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GROUP EMPOWERMENT CAPACITY AND CAPABILITY IN ASSOCIATE

DEGREE SCHOOLS OF NURSING IN THE UNITED STATES

by

Christy Lee Savell

A Dissertation
Submitted to the Graduate School
and the Department of Systems Leadership and Health Outcomes
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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ABSTRACT

GROUP EMPOWERMENT CAPACITY AND CAPABILITY IN ASSOCIATE DEGREE SCHOOLS OF NURSING IN THE UNITED STATES

by Christy Lee Savell

December 2016

The purpose of conducting this research was to determine the perception of group empowerment capacity (EC) and group empowerment capability (E) among faculty and administrators in associate degree nursing programs (ADN) in the United States (U.S.), whether there was a significant difference in the scores of EC and E between the two groups and if there was a significant relationship between the mediating variables and EC. The study was conducted online with administrators and faculty of ADN programs throughout the United States (U.S.). Information letters with questionnaire links were sent to all members of the Organization of Associate Degree Nurses (OADN) listserv and at least one administrator or faculty member from at least one ADN program in each state. The final sample number included 187 faculty members and 90 administrators.

This study concluded that faculty and administrators in ADN programs in the U.S. perceived high levels of empowerment. Second, there was a significant difference in EC and E between faculty and administrators in ADN programs in the U.S. While faculty also perceived high levels of empowerment, their scores were significantly lower than administrators. Finally, there was a significant positive relationship between the mediating variables and EC.

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Thank you also to Dr. Louanne Friend for allowing me to use your revised version of Dr. Sieloff's questionnaire and for the encouragement to replicate your study in the associate degree nursing faculty and administrator population.

DEDICATION

Thank you so much to my husband, David, and my family. Without your unwavering support and encouragement, I could not have done this. All of you kept pushing me to do my best and complete this journey, which led me to be the first person in our entire family to obtain their doctoral degree. Mom, you pushed me from the very beginning to work extra hard on my studies and to never settle for anything less than my best. Thank you so much.

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CHAPTER I – THE RESEARCH PROBLEM

Introduction

According to the Bureau of Labor Statistics' *Employment Projections 2012-2022* (U.S. Department of Labor, 2013), a shortage of 1.05 million registered nurses (RNs) will exist by 2022. A contributing factor to this shortage is the inability of nursing schools to produce enough graduates to replace the nurses leaving the profession. Associate degree and diploma level nurses constitute 45% of the nursing workforce, while baccalaureate or higher degree nurses constitute the remaining 55% of the nursing workforce (U.S. Department of Health & Human Services, 2013). The Annual Survey of Schools of Nursing (National League for Nursing [NLN], 2014) reported that 43% of applicants to associate degree nursing (ADN) programs were accepted, while 25% were qualified but not accepted due to lack of adequate faculty and clinical space. The remaining 32%, who were not qualified, were not accepted. In addition, baccalaureate degree and graduate programs turned away almost 69,000 qualified applicants because of a lack of faculty and clinical space (American Association of Colleges of Nursing [AACN], 2015).

Two more factors contributed to the nursing shortage: a) insufficient staffing and b) retirement of those RNs who previously prolonged retirement because of the recession. This mass retirement of RNs will occur at a time when more RNs are needed to care for the increasing number of people who are receiving health insurance through healthcare reform (Buerhaus, Auerbach, & Stauger, 2009; Buerhaus, Donelan, Ulrich, Norman & Dittus, 2005). Three-fourths of nursing survey respondents reported their quality of work

life and the quality of care they gave their patients had been negatively affected by insufficient staffing (Buerhaus et al., 2005).

In order to overcome these and other problems leading to nursing shortages, nurses need to recognize and utilize their power as a group to make necessary changes within the profession. The ability to utilize power to enact change is known as empowerment (Kanter, 1977) and Chandler (1986) was the first to describe empowerment in nursing. Chandler (1986) disagreed with Kanter (1977), whose theory on structural empowerment was the most frequently referenced by nursing scholars in the 1980s and 1990s, in terms of the factors that help individuals or groups feel empowered (Manojlovich, 2007). While Kanter (1977) maintained individuals or groups became empowered through structures within the workplace, Chandler (1986) argued empowerment came from relationships with others. Empowerment helps nurses influence others, such as managers, physicians and political leaders, to make changes to healthcare services that would benefit nurses and patients (Manojlovich, 2007).

According to Young's (1990) *Five Faces of Oppression,* nurses are considered an oppressed group and generally lack feelings of empowerment. One reason for this perception is that 89% of all nurses are female (U.S. Department of Health & Human Services, 2013). Women are less likely to discuss or display power openly (Karpowitz & Mendelberg, 2014) and may view power as a more masculine trait that is inconsistent with their view of nursing as a caring and nurturing profession (Rafael, 1996). Even though the feminist movement of the 1960s improved the power of women in other

industries, nursing was still on the lower rung of the hierarchy in health care (Manojlovich, 2007).

Sometimes nurses' abilities to make positive changes in the healthcare environment can be limited because they are afraid to challenge those who have, or may continue, to oppress them (Duffy, 1995). Nurses' oppressors may include physicians, nurse managers, administrators, or other nurses. Fear of challenging these oppressors can lead to anger toward their colleagues, negatively affecting patient outcomes. Patient outcomes can be negatively affected through insufficient staffing due to absenteeism because of emotional or psychological distress. Patient outcomes can also be negatively affected when nurses are unable to work together as a team because of personal conflicts (Sieloff, 2004).

Another reason contributing to the oppression of nurses, is the multiple educational entry-levels. In the past, most nurses were educated in the hospital setting, also known as diploma nursing education. Diploma nursing education, as well as associate degree education, were considered inferior to the education of physicians who entered practice with a doctoral degree (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000). Extensive debate has taken place over the years among nursing professionals about the appropriate entry-level education for nurses. This lack of unity has led to confusion among the nursing ranks and hindered empowerment among nurses (Manojlovich, 2007).

Problem Statement

Several studies have been conducted regarding nursing empowerment in the hospital setting (Kuokkanen, Luno-Kilipi, & Katajisto, 2003; Laschinger, Almost, & Tuer-Hodes, 2003; Laschinger, Finegan, Shamian, & Wilk, 2001; Laschinger, Finegan, Shamian, & Wilk, 2004; Laschinger, Sabiston & Kutszcher, 1997; Laschinger, Wong, & Greco, 2006), but very few studies have investigated empowerment among faculty and administrators of nursing schools. One recent study (Baker, Fitzpatrick, & Griffin, 2011) was conducted in California with ADN faculty, in which the ADN faculty did not feel they had the power or influence desired within their department. However, one thing all of these studies had in common was that they used theoretical frameworks outside the nursing domain, such as Kanter's (1977) and Spreitzer's (1995) theories.

Knowing there was a need for more research utilizing nursing theories, Sieloff (2012) developed a nursing theory of group empowerment within organizations. Friend (2013) used Sieloff's (2012) theory to describe group empowerment and examine empowerment capacity (EC), empowerment capability (E), and the related mediating variables in baccalaureate and graduate nurse faculty and administrators. This study replicates Friend's (2013) study with the faculty and administrators of ADN programs in the United States (U.S.).

Purpose

The purpose of this study was to determine the perception of group EC and group E among faculty and administrators in ADN programs in the U.S. and whether there was a significant difference between the scores of EC and E between the two groups. The

mediating variables were also examined to determine if there was a significant relationship between the mediating variables and EC. The results of this study added to the small, but current, body of research on empowerment in nursing education and were compared to the results from Friend's (2013) study involving baccalaureate faculty and administrators.

Understanding empowerment in ADN faculty and administrators is important because 45% of all RNs have their associate degree (U.S. Department of Health & Human Services, 2013). In nursing school, students begin to learn about concepts of power and empowerment through leadership and management courses. One way to improve empowerment among nursing students is for faculty to role model empowerment through the implementation of positive methods for handling negative situations in academia (Carlson-Catalano, 1994).

Understanding empowerment in ADN administrators is important because ADN faculty are more likely to feel empowered and demonstrate empowered behaviors when administrators support them and provide the necessary resources to accomplish their goals (Sarmiento, Laschinger, & Iwasiw, 2004). Nursing faculty who do not feel empowered to suggest and implement necessary changes in the work environment may perpetuate incivility and bullying among the other faculty and among nursing students (Roberts, 2015).

Conceptual Framework

Sieloff's (2012) theory of group empowerment within organizations was selected as the theoretical foundation for this study because it is a mid-range nursing theory and is

based within nursing. Using a nursing theory supports the suggestion that nursing knowledge be guided by nursing theory (Butts, Fawcett, & Rich, 2012). According to Butts et al. (2012), Fawcett stated “nurses who decry the lack of nursing knowledge or refuse to use what already exists are indicating that nursing is no more than a trade” (p. 152). Fawcett also emphasized the importance of protecting the discipline of nursing’s distinct body of knowledge by using nursing theory and conceptual models to guide nursing research and practice (Butts et al., 2012).

Sieloff (1995) developed her theory by reviewing the literature. Sieloff (1995) found the strategic contingencies theory of power (Hickson, Hinings, Lee, Schneck, & Pennings, 1971) was noted in the management literature as a model that could explain group power within an organization. According to this theory, departmental power consisted of three factors: “coping with uncertainty, centrality, and substitutability” (Sieloff & Bularzik, 2011, p. 1021). An instrument was developed to measure this theory but was never psychometrically tested.

Sieloff (1995) observed that nursing groups had difficulty attaining their goals within healthcare organizations. Sieloff (1995) then validated with King (1981) that power was an important aspect of nursing groups and could be used to improve the function of the group within the healthcare system. Thus, Sieloff (1995) wanted to focus on the power of nurses within their departments and develop a nursing theory to examine this power, so she developed her theory of nursing departmental power. King (1981) conceptualized power for nurses as a positive resource, defining power as “the capacity to achieve goals” (Sieloff & Bularzik, 2011, p. 1027). However, King (1981) did not fully

develop the concept (Sieloff & Bularzik, 2011). The theory was developed from a synthesis and reformulation of King's (1981) interacting systems framework and the strategic contingencies' theory of power (Hickson et al., 1971).

During initial research, Sieloff (1995) determined several nurse executives were reporting that nursing departments were being eliminated due to restructuring. As a result, the theory was renamed the theory of group power within organizations (Sieloff, 1999). After further semantic revisions, the final name of Sieloff's theory became the theory of group empowerment within organizations (Sieloff & Bularzik, 2011).

Friend (2013) wanted to apply Sieloff's (2012) theory of group empowerment within organizations to her study of empowerment in baccalaureate nursing education programs, but some revisions had to be made to the instrument. Chapters II and III will further discuss the development of this instrument, the Sieloff-King-Friend Assessment of Group Empowerment within Educational Organizations (SKFAGEEO) ©, which was also used in this study. The SKFAGEEO© is found in Appendix A.

Research Questions

The following research questions were addressed in this study and included a sample of all faculty and administrators working in ADN programs throughout the U.S.:

1. What are the reported perceptions of group empowerment capacity and group empowerment capability among ADN faculty and administrators?
2. Is there a significant relationship between the mediating variables [Group Leader Outcome Attainment Competency (GLOAC), Communication Competency (CC), Goals/Outcome Competency (GOC) and Outcome

Attainment Perspective (OAP)] and group empowerment capacity [Controlling the Effects of Environmental Forces (CEEF), Position (P), Resources (RE) and Role (RO)]?

3. Is there a significant difference between the scores of group empowerment capacity and group empowerment capability between ADN faculty and administrators?

Definition of Terms

Administrator was defined as the dean/director of an ADN program in the United States. Administrators were also the *Group Leaders* for purposes of this study.

Communication Competency was "the knowledge and skill related to the giving of information from one group to another group" (Sieloff, 2012, para. 8). CC was measured by items 11, 26, and 29 on the SKFAGEEO©.

Controlling the Effects of Environmental Forces was defined as "effectively managing the potential negative consequences that result from the effect of changing healthcare trends on the ability of an [organization] to achieve its goals" (Sieloff, 2012, para. 9). CEEF was measured by items 4, 8, 9, 10, and 16 on the SKFAGEEO©.

Empowerment was defined as "a group's capability to achieve outcomes and is seen as a positive resource that is available to all groups" (Sieloff, 2012, para. 4). In this study, the term 'empowerment' was also known as 'group empowerment'. For purposes of this study, the groups being studied were the ADN faculty and administrators. Group empowerment was operationalized by the total score on the SKFAGEEO©.

Empowerment capacity was defined as the "capacity of a group to achieve [outcomes]" (Sieloff, 2012, para. 12). The empowerment capacity for a group was operationalized as the total score of the first four subscales of the SKFAGEEO©: controlling the effects of environmental forces, position, resources, and role (Sieloff, 2012).

The *faculty group* included all full-time faculty in ADN programs in the United States.

Goal/Outcome Competency was "the knowledge and skill of a group in relation to the process of achieving events that are valued, wanted or desired by a group" (Sieloff, 2012, para. 10). GOC was measured by items 2, 17, 30, and 31 on the SKFAGEEO©.

Mediating variables were the factors that "mediated between a nursing department's power capacity and its actualized power" (Sieloff & Bularzik, 2011, p. 1022). The mediating variables were operationalized by the scores on the following subscales: group leader empowerment competency, communication competency, goal/outcome competency, and empowerment perspective.

Outcome Attainment Perspective was "the perception and value regarding the achievement of goals/outcomes" (Sieloff, 2012, para. 14). OAP was measured by items 3, 23, 25, and 34 on the SKFAGEEO©.

Position was defined as "the centrality of a nursing [group] within the communication network of a healthcare suprasystem" (Sieloff, 2012, para. 11). Position was measured by items 6, 14, 32, and 33 on the SKFAGEEO©.

Resources were defined as "any commodity that a nursing group can use for goal achievement" (Sieloff, 2012, para. 15). In this study, resources were those supplies or support nurse faculty or administrators use to achieve their goals. Some examples of these resources are technology, lab equipment, tech support, and administrative support. Resources were measured by items 5, 15, 19, 20, 21, and 27 on the SKFAGEEO©.

Role was "the degree to which the work of a healthcare suprasystem is accomplished through the work of a nursing [group]" (Sieloff, 2012, para. 16). Role was measured by items 12, 13, and 22 on the SKFAGEEO©.

School of Nursing was any ADN program in the United States.

