0.9)	2 (0.9)	5 (2.3)	20 (9.4)	31 (14.6)	65 (30.6)	87 (41.0)
I am immersed in my work.	1 (0.4)	2 (0.9)	4 (1.8)	16 (7.5)	34 (16.0)	64 (30.1)	91 (42.9)
I get carried away when I'm working.	16 (7.5)	8 (3.7)	11 (5.1)	28 (13.2)	30 (14.1)	61 (28.7)	58 (27.3)

Frequencies and percentages for the Intent to Stay Questionnaire are presented in Table 4 - 5. Whether stated positively or negatively, over a third of the nurses had no

intention of leaving their employer and in fact intended to remain with their employer for as long as possible. Another third of the nurses were neutral on whether they would voluntarily leave their employer.

Table 4 – 5 Results of Intent to Stay Questionnaire

N=212 Percentage (%)	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I would like to leave my present employer.	6 (2.8)	19 (8.9)	46 (21.7)	56 (26.4)	85 (40.0)
I plan to leave my present employer as soon as possible.	7 (3.3)	6 (2.8)	37 (17.9)	63 (29.7)	98 (46.2)
I plan to stay with my employer as long as possible.	65 (30.6)	71 (33.4)	45 (21.2)	25 (11.7)	6 (2.8)
Under no circumstances will I voluntarily leave my employer.	31 (14.6)	36 (16.9)	73 (34.4)	42 (19.8)	30 (14.1)

Analysis Related to the Research Question

The first research question for this study was: What are the relationships among individual characteristics, work patterns, work environment, staff nurse's perceptions of leader empowering behaviors, work engagement, and intent to stay in their organization of employment among staff nurses working in acute care hospitals?

Whether each variable was normally distributed was analyzed using the Shapiro-Wilk test. Data among all the variables violated the assumption of normality, hence the decision to use non-parametric tests. Scores for all variables were standardized using z scores. Spearman's rank-order correlation tests were performed to check for correlation between leader empowering behavior, intent to stay and work engagement. All observations in this study were independent, and ordinal level data were used. The assumptions for Spearman's rank-order correlation were met and supported the use of non-parametric statistical analysis.

Leader Empowering Behaviors, Work Engagement, and Intent to Stay

Statistically significant positive correlations were found among the major study variables. A moderate, positive correlation was found between leader empowering

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behavior, and work engagement, which was statistically significant [(ρ) = 0.4559, p<0.001)]. Since the Spearman's correlation is positive, we can conclude that greater leader empowering behavior was associated with stronger work engagement.

The moderate positive correlation between leader empowering behavior and intent to stay [(ρ) = 0.4937, p<0.001)] indicated that greater leader empowering behavior was associated with nurse's intent to stay. The strong, positive correlation between Intent to stay and work engagement [(ρ) = 0.5164, p <0.001)] suggested that stronger work engagement was associated with intending to stay. The results of the correlational analysis are presented in Table 4 – 6.

Table 4 – 6 Relationships among Variables Using Spearman's Rank-Order Correlation Coefficients (p)

	Leader Empowering Behaviors (ρ)	Intent to Stay	Work Engagement
Leader Empowering Behaviors	1.0000		
Intent to Stay	0.4937*	1.0000	
Work Engagement	0.4559*	0.5164*	1.0000

*p<.000, correlations: <.3 weak, .3 - .4 moderate, >.4 strong

The six dimensions of leader empowering behaviors had positive correlations with the three dimensions of work engagement. Table 4 – 7 provides the results of these analyses.

Table 4 – 7 Relationships of Leader Empowering Behaviors and Subscales of Work Engagement

Leader Empowering Behaviors							
		Self-directed decision making	Delegation of authority	Coaching for innovative performance	Account-ability	Share inform-ation	Development of skills
Work Engage-ment	Vigor	0.3706*	0.3605	0.3428	0.2639	0.3254	0.3376
	Dedication	0.4155	0.4272*	0.3933	0.3309	0.4105	0.3672
	Absorption	0.3313	0.3311	0.3451*	0.2168	0.2422	0.2812

*p<.000, correlations: <.3 weak, .3 - .4 moderate, >.4 strong

Six of the correlations among the dimensions of work engagement and leader-empowering behaviors were statistically significant. Self-directed decision making had the strongest positive correlation with the work engagement dimension of vigor [(ρ) = 0.3706, p<0.001)]. Delegation of authority had the strongest positive correlation with the work engagement dimension of dedication [(ρ) = 0.4272, p<0.001)].   Coaching for innovative performance had the strongest positive correlation with the work engagement dimension of absorption [(ρ) = 0.3451, p<0.001)]. Leader empowering behavior's dimension of self-directed decision making had the strongest correlation with intent to stay [(ρ) = 0.5069, p<0.001)]. Utrecht work engagement scale's dimension of dedication had the strongest positive correlation with intent to stay [(ρ) = 0.5495, p<0.001)].

Leader Empowering Behaviors and Demographic Variables

The second research question was: Are there differences in leader empowering behaviors, work engagement, and intent to stay among staff nurses working in acute care hospitals based on individual nurse characteristics? Spearman's Rank-Order Correlation Coefficients could not be used to determine the relationship between Leader Empowering Behaviors and demographic variables because of the differences in the types of data. Data associated with the Leader Empowering Behavior Questionnaire were continuous data while data associated with demographic questionnaire were categorical. Kruskall-Wallis equality-of-populations rank test was used to determine the differences among demographic variables such as individual characteristics, work patterns, work environment, and staff nurse's perceptions of leader empowering behaviors. Mann-Whitney tests were used for post-hoc analysis. There were no significant differences in the relationship found between the staff nurse's age groups (p =0.368) and their perceptions of leader empowering behaviors. There was a statistically significant difference in leader empowering behavior standardized score between the three

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categories of gender, (X^2 (3, n = 212) = 10.69, p = 0.004). Post hoc analysis revealed

that males had a higher median score (*Median*= 6.19. *SD* = .975) compared to females

