CJNR 2013, Vol. 45 N° 4, 108–128

Résumé

Le leadership résonnant, le pouvoir d'agir dans le milieu de travail et « l'esprit au travail » : leur effet sur la satisfaction au travail et le degré d'attachement à l'organisation des infirmières

Joan I.J. Wagner, Sharon Warren, Greta Cummings, Donna L. Smith, Joanne K. Olson

Des chercheuses canadiennes ont élaboré un outil appelé « l'esprit au travail » (*Spirit at Work* (SAW)) dans le but de recenser les expériences des personnes pour qui le travail est une passion et une source d'énergie. Le présent article décrit a) ce que les infirmières perçoivent comme contribuant à leur esprit au travail personnel et b) les liens existant entre les concepts de leadership résonnant, de pouvoir d'agir structurel et de pouvoir d'agir psychologique; d'esprit au travail; de satisfaction au travail; d'attachement à l'organisation; et les variables démographiques de l'expérience, de la formation et du rang dans le milieu de travail des infirmières. Le modèle théorique a été testé au moyen de LISREL 8.80 et des données d'enquête de 147 infirmières sélectionnées au hasard. Selon les résultats, un travail agréable représentait 63 % de la variance expliquée dans les variables endogènes du modèle. Le lien spirituel avait un effet causal sur l'attachement à l'organisation tandis que le leadership résonnant et le pouvoir d'agir individuel avaient un effet causal sur l'esprit au travail, la satisfaction au travail et l'attachement à l'organisation. Ces résultats appuient ceux d'études antérieures établissant les structures, les procédés et les contributions dans le milieu du travail menant à des environnements de soins supérieurs. D'autres études devront être menées pour préciser le rôle de l'esprit au travail dans le milieu de travail.

Mots clés : esprit au travail, lien spirituel, milieu de travail, pouvoir d'agir, leadership, satisfaction au travail, attachement à l'organisation

CJNR 2013, Vol. 45 N° 4, 108–128

Resonant Leadership, Workplace Empowerment, and "Spirit At Work": Impact on RN Job Satisfaction and Organizational Commitment

Joan I. J. Wagner, Sharon Warren, Greta Cummings, Donna L. Smith, Joanne K. Olson

Canadian researchers have developed the Spirit At Work (SAW) tool for identifying the experiences of individuals who are passionate about and energized by their work. This article describes (a) what registered nurses perceive as contributing to their personal SAW; and (b) the relationships among resonant leadership, structural empowerment concepts, psychological empowerment concepts, SAW concepts, job satisfaction, organizational commitment, and the demographic variables of experience, education, and rank in the RN workplace. The theoretical model was tested using LISREL 8.80 and survey data from 147 randomly selected RNs. Engaging work was found to account for 63% of the explained variance in the model's endogenous variables. Spiritual connection had a causal effect on organizational commitment, while resonant leadership and individual empowerment had significant causal influence on SAW, job satisfaction, and organizational commitment. These results strengthen those of previous studies reporting workplace structures/processes/contributions leading to superior care environments. Future studies will clarify the role of SAW in the workplace.

Keywords: Spirit At Work, spirituality, workplace, empowerment, leadership, job satisfaction, organizational commitment

Registered nurses are working in increasingly stressful environments associated with severe shortages of experienced nurses, an aging workforce, professional autonomy issues, imposed organizational change, occupational health and safety issues, and continual restructuring (Jackson, Firtko, & Edenborough, 2007). Discussions with RNs in the Canadian province of Alberta indicate that "resource allocation and difficulties in professional and inter-professional relationships" (Webber, 2009, p. 1) cause moral distress or a sense of powerlessness to take ethically correct action. RNs throughout Canada, the United States, and elsewhere describe burnout and job dissatisfaction as reasons for quitting their jobs (Leiter & Maslach, 2009; Wang, Tao, Ellenbecker, & Liu, 2011). An aging client/patient population, increasingly complex treatments, and a demand for nursing specializations pose further challenges to health-care providers

(Health Canada, 2007). Researchers, nursing leaders, and policy-makers are actively searching for solutions (Cummings et al., 2010). The fostering of spirituality in the workplace has been proposed as one means of moderating the damaging influences on job satisfaction (Altaf & Awan, 2011; Kinjerski & Skrypnek, 2008).

This study singles out Spirit At Work (SAW) (Kinjerski & Skrypnek, 2004) as a distinct and significant facet of the work setting that has not been examined within RN workplace empowerment research (Laschinger & Havens, 1997). It sheds light on the effects of leadership on SAW, structural empowerment, psychological empowerment, job satisfaction, and organizational commitment. This original research contributes to the knowledge that leaders require in order to create an empowered environment featuring increased commitment and job satisfaction among RNs and improved patient outcomes (Aiken, Clarke, & Sloane, 2008).