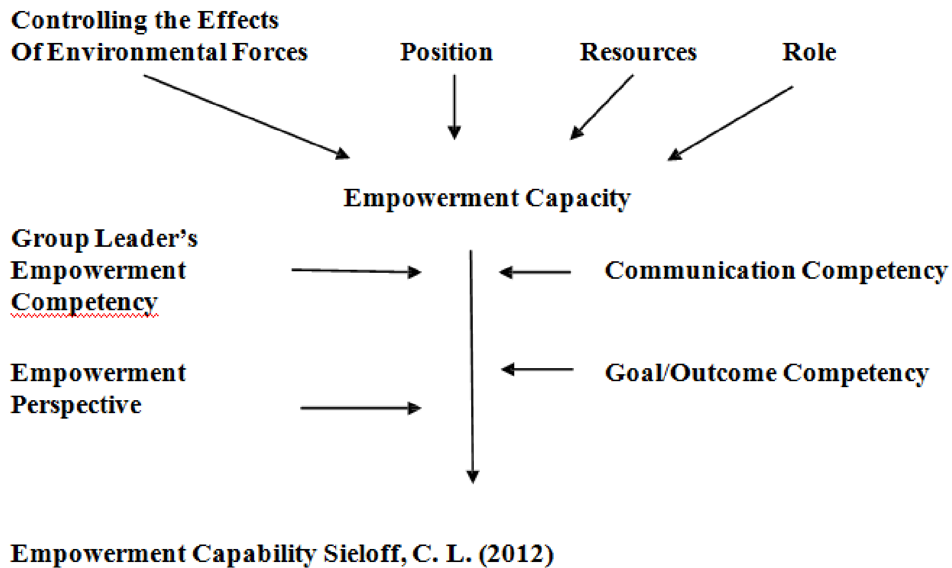


Figure 1. Model theory of group empowerment within organizations.

The model of Sieloff's theory shows that the variables of controlling the effects of environmental forces, position, resources, and role determine a group's empowerment capacity, while the variables of group leader's empowerment competency, empowerment perspective, communication competency, and goal outcome competency mediate the group's empowerment capacity, resulting in a group's empowerment capability (*Theory of group empowerment within organizations*© by C. L. Sieloff (2012). Used with permission from Dr. Sieloff (Appendix B).

Assumptions

The following assumptions applied to this study:

1. Individuals and groups are capable of empowering themselves if they are given an environment in which empowerment is encouraged and rewarded (Kanter, 1977).
2. All participants will answer the survey questions honestly.

3. Self-reporting is considered a valid method of obtaining information (King, 1981).
4. The SKFAGEEO© has shown validity and reliability within schools of nursing (Friend, 2013).

Scope, Limitations, and Delimitations

This study was limited to full-time faculty and administrators of ADN programs in the U.S. The response rate could have been affected by the administrator's support of the research, because some of the information letters and questionnaire links were only sent to administrators of ADN programs for subsequent distribution to the faculty. Responses were voluntary, meaning only faculty and administrators who chose to complete the questionnaire were included in the study, and this could have affected the representativeness of the sample. There was a higher percentage of faculty who completed the questionnaire (67.5% versus 32.5%), which was not unexpected due to a larger pool of faculty.

Significance of the Study

According to the Institute of Medicine's (IOM) report (2010a), healthcare needs have changed drastically since the mid-20th century. "The ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of health care in the 21st century" (IOM, 2010a, p. 2). Health care today faces increased chronicity and community-delivered care, whereas health care in the mid- to late-20th century was developed to address acute care problems in the hospital setting.

Nursing education and practice have also undergone significant changes to keep up with current healthcare trends. Nursing competencies related to teamwork, leadership, technology, inter-professional collaboration, health policy, evidence-based practice and population health are required for nurses to remain current. The IOM (2010a) called for major changes in nursing education that involved transforming education to be more concept-focused instead of being based on the long-standing medical model. The IOM (2010a) also stressed improved coordination of care competencies and the ability to navigate the current healthcare system and insurance industry to improve health outcomes.

Nurses have to be able to "practice to the full extent of their education" and be recognized as "full partners with physicians and other healthcare professionals" (IOM, 2010b, p. 2). "Being a full partner involves taking responsibility for identifying problems and areas of system waste, devising and implementing improvement plans, tracking improvement over time and making necessary adjustments to realize established goals" (IOM, 2010b, p. 3). Being a full partner with physicians and other healthcare professionals also includes active involvement in the political arena in regards to healthcare reform, patient advocacy and safe staffing ratios (IOM, 2010b).

The IOM report (2010a) further suggested that nursing education programs include more leadership theory and encourage leadership qualities in nursing students so nurses would be better prepared for leadership positions in the healthcare industry. When nursing students graduate and become nurse leaders in the healthcare setting, they can use the leadership qualities acquired in nursing school to mentor and empower other nurses

through residency programs. Empowered nursing groups and nursing leaders can further improve the health outcomes of patients and can improve the overall outcomes of healthcare reform (IOM, 2010b).

According to Sieloff (2004), nurse leaders have a profound effect on the group of nurses he/she leads and can have a positive or negative effect on the climate of the group. Nursing leaders can affect the power of a nursing group through their power competency and power perspective (Sieloff, 1999). Power competency refers to the ability of the nurse leader to promote collaboration among other disciplines within the organization and promote involvement in the decision-making processes of the organization. Power perspective refers to the way the nurse leader perceives power and how nurse leaders relate the concept of power to the nursing group (Sieloff, 1999).

Summary

This chapter has summarized current challenges for nursing groups in the healthcare environment and how nurse faculty empowerment can address current problems within health care. The purpose and problem statement have been addressed and the theoretical framework for the study has been discussed. Research questions have been posited and the conceptual and operational definitions of terms have been given. The assumptions and scope have been delineated and a summary of the significance of the study has been proposed. Chapter II will discuss the current literature as it relates to empowerment within nursing.

CHAPTER II – THE REVIEW OF LITERATURE

Introduction

An exhaustive review of the literature with selective citations was done using CINAHL, SocINDEX, Medline, PsychInfo, ERIC, and Health Source: Nursing/Academic Edition databases. Keywords used in the search were empowerment AND nurs* AND education, Sieloff, empowerment capacity, empowerment capability, and nursing education AND associate degree. The search for keywords Sieloff, empowerment capacity and empowerment capability used full-text articles from 1985 to the present, because important data about these concepts was not found in articles from 2010 to the present. Table 1 provides the process of the literature review. All articles used were full-text and peer-reviewed.

The literature review was organized into a deductive format beginning with the concept of empowerment and evolving into the sub-concepts. Sub-concepts included group empowerment of nurses, empowerment capacity and capability, empowerment in nursing education, Sieloff's (2012) theory of group empowerment within organizations and associate degree nursing (ADN) education.

Table 1

Search Process for Literature Review

Search Term	# of articles	# of duplicates	# of potential articles	# of articles used
Empowerment AND nurs* AND education 2010-present	910	142	768	45
Sieloff 1985-present	72	21	51	12
Empowerment capacity 1985-present	192	47	145	2
Empowerment capability 1985-present	32	7	25	3
Nursing education AND associate degree 2010-present	305	35	270	17

Empowerment

In order to understand the term ‘empowerment’, a literature review was done to search for the origin of the term. According to Traynor (2003), empowerment has been historically tied to the concept of freedom. In the past, freedom was granted to individuals or groups by their masters or by other powerful individuals or groups. Until the 17th and 18th centuries, it was uncommon for someone to suggest they were masters of their own lives or destinies, because either religion or the state or some other person ruled over most people. However, the signing of the Magna Carta gave freedom to a few

individuals and placed the idea of freedom in the minds of many others. The freedom to make one's own decisions, and to be seen as an equal to others, evolved into a fundamental characteristic of humanity (Bauman, 1988).

Beginning in the late 1980s and early 1990s, the concept of empowerment became a focal point in healthcare organizations (Bartunek & Spreitzer, 2006). By the late 1990s, the concept of empowerment within health care evolved from a focus on nursing empowerment to patient empowerment. During this time, healthcare organizations began to focus more on patient satisfaction and patient outcomes (Rao, 2012).

Quality of care became a major issue and models of shared governance began to develop. This concept of shared governance placed significance on the organization as a whole being accountable for decisions that would affect the organization, either positively or negatively (Bartunek & Spreitzer, 2006). Magnet recognition programs were developed to recognize hospitals with exceptionally healthy working environments and low turnover rates for nurses because healthy working environments led to improved patient outcomes (Manojlovich, 2007; Purdy, Laschinger, Finegan, Kerr, & Olivera, 2010). Many hospitals developed their organizations around magnet standards, but still failed to address all of the issues nurses faced that could lead to burnout and a lack of empowerment (Rao, 2012).

Group Empowerment of Nurses

Nurse empowerment occurs within the context of the interaction of three different levels: individual, sociocultural and organizational (Seibert, Silver, & Randolph, 2004). All three of these levels of empowerment can impact whether a nurse can empower

themselves. The individual level of empowerment is the psychological aspect of empowerment and includes the nurse's feelings of autonomy, accomplishment, ability and value (Spreitzer, Kizlios, & Nason, 1997). The sociocultural level of empowerment involves whether an individual feels empowered or disempowered based on sociocultural status, meaning that a person may feel empowered if their position in society or their education places them at a higher level than others within that same society or culture (Casey, Saunders, & O'Hara, 2010). The structural level of empowerment involves the individual's ability to have or gain access to structures within the organization necessary for empowerment to occur (Kanter, 1977).

Historically, nurses have been considered an oppressed group because of several factors, one of which is the high percentage of females in the profession (Young, 1990). However, a recent study about nursing group power (Peltomaa et al., 2013) indicated the perception of nursing power is significantly different among younger nurses. Nurses under the age of 30 seem to perceive a higher level of nursing group power than those nurses older than 30, especially in relation to changes in the healthcare environment. Higher levels of education among the nurses in this study yielded a higher level of perceived nursing group power in relation to communication, but these nurses also perceived themselves as having high levels of responsibility with low levels of power (Peltomaa et al., 2013).

Even though nursing groups may know they are a historically oppressed group, many nurses do not believe they are currently oppressed (Peltomaa et al., 2013). However, the behavior of nurses today seems to suggest significant oppression. Some behaviors by nurses that suggest oppression include belittling other nurses, supporting

only their specialty in nursing, assuming the values of their oppressors and feeling trapped in a job because they do not feel they have other options (Duffy, 1995; Roberts, 1996; Sieloff, 2004). Nurses could potentially improve the power of their profession if they were able to resolve their intraprofessional differences and let their voices be heard as one unified group. Significant changes in the healthcare environment and the delivery of health care could potentially be made if nurses used their group power (Sieloff, 2004).

According to a study by Peltomaa et al. (2013), nurses also perceived their highest levels of nursing group power from the subscales of power perspectives and goals/outcome competency. The subscale power perspectives indicated that the organization had similar goals as the nursing group and this improves the ability of the nursing group to achieve their goals (Peltomaa et al., 2013). However, another study (Hagbaghery, Salsali, & Ahmadi, 2004) indicated respondents perceived organizational goals as a barrier to the achievement of nursing group goals.

The type of employment (part-time vs. full-time) also made a significant difference among the nursing group's perceived level of power. "Part-time nurses perceived higher levels of group power in relation to resources and environmental factors. However, full-time nurses perceived higher levels of nursing group power in relation to achieving the goals of the nursing group" (Peltomaa et al., 2013, p. 583). Nurses with fewer years on the job also perceived higher levels of nursing group power than those with five or more years of experience.

In Peltomaa's et al. (2013) research, nurses perceived their lowest levels of group power in their ability to obtain necessary resources to achieve group goals. These resources could be supplies, staff or financial support. Supplies could include things like

materials needed to care for patients. Financial support could include competitive salaries and pay raises. Staff could include sufficient staffing to meet the needs of the patients (Peltomaa et al., 2013).

Communication competency, or the ability of nurses to participate in decision-making within the organization, was also rated as low (Peltomaa et al., 2013). Several studies (Attree, 2005; Hintsala, 2005; Krairiksh & Anthony, 2001; Mrayyan, 2002) supported the conclusion that nurses have the power to make decisions regarding their patient care, but not the power to be involved in the decision-making of the organization. The use of shared governance is one way nurses can become more involved in the decision-making of their organization. Empowerment was increased when shared governance was implemented and utilized in hospital settings. Shared governance models also improved patient care, the retention of nurses, and decreased costs (Barden, Griffin, Donahue, & Fitzpatrick, 2011).

Another way to improve nursing involvement in organizational decision-making is to have an effective nurse leader. Unfortunately, nurses in a study by Peltomaa et al. (2013) perceived their supervisors as having a lot of responsibility with limited power. Part-time nurses and those with less work experience perceived nursing supervisors as having more power than did full-time nurses with more work experience. Only about a third of the respondents (33%) perceived the nursing supervisor as having the support of key people within the organization and the ability to be involved in decisions regarding the nursing department. The perception of limited power in their nurse leader can have a negative effect on the empowerment of the nursing group. If their leader does not have

the power to make changes, then the group is not likely to have any power either (Peltomaa et al., 2013).

Several positive results occur when nurses are empowered: a) decreased burnout (Laschinger et al., 2003); b) increased job satisfaction and work effectiveness (Laschinger & Havens, 1996); and c) increased motivation and risk taking (Chandler, 1991). As nurses recognize their power, they begin to work together more effectively to achieve desired goals. Nurses are beginning to find their voice in the healthcare organization and are using that voice to make positive changes in the working environment and with patient outcomes, such as insisting on safe staffing ratios and holding physicians accountable for the care of their patients (Fletcher, 2006).

Empowerment in Nursing Education

Empowerment in nurses has been proven to be important in regards to staff nurses and nurse managers, but what about the importance of empowerment in faculty, especially associate degree (AD) faculty? AD and diploma nurses constitute 45% of the registered nurse (RN) population in the United States (U.S.) (U.S. Department of Health & Human Services, 2013). Empowered faculty are more likely to empower nursing students (Carlson-Catalano, 1994; Luechauer & Shulman, 2002), who will then be more likely to influence decision-making in the healthcare environment (Johnson, 2009).

In addition, empowerment has been shown to improve feelings of job satisfaction (Baker, Fitzpatrick, & Griffin, 2011; Finegan & Laschinger, 2001; Johnson, 2009; Sarmiento, Laschinger, & Iwasiw, 2004). Because a shortage of faculty currently exists related to the aging workforce and fewer nurses entering the faculty role (NLN, 2010),

any factors that might improve job satisfaction and retention of faculty requires further study.