(*Median* = 5.58, *SD* = 1.07) as well as compared to those who preferred not to answer

(*Median* = 5.08, *SD* =.855). Otherwise stated, the male nurses felt their leaders were

more empowering than did the female nurses and those who preferred not to answer the

question on gender. However, the combined number of males and those who preferred

not to answer comprised 8.69% of the total sample. Despite the analysis being

statistically significant, they have limited value due to the few respondents in these

categories

   There were no significant differences in the relationships found between the staff

nurse's perception of leader empowering behavior and the staff nurse's level of education

(p = 0.154), number of years in current department/unit, (p = 0.633), number of years in

current hospital (p = 0.215), and number of years in nursing (p = 0.059). There were also

no significant differences in the relationships found between the staff nurse's perception

of leader empowering behaviors and the staff nurse's employment status (p = 0.989) and

shift worked (p = 0.087).

Work Engagement and Demographic Variables

   Kruskall-Wallis equality-of-populations rank tests were used to determine the

differences among demographic variables such as individual characteristics, work

patterns, work environment, and staff nurse's level of work engagement. The Mann-

Whitney test was used for post-hoc analysis. No significant differences in the

relationships were found between the staff nurse's age groups (p = 0.106), gender (p =

0.116), education (p = 0.223), years in current department/unit (p = 0.796), nor years in

current hospital (p = 0.563), and their level of work engagement.

There was a statistically significant difference in work engagement standardized scores between different categories of number of years working in nursing ($p = 0.027$). Specifically, there was a significant difference between those who worked in nursing for 11 – 15 years and those who worked in nursing for 6 – 10 years ($p = 0.019$). The median work engagement score was greater for those who worked in nursing for 11 – 15 years (*Median* = 5.94, *SD* = .689). Similarly, the median work engagement score is greater for those who worked in nursing for > 15 years (*Median* = 5.84, *SD* = 1.009) as compared to those who worked in nursing for 1 – 5 years (*Median* = 5.51, *SD* = 1.025) as well as those who worked in nursing for 6 – 10 years (*Median* = 5.17, *SD* = 1.116). Stated otherwise, those who worked in nursing over 15 years were more engaged at work than those who worked in nursing from 1 – 10 years.

There were also statistically significant differences in work engagement scores between the different categories of employment status ($p = 0.039$). Specifically, there was a significant difference in work engagement between part time employees and full time employees ($p = 0.012$). The median work engagement score was higher for full time employees (*Median* = 5.75, *SD* = .994) compared to employees who worked part time (*Median* = 5.09, *SD* = 1.23). This means that full time employees were more engaged at work compared to those who worked part time. There were no significant differences in in the relationships between staff nurse's level of work engagement and the shifts that were worked ($p = 0.109$).

Intent to Stay and Demographic Variables

The non-parametric, Kruskall-Wallis equality-of-populations rank test was used to determine whether there were differences between the staff nurse's demographic variables such as individual characteristics, work patterns, work environment, and staff nurse's intent to stay in their organization of employment. There were no statistically

significant differences in the relationships between the staff nurse's age groups (x^2 (4) = 5.681, p = 0.224); gender (x^2(2) = 4.613, p = 0.989); education level (x^2 (4) = 1.117, p = 0.891); years in current department/unit (x^2 (4) = 6.280, p = 0.177); number of years working in nursing (x^2 (4) = 7.778, p = 0.099); employment status (x^2 (2) = 0.565, p = 0.753) and the staff nurse's intent to stay in their organization of employment.

There were statistically significant differences in intent to stay standardized scores between different categories of number of years working in current hospital (p = 0.0204). Specifically, there was a significant difference in intent to stay between those who worked in current hospital <1 year compared to those who worked in current hospital for 1 – 5 years (p = 0.0187). The median intent to stay score of staff nurses who worked < 1 year (*Median* = 4.03, *SD* = .903) in their current hospital is higher compared to those who worked in current Hospital 1 – 5 years (*Median* = 3.48, *SD* = .990). There was a significant difference in intent to stay between those who worked in current hospital 6 – 10 years compared to those who worked in current hospital for 1 – 5 years (p = 0.0145). The median intent to stay score of staff nurses who worked 6 – 10 years (*Median* = 3.90, *SD* = .70) is higher compared to those who worked in current hospital for 1 – 5 years (*Median* = 3.48, *SD* = .99).

There was a significant difference in intent to stay between those who worked 11 – 15 years in their current hospital compared to those who worked for < 1 year (p = 0.017). The median intent to stay score of staff nurses who worked < 1 year (*Median* = 4.03, *SD* = .90) in current hospital is higher compared to those who worked in current hospital for 11 – 15 years (*Median* = 3.35, *SD* = .98). There was a significant difference in intent to stay between those who worked 6 – 10 years in their current hospital compared to those who worked 11 – 15 years in their current hospital (p = 0.017). The median intent to stay score of staff nurses who worked 6 - 10 years (*Median* = 3.90, *SD* =

.70) in their current hospital was higher compared to those who worked in their current hospital for 11 – 15 years (*Median* = 3.35, *SD* = .98).

There was a significant difference in intent to stay between those who worked > 15 years in their current hospital compared to those who worked for 1 - 5 years (*p* = 0.011). The median intent to stay score of staff nurses who worked> 15 years (*Median* = 3.84, *SD* = .88) in their current hospital is higher compared to those who worked in their current hospital for 1 – 5 years (*Median* = 3.48, *SD* = .99). There was a significant difference in intent to stay between those who worked 11 – 15 years in their current hospital compared to those who worked > 15 years in their current hospital (*p* = 0.021). The median intent to stay score of staff nurses who worked > 15 years (Median = 3.84, *SD* = .88) in their current hospital is higher compared to those who worked in their current hospital for 11 – 15 years (Median = 3.35, *SD* = .98).