Literature Review

Resonant Leadership

A systematic review of the literature on nursing leadership (Cummings et al., 2010) indicates that resonant leadership occurs when "there is investment of relational energy . . . to build relationships with RNs and manage emotion in the workplace" (Cummings, 2004, p. 76). The review describes leadership practices that tend to have positive outcomes, such as increased job satisfaction and organizational commitment, increased recruitment and retention rates, improved staff health (decreased anxiety, emotional exhaustion, and stress), and increased productivity. Leadership also plays an important part in increasing SAW in the workplace (Kinjerski & Skrypnek, 2006a). Since leaders play a significant role in the implementation of workplace empowerment actions and the SAW of RNs, resonant leadership must be investigated further to examine its relationship to a positive RN work environment.

Empowerment

Laschinger and Havens (1997) report that employees need control over their circumstances, or structural empowerment, in order to achieve optimal performance, including job satisfaction and organizational commitment. Research on structural empowerment indicates that it has positive relationships with behaviours/attitudes and workplace outcomes similar to those revealed in SAW research (Armellino, Quinn Griffin, & Fitzpatrick, 2010; Purdy, Spence Laschinger, Finegan, Kerr, & Olivera, 2010). A systematic literature review (Wagner et al., 2010) found that employees display increased job satisfaction and are less likely to quit when the workplace manifests the following job-related empowerment structures:

> [support] feedback and guidance . . . from superiors, peers and subordinates . . . [information] the data, technical knowledge and expertise required to function effectively in one's position . . . [resources] the time, materials, money, supplies and equipment necessary to accomplish organizational goals . . . [opportunity] autonomy, growth, a sense of challenge and the chance to learn and grow. (Laschinger & Havens, 1997, p. 16)

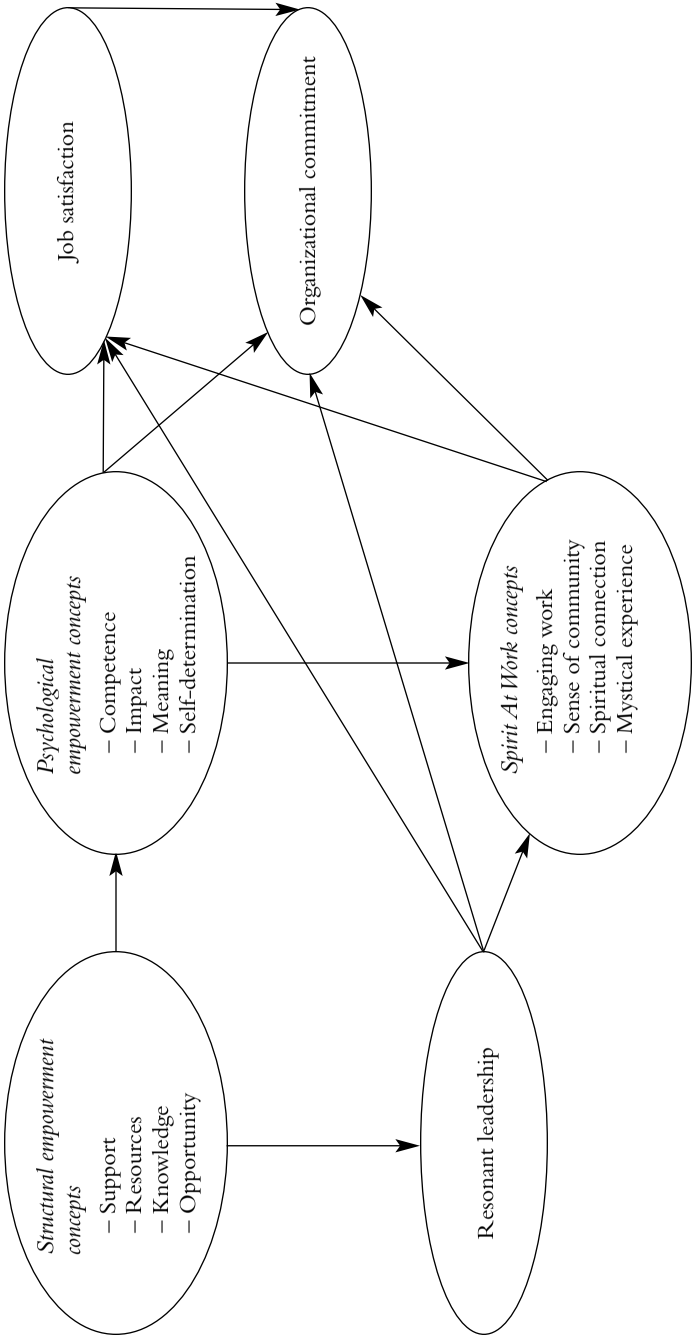
Research shows that these job-related empowerment structures, or concepts, lead to a work orientation that reflects the individual's desire and ability to influence or fashion the workplace labour, otherwise known as psychological empowerment (Spreitzer, 1995). Research also demonstrates that psychological empowerment plays a mediating role between structural empowerment and increased job satisfaction and organizational commitment (Laschinger, Finegan, Shamian, & Wilk, 2001). The construct of psychological empowerment comprises four concepts: meaning (fit between job requirements and beliefs), competence (confidence in ability to perform activities proficiently), self-determination (sense of control over work), and impact (sense of being able to influence outcomes) (Spreitzer, 1995). The literature review by Wagner et al. (2010) reveals the important roles that both constructs play in a healthy workplace.