Faculty feel empowered when they feel a sense of control over their work and are active in the decision-making process as it relates to their role as educators (Carlson-Catalano, 1992; Hawks, 1999). Unfortunately, very few faculty felt they had any control over their work environment (Baker et al., 2011). However, even though faculty felt very little control over their work environment, they had a lot of responsibility. The responsibilities of faculty are many and include not only teaching, but advising and counseling students, performing committee work, maintaining nursing skills through clinical practice, active involvement in their state nurses' association and scholarship. In spite of all of these responsibilities, most faculty would not choose to leave the world of academia and if given the opportunity to choose their career again, would choose the same career (Baker et al., 2011).

Some aspects of empowerment that have been studied in faculty are structural empowerment (Kanter, 1993) and psychological empowerment (Spreitzer, 1995). Structural empowerment involves how the employee perceives the structure of the workplace environment, while psychological empowerment involves how the employee reacts to the structure (Spreitzer, 1995). Both types of empowerment have been studied in faculty (Johnson, 2009; Laschinger et al., 2001, 2004), and indicate that a positive and significant correlation exists between empowerment and job satisfaction. Several studies will be reviewed below to determine what factors have shown significant importance regarding empowerment among faculty.

A study was conducted in California community colleges by Baker et al. (2011) using Kanter's (1993) theory of structural empowerment as the theoretical framework. The researchers used the Conditions of Work Effectiveness II (CWEQ-II) questionnaire (Laschinger et al., 2001) Spreitzer's (1995) Psychological Empowerment Scale (PES), and Hackman and Oldham's (1975) Job Diagnostic Survey (JDS) to collect data. The results indicated high scores in job satisfaction, the importance of the job and the faculty's feelings of competence. Scores were lower in regard to the faculty's ability to make decisions about how they were able to carry out the activities of their jobs and their feelings of involvement in organizational decision-making. The highest correlation with empowerment was the Opportunity subscale, indicating faculty felt they were able to use all of their skills and learn new skills on the job. The lowest correlation with empowerment was the Resources subscale, indicating faculty did not feel they had the necessary time to complete all the requirements of their job. Some important recommendations from this study would be to make sure faculty in their departments had the time needed to fulfill their teaching roles in an appropriate manner, take the time to highlight faculty's accomplishments and place more faculty on college-wide and departmental committees (Baker et al., 2011).

A study by Hebenstreit (2012) was conducted among 150 baccalaureate programs in private and public institutions using Kanter's (1993) theory of structural empowerment. The instruments used to collect data were the CWEQ – II (Laschinger et al., 2001) the Measure of Individual Innovative Behavior (Kleysen & Street, 2001), and a demographic questionnaire. This study had similar results as the previous study in that faculty felt they had the most access to opportunities and the least access to resources.

Full-time faculty perceived they had more access to information and informal power than part-time faculty. Finally, faculty teaching in private institutions had significantly higher levels of perceived power than faculty working in public institutions (Hebenstreit, 2012).

Sarmiento et al. (2004) conducted a study among 89 Canadian full-time faculty working in community colleges. The researchers used the Conditions of Work Effectiveness Questionnaire (CWEQ) (Laschinger et al., 2001), the Job Activities Scale (JAS) (Laschinger, 1996), the Organizational Relationship Scale (ORS) (Laschinger, 1996), the Maslach Burnout Inventory Educator Survey (Maslach, Jackson & Leiter, 1986) and the Global Job Satisfaction Questionnaire (Laschinger, 1996) to collect data. The researchers found that this group of faculty was moderately empowered. Faculty once again indicated they had more access to opportunity and the least access to resources, sometimes leading to frustration because they did not have the resources to help students be successful. This study indicated that all factors of empowerment were positively correlated to job satisfaction, but support was most strongly positively correlated.

In a study by Singh, Pilkington and Patrick (2014), empowerment and mentoring in faculty in Canada was explored using Kanter's (1993) theory of structural empowerment, Spreitzer's (1995) theory of psychological empowerment and the competing values framework (CVF) (Quinn & Rohrbaugh, 1983). Data were collected using the CWEQ-II (Laschinger et al., 2001), the PES (Spreitzer, 1995) and the Organizational Culture Assessment Instrument (Cameron & Quinn, 2006). The purpose of the study was to determine if pre-tenured faculty in Canada felt supported in their new roles as faculty. The importance of recruiting and retaining new faculty to train

increasing numbers of new nurses needed to address the nursing shortage in the healthcare system was reinforced by information obtained from the Canadian Association of Schools of Nursing. This study revealed that the new faculty did not feel they had enough access to resources and support, but did feel they were competent in their role and that their work was meaningful. Some of the new faculty were satisfied with their pay, but few faculty were satisfied with their workload. However, the majority of them said they wanted to continue working as faculty (Singh et al., 2014).

Participants revealed that support from senior faculty was very important to them and support from administration in the form of consistent teaching assignments and time for scholarship were very valuable. However, only a small percentage of participants said they actually had adequate support from the senior faculty and only a slight majority said they felt they had adequate support to be successful in their new roles (Singh et al., 2014). According to another study (Driscoll, Parkes, Tilley-Lubbs, Brill, & Pitts-Bannistera, 2009), mentoring was shown to improve the work environment and increase productivity among new faculty. These results suggest an important strategy for retaining new faculty.

Another study (Johnson, 2009) was conducted among 70 ADN schools in the southeastern U. S. using the CVF (Quinn & Rohrbaugh, 1983) and Spreitzer's (1995) psychological empowerment theory. This study revealed that faculty with higher ranks and those who had been faculty for a longer time had higher levels of empowerment. Another factor that led to empowerment of faculty was curriculum revision, because the curriculum was faculty-driven and this indicated faculty were taking part in changes within the organization. Organizational culture only had a moderate impact on whether

faculty felt empowered (Johnson, 2009). However, the workplace environment and culture had a strong influence on the recruitment and retention of new faculty (Tourangeau et al., 2012).

Finally, a qualitative study (McAllister, Williams, Gamble, Malko-Nyhan & Jones, 2011) done in Australia among faculty revealed that the faculty shortage is worldwide and is occurring for similar reasons throughout the world. A positive theme noted in this study was that faculty found their roles rewarding. However, there were several negative themes: "a) work-role pressures; b) non-validating culture; c) the pace of change; d) isolation; and e) concern for the profession" (McAllister et al., 2011, pp. 10-12). According to this study, Australian faculty are similar to faculty in the U.S. and Canada in their lack of resources, but differed in their opportunities to gain further information through conferences, continuing education and collaboration. Australian faculty are also similar to the U.S. and Canada in regards to their concern about the faculty shortage and their sense of reward as a faculty (McAllister et al., 2011).

Kanter's (1993) theory of structural empowerment, Spreitzer's (1995) theory of psychological empowerment and the CVF (Quinn & Rohrbaugh, 1983) have been the primary models used in most nursing education research as it relates to empowerment and job satisfaction. However, Sieloff's (2012) theory is the only theory used in nursing empowerment studies that is an actual nursing theory. Since these other theories were developed in different academic disciplines and revised to fit nursing studies, this study will use Sieloff's (2012) theory of group empowerment within organizations.

Sieloff's Theory of Group Empowerment within Organizations

Sieloff (2012) developed her theory of group empowerment within organizations over a period of years with several semantic revisions relating to changing work environments and the results of the instrument's psychometric analysis. The name of Sieloff's (1995) original theory was the theory of nursing departmental power. This theory was developed by Sieloff in response to her desire to study nursing departmental power through a nursing lens instead of a management lens, especially given the lack of previous research related to nursing group power within organizations at that time (Sieloff & Bularzik, 2011). Sieloff (2012) synthesized King's (1981) interacting systems framework and the strategic contingencies' theory of power (Hickson et al., 1971) to develop her theory. Sieloff (1995) used three constructs from the strategic contingencies' theory of power: centrality, coping with uncertainty and substitutability (Hickson et al., 1971).

The instrument Sieloff (1999) developed to test her theory of group power within organizations was the Sieloff-King Assessment of Group Power within Organizations© (SKAGPO©). The constructs used to develop the SKAGPO© were: "controlling the effect of environmental forces, position, resources, role, communication competency, goals/outcomes competency, nurse leader's power competency and power perspective" (Sieloff & Bularzik, 2011, p. 1022). The power capacity of the group is reflected in the first four constructs, whereas the difference between the group's power capacity and the group's actual power is mediated by the last four variables (Sieloff & Bularzik, 2011).

In 2008, Bularzik tested the SKAGPO© with a group of seven nurse managers and determined the term 'power' needed to be changed based on the managers' negative

perception of the term. After discussion with Sieloff, the term was changed to 'goal attainment' and the instrument was renamed the Sieloff-King Assessment of Group Goal Attainment Capability within Organizations© (SKAG^{2}ACO©). The name of the theory was also changed to the theory of group goal attainment within organizations (Bularzik, 2009). After the term 'power' was changed to 'goal attainment' further testing for content validity was conducted. Subsequent to the testing for content validity, 'goal attainment' was changed to 'outcome attainment' based on the current use of 'outcome' in the literature (Bae, Mark, & Fried, 2010; Mullarkey, Duffy, & Timmins, 2011; Ploeg, Skelly, Rowan et al., 2010; Tourangeau, Cranley, Laschinger, & Pachis, 2010) and the healthcare practice environment (Sieloff & Bularzik, 2011). Sieloff then changed the theory's name to the theory of group outcome attainment within organizations and the instrument name was changed to the Sieloff-King Assessment of Group Outcome Attainment within Organizations© (SKAGOAO©) (Bularzik, 2009).

The final semantic revision of Sieloff's theory involved the substitution of 'empowerment' for 'outcome attainment'. Theoretical comparison of group outcome attainment and group empowerment resulted in the realization that the terms were theoretically equivalent (Sieloff and Bularzik, 2011). The name of the instrument was subsequently changed to the Sieloff-King Assessment of Group Empowerment within Organizations© (SKAGEO©) after the name of the theory was changed.

While this change in terminology may seem minor, it actually reflects how power may be perceived by nurses. As a result, actualized power or empowerment can be perceived as a process of attaining outcomes and seem more neutral, instead of having the negative connotation often associated with power. The neutrality of the terminology

then may result in ‘power’ being seen more as a resource that can be utilized by nurses (Sieloff & Bularzik, 2011). According to Sieloff and Bularzik (2011), nurses who recognize and utilize the power they have as a group will likely improve patient outcomes.

Nurse researchers can use the SKAGEO© instrument to determine the extent to which nursing groups recognize their empowerment capacity and capability (Sieloff & Bularzik, 2011). Friend (2013) revised the SKAGEO©, with permission from Sieloff, to assess the empowerment capacity and capability of faculty and administrators in baccalaureate and graduate nursing programs. Friend (2013) noted in the discussion of her findings that further research using Sieloff’s (2012) model in ADN faculty and administrators was needed.

The results of Friend’s (2013) study indicated that participants had high scores relating to Empowerment Capacity (EC) and Empowerment (E). However, a significant difference between the administrators’ and faculty’s empowerment capacity and empowerment scores was observed. The subscale Resources (RE) indicated a medium level of empowerment and a need for more resources, especially financial resources (Friend, 2013). Medium levels of empowerment were also noted for the subscale Position (P), indicating participants perceived their work and opinions as not being valued by the organization or those within the organization (Friend, 2013). The subscale Controlling the Effects of Environmental Forces (CEEF) indicated medium levels of empowerment by administrators, suggesting a need to improve political and other external relationships that might be beneficial to the organization (Friend, 2013). A lack

of integration of evidence-based strategies into nursing education pedagogies also indicated an area that needed improvement (Friend, 2013).

Higher scores for mediating variables (Group Leader's Outcome Attainment Competency (GLOAC), Communication Competency (CC), Goals/Outcome Competency (GOC) and Outcome Attainment Perspective (OAP) indicated high levels of empowerment. These scores indicated participants perceived group leaders as effective communicators and as those who were actively involved in decision-making within the organization (Friend, 2013). The study also indicated group leaders who demonstrated these and other leadership competencies were more likely to promote nursing groups to empower themselves within the work environment (Friend, 2013).

Empowerment Capacity and Capability

Empowerment involves a group's ability to achieve the goals the group feels are important. Empowerment capacity is the group's ability to control the effects of environmental forces, implement their role, achieve position within the healthcare organization and obtain necessary resources for goal attainment (Sieloff, 1995). Empowerment capacity was defined by Sieloff (2012) as the "capacity of a group to achieve [outcomes]" (para. 12).

Empowerment capability involves the components of empowerment capacity mediated by four key factors: a) the group leader's outcome attainment competency; b) communication competency; c) goals/outcomes competency; and d) outcome attainment perspective (Sieloff, 1995). When group empowerment capability is high, the actualized power of the group increases (Gianfermi & Buchholz, 2011). Nursing groups require

power in order to reach their full potential, accomplish goals within healthcare organizations, improve patient outcomes and increase productivity (Sieloff, 2003).

A recent study (Gianfermi & Buchholz, 2011) reported that job satisfaction and empowerment capacity and capability are positively correlated, one of the reasons this concept is important to nursing. Job satisfaction can result from intrinsic and extrinsic satisfaction, and this study reviewed both types of satisfaction. Intrinsic satisfaction was more positively correlated to empowerment capability than extrinsic satisfaction. Intrinsic satisfaction relates to things such as autonomy, feelings of accomplishment and the ability to collaborate with others. A nurse's feelings of autonomy and ability to interact and collaborate with others can lead to improved outcomes for patients and retention for the nursing workforce (Gianfermi & Buchholz, 2011).

Associate Degree Nursing Education

As immigrants began to flood the U. S. in the early 1900s and the education of women started to gain ground, the Goldmark report (1923) was released indicating a growing need for a two-year degree in nursing (NLN, 2005). In 1951, Mildred Montag submitted her dissertation recommending a new educational program leading to a terminal degree, the associate degree program. This program would allow nurses to gain employment as a registered nurse (RN) after only two years. Montag's intention was to have different levels of nurses: nurse aides, technical nurses (AD) and professional nurses who had baccalaureate degrees. The nurse aides would do beds, baths and vital signs while the technical nurses would do repetitive tasks that did not require critical thinking. Professional nurses would be the managers and do most of the tasks that required critical thinking or leadership (Montag, 1951). Montag never intended for AD nurses to have the

same roles as baccalaureate-prepared nurses. However, AD nurses had similar or better pass rates on the licensure exam than bachelor of science (BS) nurses and nursing managers reported that AD nurses did as well as BS nurses in the practice environment (Haase, 1990).