There was a significant difference in intent to stay standardized scores between the categories of shifts worked by the staff nurse and his/her intent to stay in his/her organization of employment (*p* =0.029). Those who worked the day/night rotating shift had a statistically significant (*p* = 0.034) higher intent to stay (*Median* = 4.58, *SD* = .52) than those who worked days (*Median* = 3.65, *SD* = .96). There was a significant difference (*p* = 0.035) in intent to stay between those who worked weekend shifts (*Median* = 3.3, *SD* = .86) compared to those who worked days (*Median* = 3.65, *SD* = .96).

Similarly, the median intent to stay score was higher for those who worked evenings (*Median* =4.08, *SD* = .58) compared to those who worked weekends (*Median* = 3.3, *SD* =.86), (*p* = 0.031); higher for those who worked night shifts (*Median* = 3.92, *SD* =.73) compared to those who worked weekends (*Median* = 3.3, *SD* = .86), (*p* = 0.007); and higher for those who worked day/night rotating shifts (*Median* = 4.58, *SD* = .52) compared to those who worked the weekend shifts (*Median* = 3.3, *SD* = .86), (*p* = 0.008).

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Summary of Study Findings

In this chapter, the results of this descriptive correlational study were presented. The results were based on a sample size of 212 participants who were staff nurses working in acute care hospitals and completed an online survey related to the role of leader empowering behaviors on work engagement and intent to stay in their organization of employment. Significant correlations were found between leader empowering behaviors, work engagement and intent to stay. Significant differences were also found between demographic variables and leader empowering behaviors, work engagement, and intent to stay.

Chapter 5

Discussion

This chapter is comprised of a discussion of the results of this study and placing the findings in context of the literature and previous study results. The study sample characteristics will be discussed. Additionally, the results of this study of the influence of leader empowering behaviors on staff work engagement and intent to stay will be discussed. The staff nurse's demographics in relation to leader empowering behaviors, work engagement, and intent to stay will be presented. The limitations of the study, future implications, and recommendations for future research in this area are presented.

Sample Characteristics

The age of the participants by decades was fairly evenly distributed (20-24%) with the smallest group being those over 60 years of age (10.85%). The sample did not include as many nurses under age 40 as the U.S. Census Bureau's (2014) findings of nearly 43% under the age of 40 years. The majority of the participants were female which was consistent with the U.S Department of Labor, Bureau of Labor Statistics (2014) findings that 90% of registered nurses were women and 10% were men. Most of the participants had a Bachelor of Science in Nursing (BSN) degree (69.3%) which was higher than the national reports of 53% of nurses having completed a BSN degree (U.S Census Bureau, 2014). The higher percentage of participants with a BSN may be due to the Magnet status of the participating hospitals. Magnet status hospitals place greater emphasis on the pursuit of higher education.

Over a third of the participants had worked in their current department/unit and their current hospital in a staff nurse position for one to five years. The nurses had a high level of experience (52.36% over 15 years in nursing) compared to the results of a survey of registered nurses indicating that 11.8% of the nurses have been in nursing practice

greater than 15 years (AMN Healthcare, 2013). The typical participant worked full time and primarily on the day shift. These results were consistent with a survey of registered nurses indicating that 79% of nurses were employed full time and worked an average of 38.4 hours/week (AMN Healthcare, 2013).

<div align="center">Leader Empowering Behaviors and Work Engagement</div>

Leader Empowering Behaviors and Staff Nurse Empowerment

This is the first known study that examined the relationship between leader empowering behaviors, work engagement and intent to stay concurrently among staff nurses working in acute care hospitals. Comparisons with other studies may therefore be limited. The findings of this study however provide additional empirical support for Kanter's (1977) theoretical proposition that organizational aspects of the work environment influence the behaviors of nurses working in acute care hospitals. In addition, the findings highlighted the importance of leader empowering behaviors (LEB) in influencing nurse's perceptions of their leader's ability to delegate authority, emphasize accountability, encourage self-directed decision making, share information, develop skills, and coach to promote innovation.

Most of the staff nurses in this study perceived their leader as one who was empowering and demonstrated strong leader empowering behaviors which was inconsistent with the findings reported in the only three other studies about leader empowering behaviors and empowerment among staff nurses. The nurses in these studies perceived their leader's behaviors to be somewhat empowering (Cziraki & Laschinger, 2015; Laschinger et. al. 1999; Peachey, 2002). The inconsistency in findings may be attributed to the fact that the nurses in this study worked in Magnet designated hospitals whereas nurses in the Cziraki & Laschinger, (2015), Laschinger et. al. (1999); and Peachey (2002) studies worked in non-Magnet hospitals. Magnet hospital

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characteristics have been linked to having influence on the staff nurse's perception of empowerment (Upenieks, 2003; Laschinger, etal., 2003). Magnet hospital characteristics include quality of nursing leadership, organizational structure that is dynamic and responsive to change, a participative management style, personnel policies and programs that are created with the involvement of the nurses at every level, and a professional practice model that describes how nurses practice. Promotion and support of quality of care, continuous quality improvement, adequacy of resources and support, autonomy, collaboration with other organizations, nurses' involvement in educational activities within the organization, interdisciplinary relationships, nurses effectively influencing system-wide processes, and professional development are also characteristics of a Magnet designated organization (ANCC, 2015). These characteristics resemble the characteristics of practice environments with a high degree of structural empowerment.

In this study, nurses reported feeling empowered by their leader's empowering behavior based on their interaction with their leader which is in contrast with the way nurses in other studies felt empowered based on their interactions with the patient, family, physicians, and working with other nurses as a team (Chandler, 1992, Greco, 2006). Nurses in other studies viewed empowering leaders as leaders who facilitated meaningfulness on the job (Cziraki et al., 2015; Lee et. al., 2016), and mitigated the negative influences of dispositional resistance to change, thereby enhancing nurse's perception of empowerment (Montani et al.,2015). These findings are consistent with the findings in this study. The nurses in this study felt empowered by their leader's ability to transform the work environment into one that promoted coaching for innovative performance. Innovation lends to meaningfulness on the job that resulted in the nurse being engaged at work and fully absorbed in his/her job.