Spirituality, the Workplace, and SAW

The business literature describes how spirituality in the workplace leads to such outcomes as increased job satisfaction and organizational commitment (Altaf & Awan, 2011; Kinjerski & Skrypnek, 2008; Mitroff & Denton, 1999). However, research studies focused on spirituality in the RN workplace are noticeably absent from the literature. Although RNs do not often use the word "spirit" when referring to their workplace, spirit may be a noteworthy consequence of day-to-day work for both RN staff and RN managers.

Kinjerski's research on SAW acknowledges the contributions of spirituality to successful workplace outcomes. Kinjerski (2004) approached her study of SAW from a human ecological stance and used grounded theory to identify the experiences of employees who were passionate about and energized by their work (Kinjerski & Skrypnek, 2004). Additional studies (Kinjerski & Skrypnek, 2006a, 2006b, 2008) indicate that the SAW construct comprises four concepts: engaging work; sense of community, expressed as trust and connectedness to co-workers; mystical experience, an uplifting state associated with energy and vitality; and spiritual connection, or a belief that one is contributing to something larger than oneself (Kinjerski & Skrypnek, 2008).

Figure 1 ***Theoretical Model Depicting Relationships***



Job Satisfaction and Organizational Commitment

In this study, job satisfaction was defined as the difference "between how much an employee wants or expects from the job and how much the person actually gets" (Laschinger, Shamian, & Thomson, 2001, p. 212) and organizational commitment as "the employee's relationship with the organization and . . . implications for the decision to continue or discontinue membership in the organization" (Meyer, Allen, & Smith, 1993, p. 539). Job satisfaction was used to measure positive workplace outcomes, since organizations employing strategies to create empowered workplaces have had positive outcomes, such as increased nurse and patient satisfaction and reduced patient falls (Aiken et al., 2008; Armellino et al., 2010; Purdy et al., 2010). In addition, both job satisfaction and organizational commitment are strongly related to RN retention (Ellenbecker & Cushman, 2012) and are considered to be a direct result of RN workplace empowerment (Hauck, Quinn Griffin, & Fitzpatrick, 2011).

Demographic Variables: Experience, Education, and Rank

Koberg, Boss, Senem, and Goodman (1999) report that individuals with more tenure, who have learned through experience that continued effort leads to a sense of competence, display greater feelings of empowerment. Organizational rank is also associated with increased empowerment, as it indicates "sociopolitical support and perceived access to information, resources, and influential persons" (Koberg et al., 1999, p. 76). In addition, Spreitzer, Kizilos, and Nason (1997) and Kuokkanen, Leino-Kilpi, and Katajisto (2003) report that individuals with a higher level of education feel more empowered.

Nursing research has identified specific managerial behaviours needed to improve job satisfaction among clinical RNs (Ellenbacker & Cushman, 2012; Furtado, Batista, & Silva, 2011). Not surprisingly, emerging research indicates that nurse managers also experience workplace stress. Four workplace attributes moderate negative outcomes with respect to the aging RN workforce and the loss of knowledgeable and experienced RN managers: autonomy/shared decision-making, support, good relationship with supervisor, and core self-evaluation (Ellenbacker & Cushman, 2012; Kath, Stichler, & Ehrhart, 2012; Laschinger, Purdy, & Almost, 2007).