Even though the Institute of Medicine (IOM) report (2010a) strongly supports increasing the number of nurses with a baccalaureate-level education, the IOM also recognizes two important reasons to have ADN programs. One reason the IOM wants to continue having ADN programs is that there are more community colleges than universities. The other reason is that with budget cuts in state funding for education, universities will not be able to expand their programs enough to produce the necessary number of baccalaureate-prepared nurses (U.S. Department of Health & Human Services, 2013). If community colleges and universities would partner to provide access to BS degrees at the community college level or improve progression between the community college and the university, the number of baccalaureate-prepared nurses could increase exponentially (IOM, 2010b; Orsolini-Hain & Waters, 2009).

While ADN programs offer an educational option, these programs also experience challenges. The most common problems preventing ADN programs from accepting more applicants are a lack of qualified faculty and insufficient clinical space (NLN, 2014). There is also a 64% retention rate among ADN students within these schools across the nation (Esper, 2009), primarily because almost half of the students needed significant assistance with basic skills such as reading, writing and math (Perin, 2006). The high level of nontraditional students is the most likely cause of this problem because many of them have been out of the educational setting for a while (AACN, 2015).

Because of these challenges, ADN faculty have more difficulty preparing their students for graduation and the National Council Licensure Examination (NCLEX) (Swaim, 2004; Shelestak, 2007). One way ADN faculty help their students pass NCLEX is by continuously reviewing and revising the curriculum (Shelestak, 2007). Some leadership courses that AD nurses do not usually acquire in their programs of study are theory, policy, research and management. To promote continuing education to the BSN level, ADN and BSN faculty should work together to develop a curriculum that would build upon each other instead of duplicating concepts (Starr, 2010).

Summary

In reviewing the literature, several studies have been completed using Kanter's (1993) theory of structural empowerment, Spreitzer's (1995) theory of psychological empowerment and the competing values framework (Quinn & Rohrbaugh, 1983). However, fewer studies have been done using Sieloff's (2012) theory of group empowerment within organizations. Only one study has been conducted using Sieloff's (2012) theory in a faculty population (Friend, 2013) and it involved the baccalaureate degree faculty/administrator population. Friend (2013) suggested a replication of her study in ADN faculty and administrators for future research needs, motivating the current study.

The literature review involved current and historical literature related to empowerment, group empowerment, empowerment in nursing education, empowerment capacity and capability, Sieloff's (2012) theory and ADN education. The historical perspectives of ADN education, some important positives and negatives of ADN education and some reasons why empowerment of ADN faculty and administrators is

important were discussed. Chapter III focuses on the methodology being used for the collection and analysis of data.

CHAPTER III - METHODOLOGY

Introduction

This chapter provides a description of the research design and approach, along with the justification for the use of the design and approach. The setting and sampling method are described in detail and included the population from which the sample was derived, how the sample size was determined, eligibility criteria for the sample and characteristics of the sample. The instrument used for data collection is discussed and includes the name of the instrument, concepts measured by the instrument, how scores were calculated and what they meant, how reliability and validity were assessed, instructions on how to complete the instrument, where the raw data could be found in the study and a detailed description of the data that comprised each variable. The data analysis section presents an explanation of the analyses used in the study, including the nature of the scale for each variable, hypothesis statements for each research variable and a description of the analytical tools used. Measures taken to ensure the protection of participants are explained in detail to complete the methods section.

Research Design and Approach

Descriptive designs describe and characterize the concept under study. Descriptive correlational designs are used to determine whether relationships between and among specific study variables and the group(s) being studied exists. Comparative descriptive designs are used to “examine and describe differences in variables in two or more groups that occur naturally in a setting” (Grove, Burns, & Gray, 2013, p. 217). This study used a combination of the descriptive correlational design and the comparative descriptive design. Both designs were used because this study aimed to determine if

there were differences in the perceived ranges of group empowerment between associate degree nursing (ADN) faculty and administrators and also to determine if there was a relationship between the mediating variables and empowerment capacity. Descriptive correlational and comparative descriptive designs examine study variables as they are occurring or have occurred and do not attempt to manipulate the study variables in any way. The Sieloff-King-Friend Assessment of Group Empowerment within Educational Organizations © (SKFAGEEO) and a demographics questionnaire were used to collect cross-sectional data from ADN faculty and administrators, at one specific point in time (Grove et al., 2013).

Setting and Sample

The population for this study included all full-time ADN faculty and administrators of ADN schools in the United States (U.S.). Initially, only members of the Organization for Associate Degree Nursing (OADN) listserv (N=805) were considered for inclusion in the study. This number included organizations, individual members, administrators and faculty of ADN programs, resulting in a total of 4350 members. As approved by the Institutional Review Board (IRB) (Appendix E), the director of OADN was contacted via email to request permission to send the information letter with questionnaire link to each of their listserv members. Permission was granted by the director of OADN for the distribution of the information letter with questionnaire link to the 805 emails available from their listserv (Appendix G). After a week, the information letter with questionnaire link was resent. After several weeks of very low responses 68 (8.5%), an addendum was sent to the IRB (CH16021901) (Appendix F) requesting permission to send the information letter with questionnaire link to individual

administrators and full-time faculty members of ADN programs throughout the U.S. Permission was granted by the IRB and the email addresses of the faculty and the administrators from at least one college or university from every state in the U.S. were obtained. The total number of emails obtained through this search was 792.

The needed sample size for this study was calculated using G*Power (Faul, Erdfelder, Lang, & Buchner, 2007), a computer software program that calculates a full power analysis. The factors used in this program were the effect size, alpha, power and tailedness. The effect size, determining the strength of a relationship, was set at medium (0.3). The alpha, or the significance level, was set at 0.05, the significance level for most nursing studies. The power, "is the capacity of the study to detect differences or relationships" (Grove et al., 2013, p. 367). The minimal level of power for most studies is usually 0.80, because if there is not enough power within a study "to detect differences or relationships within the population" (p. 367), you might not need to do the study. The tailedness was set at two, because there was no specific direction set for the results of the research questions (Grove et al., 2013). The statistical tests used were frequency distributions, measures of central tendency, analysis of variance (ANOVA) and Pearson's correlation coefficient. The resulting suggested sample size was 128 ADN faculty and 128 administrators of ADN programs.

Instrumentation and Materials

The instrument used for this study was the Sieloff-King-Friend Assessment of Group Empowerment within Educational Organizations© (SKFAGEEO) (See Appendix A). The SKFAGEEO© is a revision of the Sieloff-King Assessment of Group Empowerment within Organizations© (SKAGEO) that can be used specifically within

educational organizations. Permission to use this revised instrument was obtained from Friend (2013) and can be found in Appendix D. The instrument has 36 items and uses a 5-point Likert scale for the measurement of variables, with one being strongly disagree to five being strongly agree. The total score of all items on the instrument indicates the perceived empowerment of the individual faculty member or administrator. Empowerment scores can range from 36 to 180 with scores of 132 to 180 indicating a high perception of empowerment, scores of 84 to 131 indicating a medium perception of empowerment, and scores of 36 to 83 indicating a low perception of empowerment.

The subscale of empowerment capacity (EC) is measured by totaling the scores on subscale items related to Controlling the Effects of Environmental Forces (CEEF), Position (P), Resources (RE), and Role (RO). The mediating variables are measured by totaling the scores on subscale items related to the Group Leader's Outcome Attainment Capacity (GLOAC), Communication Competency (CC), Goals/Outcome Competency (GOC), and Outcome Attainment Perspective (OAP). All of these subscale items combined measure the level of empowerment (Sieloff, 2012). Table 2 shows the relationship of items on the questionnaire to subscales and overall scale.

Reliability, determining if an instrument measures items similarly over time, was assessed using Cronbach's alpha reliabilities for the subscales and the overall scale. Previous studies (Bularzik, Tullai-McGuinness, & Sieloff, 2013; Peltomaa et al., 2013; Sieloff, 1996; Sieloff, 1999; Sieloff & Dunn, 2008; Sieloff & Bularzik, 2011) revealed Cronbach's alpha reliability coefficients for the Sieloff-King original instrument of 0.91-0.94. Cronbach's alpha reliability coefficients of the subscales from previous studies,

using the original instrument, ranged from 0.45-0.83 (Sieloff, 1996), 0.61-0.91 (Sieloff & Bularzik, 2011), 0.61-0.94 (Bularzik et al., 2013), and 0.41-0.71 (Peltomaa et al., 2013).

Higher subscale reliabilities were noted from online administration of the original instrument (Sieloff & Bularzik, 2011; Bularzik et al., 2013). The SKFAGEEO© was administered online in Friend's (2013) study and the Cronbach's alpha reliability for the overall scale was 0.92 for administrators and 0.96 for faculty. The Cronbach's alpha coefficients for the subscales of the administrators in Friend's (2013) study ranged from 0.59-0.91 and the subscales for the faculty ranged from 0.68-0.90.

Table 2

Relationship of Items to Subscale and Overall Scale

Variables	Measurement Items	Empowerment Capacity	Mediating Variables	Empowerment Capability
CEEF	4,8,9,10,16, 35,36	X		X
P	6,14,32,33	X		X
RE	5,15,19,20, 21,27	X		X
RO	12,13,22	X		X
GLOAC	1,7,18,28		X	X
CC	11,26,29		X	X
GOC	2,17,30,31		X	X
OACP	2,23,24,25,34		X	X

The SKAGEO© was adapted to the educational setting "by changing the words *client records* to *student outcomes* and *competencies, client care* to *curriculum, clinical*

competence to *teaching effectiveness* and *client needs/acuity data* to *student numbers*" (Friend, 2013, p. 71) and renamed the SKFAGEEO©. After these changes, the instrument was reassessed for content validity, determining whether an instrument measures what it is supposed to measure. According to Lynn (1986), at least three experts in the field are required to establish content validity. To determine content validity of the SKFAGEEO©, a field of six experts from nursing education and administration were selected. The minimum CVI for individual items with a field of six experts is 0.78 (Lynn, 1986). The CVI for Friend's (2013) study was 0.83 to 1.00. The content validity of the overall scale, also known as the S-CVI (Polit & Beck, 2006), was 0.971 (Friend, 2013). According to Waltz, Strickland, and Lenz (2010), this number should be at least 0.90 Recommendations from the content validity experts were to change the term *attainment of outcomes* to *empowerment* and changing item number 40 to *budgeted positions for the groups are determined by student needs*. Friend (2013) made these changes as requested by the experts.

Data Collection

An initial email was sent to all members of the Organization for Associate Degree Nursing (OADN) listserv (N=805) describing the study. The letter included a description of the study, the name, phone number, email and institution of the researcher, the amount of time required to complete the survey, the assurance of confidentiality of the data and a questionnaire link from Qualtrics (2016). One week later, another email similar to the first email was sent to these same individuals. Participants were advised that the completion of the questionnaire implied consent.

As mentioned previously, a very low response rate 68 (8.5%) was obtained using this method and an addendum was submitted and granted by the IRB to send the information letter with questionnaire link to faculty and administrators of ADN programs throughout the U.S. A total of 1597 information letters and questionnaires were sent, including the 805 that were sent previously, resulting in a total response of 277 (17.3%). Within this total of 277, there were 187 faculty and 90 administrators. Once data was collected through Qualtrics (2016), it was exported into the Statistical Package for Social Sciences (SPSS) (2016), a software package used for statistical analysis of data.

Data Analysis

The research questions and methods of analyses for this study included:

1. What are the reported perceptions of group empowerment capacity and group empowerment capability among ADN faculty and administrators? The subscale scores related to empowerment capacity and the total scores of the overall instrument were analyzed using measures of central tendency. The demographics data were analyzed using descriptive statistics (Grove et al., 2013).
2. Is there a significant relationship between the mediating variables (GLOAC, CC, GOC and OAP) and group empowerment capacity (CEEF, P, RE and RO)? The total subscale scores for the mediating variables and the total subscale scores for empowerment capacity were measured using Pearson's correlation coefficient to determine if there was a significant relationship between them (Grove et al., 2013).

3. Is there a significant difference between the scores of group empowerment capacity and the group empowerment capability between ADN faculty and administrators? An ANOVA was used to determine if there were differences in the scores of group empowerment capacity and capability among ADN faculty and administrators.

Protection of Human Subjects

Approval from the IRB (16021901) (Appendix E) was sought prior to data collection. All data was collected via Qualtrics (2016) and was not connected to any identifying information or email addresses. Once all data was collected, it was exported into SPSS (2016) for statistical analysis and reported in aggregate. Every participant was instructed that they could contact the IRB at any time if they had any questions. Participation in this study was completely voluntary and no incentives were given for participation. All data is located on the researcher's password protected computer and cannot be linked to any individual.

Summary

Chapter III described the research design and approach with the associated justification for its use. The setting for the research was determined, along with a description of the population. The method used for determining sample size and the minimum sample necessary was calculated. The instrument, concepts that were measured, calculation of the scores, and meaning of the scores were discussed. The reliability and validity of the instrument, data collection and analysis methods, and measures taken for the protection of human subjects were discussed. Chapter IV will

include the raw data in table format, along with statistical analysis results used for the interpretation of data.

CHAPTER IV – DATA ANALYSIS AND FINDINGS

Introduction

The purpose of this study was to determine perceptions of group empowerment capacity (EC) and group empowerment capability (E) among faculty and administrators in associate degree (AD) schools of nursing within the United States (U.S.). The statistical analysis of the data obtained to determine perceptions of group EC and E among faculty and administrators was conducted using measures of central tendency. Another purpose of this study was to determine if there was a significant relationship between the mediating variables and group EC. Pearson's correlation coefficient was used to analyze this data. Reliability of the overall instrument and subscales was determined using Cronbach's alpha. The demographics section was analyzed using descriptive statistics. A significance level of 0.05 was set prior to analysis to determine the statistical significance of the research questions. The third purpose of this study was to determine if there was a significant difference in the scores of EC and E between associate degree nursing (ADN) faculty and administrators. An analysis of variance (ANOVA) was used for this analysis.