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Leader Empowering Behaviors and Organizational Characteristics

The nurses in this study were working in various units of Magnet designated hospitals which may have influenced their perception of empowerment. The findings in this study related to staff nurse empowerment and Magnet status were consistent with the findings in other studies. Upenieks (2003) found that Magnet hospital nurses were significantly more empowered compared to those in non-Magnet hospitals. McDonald et. al., (2010) also reported moderate empowerment among nurses especially those who actively participated in nursing councils. Nurses who participated in shared governance, a characteristic of Magnet hospitals also reported higher levels of empowerment (Barden, et. al., 2011).

Similar results were reported by Laschinger, Almost, and Tuer-Hodes (2003) in a secondary analysis of three different studies of nurses working in Magnet hospitals. Moderately empowering leader behaviors have been reported by nurses in tertiary hospitals, in eight rural community hospitals (Laschinger et al, 2003). Results of a small study among nurse practitioners also reported strong empowerment among these nurses. Although the instruments used to measure empowerment in this study were different from the instrument used to measure empowerment in Upenieks (2003) and Laschinger et al., (2003) study, the domains in these instruments bear similarity in the areas of access to resources, support, opportunity for coaching, and self-directed decision making.

Leader Empowering Behaviors and Work Engagement

The nurses in this study were moderately engaged which is consistent with the engagement findings reported in other studies among staff nurses (Bamford, Wong & Laschinger, 2013; Cziraki et. al., 2015; Jenaro et. al., 2011). Bamford et al. (2013) attributed the moderate work engagement to the nurse's perception of their manager as

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exhibiting a moderate degree of authentic leadership. Wong, Laschinger & Cummings (2010) also attributed the nurse's level of work engagement with an authentic leadership style. Authentic leadership style emphasizes building the leader's authority through trusting relationships with followers and promoting open communication. Transactional and transformational leadership styles have also been associated with a positive and significant influence on work engagement (Giallonardo. et.al., 2010; Manning, 2016, Salanova et. al, 2011). The dimensions of transactional and transformational leadership however are different from the dimensions of leader empowering behaviors (LEB). For this reason, comparing the findings of studies with LEB and work engagement to findings of studies of transactional and transformational leadership and work engagement was not appropriate.

Of the six dimensions of leader empowering behaviors, self-directed decision making, delegation of authority, and coaching for innovative performance had the strongest positive correlation with work engagement. These findings were inconsistent with the findings of studies among nurses that attributed greater work engagement on supervisor support (Brunetto, et. al., 2013; Greco, et. al., 2006; May et. al., 2004; Orthman & Nasurdin, 2012; Salanova et. al, 2011). The instruments that were used to measure empowerment in relation to work engagement were inconsistent and made an equivalent comparison of the findings difficult. The instrument used to measure empowerment in this study was the Leader Empowering Behavior Questionnaire in contrast to the Conditions of Work Effectiveness Questionnaire used in the other studies. The leader empowering dimensions of coaching for innovative performance, providing opportunities for the development of skills, and allowing self-directed decision making could however be indications of supervisor support that has been found to influence high

levels of work engagement among staff nurses. The Utrecht Work Engagement Scale
was used consistently in all the studies to evaluate work engagement.

Self-directed decision making, one of the dimensions of leader empowering
behaviors strongly related with work engagement, which was consistent with the results
of studies conducted in non-nursing settings (Lawler & Worley, 2006; Purcell, 2003; Ram
& Prabhakar, 2011; Saks, 2006). Also consistent with the findings in other studies, the
leader empowering behavior dimensions of coaching, and information sharing has been
identified as predictors of work engagement (Pearce & Sims, 2002). The results of a
study among nurses however indicate that participative decision-making was the least
used leader empowering behavior (Cziraki & Laschinger, 2015). Nurse leaders could
enhance staff nurse perception of their involvement in decision-making by sharing
relevant information, listening to their ideas, providing explanations when the staff nurse's
suggestions are not utilized, and providing a safe and supportive environment (Yeatts, et.
al., 2015). In addition, nurse leaders could engage nurses in decision making by allowing
and providing them opportunities to be involved in problem solving processes (Konczak
et al., 2000).

Leader Empowering Behaviors and Intent to Stay

Intent to stay has not been widely studied in nursing, although intent to stay has
been noted to be a better predictor of turnover (Price & Mueller, 1981; Van Der V List &
Steensma, 2004). For this reason, intent to stay was selected as one of the variables for
this study. Using intent to stay rather than intention to leave and turnover intention
instruments however, made an identical comparison of the findings challenging. In
addition, the Conditions of Work Effectiveness Questionnaire was used to measure
empowerment in most of the studies that are included in the review in contrast to the
Leader Empowering Behavior Questionnaire in this study. Again, the differences in

instruments posed issues for comparisons among studies. The domains in the Conditions of Work Effectiveness Questionnaire (CWEQ) and the Leader Empowering Behavior Questionnaire bears some similarity though including the domains of access to information, support, opportunity, and decision making. The accountability for outcomes domain in the LEB questionnaire bears resemblance to the formal and informal power domains in the CWEQ. Accountability for outcomes relates to leaders redistributing power and giving new responsibilities to subordinates and holding them accountable for outcomes (Konczak et. al., 2000).

The nurses in this study not only perceived their leaders to be highly empowering but they also intend to stay in their organization of employment. Self-directed decision making had the strongest relationship with intent to stay. The findings of this study were consistent with the findings in other studies that suggested positive correlations between empowerment and intent to stay. Nurses who perceive their leader to be empowering are not likely to leave their organization of employment voluntarily (Milanese, 2013; Nedd, 2006; Schmaltz, 2013). The characteristics associated with an empowering leader include the leader's ability to delegate authority, allow self-directed decision-making while holding staff accountable. Empowering leaders also have the ability to share information, coach staff and facilitate opportunities for staff to develop skills. These leader behaviors influenced the staff nurse's likelihood of continuing their employment in their organization.