Purpose and Research Question

The purpose of this study was to explore the relationships between resonant leadership, structural empowerment, psychological empowerment, SAW, job satisfaction, and organizational commitment among RNs in Alberta. An initial healthy workplace model (Figure 1) was developed

based on a review of the literature. The research question was as follows: *Do resonant leadership, experience, education, rank, and structural empowerment concepts predict psychological empowerment concepts, SAW concepts, and, in turn, the outcome variables of job satisfaction and organizational commitment among RNs in Alberta?*

Method

Sample

A sample size of 5 to 10 participants per variable in the model was established for this exploratory descriptive cross-sectional study (Norman & Streiner, 2008). RNs were eligible to take part if they were registered with their professional association with an up-to-date postal address. The provincial RN licensing association distributed a Web-based survey and follow-up postal survey to 467 randomly selected RNs across Alberta. In order to elicit the voices of RNs throughout the province, the researchers stratified RNs according to area of residence — urban or rural.

The study was approved by the Health Research Ethics Board of the University of Alberta, Alberta Health Services, and Catholic Health of Alberta.

Survey

The study consisted of six questionnaires tested for reliability and validity (Table 1), as follows: a 12-item modified Condition for Work Effectiveness Questionnaire II (Laschinger, Finegan, et al., 2001) measuring RN perceptions of opportunity, information, support, and resources; a 12-item psychological empowerment scale (Spreitzer, 1995); an 18-item SAW questionnaire (Kinjerski & Skrypnek, 2006b); a 10-item resonant leadership scale (Estabrooks, Squires, Cummings, Birdsell, & Norton, 2009); a four-item scale measuring the outcome variable of overall job satisfaction (Quinn & Shepard, 1974); and a six-item scale measuring organizational commitment (Meyer et al., 1993). On the last page of the survey, respondents were asked to state their organizational rank (staff or management), years of professional experience, and highest level of education achieved. The survey ended with an open-ended question simply labelled "Comments."

Statistical Analyses

Chi-square testing ascertained whether the sample was representative of the population. Since no variables with 15% or more missing data were identified (Polit & Beck, 2008), pairwise deletion of the missing variables provided appropriate representation of the results. Assessment of the fit between the proposed model using LISREL 8.80 (Jöreskog & Sörbom,

1996) and the survey data indicated significant causal relationships based on theory.

Structural equation model (SEM) and theory development. The initial theoretical model of relationships shown in Figure 1 was tested. Since the sample was small, a single indicator that displayed clarity and closely matched the sample's conceptual definition (Hayduk, 1987; Hayduk et al., 2007; Hayduk & Littvay, 2012) represented each of the 18 variables in the model.[1] Careful review of theory describing relationships among the latent variables led to sequential inclusion of additional relationships and increased model fit.

The negative relationship between rank and job satisfaction was not supported in the management literature, since it indicated that managers have less job satisfaction than staff RNs. A further exhaustive search revealed staffing shortages and rapid and overwhelming change leading to reduced job satisfaction among Ontario RN managers during the SARS crisis (Laschinger et al., 2007). Nursing shortages in Alberta had a similar impact on job satisfaction among RN managers during the 2008 data collection; therefore, this negative or inverse relationship between rank and job satisfaction was retained.

Results

Survey Data

The RNs returned 148 useable surveys, for a return rate of 31%. Pearson's chi-square analysis revealed a significantly larger number of RNs in management and RNs with master's or doctoral preparation in the survey data than in provincial demographic data. Cronbach's alphas for the research constructs were similar to those reported in the literature (Table 2). Range and mean scores for all variables are shown in Table 2.

Model Fit

The fit indices of the final model fit the observed data (χ^2 =56.222, df = 56, p = 0.466; NFI = 0.96; GFI = 0.958; RMSEA = 0.0) according to the chi-square test, a useful test of significance for sample sizes ranging from 50 to 500 (Hayduk, 1987). The independent variables in the final model explain 12% to 63% of the variability (R^2) in each dependent variable. This healthy workplace model indicates multiple significant relationships between concepts.

Seventy-seven, or 53%, of respondents wrote comments in answer to the open-ended question. These were analyzed using the same coding

[1] The covariance and correlational matrix and the measurement error specification for the latent variable in SEM can be obtained from the author (Joan.Wagner@uregina.ca).