Description of the Sample

The population for this study included all faculty and administrators of ADN programs in the U.S. According to the National League for Nursing (NLN), there were 1092 ADN programs in the U.S. in 2014 (NLN, 2014). A total of 1597 information letters with questionnaire links were sent to administrators and faculty members of at least one ADN program from each state in the U.S., with a response of 187 faculty members and 90 administrators for a total of 277 (17.3%) responses. Information letters

with questionnaire links were sent to administrators and faculty with a request for the administrator to distribute them to their faculty, so it was impossible to determine how many faculty members or administrators were involved in the total of 1597 emails. This inability to number the faculty or administrators prevents determination of an accurate response rate. However, the number of faculty members from the total responses of 277 was 187 (67.5%) and the number of administrators was 90 (32.5%). The sample included 9 (3.2%) men and 268 (96.8%) females. The ages and geographic locations of the participants are presented in Tables 3 and 4.

Table 3

Frequency Distribution of Ages of the Sample

	Ages	Frequency N	Percent	Valid Percent	Cumulative Percent
Valid	20-30	6	2.2	2.2	2.2
	31-40	32	11.5	11.6	13.8
	41-50	66	23.7	23.9	37.7
	51-60	99	35.6	35.9	73.6
	60 and above	73	26.3	26.4	100
	Total	276	99.3	100	
Missing	System	2	0.7		
Total		278	100		

Table 4

Frequency Distribution of Geographic Regions of the Sample

	Geographic Location	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	North	22	7.9	8	8
	South	95	34.2	34.4	42.4
	East	21	7.6	7.6	50
	West	45	16.2	16.3	66.3
	Midwest	93	33.5	33.7	100
	Total	276	99.3	100	
Missing	System	2	.7		
Total		278	100		

Reliability of the Subscales/Instrument

Cronbach's alpha was used to determine the reliability of the subscales and overall instrument. Alpha coefficients of <0.6 are unacceptable (Grove, Burns & Gray, 2013). Cronbach's alpha reliability coefficients for this study were as follows: GLOAC – 0.819; CC – 0.678; CEEF – 0.915; GOC – 0.726; P – 0.819; OACP – 0.803; RE – 0.84; RO – 0.898; E – 0.955; EC – 0.936. Because of the low reliability coefficient of .678 for the CC subscale in this study, item statistics were run for this subscale. The item statistics showed that the coefficient value could be increased to .795 if item 29 were deleted. However, because this instrument has been used successfully in previous studies, item 29 was retained in subsequent analyses.

Reliability coefficients from Friend's (2013) previous study were separated into faculty subscale reliabilities and administrator subscale reliabilities, whereas this study combined faculty and administrator results. The faculty subscale reliabilities in Friend's (2013) study ranged from 0.68-0.90 and the administrator reliabilities ranged from 0.59-0.91. The reliability of the overall scale in Friend's (2013) study was 0.92 for administrators and 0.96 for faculty. The reliability of the overall instrument and subscales in this study and Friend's (2013) adds strength to the reliability of the instrument.

Subscale Scores for Administrators and Faculty

Subscale scores and overall E and EC scores were calculated for both administrators and faculty in combination using measures of central tendency. All subscale scores were within the high range, according to the scoring grid in Appendix A, except for RE. As mentioned already, question 29 from the CC subscale had a low coefficient (.678), so subscales CC and E were calculated with and without question 29. The CC subscale with question 29 was in the high range, but without question 29 was in the low range. The subscale scores for E, both with and without question 29, were in the high range. Table 5 shows the results of the analysis.

Table 5

Subscale and Empowerment Capability/Empowerment Capacity Scores

Subscale	N	Minimum	Maximum	Mean	SD
E	246	73	178	144.31	19.69
E w/o Q29	246	70	173	140.17	19.26
EC	246	28	99	77.83	12.42
CEEF	246	7	35	28.52	4.73
P	246	4	20	15.31	3.07
RE	246	8	30	21.02	4.60
RO	260	3	15	13.02	2.35
GLOAC	246	6	20	15.94	3.06
CC	246	4	15	12.09	2.06
CC w/o Q29	246	3	10	7.94	1.69
GOC	246	8	20	16.63	2.36
OAP	246	12	25	21.71	2.54
Valid N (list wise)	246				

Research Question One

What are the reported perceptions of group EC and group E among ADN faculty and administrators? Table 6 presents means and standard deviations for perceived EC and E for both faculty and administrators. The results of the analysis indicate that perceived EC and E for faculty and administrators were in the high ranges. Scores

ranging from 67 to 100 are considered in the high range for EC, and scores ranging from 132 to 180 are in the high range for E. The total number of responses (n=246) was less than the total sample size (n=277) because some of the participants (n=31) (11%) did not complete the entire questionnaire.

Table 6

Sample Means and Standard Deviations for Empowerment Capacity and Capability

Faculty or Admin.		EC	E
Faculty	Mean	75.68	140.61
	N	162	162
	SD	13.46	21.26
Administrator	Mean	81.98	151.46
	N	84	84
	SD	8.82	13.74
Total	Mean	77.83	144.31
	N	246	246
	SD	12.42	19.69

Research Question Two

Is there a significant relationship between the mediating variables [Group Leader Outcome Attainment Competency (GLOAC), Communication Competency (CC), Goals/Outcome Competency (GOC) and Outcome Attainment Perspective (OAP)] and group empowerment capacity [Controlling the Effects of Environmental Forces (CEEF), Position (P), Resources (RE) and Role (RO)]? Table 7 presents the results of the analysis

of the data using a two-tailed Pearson's correlation coefficient and a significance level of .05. There was a strong positive correlation between EC and each of the mediating variables, also known as the group leader/administrator competencies. The results of this analysis suggests the competency of the administrator had a strongly positive relationship to the perceived EC of the faculty/administrator group as a whole.

Table 7

Correlations between Empowerment Capacity and Mediating Variables

		EC	GLOAC	CC	GOC	OAP
EC	Pearson correlation		.734**	.659**	.810**	.604**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001
	N	246	246	246	246	246
GLOAC	Pearson correlation	.734**		.557**	.713**	.525**
	Sig. (2-tailed)			<.001	<.001	<.001
	N			246	246	246
CC	Pearson correlation				.600**	.454
	Sig. (2-tailed)				<.001	<.001
	N			246	246	246
GOC	Pearson correlation					.665**
	Sig. (2-tailed)					<.001
	N				246	246

OAP	Pearson correlation Sig. (2-tailed) N	 246

Research Question Three

Is there a significant difference between the scores of group EC and group E between ADN faculty and administrators? The results of the analyses indicated a significant difference between the ADN faculty and administrators' group empowerment capacity scores [F (1,245) = 15.024, p<.001] and group empowerment capability scores [F (1,244) = 17.993, p<.001].

Summary

Chapter IV included a description of the sample and Cronbach's alpha reliabilities of the subscales and overall instrument. The Cronbach's alpha reliabilities from this study were compared to those of Friend's (2013) study. Means and standard deviations of each subscale and the overall instrument were also reported, indicating high perceptions of empowerment in both faculty and administrators of ADN programs in every area except resources and communication. The results related to the three research questions were also reported with a narrative and tables of data results. Chapter V will discuss the findings of this study and compare the results to prior studies. Conclusions and limitations will also be discussed, along with recommendations for future research in this area.

CHAPTER V – DISCUSSION, CONCLUSIONS, LIMITATIONS, AND FUTURE RESEARCH

Introduction

Chapter V will discuss the research findings, along with the conclusions, limitations of the research and recommendations for future research. One purpose of this study was to determine the perceived group empowerment capacity (EC) and group empowerment capability (E) among faculty and administrators in associate degree (AD) schools of nursing in the United States (U.S.). Another purpose of this study was to determine if there was a significant difference between the scores of group EC and E among associate degree nursing (ADN) faculty and administrators. The third purpose of this study was to determine if there was a significant relationship between the mediating variables and EC.

Discussion

The first research question was: "What are the reported perceptions of group EC and E among ADN faculty and administrators?" This study revealed that EC scores were in the high range for both ADN faculty (M = 75.68) and administrators (M = 81.98). Overall empowerment scores were also in the high range for ADN faculty (M = 140.61) and administrators (M = 151.46). These results were similar to Friend's (2013) study of baccalaureate and higher degree nursing programs, that showed high empowerment capacity (EC) scores (M = 76.39) and high empowerment capability (E) scores (M = 142.63). However, it was interesting that faculty scores were lower than administrators' scores in both this study and Friend's (2013) study. Faculty may feel less empowered and

feel less capacity for empowerment because they were not as involved as administrators were in decision-making within the organization.

Both Friend's (2013) study (M = 19.27) and this study (M = 21.02) suggested that perceptions of empowerment were in the medium range for the subscale Resources (RE). Resources could include faculty, equipment, time, support and financial resources. Other studies (Baker et al., 2011; Hebenstreit, 2012; McAllister et al., 2011; Peltomaa et al., 2013; Sarmiento et al., 2004; Singh, Pilkington, & Patrick, 2014) have revealed a need for improved resource acquisition and support for faculty and staff by administrators.

The results from this study showed high scores on the Position (P) subscale (M = 15.31) and Controlling the Effects of Environmental Factors (CEEF) subscale (M = 28.52). However, Friend's (2013) study revealed medium scores on the same subscales [P (M = 14.96), and CEEF (M=24.79)]. The medium scores on the Position subscale could indicate that both the faculty and administrators perceived their work and opinions were not valued by the organization. The medium scores on the CEEF subscale by administrators could indicate that they perceived a need to improve political and other external relationships beneficial to the organization.

This study revealed high empowerment scores for the Communication Competency (CC) subscale (M = 12.09), meaning that both the faculty and administrators perceived adequate and timely communication within and between departments. However, analysis indicated that, if question 29 were to be removed from the questionnaire, the CC scores would move from the high to medium range (M = 7.94). Friend's (2013) study revealed a CC subscale (M = 12.47) in the high range. The remaining subscale scores for Role (RO), Group Leader Outcome Attainment

Competency (GLOAC), Goals/Outcome Competency (GOC) and Outcome Attainment Perspective (OAP) were all in the high range for both this study and Friend's (2013) study.

The results from this study and Friend's (2013) study seem to dispute the idea that nursing faculty and administrators in associate degree and baccalaureate programs are an oppressed group. Young (1990) suggested nurses were an oppressed group, partly because they were female. However, over 96% of the participants in this study and between 93-98% of the participants in Friend's (2013) study were female and the empowerment scores were high.

According to Peltomaa et al. (2013), nurses younger than 30 perceived higher levels of power, especially in relation to communication within their group and organization. However, not only did the younger nurse faculty and administrators feel empowered in this study and Friend's (2013), but so did the nurses over 50. Over 62% of the participants in this study were over the age of 50, and over 92% were over 50 in Friend's (2013) study.

The second research question was: "Is there a significant relationship between the mediating variables (GLOAC, CC, GOC and OAP) and group empowerment capacity (CEEF, P, RE and RO)?" This study indicated a strong positive relationship between empowerment capacity and each of the mediating variables (GLOAC $r = .734$, $p<.01$) (CC $r = .659$, $p<.01$) (GOC $r = .810$, $p<.01$) (OAP $r = .604$, $p<.01$). These results could indicate that administrator/leadership competencies had a strong positive effect on the faculty and administrators' perceptions of their potential for empowerment or EC. Friend's (2013) study assessed whether the mediating variables had a significant

relationship with actualized empowerment (E). Friend (2013) reported "a strong positive correlation between administrator empowerment and the subscales for GLOAC (r = .767, p<.01), CC (r = .742, p<.01) and GOC (r = .814, p<.01)" and "a moderate positive correlation between administrator empowerment and the subscale OAP (r = .649, p<.01)" (p. 125). Several previous studies (Barden et al., 2011; Chandler, 1986; Duffy, 1995; Pelotomaa et al., 2013; Sieloff, 2004; Sieloff & Bularzik, 2011) also supported the idea that the leadership ability of the administrator had a significant effect on the perception of empowerment by employees.

According to Sieloff (2012), a group's capacity for empowerment (CEEF, P, RO and RE) is mediated by several factors (GLOAC, CC, GOC and OAP). There was a positive relationship noted between these factors and the faculty's perception of potential for empowerment in this study. These results support Sieloff's (2012) theory of group empowerment within organizations in that a group's potential for empowerment or perception of empowerment is positively influenced by the effectiveness or strength of the group's leader.

The third research question was: "Is there a significant difference between the scores of EC and E between ADN faculty and administrators?" This study revealed a significant difference between the scores of EC (F = 15.024, p<.05) and E (F = 17.993, p<.05) between ADN faculty and administrators. The results of Friend's (2013) study also show a significant difference between EC and E between BSN faculty and administrators by using an independent t-test. The reason an analysis of variance (ANOVA) was used in my study was to decrease the number of calculations required, which would decrease the likelihood of a Type-I error (Grove et al., 2013).

Previous research (Barden et al., 2011) indicated shared governance improved perceptions of empowerment in hospital settings, while Johnson (2009) reported that empowerment was noted to be higher in faculty when they were able to participate in curriculum development or revision. Both studies suggested employees felt more empowered when they could participate in decision-making within the organization. Even though faculty and administrators in ADN programs and baccalaureate programs (Friend, 2013) had high EC and E scores, the faculty scores were significantly lower than administrators. According to previous research studies (Barden et al., 2011; Johnson, 2009), it is logical to assume faculty empowerment capacity and capability scores might possibly improve if shared governance was instituted in the academic setting.

Conclusions

First, faculty and administrators perceived themselves to be empowered, even though 96% of the respondents were female. Second, faculty and administrators perceptions of EC are affected in a positive way by the mediating variables. Sieloff's (2012) theory was supported by these results because her theory purports that a group's EC is affected by the mediating variables, which in turn affect E. Finally, there is a significant difference between EC and E scores between ADN faculty and administrators, with faculty scores being lower than administrator scores.

Limitations

The low response rate of is certainly a limitation. Even though 1597 information letters with questionnaire links were emailed to faculty and administrators all over the U.S., only 277 responses were obtained. This was a response rate of 17.3%, which was "typical of most surveys with an average response rate of 17-22%" (K. Shelley, personal

communication, September 29, 2016). The required sample size was 128 faculty and 128 administrators. Of the 277 respondents, there were 90 administrators (32.5%) and 187 faculty (67.5%), which could have biased the results somewhat. However, the lower percentage of administrator responses was somewhat expected since there are generally more faculty than administrators. The faculty and administrators who did respond could have also biased the results, because they could potentially be more empowered than the 86.7% who did not respond.