Researchers who used turnover intentions and intention to leave instruments to evaluate the relationship between empowerment and intent to stay reported similar findings of moderate empowerment and a significant negative correlation between intention to leave and empowerment among staff nurses (Albrecht & Andretta, 2010; Hauck, et. al., 2011; Heede et. al., 2013; Rheaume, et. al., 2011; Smith et. al., 2012; Zurmehly et. al., 2009).

Consistent with the findings in this study, supportive leadership practices were leadership characteristics that were included in both the Conditions of Work Effectiveness Questionnaire and Leader Empowering Behavior Questionnaire that have been found to be strong determinants of empowerment and turnover intentions among nurses (Laschinger. et. al., 2009; Laschinger, 2012; Tourangeau et. al., 2010). Results of research in non-nursing industries have also shown similar findings with this study wherein leader empowerment behaviors were negatively related to turnover intentions (De Villers & Stander, 2011; Klerk & Stander, 2014; Mendes & Stander, 2011). The results of these studies indicated that empowered employees were more engaged, were intending to stay in their organization of employment, and were less likely to engage in turnover intentions.

Leader Empowering Behaviors, Work Engagement, Intent to Stay and Demographic Variables

The second research question for this study was: Are there differences in individual characteristics and leader empowering behaviors, work engagement, and intent to stay among staff nurses working in acute care hospitals? There were no significant differences in the relationships found between the staff nurse's perception of leader empowering behaviors and the staff nurse's age, level of education, years in current department/unit, years in current hospital, years in nursing, and employment status. These findings were consistent with the findings of other studies that reported no significant differences in empowerment scores and demographic variables (Laschinger &Havens, 1996; Nedd, 2006). There was however a statistically significant difference in the relationship found between the staff nurse's gender and leader empowering behaviors, with males having a higher score compared to females and those who preferred not to answer the question about gender. Although, the difference was

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significant, there were only 19 male participants and 3 participants who preferred not to answer the gender question. The small number of participants for the male and prefer not to answer group limits the generalizability of the findings.

More than 50% of the nurses who participated in this study worked as nurses for more than 15 years, and are more engaged at their work compared to those who had been nurses 10 years or less. These findings suggest that nurses who worked in nursing for 10 years or longer tend to be more engaged at work, which may be why they continued to work in nursing. This finding is consistent with previous research indicating that employees who were engaged at work were more likely to have greater affinity to their organization and less likely to leave their organization (Finney, 2008; Ram & Prabhakar, 2011; Simpson, 2009). It is important for nurse leaders to continue to engage these nurses in order to sustain their engagement. Sustaining engagement may be accomplished by involving employees in decision-making and, providing them with opportunities for innovation and the use of their knowledge, skills and expertise to make meaningful and important contributions to the organization (Cziraki et al., 2015; Kahn, 1992, Lee et al., 2016, Schaufeli et al.,2003).

Full time employees had higher engagement scores compared to those who worked part time. The higher level of work engagement associated with employment status and tenure may be related to supportive and trusting relationships that have developed over time with colleagues and organizational leaders. Supportive and trusting relationships, and supportive management promotes psychological safety, and leads to increased level of work engagement (Kahn, 1992).

Intent to stay was not affected by age, gender, education level, years in current department/unit, number of years working in nursing, nor employment status. These findings were inconsistent with the findings of other studies, in particular age and

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education level. Zurmehly et al., (2009) found that nurses who were between the ages of 50 – 60 years old and nurses with a bachelor's degree or higher indicated higher levels of empowerment and are less likely to leave their current position. Other researchers however did not find any differences in age and education level related to turnover intentions (Buffington, et. al.,2012; Milanese, 2013; Nedd, 2006; Rheaume et. al., 2011: Schmaltz, 2013).

There was a statistically significant difference in intent to stay between the different categories of number of years working in current hospital. However, there was no clear pattern with every other tenure range being significantly different. These findings were consistent with the findings of Chen et. al., (2014) indicating that senior and more experienced nurses more often stayed in their current hospital compared to younger inexperienced nurses. Seasoned nurses have learned to navigate and access empowerment structures within the workplace that influenced them to continue to stay in their current hospital.

Nurses who worked on the day, evening, night and day/night rotating shift had higher intent to stay compared to those who worked weekends. Other researchers found no difference in shift categories and intent to stay (Milanese, 2013; Nedd, 2006; Rheaume et. al., 2011: Schmaltz, 2013). The findings of this study were consistent with Kanter's (1977) theoretical expectation that work behaviors such as intent to stay are more related to access to empowerment structures within the workplace and not so much related to personal characteristics. Nurses who worked on weekends may have limited interactions with their nurse leader compared to those who worked the non-weekend shift. The nurses' limited interactions with the leader due to the nurse leader's absence during weekends may have affected their perceived access to the empowerment

structures of power and opportunity and could have influenced their intent to stay in their organization of employment (Kanter, 1977).

The primary findings of this study were the strong relationships among leader empowering behaviors, work engagement and intent to stay findings that have been found by previous researchers (Buffington, et al., 2012; Cziraki et. al, 2015; Laschinger et al., 2009; Milanese, 2013; Nedd, 2006; Orthman & Nasurdin, 2012; Rheaume et al., 2011; Salanova, et al., 2011; Schmaltz, 2013; Smith et al.,2012; Zurmehly et al.,2009). However, none of these researchers had studied all three variables in the same study. Demographic characteristics of the nurse had little to no relationship with empowerment, work engagement and intent to stay. Viewing their leaders to be empowering, having high levels of work engagement and intending to continue to work for their organization of employment could be an indication that these nurses viewed empowerment as an enabling process rather than a burdensome process.