Table 1 *Psychometric Properties of Survey Tools*

Tool	Measurement	Scoring	Reliability	Validity
CWEQ–II (Laschinger, Leiter, Day, Gilin-Oore, & Mackinnon, 2012)	19 items composing 6 subscales (opportunity, information, support, resources, formal power, and informal power)	Scores summed to create total structural empowerment score Likert scale (1–5) for each item; items summed and averaged to provide a score for each subscale ranging from 1 to 5	α = 0.78–0.81 Subscales α = 0.71–0.95	One factor CFA fits the data well. Time 1: "χ^2/df = 0.20; CFI = 1.00; TLI = 1.00; RMSEA = .00 (90% CI: 0.00, 0.05). All factor loadings were statistically significant ($p < .01$), ranging from 0.22 to 0.63" Time 2: "χ^2/df = 1.39; CFI = 0.99; TLI = 0.98; RMSEA = .02 (90% CI: 0.00, 0.08). All factor loadings were statistically significant ($p < .01$), ranging from 0.34 to 0.75 … Factor loadings were consistent with theory" (p. 319)
Psychological empowerment (Spreitzer, 1995)	12 items composing four subscales of meaning, competence, self-determination, and impact	Scores of subscales summed to create total score; higher scores represent higher empowerment Likert scale (1–7) for each item; items summed and averaged for each subscale	Total psychological empowerment α = 0.62–0.72 Test-retest among subscales α = 0.79–0.85 ($p < .05$) with tests 5 months apart	Factor analysis (convergent and divergent validity) AGFI = 0.93–0.87, RMSR = 0.04–0.07, NCNFI = 0.97–0.98

SAW (Kinjerski & Skrypnek, 2006)	18 items composing four subscales of *engaging work, sense of community, mystical experience,* and *spiritual connection*	Scores of 4 subscales summed to create *SAW* score; higher scores represent higher perceptions of *SAW* Likert scale (1–6) for each item	Total *SAW* $\alpha = 0.93$ Four subscales $\alpha = 0.86–0.9$	Cross-validation comparison of two samples Factor loadings 0.56–0.99 Subscales and total scale significantly correlated Face/content validity
Resonant leadership (Estabrooks et al., 2009)	10 items measuring components of resonant leadership	Likert scale (1–6) for each item Means of those who answered (1)–(5) used as resonant leadership score	High internal consistency for total scale $\alpha = 0.95$	Face/content validity Correlations between variables above 0.5, most above 0.6
Job satisfaction (Quinn & Shepard, 1974)	Four items from job satisfaction index	Likert scale (1–7)	Internal consistency of items $\alpha = 0.72$	
Organizational commitment (Meyer et al., 1993)	Six-item modified affective organizational commitment scale	Likert scale (1–7)	Six-item scale $\alpha = 0.74–0.85$	Face and content validity

Table 2 *RN Mean, Standard Deviation, and Reliability of Variables and Components*

Scales/ Subscales	Minimum–Maximum	*Mean (SD)*	Cronbach's α (Survey)	Cronbach's α (Literature)
Structural empowerment	**22.00–57.00**	**37.49 (7.69)**	**0.86**	**0.78–0.93** (Laschinger et al., 2012)
Opportunity	4.00–15.00	11.85 (2.30)	0.78	
Information	3.00–15.00	8.56 (3.06)	0.87	
Support	3.00–15.00	8.66 (2.77)	0.83	
Resources	3.00–15.00	8.47 (2.23)	0.73	
Psychological empowerment	**30.00–82.00**	**61.41 (9.64)**	**0.88**	**0.62–0.72** (Spreitzer, 1995)
Competence	3.00–21.00	16.84 (2.87)	0.81	
Meaning	3.00–21.00	17.36 (3.27)	0.91	
Self-determination	3.00–21.00	14.70 (3.55)	0.74	
Impact	3.00–21.00	12.23 (3.74)	0.90	
SAW	**20.00–108.00**	**75.94 (15.14)**	**0.93**	**0.93** (Kinjerski & Skrypnek, 2006b)
Engaging work	8.00–42.00	31.68 (6.22)	0.87	
Sense of community	4.00–18.00	13.32 (2.61)	0.79	
Mystical experience	5.00–30.00	18.41 (5.12)	0.79	
Spiritual connection	3.00–18.00	12.41 (4.05)	0.88	
Organizational commitment	**6.00–42.00**	**22.98 (3.18)**	**0.86**	**0.74–0.85** (Meyer et al., 1993
Job satisfaction	**4.00–28.00**	**20.18 (5.14)**	**0.93**	**0.72** (Quinn & Shepard, 1974)
Resonant leadership	**10.00–59.00**	**37.67 (11.55)**	**0.96**	**0.95** (Estabrooks et al., 2009)

system developed for the other questions, to permit comparison. This manifest content analysis provided additional insight into the causal effects between model variables, or concepts. The unstandardized causal estimates of the significant parameters and the associated survey comments follow.

Resonant leadership led to greater perceptions of resources ($\beta = 0.51$, $p < 0.05$), support ($\beta = 0.28$, $p < 0.05$), self-determination ($\beta = 0.43$, $p < 0.05$), engaging work ($\beta = 0.16$, $p < 0.05$), and spiritual connection ($\beta = 0.26$, $p < 0.05$).