Only 246 responses out of 277 potential responses were used in the analysis of the research questions due to incomplete data. Some participants emailed the researcher communicating that the questionnaire was too long or that it took too long to complete. In response to this, Sieloff has been revising the Sieloff-King Assessment of Group Empowerment within Organizations (SKAGEO) © to only contain 26 items (C. L. Sieloff, personal communication, September 29, 2016). Also, some participants could have had difficulty understanding the questions since the questionnaire was completed online.

The CC subscale was somewhat on the borderline as far as reliability was concerned, with a Cronbach's alpha of .678. Question 29 on the questionnaire, ("Empowerment is enhanced through communication with other organizational groups"), was of particular interest in regards to the reliability of this subscale. It is possible that the respondents did not really understand this concept. The Cronbach's alpha of the subscale without question 29 improved to .795. Friend's (2013) study also revealed a low Cronbach's alpha for this subscale, so there may be a need for revision of either the entire CC subscale or of question 29 in the future.

The regions in demographics were not specified, as far as which states were in which region. The states for each region should have been added to the questionnaire. Participants made their own decision about which region of the country they were from. This could have affected the percentage of participants from each region. A heat map may have revealed more about participant locations.

The demographics section also had a mistake in the age category that was unnoticed until the data came back. For age, there was a category of 51-60 and a category of 60 and above. The 60 and above category should have been labeled as greater than 60. Those participants who were 60 could have chosen either category. Of particular interest was that the highest percentage of participants (61.9%) were 51 or older. Since empowerment scores were high overall and the majority of respondents were 51 and older, this could mean that older faculty and administrators were more likely to complete the survey. Also concerning is the fact that the majority of the faculty and administrators in this population are nearing retirement age.

Implications

One implication for administrators is that faculty perceive they do not have enough resources. Resources can include number of faculty, time, support, and money. Faculty have reported a lack of time to help students who are in need of further assistance and to adequately prepare for teaching classes. Also, average faculty salaries are much lower than other master's or doctoral-prepared careers.

In addition, faculty want to be more involved in decision-making within their department and throughout the associate degree college. The implementation of shared governance might potentially improve feelings of powerlessness among faculty. Faculty

participation in organizational and departmental decision-making can be accomplished in several ways, including participation in departmental and organizational committees and participation in curriculum revision.

Faculty do not perceive feelings of accomplishment or appreciation. Supporting and encouraging faculty when they accomplish something new in their professional career could potentially improve empowerment and job satisfaction. In turn, empowered faculty could potentially be more productive and have more effective outcomes. Some ways to support and encourage faculty might include recognition of faculty accomplishments at a yearly luncheon and immediate recognition through congratulatory emails from administrators to faculty.

Finally, this study supports the conclusion that faculty want effective leaders who have the connections within and outside the college to make positive improvements. A leader without the necessary connections or power to make needed changes is considered ineffective by faculty. Several previous studies (Baker et al., 2011; Friend, 2013; Hebenstreit, 2012; McAllister et al., 2011; Peltomaa et al., 2013; Sarmiento et al., 2004; Singh et al., 2014) also support this conclusion.

Implications for faculty include the importance of participating on departmental and associate degree college-wide committees in order to make the needs of the nursing department known. Participation of faculty on these committees improves visibility of the nursing faculty throughout the department and college. If faculty do not actively participate in departmental and associate degree college-wide committees, important contributions from nursing faculty might never be recognized and addressed.

Faculty could empower each other by supporting and recognizing each other's accomplishments throughout the department, instead of belittling one another. Belittling others is actually an indication of lack of empowerment (Duffy, 1995). Instead of only supporting ADN nursing faculty, the support of other divisions within the department and associate degree college could improve empowerment as a whole.

Recommendations for Future Research

Qualitative studies are needed to identify the major issues associated with empowerment in nursing education. It would be interesting to know what empowerment means to faculty and administrators as individuals and as groups, and how empowerment has affected their roles as faculty and administrators. Without knowing what empowerment means to the participants, it is hard to ascertain whether the participants are truly empowered. Included in this study might be whether participants perceived that level of education might have an impact on perceptions of empowerment or what other factors might be sources of empowerment.

A quantitative study is needed to determine if there are significant differences in empowerment capacity and capability among nursing faculty and administrators in different regions of the country. If certain regions indicated higher or lower perceptions of empowerment, further questioning (a qualitative study) could be done to determine what led to higher or lower perceptions of empowerment in those regions. If no differences were detected in different regions, this might also be important to the knowledge base.

Development of a quantitative/qualitative study to determine whether faculty viewed mediating variables differently than the administrators could indicate the

importance of these factors to each group. Included in this study might be whether there is a significant difference between ADN and BSN faculty and administrators in regards to the importance of these mediating variables. Also important to this study might be which variables were significantly different between faculty and administrators or between ADN and BSN groups and why.

Finally, as mentioned in Friend's (2013) study, the faculty and administrators could complete the questionnaire in a group setting. Completion of the questionnaire prior to the meeting and then discussion of the responses could potentially lead to the development of a protocol for improving overall empowerment. These discussions could lead to brainstorming and problem-solving that could benefit the entire program.

Summary

The results of this study support Friend's (2013) study and several other studies from the past several years about the perceived empowerment of nurses, both staff nurses, faculty and administrators. This study added to previous evidence that lack of resources, decision-making within the organization and communication are major problems for nursing faculty and administrators. Sieloff's (2012) theory of group empowerment within organizations was further validated through this research. This study and others like it can be used to improve the nursing faculty shortage through discussion and possibly realignment of organizational goals.

APPENDIX A – Sieloff-King-Friend Assessment of Group Empowerment within Educational Organizations

The following items ask your opinion about what you personally believe exists within your organization. After reading each item, please select the response that most closely resembles your opinion regarding the item. Any reference to a 'group' refers to the individuals, as a group, within your organization, not to specific individuals within that group. *Group leader, for purposes of this study, is the chief administrative officer for the school of nursing as defined by the CCNE.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1. The group leader uses collaboration with other groups within the organization to achieve outcomes.					
2. Desired outcomes of the group are developed with the opportunity for input from all group members.					
3. The attainment of outcomes is essential to assure that the desired outcomes of the organization, the group and the individual members within the group are consistent.					
4. The group adjusts to changing health care trends to better achieve group outcomes.					
5. Financial resources available to the group are sufficient.					

6. The group's expertise is valued by other groups within the organizations.					
7. The group leader is actively involved in administrative decision making for the overall organization.					
8. The group anticipates changing health care trends in relation to group outcomes.					
9. Student outcomes and competencies are directly linked to the group's interventions.					
10. The group adjusts to changing health care trends to assist the organization to achieve its desired outcomes.					
11. Representatives of the group hold voting privileges on organizational decision-making bodies.					
12. The group coordinates the delivery of the curriculum.					
13. The members of the group are responsible for developing the group's desired outcomes.					
14. The work of the group is viewed as central to the delivery of quality services by other organizational groups.					
15. The group has the resources needed to achieve desired group outcomes.					
16. The results of research are integrated into current group practice.					
17. The desired outcomes for the group provide for the					

development of the teaching, scholarship, and service of the group members.					
18. The group leader understands how other groups utilize their group's empowerment.					
19. Professional development programs adequately respond to the needs of the group members.					
20. The technology support for the group is adequate to meet the group's changing needs for information.					
21. The group leader maintains adequate resources for the group.					
22. The group directs the delivery of the curriculum.					
23. Empowerment is essential to assure that organizational regulations facilitate the achievement of the group's desired outcomes.					
24. Empowerment is essential to assure that relationships within the organization are maintained to achieve the group's desired outcomes.					
25. Empowerment is essential to assure that relationships within the group are maintained to achieve the group's desired outcomes.					
26. Representatives of the group hold voting privileges on organizational intergroup committees.					
27. Budgeted positions for the group are determined by student needs.					

28. The group leader has the support of key individuals within the group.					
29. Empowerment is enhanced through communication with other organizational groups.					
30. In order for the group to empower itself, the group must have clearly defined desired outcomes.					
31. The desired outcomes of the group address the effective use of resources.					
32. The group's input is sought by other groups within the organization.					
33. Information provided to the group is adequate to assure the effective functioning of the group.					
34. It is important for a group to understand its level of empowerment.					
35. The group actively prepares for the effects of changing health care trends.					
36. The group anticipates changing health care trends in relation to the organization's ability to achieve desired outcomes.					

SIELOFF-KING –FRIEND ASSESSMENT OF GROUP EMPOWERMENT WITHIN EDUCATIONAL ORGANIZATIONS© SCORING INFORMATION (SKFAGEEO©) – ABBREVIATIONS:

GLOAC — Group Leader's Outcome Attainment Competency

CC — Communication Competency

CEEF — Controlling the Effects of Environmental Forces

GOC — Goals/Outcome Competency

P — Position

E — Empowerment

EC — Empowerment capacity

OACP — Outcome Attainment Perspective

RE — Resources

RO — Role

The following table identifies which items are associated with each subscale of the SKFAGEEO©.

ITEM	GLOAC	CC	CEEF	GOC	P	E	EC	OACP	RE	RO
1 The group leader uses collaboration with other groups within the organization to achieve outcomes.	X					X				
2 Desired outcomes of the group are developed with the opportunity for input from all group members.				X		X				

3 The attainment of outcomes is essential to assure that the desired outcomes of the organization, the group and the individual members within the group are consistent.						X		X		
4 The group adjusts to changing health care trends to better achieve group outcomes.			X			X	X			
5 Financial resources available to the group are sufficient.						X	X		X	
6 The group's expertise is valued by other groups within the organizations.					X	X	X			
7 The group leader is actively involved in administrative decision making for the overall organization.	X					X				
8 The group anticipates changing health care trends in			X			X	X			

relation to group outcomes.										
9 Student outcomes and competencies are directly linked to the group’s interventions.			X			X	X			
10 The group adjusts to changing health care trends to assist the organization to achieve its desired outcomes.			X			X	X			
11 Representatives of the group hold voting privileges on organizational decision-making bodies.		X				X				
12 The group coordinates the delivery of the curriculum.						X	X			X
13 The members of the group are responsible for developing the group’s desired outcomes.						X	X			X
14 The work of the group is viewed as central to the delivery of quality services by other organizational groups.					X	X	X			

15 The group has the resources needed to achieve desired group outcomes.						X	X		X	
16 The results of research are integrated into current group practice.			X			X	X			
17 The desired outcomes for the group provide for the development of the teaching effectiveness of the group members.				X		X				
18 The group leader understands how other groups utilize their group's empowerment.	X					X				
19 Professional development programs adequately respond to the needs of the group members.						X	X		X	
20 The technology support for the group is adequate to meet the group's changing						X	X		X	

needs for information										
21 The group leader maintains adequate resources for the group.						X	X		X	
22 The group directs delivery of the curriculum.						X	X			X
23 Empowerment is essential to assure that organizational regulations facilitate the achievement of the group’s desired outcomes.						X		X		
24 Empowerment is essential to assure that relationships within the **organization** are maintained to achieve the group’s desired outcomes.						X		X		
25 Empowerment is essential to assure that relationships within the group are maintained to achieve the group’s desired outcomes.						X		X		
26 Representatives of the group hold		X				X				

voting privileges on organizational intergroup committees.										
27 Budgeted positions for the group are determined by student numbers.						X	X		X	
28 The group leader has the support of key individuals within the group.	X					X				
29 Empowerment is enhanced through communication with other organizational groups		X				X				
30 In order for the group to empower itself, the group must have clearly defined desired outcomes.				X		X				
31 The desired outcomes of the group address the effective use of resources.				X		X				
32 The group's input is sought by other groups within the organization.					X	X	X			
33 Information provided to the group is adequate to assure the					X	X	X			

effective functioning of the group.										
34 It is important for a group to understand its level of empowerment.						X		X		
35 The group actively prepares for the effects of changing health care trends.			X			X	X			
36 The group anticipates changing health care trends in relation to the organization's ability to achieve desired outcomes.			X			X	X			

EC Empowerment capacity

E Empowerment capability or Empowerment

The following table summarizes the composition of each subscale of the SKFAGEEO©.

VARIABLE	NUMBER OF ITEMS	MIN.	MAX.	EMPOWERMENT CAPACITY (EC)	MEDIATING VARIABLES	OUTCOME ATTAINMENT CAPABILITY (E) or EMPOWERMENT
GLOAC	4	4	20		X	X
CC	3	3	15		X	X
CEEF	7	7	35	X		X
GOC	4	4	20		X	X
P	4	4	20	X		X
OACP	5	5	25		X	X
RE	6	6	30	X		X
RO	3	3	15	X		X
EC	20	20	100	- - - -	- - - -	- - - -
E	36	36	180	- - - -	- - - -	- - - -

EC Empowerment capacity

E Empowerment capability or Empowerment

A. SCORING INSTRUCTIONS FOR EACH ITEM

Strongly Agree	=	5
Agree	=	4
Neither Agree nor Disagree	=	3
Disagree	=	2
Strongly Disagree	=	1

B. SCORING INSTRUCTIONS FOR THE SKFAGEEO©

1. Record the score for each item for each group member on the following scoring grid. The total is also the individual group members' overall score; their level of Empowerment capability or Empowerment as a group member.

ITEM		MAXIMUM
1		5
2		5
3		5
4		5
5		5
6		5
7		5
8		5
9		5
10		5
11		5
12		5
13		5
14		5
15		5
16		5
17		5
18		5
19		5
20		5
21		5
22		5
23		5
24		5
25		5
26		5
27		5
28		5
29		5
30		5

31		5
32		5
33		5
34		5
35		5
36		5
TOTAL E		180

2. If scoring the results by hand, transfer the scores for each item on to the following scoring grids for each subscale for the group member.