The leader empowering behavior domains of self-directed decision making, delegation of authority and coaching for innovative performance had the strongest positive correlation with work engagement, and intent to stay. This finding aligns with the findings of other studies that confirm the crucial role of leaders in optimizing working conditions that supports and promotes participative decision-making, delegation of authority, allowing formal and informal power while holding staff accountable, and coaching staff to promote innovation and enhance performance (Cziraki et. al, 2015; Buffington, et. al.,2012; Laschinger et. al., 2009; Orthman & Nasurdin, 2012; Salanova, et. al., 2011; Milanese, 2013; Nedd, 2006; Rheaume et. al., 2011: Schmaltz, 2013; Smith et. al., 2012; Zurmehly et. al.,2009). When leaders share information, delegate authority while emphasizing accountability, encourage self-directed decision-making, and provide an environment that promotes innovation and supports ongoing development of

knowledge and skills, they create empowered work environments for employees. Empowering work environments foster higher levels of work engagement among employees (DeVillers et al., 2011; Mendes et al., 2011; Stander et al., 2009) and also influence the employee's decision to stay in his/her organization of employment (Albrecht et al., 2010; Buffington et al., 2012; Nedd, 2006; Van den Heede et. al, 2013). Educational programs during on-boarding of new leaders and on-going training of leaders should include leadership strategies that incorporate leader empowering behaviors into routine management practices.

Limitations

There were limitations associated with this study. Limitations include the use of a convenience sample and self-report. The use of a convenience sample prevents generalization of the findings to the staff nurse population. Nurses who were engaged, and felt a commitment to the organization may have been more likely to participate. Measurement of the staff nurse's perception of leader empowering behaviors and the nurse's own level of work engagement and intent to stay in his/her organization during a one-time survey may be a limitation because participants may answer the survey questions based on selective memory of their leader. It is not known whether perceptions of leader empowering behaviors, work engagement and intent to stay may vary over time.

The use of self-report and the potential for social desirability could influence participants' responses. Social desirability is the tendency of an individual to project a more positive image of their self when answering social-based instruments (Waltz, Strickland, & Lenz, 2010). The instruments used in this study may be susceptible to social desirability responses because some items may be viewed as either intrusive, or more socially desirable than others. The staff nurses who participated may have felt

compelled to answer questions in a more positive manner. The use of anonymity however may have helped to reduce the possibility of social desirability (Waltz, Strickland, & Lenz, 2010). An additional limitation of the study was the inability of participants to elaborate on specific items within the instrument. All of the hospitals involved in the study were Magnet designated hospitals in a single healthcare system which may also limit generalizability.

Implications for Practice

The results of this study support Kanter's (1973, 1993) theory that nurse leaders play a crucial role in creating empowered work conditions through their behaviors and have implications for practice both for staff nurses and those in nursing leadership positions. Those in leadership roles have an obligation to follow the Institute of Medicine's (2010) recommendation that they need to develop empowering behaviors to enhance staff nurse work engagement and prevent attrition. This could be accomplished through leadership trainings, self-assessments, and mentorship (Manning, 2016), which can have a positive influence on organizational outcomes including staff nurse work engagement and intent to stay.

Nurse leaders should encourage staff nurses to continue to develop their knowledge and skills, be accountable, and actively engage in decision-making that affect their work environment and the quality of care of patients entrusted in their care. Nurse leaders should also encourage staff to take responsibility for their clinical practice and professional growth. Nurse leaders need to provide support, resources, and opportunities for their staff's professional growth and development. This could entail mentoring, succession planning and, budgeting for staff development trainings and the pursuit of Bachelors or graduate level studies. In addition, nurse leaders must foster an

environment that promotes structural empowerment, work engagement, and intent to stay in their organization of employment among nurses (Caricati et. al., 2013; Simpson, 2009).

Recommendations for Future Research

To address the limitations, I recommend that the study be replicated with nurses working in non-Magnet designated hospitals. A longitudinal design to measure changes in the staff's perception of leader empowering behaviors and their own level of engagement and intent to stay over a period of time may produce valuable information. Future research may also explore specific strategies to improve staff nurse empowerment, work engagement, and intent to stay. Management structures are bound to differ from unit to unit, during restructuring initiatives, and interactions with nurse leaders may vary based on the leader's span of control and scope of responsibility. Exploring the relationships among leader empowering behaviors, span of control, work engagement and intent to stay may be worth pursuing.

Future research should examine the influence of leader empowering behaviors, work engagement and intent to stay on patient-centered outcomes. This would provide important empirical evidence regarding leadership and staff nurse related factors that could affect patient-centered outcomes. In addition, future research could examine the relationship between leader empowering behaviors, work engagement and intent to stay using a mixed method.

<div align="center">Summary</div>

This study explored the relationships among leader empowering behaviors, work engagement, intent to stay and demographic variables. Positive relationships were found among leader empowering behaviors, work engagement, and intent to stay. There were also differences in leader empowering behaviors, work engagement and intent to stay related to demographic variables. The findings in this study were important by setting the

foundation for future research related to leader empowering behaviors, work engagement, and intent to stay.

Within the complexity of healthcare work environments, nurses are expected to adapt to constant and rapid change in their work environments while staying compliant with all the regulatory and practice standards. The energy required to achieve these expectations makes it challenging for staff nurses to stay constantly engaged and commit to staying in their organization of employment. Leaders play a pivotal role in empowering staff and influencing staff nurse's work engagement and intent to stay in their organization to ensure positive organizational and patient outcomes.

Appendix A

Institutional Review Board Approval

Institutional Review Board
Acknowledgment of Approved Research Activity

February 20, 2017

Ingrid Kindipan
Dr. Jennifer R. Gray
College of Nursing
The University of Texas at Arlington
Box 19407

UTA Protocol No.: 2016-0698
Protocol Title: *The Role of Leader Empowering Behaviors on Work Engagement and Intent to Stay Among Nurses Working in Acute Care Settings*

The UT Arlington Office of Research Administration - Regulatory Services and Institutional Review Board (IRB) are pleased to acknowledge your engagement in this research protocol involving human subjects which has been approved by the IRB at Baylor Research Institute (BRI). The BRI IRB is noted as the "IRB of record" for this protocol. An IRB of record assumes IRB responsibilities for another institution as specified in each institution's Federalwide Assurance (FWA), and has an agreement of reliability on file. Having met the conditions for approval set forth by the IRB at BRI, and in compliance with applicable regulations, acknowledgment of such approval has been granted by the UTA IRB or designee.