Respondents made 17 separate comments on leadership. Eleven expressed concern: "Leaders are 100% accountable for the teams they create." Six commented that the work environment was positive despite worries about management. Two respondents expressed concern about the presence of acting managers: "We haven't had a formal leader (permanent) in place for over a year now."

Structural empowerment. The concepts of information ($\beta = 0.27$, $p < 0.05$) and opportunity ($\beta = 0.31$, $p < 0.05$) led to an increased perception of self-determination, while opportunity led to a greater perception of impact ($\beta = 0.29$, $p < 0.05$). Support led to greater perceptions of opportunity ($\beta = 0.29$, $p < 0.05$) and information ($\beta = 0.45$, $p < 0.05$), while resources led to an increased perception of opportunity ($\beta = 0.22$, $p < 0.05$).

Twenty-two respondents commented on structural empowerment and six described an absence of support in their workplace, with comments such as "every day I am faced with an environment that is high-paced and critical with little reward." One described a supportive work environment: "The sky is the limit as to what creative programs and super patient care people in helping professions can come up with when they feel valued and empowered." Seven described the impact on their work environment of the lack of resources such as adequate staffing, time for patient care, staff-wellness resources, and overall budget. Three of the seven expressed the view that "time constraints are huge barriers to 'being there' for clients when they need you."

Psychological empowerment. The concept of meaning led to greater perceptions of engaging work ($\beta = 0.28$, $p < 0.05$) and spiritual connection ($\beta = 0.43$, $p < 0.05$), while impact led to an increased perception of sense of community ($\beta = 0.19$, $p < 0.05$). Competence led to a greater perception of meaning ($\beta = 0.42$, $p < 0.05$). Self-determination led to greater perceptions of impact ($\beta = 0.43$, $p < 0.05$) and competence ($\beta = 0.42$, $p < 0.05$).

Nine respondents referred to psychological empowerment: "I believe strongly in empowering people, and emanating a passion to work in such a challenging department." Two questioned the meaning of the organiza-

tion for them: "I feel less satisfied with the entire organization and at times question the values that are acted upon (not the ones in writing)." Three wondered if they had any impact within the organization: "I worked with my manager for over a year before she learned my name."

SAW. Spiritual connection led to greater perceived sense of community ($\beta = 0.15, p < 0.05$) and mystical experience ($\beta = 0.43, p < 0.05$). Sense of community ($\beta = 0.32, p < 0.05$) and mystical experience ($\beta = .29, p < 0.05$) led to a greater perception of engaging work. Engaging work was an important outcome variable, since it received significant effects from meaning, sense of community, and mystical experience, accounting for a total of 64% of explained variance (R^2).

Respondents wrote 34 comments about SAW. Eight discussed the influence of each team member on team dynamics: "I work in a very small teaching unit of 10 RNs. We are close and work together in harmony, but also efficiently." Five commented on the benefits to the client of a positive and "upbeat" atmosphere: "I strongly believe that this can be a healing atmosphere when the client senses that the staff get along with each other." Six said that the loss of sense of community culminated in loss of staff: ". . . some of the really good staff are starting to feel undervalued and are seeking and gaining employment elsewhere. This is a sad loss to the clients as well as to peers."

Seven RNs commented on engaging work. Five described having difficulty providing proper care: "I am feeling very frustrated as I love my job and what I do for my patients."

Seven expressed a failure to feel a connection to their work or the absence of a mystical experience. One voiced unhappiness with her work: "I work in this job because I have a mortgage and I like to eat. I would quit in a heartbeat if I had enough money." Two cited a spiritual connection and stated that openness to spiritual beliefs was important for client care and the workplace.

Job satisfaction. Impact ($\beta = 0.32, p < 0.05$) and resonant leadership ($\beta = 0.26, p < 0.05$) led to a greater perception of job satisfaction but rank led to a reduced perception of job satisfaction ($\beta = -1.22, p < 0.05$). It is important to note this inverse relationship between rank and job satisfaction, which indicates that RNs in management positions have less job satisfaction than those in staff positions. Job satisfaction accounted for 56% of the explained variance in the model (R^2).

Four RNs mentioned job satisfaction. Three of these expressed satisfaction: "I am very content in my position as an RN, and satisfied in my career choice!" The fourth stated that her satisfaction levels were constantly changing due to the changing nature of her profession.

Organizational commitment. Impact ($\beta = 0.34, p < 0.05$), spiritual connection ($\beta = 0.32, p < 0.05$), and resonant leadership ($\beta = 0.43, p <$

0.05) led to an increased perception of organizational commitment. Organizational commitment accounted for 50% of explained variance (R^2).