OVERALL SKFAGEEO© – GROUP EMPOWERMENT CAPABILITY (E) OR EMPOWERMENT

GROUP MEMBERS / ITEM	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										

25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
Total										
Gp Mem Avg										

SKFAGEEO© SUBSCALES –
EMPOWERMENT CAPACITY (EC)

CONTROLLING THE EFFECTS OF ENVIRONMENTAL FORCES

GROUP MEMBERS	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
ITEM										
4										
8										
9										
10										
16										
35										
36										
Total										
Gp Mem Avg										

POSITION

GROUP MEMBERS	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
ITEM										
6										
14										
32										

33										
Total										
Gp Mem Avg										

RESOURCES

GROUP MEMBERS / ITEM	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
5										
15										
19										
20										
21										
27										
Total										
Gp Mem Avg										

ROLE

GROUP MEMBERS / ITEM	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
12										
13										
22										
Total										
Gp Mem Avg										

EMPOWERMENT CAPACITY (EC)

GROUP MEMBERS / ITEM	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
4										
5										
6										
8										

9										
10										
12										
13										
14										
15										
16										
19										
20										
21										
22										
27										
32										
33										
35										
36										
Total										
Gp Mem Avg										

SKFAGEEO© SUBSCALES –
SUBSCALES THAT MEDIATE
A GROUP'S EMPOWERMENT CAPACITY (EC),
RESULTING IN A GROUP'S EMPOWERMENT CAPABILITY (E) OR
EMPOWERMENT

GROUP LEADER'S OUTCOME ATTAINMENT COMPETENCY

GROUP MEMBERS	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
ITEM										
1										
7										
18										
28										
Total										
Gp Mem Avg										

COMMUNICATION COMPETENCY

GROUP MEMBERS	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
ITEM										

11										
26										
29										
Total										
Gp Mem Avg										

GOALS/OUTCOME COMPETENCY

GROUP MEMBERS	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
ITEM										
2										
17										
30										
31										
Total										
Gp Mem Avg										

OUTCOME ATTAINMENT PERSPECTIVE

GROUP MEMBERS	1	2	3	4	5	6	7	8	9	ITEM AVERAGE
ITEM										
2										
23										
24										
25										
34										
Total										
Gp Mem Avg										

3. Total the scores for all scoring grids.

4. Compare the totals for each scoring grid with the minimum and maximum scores.

   a. Determine the group-specific acceptable scores for:

      1. each variable

      2. the group's empowerment capacity (EC), and

      3. the group's empowerment capability (E) or empowerment

SCORING GRID REPRESENTING
THE MINIMUM AND MAXIMUM SCORES AND
RANGES FOR EACH SUBSCALE AND TOTAL SCALE SCORE

SUBSCALE/ TOTAL SCALE	MINIMUM SCALE	MAXIMUM SCALE	HIGH E RANGE	MEDIUM E RANGE	LOW E RANGE
Group Leader's Outcome Attainment Competency	4	20	20-15	14-9	8-4
Communication Competency	3	15	15-11	10-7	6-3
Controlling the Effects of Environmental Forces	7	35	35-26	25-16	15-7
Goals/Outcomes Competency	4	20	20-15	14-9	8-4
Position	4	20	20-15	14-9	8-4
Outcome Attainment Perspective	5	25	25-19	18-12	11-5
Resources	6	30	30-22	21-19	13-6
Role	3	15	15-11	10-7	6-3
Total Empowerment capacity or EC	20	100	100-67	66-34	33-20
Total SKFAGEEO© or E	36	180	180-132	131-84	83-36

* E = Empowerment capability or Empowerment

b. Compare the group's actual scores to desired scores.

5. Each variable, where the group's mean score is less than the desired score, identifies an area where the group has the potential for improvement.

5. Specific measurable plans can then be developed to improve the levels of the selected subscales for the group.

APPENDIX B – LETTER OF PERMISSION TO USE THE THEORY OF GROUP EMPOWERMENT MODEL

2049 Lake Hills Drive
Billings, Montana 59105
October 11, 2016

Dear Ms. Savell

I am honored that you have chosen to use theory of group empowerment in your research, and have received your request to use my model of my theory in your research paper.

This letter is to confirm that I am giving you permission to use my model in your paper. I have attached the model to the related email.

If I can be of any assistance to you as you conduct your research, please do not hesitate to contact me at either sieloffc@hotmail.com or 406 657 2614.

I look forward to seeing the results of your research.

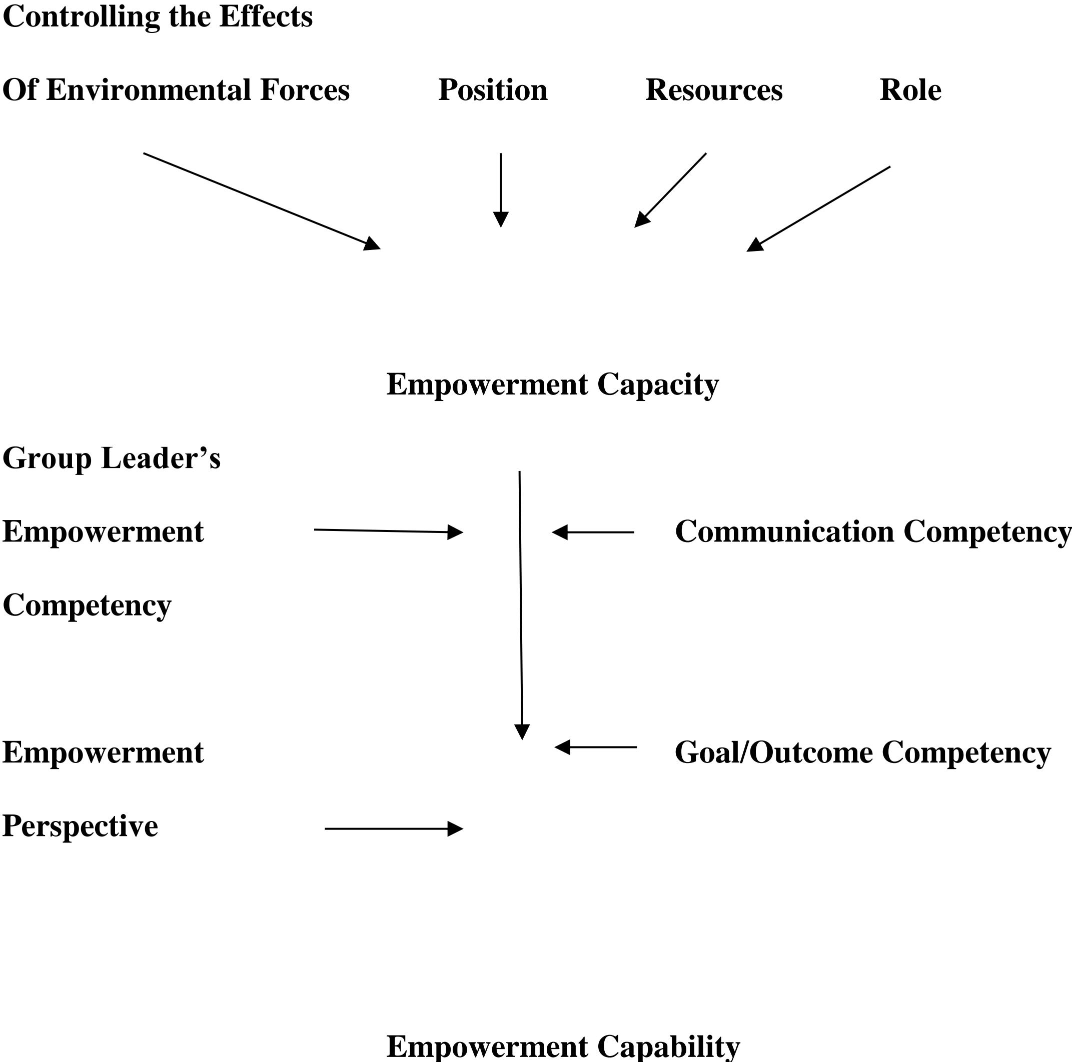
Sincerely,

Christina L. Sieloff

Christina L. Sieloff, PhD, RN
Associate Professor
College of Nursing, Billings Campus
Montana State University

APPENDIX C – THEORY OF GROUP EMPOWERMENT WITHIN ORGANIZATIONS MODEL©

Theory of Group Empowerment within Organizations Model©



APPENDIX D LETTER OF PERMISSION TO USE THE SKFAGEEO©

Capstone College of Nursing

September 28, 2015

N U R S I N G

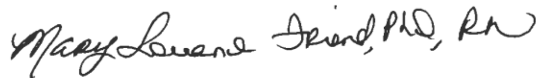
Dear Christy,

I am writing to formally give you permission to utilize the Sieloff-King-Friend Assessment of Group Empowerment within Educational Organizations. I also wanted you to know that I have completed content and confirmatory factor analyses on the instrument in my study, and have submitted the publication, which has been accepted with revision.

I would be happy to share this information with you to support utilizing the instrument if you would like.

I wish you the very best with your dissertation and I hope that you will not hesitate to contact me with any questions or concerns.

Take care!



Mary Louanne Friend, PhD, RN
Assistant Professor
Capstone College of Nursing
Office: 205-348-2203
Cell: (985)859-6024
Email: mlfriend @ua.edu

Box 870358
Tuscaloosa, AL 35487-0358
(205) 348-6639
FAX (205) 348-5559
http://nursing.ua.edu

APPENDIX E – IRB APPROVAL LETTER

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
  Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 16021901
PROJECT TITLE: Group Empowerment Capacity and Capability in Associate Degree Schools of Nursing in the United States
PROJECT TYPE: New Project
RESEARCHER(S): Christy Savell
COLLEGE/DIVISION: College of Nursing
DEPARTMENT: Systems Leadership and Health Outcomes
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 02/19/2016 to 02/18/2017
Lawrence A. Hosman, Ph.D.
Institutional Review Board

APPENDIX F - IRB ADDENDUM LETTER

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

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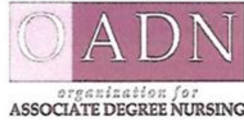
- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
  Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: CH16021901
PROJECT TITLE: Group Empowerment Capacity and Capability in Associate Degree Schools of Nursing in the United States
PROJECT TYPE: Change to a Previously Approved Project
RESEARCHER(S): Christy Savell
COLLEGE/DIVISION: College of Nursing
DEPARTMENT: Systems Leadership and Health Outcomes
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 02/19/2016 to 02/18/2017
Lawrence A. Hosman, Ph.D.
Institutional Review Board

APPENDIX G – LETTER FROM OADN



Promoting Associate Degree Nursing through leadership, collaboration, advocacy and education to ensure excellence in the future of health care and professional nursing practice.

February 18, 2016

To Whom It May Concern:

The Organization for Associate Degree Nursing (OADN) has reviewed the request from Christy Savell to purchase the rental of the OADN member mailing list to invite OADN members to participate in her survey for her dissertation on the empowerment of associate degree nurse educators and administrators. OADN supports this research and will approve the request to purchase the rental of our membership list for this purpose.

Sincerely,

Donna Meyer, MSN, RN, ANEF
CEO

7794 Grow Drive, Pensacola, FL 32514-7072
850-484-6948 877-966-6236 toll free 850-484-8762 fax oadn@oadn.org www.oadn.org

REFERENCES

American Association of Colleges of Nursing. (2015). *Nursing faculty shortage fact sheet*. Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage

Attree, M. (2005). Nursing agency and governance: Registered nurses' perceptions. *Journal of Nursing Management*, *13*, 387-396.

Bae, S., Mark, B., & Fried, B. (2010). Use of temporary nurses and nurse and patient safety outcomes in acute care hospital units. *Health Care Management Review*, *35*(4), 333-344.

Baker, S., Fitzpatrick, J., & Griffin, M. (2011). Empowerment and job satisfaction in associate degree faculty. *Nursing Education Perspectives*, *32*, 234-239.

Barden, A. M., Griffin, M. T., Donahue, M., & Fitzpatrick, J. J. (2011). Shared governance and empowerment in registered nurses working in a hospital setting. *Nursing Administration Quarterly*, *35*(3), 212-218. doi:10.1097/NAQ.0b013e3181ff3845

Bartunek, J., & Spreitzer, G. (2006). The interdisciplinary career of popular construct used in management: Empowerment in the late 20th century. *Journal of Management Inquiry*, *15*(3), 255-273.

Bauman, Z. (1988). *Freedom*. Columbus, OH: Open University Press.

Buerhaus, P., Auerbach, D., & Stauger, D. (2009). The recent surge in nurse employment: Causes and implications. *Health Affairs*. Retrieved from http://content.healthaffairs.org

Buerhaus, P., Donelan, K., Ulrich, B., Norman, L., & Dittus, R. (2005, March/April). Is the shortage of hospital registered nurses getting better or worse? Findings from two recent national surveys of RNs. *Nursing Economics*, *23*(2), 61-71.

Bularzik, A. (2009). *Nurse's perceptions of group goal attainment capability and professional* (Unpublished master's thesis). Case Western Reserve University, Cleveland, OH.

Bularzik, A. M., Tullai-McGuinness, S. T. & Sieloff, C. L. (2013). Nurse's perceptions of their group goal attainment capability and professional autonomy: A pilot study. *Journal of Nursing Management, 21*(3), 581-590. Doi: 10.1111/j.1365-2834.2012.01381.x

Butts, J., Fawcett, J., & Rich, K. (2012). The future of nursing: How important is discipline-specific knowledge? A conversation with Jacqueline Fawcett. *Nursing Science Quarterly*, *25*(2), 151-154. Doi: 10.1177/0894318412437955

Cameron, K. S., & Quinn, R. E. (2006). *Diagnosing and changing organizational culture: Based on the competing values framework.* (Rev. Ed.). San Francisco, CA: Jossey-Bass.

Carlson-Catalano, J. (1992). Empowering nurses for professional practice. *Nursing Outlook*, *40*, 139-142.

Carlson-Catalano, J. (1994). A survey of educators' activities to empower nurses for practice. *Nursing Outlook*, *42*, 182-187.

Casey, M., Saunders, J., & O'Hara, T. (2010). Impact of critical social empowerment on psychological empowerment and job satisfaction in nursing and midwifery settings. *Journal of Nursing Management*, *18*, 24-34.

Chandler, G. (1986). *The relationship of nursing work environment to empowerment and powerlessness* (Doctoral dissertation). Retrieved from http://content.lib.utah.edu/utils/getfile/collection/etd1/id/1204/filename/935.pdf

Chandler, G. (1991). Creating an environment to empower nurses. *Nursing Management*, *22*(8), 20-23.

Driscoll, L., Parkes, K., Tilley-Lubbs, G., Brill, J., & Pitts-Bannistera, V. (2009). Navigating the lonely sea: Peer mentoring and collaboration among aspiring women scholars. *Mentoring & Tutoring: Partnership in Learning*, *17*, 5-21.