BRI IRB No: 017-006
Review Level: Expedited
Approval Date: February 10, 2017

Please note that you are responsible for providing UT Arlington's IRB with a copies of official notifications or approvals from the IRB of record, including but not limited to: approval letters for continuing reviews, approval letters for protocol modifications, incident or adverse event reports, audit or monitoring reports, or study closures.

The UT Arlington IRB and the Office of Research Administration - Regulatory Services appreciate your continuing commitment to the protection of human subjects engaged in research and wish you all the best in your research endeavors. Should you have questions or require further assistance, please contact Regulatory Services at regulatoryservices@uta.edu or 817-272-2105.

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The University of Texas at Arlington, Center for Innovation
202 E. Border Street, Ste. 201, Arlington, Texas 76010, Box#19188
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Appendix B

Informed Consent

The Role of Leader Empowering Behaviors on Work Engagement and Intent to Stay Among Staff Nurses in Acute Care Hospitals

IRB Number 017-006

I am a PhD student at the University of Texas – Arlington, and I am conducting a research on the Role of Leader Empowering Behaviors on Work Engagement and Intent to Stay among Staff Nurses in Acute Care Hospitals. This research is intended to examine how nurses in varying hospital units (Medical-surgical, Critical care, ED, Women's, Transplant, Surgery and other procedure and specialty areas) perceive their leader's use of empowering behaviors and the staff nurses' level of work engagement and intent to stay in their organization of employment. You have been selected to be in this research because you are employed in one of these units.

All I am asking is that you complete a short survey that asks several questions about leader empowering behaviors, work engagement and your intent to stay in your organization of employment. No personal questions will be asked. This should take only about 5 minutes. If you choose to do so, please complete the survey below. The results of this research will be used to better understand the role of leader empowering behaviors on staff nurses' work engagement and intent to stay in their organization of employment. The results of this research will also help leaders identify and implement strategies to enhance leader empowering behaviors, staff nurses' work engagement and their intent to stay in their organization of employment.

There are no risks or benefits to you for participating in this study. You may choose not to complete the survey and not be in the study. By completing the survey, you are saying that you are willing to participate in the study.

Any questions you may have about this research, or questions about your rights as a research subject may be directed to Ingrid Kindipan by email IngridKindipan@mavs.uta.edu. You may also contact my Faculty advisor, Dr. Jennifer Gray by email jgray@uta.edu or the Office of Research Administration; Regulatory Services at 817-272-2105 or by email regulatoryservices@uta.edu.

Thank you for your interest in this research. I hope you will take a few minutes to complete this online survey. Without the help of people like you, this important research would not be possible.

Appendix C

Demographic Questionnaire

Please complete the demographic questionnaire. This questionnaire asks for descriptive information about you. Please answer all questions by choosing the answer that most closely reflects your situation.

1. What's your age?

    1 = 20 – 30 yrs old

    2 = 30 – 40 yrs old

    3 = 40 – 50 yrs old

    4 = 50 – 60 yrs old

    5 = > 60 yrs old

2. Gender

    1 = Male

    2 = Female

    3 = Prefer not to answer

3. What is your education level?

    1 = Associates in Nursing

    2 = Bachelor of Science in Nursing

    3 = Masters of Science in Nursing

    4 = Masters in Non-Nursing Field (e.g. MBA, MPH)

    4 = PhD in Nursing

    5 = Other _____

4. Years in your current department/unit

    1 = < 1

    2 = 1 – 5

    3 = 6 – 10

    4 = 11 – 15

5 = > 15

5. Years in your current hospital

   1 = < 1

   2 = 1 – 5

   3 = 6 – 10

   4 = 11 – 15

   5 = > 15

6. Number of years working in nursing

   1 = < 1

   2 = 1 – 5

   3 = 6 – 10

   4 = 11 – 15

   5 = > 15

7. Employment status

   1 = Full time

   2 = Part time

   3 = PRN

8. The shift I work primarily

   1 = Days

   2 = Evenings

   3 = Nights

   4 = Day/Night rotating

   5 = Weekend status

   6 = Other (Specify) _____

Appendix D

Permission to Use the Leader Empowering Behavior Questionnaire

From: Konczak, Lee <konczak@wustl.edu>
Sent: Monday, May 2, 2016 3:21 PM
To: Kindipan, Ingrid
Subject: RE: Permission to use LEBQ for research purposes

Ingrid: You have my permission to use the LEBQ. Good luck with our research.

Lee J. Konczak

Academic Director EMBA Program and

Senior Lecturer of Organizational Behavior

and Leadership Development

Washington University in St. Louis
OLIN BUSINESS SCHOOL

"Creating knowledge…Inspiring individuals…Transforming business."

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Phone: 314-935-5042 Fax: 314-935-6359

konczak@wustl.edu

From: Kindipan, Ingrid [mailto:ingrid.kindipan@mavs.uta.edu]
Sent: Monday, May 02, 2016 3:20 PM
To: Konczak, Lee <konczak@wustl.edu>
Subject: Permission to use LEBQ for research purposes

Dear Dr. Konczak,

My name is Ingrid Kindipan. I am a PhD candidate at the University of Texas - Arlington. I am asking permission to use the Leader Empowering Behavior Questionnaire (LEBQ) for my research.

My research is on the Role of Leader Empowering Behaviors on Work Engagement and Intent to Stay among Staff nurses in Acute Care Hospitals. I plan to use the LEBQ with your permission as one of the instruments for my research to examine the relationship between the nurses' perception of their leader's use of

empowering behaviors and the nurses' level of work engagement and intent to stay in the organization. I look forward to hearing from you.