Eight respondents described a lack of organizational commitment, with seven seriously thinking about quitting: "I think . . . that nursing has burned me out. My spirit for nursing and its work is gone — too many years of abuse from the system — overwork — underappreciated and tired of trying. Now it is just a job and pays the bills — maybe it is time to leave nursing."

Rank, experience, and education. Rank led to greater perceptions of information ($\beta = 1.55$, $p < 0.05$) and support ($\beta = 0.60$, $p < 0.05$). Experience led to greater perceptions of impact ($\beta = 0.40$, $p < 0.05$) and competence ($\beta = 0.19$, $p < 0.05$). Education did not have a perceived effect on any of the variables constituting this model.

Discussion

SAW

The results illustrate the powerful effect of spirit on individuals and their workplaces, with engaging work accounting for more of the explained variance in the model than either job satisfaction or organizational commitment. Individuals with high SAW are valuable employees who combine good relationships with their co-workers with exceptional "customer service." This SAW combination of engaging work, sense of community, spiritual connection, and mystical experience receives direct and indirect effects from resonant leadership, structural empowerment, and psychological empowerment, culminating in increased workplace productivity and commitment (Kinjerski & Skrypnek, 2008). SEM analysis indicates that the perception of resonant leadership, the demographic variable of experience, and the perceptions of individual concepts within structural empowerment and psychological empowerment all have significant causal effects, leading to the perception of SAW.

However, SAW concepts do not have a significant effect on job satisfaction, and only one concept has an effect on organizational commitment, which runs counter to the theoretical model (Figure 1). To explain this incongruity, we turned to the environmental context of our survey. Alberta experienced massive cutbacks to health care throughout the previous decade and, as a direct result, many RNs lost their jobs or were "bumped" from their area of clinical expertise and moved into alternative work. More than 58% of the sample were over the age of 44 and thus had been working in health care during the cutbacks. For the study, job satisfaction was defined as the difference "between how much an employee wants or expects from the job and how much the person actually gets" (Laschinger, Shamian, et al., 2001, p. 212). RNs who were working during the health-care restructuring experienced bumping and

as a direct consequence did not have the same expectations of their job. These RNs perceived SAW, with its holistic emphasis, as a workplace outcome separate from job satisfaction. This singular causal effect of SAW on organizational commitment further suggests that, for this group of RNs, SAW concepts represent outcomes separate from both job satisfaction and organizational commitment.

Structural and Psychological Empowerment

Laschinger, Shamian, et al. (2001) identify important relationships among structural empowerment, psychological empowerment, job satisfaction, and organizational commitment. The use of a single indicator representing each latent concept rather than an average of several indicator scores (Hayduk et al., 2007) supports this finding. The many statistically significant relationships displayed by the single indicators demonstrate the strength of these concept measures.

Separate measures of the individual concepts making up each construct further explain the interactions between concepts within a specific construct while also indicating relationships between constructs. For example, the structural empowerment concepts of support, information, and opportunity had a direct effect on psychological empowerment concepts. However, resources did not have a direct effect on psychological empowerment concepts — rather, resources had a direct predictive effect on information, and therefore an indirect effect on psychological empowerment. All the concepts in this model had a direct or indirect effect on job satisfaction or organizational commitment. Therefore, the model, with its emphasis on individual concepts, described the predictive power of RN perceptions of the health-care workplace.

Resonant Leadership

The perceived effect of resonant leadership on individual concepts within structural empowerment, psychological empowerment, and SAW was evident throughout data analysis. Resonant leadership also had perceived significant effects on job satisfaction and organizational commitment. Educating and supporting health-care leaders to provide resonant leadership is conducive to a healthy work environment, leading to increased organizational commitment and workplace longevity among talented leaders (Lee & Cummings, 2008).

Rank

Although the majority of research literature indicated that nurse managers have greater job satisfaction than bedside nurses, further investigation revealed that job satisfaction may be dependent on environmental context (Laschinger, Finegan, Shamian, & Wilk, 2004). The nursing short-

age at the time of the survey created a stressful environment for managers, similar to that experienced by RNs in Ontario during the SARS epidemic. This environmental stress on managers in Alberta most likely led to the negative effect of rank on job satisfaction in the model.

Education

The absence of an effect between education and other variables in the model should be noted. Slightly more than 50% of the RNs in the sample were diploma-prepared. Neither diploma-prepared nor baccalaureate-prepared nurses perceived a difference in their empowerment, SAW, job satisfaction, or organizational commitment based on their educational preparation. This implies that individual nurses do not experience different treatment by patients, colleagues, or workplace leaders based on educational preparation.