Duffy, E. (1995). Horizontal violence: A conundrum for nursing. *Collegian: Journal of the Royal College of Nursing*, *2*(2), 5-14.

Esper, L. L. (2009). *Admission variables as a predictor of first semester student success: A quantitative investigation of an associate degree in nursing program* (Doctoral dissertation). Available from ProQuest Dissertations & Theses database. (3344549)

Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral and biomedical sciences. *Behavior Research Methods, 39*(2), 175-191.

Finegan, J. E., & Laschinger, H. K. (2001). The antecedents and consequences of empowerment: A gender analysis. *Journal of Nursing Administration*, *31*, 489-497.

Fletcher, K. (2006). Beyond dualism: Leading out of oppression. *Nursing Forum*, *41*(2), 50-59.

Friend, M. (2013). *Group empowerment capacity and capability in schools of nursing* (Doctoral dissertation). Retrieved from http://aquila.usm.edu/theses_dissertations/4022/

Gianfermi, R. E., & Buchholz, S. W. (2011). Exploring the relationship between job satisfaction and nursing group outcome attainment capability in nurse administrators. *Journal of Nursing Management*, *19*, 1012-1019. doi:10.1111/j.1365-2834.2011.01328.x

Goldmark, J. (1923). *Nursing and nursing education in the U. S*. New York, NY: MacMillan.

Grove, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence* (7th Ed.). St. Louis, MO: Elsevier.

Haase, P. T. (1990). *The origins and rise of associate degree nursing*. Durham, NC: Duke University Press.

Hackman, J. R. & Oldham, G. R. (1975). Development of the job diagnostic survey. *Journal of Applied Psychology, 60*(2), 159-170.

Hagbaghery, M., Salsali, M., & Ahmadi, F. (2004). A qualitative study of Iranian nurses' understanding and experiences of professional power. *Human Resources and Health*, *2*. Retrieved from http://www.human-resources-health.com/content/2/1/9

Hawks, J. (1999). Organizational culture and faculty use of empowering teaching behaviors in selected schools of nursing. *Nursing Outlook*, *47*, 67-72.

Hebenstreit, J. J. (2012). Faculty perceptions of structural empowerment and innovative behavior. *Nursing Education Perspectives*, *33*, 297-301.

Hickson, D., Hinings, C., Lee, C., Schneck, R., & Pennings, J. (1971). A strategic contingencies theory of intraorganizational power. *Administrative Science Quarterly*, *16*, 216-229.

Hintsala, A. T. (2005). *Autonomy anticipating career change in nursing: Female and male nurses' assessment and comparison of decision-making, competency, importance of work, and leadership in nursing* (Doctoral thesis), University of Kuopio, Finland.

Institute of Medicine. (2010a). *The future of nursing: Focus on education*. Retrieved from http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief-Education.aspx

Institute of Medicine. (2010b). *The future of nursing: Leading change, advancing health.* Retrieved from http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

Johnson, B. (2009). Empowerment of faculty through organizational culture. *Nursing Education Perspectives*, *30*(1), 8-13.

Kanter, R. (1977). *Men and women of the corporation*. New York, NY: Basic Books.

Kanter, R. (1993). *Men and women of the corporation* (2nd Ed.). New York, NY: Basic Books.

Karpowitz, C. F., & Mendelberg, T. (2014). *The silent sex: Gender deliberation and institutions.* Princeton, NJ: Princeton University Press.

King, I. M. (1981). *A theory for nursing: Systems, concepts, process*. New York, NY: Wiley & Sons.

Kleysen, R. F., & Street, C. T. (2001). Toward a multi-dimensional measure of individual innovative behavior. *Journal of Intellectual Capital, 2*(3), 284-296. Doi: 10.1108/EUM0000000005660

Krairiksh, M., & Anthony, M. (2001). Benefits and outcomes of staff nurses' participation in decision-making. *Journal of Nursing Administration*, *31*, 16-23.

Kuokkanen, L., Luno-Kilipi, H., & Katajisto, J. (2003). Nurse empowerment, job-related satisfaction, and organizational commitment. *Journal of Nursing Care Quality*, *18*(3), 184-192.

Laschinger, H. (1996). Focus on research: Measuring empowerment from Kanter's (1977; 1993) theoretical perspective. *Journal of Shared Governance, 2*(4), 23-26.

Laschinger, H., Almost, J., & Tuer-Hodes, D. (2003). Workplace empowerment and magnet hospital characteristics. *Journal of Nursing Administration*, *33*(7/8), 410-422.

Laschinger, H., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: Expanding Kanter's model. *Journal of Nursing Administration*, *31*(5), 260-272.

Laschinger, H., Finegan, J., Shamian, J., & Wilk, P. (2003). Workplace empowerment as a predictor of nurse burnout in restructured healthcare settings. *Longwoods Review*, *1*(3), 2-11.

Laschinger, H., Finegan, J., Shamian, J., & Wilk, P. (2004). A longitudinal analysis of the impact of workplace empowerment on work satisfaction. *Journal of Organizational Behavior*, *25*(4), 527-545.

Laschinger, H., & Havens, D. (1996). Staff nurse work empowerment and perceived control over nursing practice: Conditions for work effectiveness. *Journal of Nursing Administration*, *26*(9), 27-35.

Laschinger, H., Sabiston, J., & Kutszcher, L. (1997). Empowerment and staff decision involvement in nursing work environments: Testing Kanter's theory of structural empowerment in organizations. *Research in Nursing & Health*, *20*, 341-352.

Laschinger, H., Wong, C., & Greco, P. (2006). The impact of staff nurse empowerment on person-job fit and work engagement/burnout. *Nursing Administration Quarterly*, *30*(4), 358-367.

Luechauer, D., & Shulman, G. (2002). Creating empowered leaders: A decade of trying to practice what we teach. *Organizational Development Journal*, *20*, 42-50.

Lynn, J. R. (1986). Determination and quantification of content validity. *Nursing Research, 35,* 382-385.

Manojlovich, M. (2007). Power and empowerment in nursing: Looking backward to inform the future. *Online Journal of Issues in Nursing*, *12*(1). Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No1Jan07/LookingBackwardtoInformtheFuture.asp

Maslach, C., Jackson, S. E., & Leiter, M. P. (1986). *Maslach burnout inventory.* Palo Alto, CA: Consulting Psychologists Press.

McAllister, M., Williams, L. M., Gamble, T., Malko-Nyhan, K., & Jones, C. M. (2011). Steps towards empowerment: An examination of colleges, health services, and universities. *Contemporary Nurse*, *38*(1-2), 6-17.

Montag, M. L. (1951). *The education of nursing technicians*. New York, NY: G. P. Putnam's Sons.

Mrayyan, M. (2002). Nurses' autonomy: influence of nurse managers' actions. *Journal of Advanced Nursing*, *45*, 326-336.

Mullarkey, M., Duffy, A., & Timmins, F. (2011). Trust between nursing management and staff in critical care: A literature reviews. *Nursing in Critical Care*, *16*(2), 85-91.

National League for Nursing. (2005). *Transforming nursing education (Position Statement)*. Retrieved from www.nln.org/aboutnln/PositionStatements/transforming052005.pdf

National League for Nursing. (2010). *Faculty shortage fact sheet*. Retrieved from http://www.nln.org/governmentaffairs/pdf/NurseFacultyShortage.pdf

National League for Nursing. (2014). *Annual survey of schools of nursing*. Retrieved from http://nln.org/newsroom/nursing-education-statistics/annual-survey-of-schools-of-nursing-academic-year-2013-2014

Orsolini-Hain, L., & Waters, V. (2009). Education evolution: A historical perspective of associate degree nursing. *Journal of Nursing Education, 48*(5), 266-271.

Peltomaa, K., Viinikainen, S., Rantanen, A., Sieloff, C., Asikainen, P., & Suominen, T. (2013). Nursing power as viewed by nursing professionals. *Scandinavian Journal of Caring Sciences*, *27*, 580-588. doi:10.1111/j.1471-6712.2012.01069

Perin, D. (2006). Academic progress of community college nursing aspirants: An institutional research profile. *Community College Journal of Research and Practice*, *30*, 657-670.

Ploeg, J., Skelly, J., Rowan, M., Edwards, N., Davies, B., Grinspun, D., Bajnok, I., & Downey, A. (2010). The role of nursing best practice champions in diffusing practice guidelines: a mixed methods study. *Worldviews Evidence-Based Nursing*, *7*(4), 238-251. doi:10.1111/j.1741-6787.2010.00202

Polit, D. F., & Beck, C. T. (2006). The content validity index: Are you sure you know what's being reported? Critique and recommendation. *Research in Nursing and Health, 49,* 489-497.

Purdy, N., Laschinger, H. K., Finegan, J., Kerr, M., & Olivera, F. (2010). Effect of work environment on nursing and patient outcomes. *Journal of Nursing Management*, *18*, 901-913.

Qualtrics. (2016). Provo, UT. http://www.qualtrics.com

Quinn, R. E., & Rohrbaugh, J. (1983). A spatial model of effectiveness criteria: Towards a competing values approach to organizational analysis. *Management Science, 29,* 363-377.

Rafael, A. (1996). Power and caring: A dialectic in nursing. *Advances in Nursing Science*, *19*(1), 3-17.

Rao, A. (2012). The contemporary construction of nurse empowerment. *Journal of Nursing Scholarship*, *44*(4), 396-402. doi:10.1111/j.1547-5069.2012.01473.x

Roberts, S. (1996). Point of view: Breaking the cycle of oppression: Lessons for nurse practitioners. *Journal of the American Academy of Nurse Practitioners*, *8*(5), 209-214.

Roberts, S. (2015). Lateral violence in nursing: A review of the past three decades. *Nursing Science Quarterly*, *28*(1), 36-41.

Sarmiento, T., Laschinger, H., & Iwasiw, C. (2004). Faculty's workplace empowerment, burnout, and job satisfaction: Testing Kanter's theory. *Journal of Advanced Nursing*, *46*(2), 134-143.

Seibert, S., Silver, S., & Randolph, A. (2004). Taking empowerment to the next level: A multiple-level model of empowerment, performance, and satisfaction. *Academy of Management Journal*, *47*(3), 332-349.

Shelestak, D. S. (2007). *Psychometric analysis of student performance on the National League for Nursing-Diagnostic Readiness Exam* (Doctoral dissertation). Available from ProQuest Digital Dissertations. (AAT 3262570)

Sieloff, C. (1995). Development of a theory of departmental power. In M. A. Frey, & C. L. Sieloff (Eds.), *Advancing King's systems framework and theory of nursing* (pp. 46-65). Thousand Oaks, CA: SAGE Publications.

Sieloff, C. L. (1996). *Development of an instrument to estimate the actualized power of a nursing department* (Doctoral dissertation), ETD Collection for Wayne State University, Paper AAI 9628941. Retrieved from http://digitalcommons.wayne.edu/dissertations/AAI9628941.

Sieloff, C. (1999). *Sieloff-King assessment of group power within organizations*. Unpublished research report, Oakland University, Rochester, Michigan.

Sieloff, C. (2003). Measuring nursing power within organizations. *Journal of Nursing Scholarship*, *35*(2), 183-187.

Sieloff, C. (2004). Leadership behaviors that foster nursing group power. *Journal of Nursing Management*, *12*, 246-251.

Sieloff, C. (2012). *Theory of group empowerment within organizations*. Retrieved from https://sites.google.com/site/theoryofnursinggrouppower

Sieloff, C., & Bularzik, A. (2011). Group power through the lens of the 21st century and beyond: Further validation of the Sieloff-King assessment of group power within organizations. *Journal of Nursing Administration*, *19*, 1020-1027.

Sieloff, C. L., & Dunn, K. (2008). Factor validation of an instrument measuring group power. *Journal of Nursing Measurement, 16*(2), 113-124.

Singh, M. D., Pilkington, F. B., & Patrick, L. (2014). Empowerment and mentoring in nursing academia. *International Journal of Nursing Education Scholarship*, *11*(1), 1-11. Doi: 10.1515/ijnes-2013-0070

Spratley, E., Johnson, A., Sochalski, J., Fritz, M., & Spencer, W. (2000). *The registered nurse population: Findings from the national sample survey of registered nurses*. Retrieved from http://eric.ed.gov/?id=ED471274

Spreitzer, G. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal*, *38*(5), 1442-1462.

Spreitzer, G., Kizlios, M., & Nason, S. (1997). A dimensional analysis of the relationship between psychological empowerment and effectiveness, satisfaction, and strain. *Journal of Management*, *23*(5), 679-704.

Statistical Package for Social Sciences (SPSS). (Version 24). Armonk, NY: IBM Corp.

Starr, S. S. (2010). Associate degree nursing: Entry into practice - link to the future. *Teaching and Learning in Nursing*, *5*, 129-134. doi:10.1016/j.teln.2009.03.002

Swaim, W. (2004). *The art of student retentions: A handbook for practitioners and administrators*. Retrieved from http://educationalpolicy.org

Tourangeau, A., Cranley, L., Laschinger, H. K. S., & Pachis, J. (2010). Relationships among leadership practices, work environments, staff communication and outcomes in long-term care. *Journal of Nursing Management, 18*(8), 1060-1072. Doi: 10.1111/j.1365-2834.2010.01125.x

Tourangeau, A., Thomson, H., Saari, M., Widger, K., Ferron, E., & MacMillan, K. (2012). Determinants of nurse faculty intention to remain employed. *Open Journal of Nursing*, *2*, 254-261. doi:10.4236/ojn.2012.23039

Traynor, M. (2003). A brief history of empowerment: response to discussion with Julianne Cheek. *Primary Health Care Research and Development*, *4*, 129-136. Doi: 10.1191/1463423603pc141oa

U. S. Department of Health & Human Services. (2013). *The United States nursing workforce: Trends in supply and education.* Retrieved from http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/nursingworkforce/

U. S. Department of Labor. (2013). *Employment projections 2012-2022*. Retrieved from http://www.bls.gov/newsrelease/ecopro.t08.htm

Waltz, C., Strickland, O. L., & Lenz, E. (Eds.). (2010). *Measurement in nursing and health research.* New York, NY: Springer Publishing Company.

Young, I. (1990). *Five faces of oppression: Justice and the politics of difference*. Princeton, NJ: Princeton University Press.