Thank you,

Ingrid Kindipan

Ingrid.Kindipan@mavs.uta.edu

Appendix E

Leader Empowering Behavior Questionnaire

Leader Empowering Behavior Questionnaire

Delegation of Authority	Strongly Disagree					Strongly Agree	
1. My manager gives me the authority I need to make decisions that improve work processes and procedures.	1	2	3	4	5	6	7
2. My manager gives me the authority to make changes necessary to improve things.	1	2	3	4	5	6	7
3. My manager delegates authority to me that is equal to the level of responsibility that I'm assigned.	1	2	3	4	5	6	7

Accountability

4. My manager holds me accountable for the work that I'm assigned.	1	2	3	4	5	6	7
5. I am held accountable for performance and results.	1	2	3	4	5	6	7
6. My manager holds people in the department accountable for customer satisfaction	1	2	3	4	5	6	7

Self-Directed Decision Making

7. My manager tries to help me arrive at my own solutions when problems arise, rather than telling me what he/she would do.	1	2	3	4	5	6	7
8. My manager relies on me to make my own decisions about issues that affect how work gets done.	1	2	3	4	5	6	7
9. My manager encourages me to develop my own solutions to problems I encounter in my work.	1	2	3	4	5	6	7

Information Sharing

10. My manager shares information that I need to ensure high quality results.	1	2	3	4	5	6	7

11. My manager provides me with the information I need to meet customer needs.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Skill Development

12. My manager encourages me to use systematic problem-solving methods (e.g., the seven-step problem solving model)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

13. My manager is willing to risk mistakes on my part if, over the long term, I will learn and develop as a result of the experience.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

14. I am encouraged to try mew ideas even if there is a chance they may not succeed.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Coaching for Innovative Performance

15. My manager focuses on corrective action rather than placing blame when I make mistakes.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

16. I am encouraged to try mew ideas even if there is a chance they may not succeed.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

17. My manager focuses on corrective action rather than placing blame when I make mistakes.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Appendix F

Permission to Use Utrecht Work Engagement Scale

From: Arnold Bakker <bakker@fsw.eur.nl>
Sent: Monday, January 16, 2017 3:34 AM
To: Kindipan, Ingrid
Subject: RE: [] Contact form for Arnold Bakker

You have my permission to use the UWES.

Kind regards, Vriendelijke groet,

Arnold

New paper on job crafting and leisure crafting:

https://www.researchgate.net/publication/308941416_Weekly_job_crafting_and_leisure_crafting_Implications_for_meaning-making_and_work_engagement

Weekly job crafting and leisure crafting:
Implications for ...

www.researchgate.net

Official Full-Text Publication: Weekly job
crafting and leisure crafting: Implications for
meaning-making and work engagement on
Research Gate, the professional ...

Prof. Dr. Arnold B. Bakker

Center of Excellence for Positive Organizational Psychology

Erasmus University Rotterdam

Past President EAWOP

www.arnoldbakker.com

www.profarnoldbakker.com

From: Ingrid Kindipan [mailto:Ingrid.Kindipan@mavs.uta.edu]
Sent: 16 January 2017 3:43 AM
To: Arnold Bakker <info@arnoldbakker.com>
Subject: [SPAM] Contact form for Arnold Bakker

> The linked image cannot be displayed. The file may have been moved, renamed, or deleted. Verify that the link points to the correct file and location.

Arnold B. Bakker

www.arnoldbakker.com

Professor dr. Arnold B. Bakker; professor of Work and Organizational Psychology, Erasmus University Rotterdam and EAWOP president.

Contact form

Name: Ingrid Kindipan
Email: Ingrid.Kindipan@mavs.uta.edu

Message:
Dear Dr. Bakker,

My name is Ingrid Kindipan. I am a PhD student at the University of Texas - Arlington. I am asking permission to use the Utrecht Work Engagement Scale (UWES) short version instrument for my research. My research is on the Role of Leader Empowering Behaviors on Work Engagement and Intent to Stay among Nurses in Acute Care Hospitals. I look forward to hearing from you and your permission to use the UWES short version instrument.

Thank you,

Ingrid Kindipan
Ingrid.Kindipan@mavs.uta.edu

Appendix G

Utrecht Work Engagement Scale

Utrecht Work Engagement Scale Short Version (UWES)

Almost never	Rarely	Sometimes	Often	Very often	Always
0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or	Few times a month	Once a week	Few times a week	Everyday

Vigor

1. _____ At my work, I feel bursting with energy.

2. _____ At my job, I feel strong and vigorous.

3. _____ When I get up in the morning, I feel like going to work.

Dedication

4. _____ I am enthusiastic about my job.

5. _____ My job inspires me.

6. _____ I am proud of the work that I do.

Absorption

7. _____ I feel happy when I am working intensely.

8. _____ I am immersed in my work.

9. _____ I get carried away when I'm working.

Appendix H

Intent to Stay Questionnaire

Intent to Stay Questionnaire

	Strongly Disagree				Strongly Agree
1. I would like to leave my present employer.	1	2	3	4	5
2. I plan to leave my present employer as soon as possible.	1	2	3	4	5
3. I plan to stay with my employer as long as possible.	1	2	3	4	5
4. Under no circumstance will I voluntarily leave my employer.	1	2	3	4	5

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Biographical Information

Ingrid Kindipan is the Director of Cardiology Services at Methodist Charlton Medical Center, Dallas, Texas. Her area of expertise is in management. Kindipan holds a Bachelor of Science in Nursing from Lorma College, San Fernando Philippines and a Master of Science in Nursing from University of Texas at Houston. She is a member of the Sigma Theta Tau International Honor Society for nurses and the Golden Key Honor Society. Her research interests focus on improving work engagement and employee retention. Kindipan plans to explore organizational and individual factors that influence work engagement and employee retention as well as strategies to enhance work engagement and prevent attrition. Her hope as a nurse scientist is to contribute innovative research as a resource for those in leadership roles to enhance work engagement and improve employee retention.