Recommendations for Decision-Makers

Policy-makers, leaders, and educators must develop an awareness and understanding of the components of a healthy workplace. Resonant leadership, the demographic variables of experience and rank, and the concepts that form structural and psychological empowerment all have significant direct or indirect predictive relationships with job satisfaction, organizational commitment, and SAW. SAW also has a moderate effect on RNs' perception of organizational commitment. RNs' perceptions of SAW in their individual workplaces will help leaders and policy-makers to adapt RNs' workplaces to the specific environment or work context. Management awareness of the importance of SAW and the workplace relationships between structures/processes and SAW as an outcome can facilitate health-promoting changes for both RN staff (Stewart, McNulty, Quinn Griffin, & Fitzpatrick, 2010) and patients (Aiken et al., 2008; Middleton, Griffiths, Fernandez, & Smith, 2008).

Leaders must strive to provide resonant leadership, opportunity, and information to their RN staff. Education of staff in healthy workplace concepts and development of formal and informal leadership roles will lead to positive role models for staff, resulting in increased SAW. The model shows that select leadership actions foster perceptions of self-determination, which in turn increase RNs' perceptions of job satisfaction and organizational commitment (DeCicco, Laschinger, & Kerr, 2006; Laschinger et al., 2007). Leaders are encouraged to adopt a resonant style of leadership by actively listening to, acknowledging, and acting on staff feedback (Laschinger, 2004). This may include additional resonant behaviours, such as focusing on successes and potential, supporting and mentoring teams and individuals to achieve goals and outcomes, engag-

ing staff in striving towards a shared vision, and promoting RN autonomy in decision-making (Estabrooks et al., 2009).

Our findings indicate that frontline managers have lower perceptions of job satisfaction than staff. Both our findings and those reported in the literature (Laschinger et al., 2007; Lee & Cummings, 2008) suggest that when the managerial workplace features structural empowerment concepts such as organizational and social support, educational opportunities, information, and adequate resources, RN managers' perception of job satisfaction increases.

Recommendations for Further Research

The results of this exploratory study can serve to guide ongoing inquiry into workplace theory. Both these results and those found in the recent literature (Lee & Cummings, 2008; Leggat, Bartram, Casimir, & Stanton, 2010) indicate that job satisfaction will increase when health-care policymakers and senior executives ensure that structural empowerment components, such as organizational and social support, decentralized decision-making, educational opportunities, information, and adequate resources, are present in the workplace for both RN staff and RN managers. Further research will deepen our understanding of the relationships between the individual concepts forming the constructs of structural empowerment, psychological empowerment, and SAW. The absence of a causal relationship between education and job satisfaction contradicts the research literature and requires further investigation. Further research may also serve to clarify the role of SAW in the workplace as both a mediating and an outcome variable. In addition, we need to investigate the relationship between RNs' perception of SAW and positive outcomes such as reduced absenteeism and increased retention. Combining RN outcomes research with research on the relationship between SAW and objective patient outcome data such as reduction in patient falls, pressure ulcers, and medication errors will provide valuable information for decision-makers.

Limitations

The survey return rate of 31% may have introduced bias into the study despite random selection of participants. The relatively small sample size and the complexity of the model necessitated the use of a single indicator for each measured concept. The single indicator was chosen as the best representative of the concept according to theory, whereas the common practice of using two or three indicators might have improved statistical control of potential confounders (Hayduk & Littvay, 2012).

The sample had a slightly higher representation of RNs in management and RNs with a higher level of education; consequently the results may be weighted towards the perspectives these two groups. However,

the failure of education to have a significant effect on the model may discount the limitation imposed by the excessive representation of RNs with degrees. Since all of the model concepts represent the perceptions of the individual and can be measured only through self-report, none of the data were observational. However, as Laschinger, Finegan, et al. (2001) hypothesize, "given the demonstrated reliability and validity of the measures used . . . common method variance problems should be somewhat attenuated" (p. 265).

Conclusion

The findings contribute to health-care workplace theory and research that guide the creation of a healthier environment for staff and patients alike. Exploration of the relationships between SAW concepts and individual theoretical empowerment concepts further develop workplace theory and strengthen and complement previous results (Kinjerski & Skrypnek, 2008; Laschinger & Havens, 1997). This research situates SAW within the realm of evidence-based management as both a mediator and an important outcome of the RN workplace. In addition, the role of resonant leadership, with its multiple effects on other constructs within workplace theory, is shown to be an essential component of a workplace where professionals function as employees (Cummings, 2004). This research provides RNs and health-care leaders with a rich body of information upon which to base decisions concerning the evaluation of existing workplaces and the design of future healthy ones. The findings make a valuable contribution to the substantive body of nursing knowledge, introducing SAW as a workplace outcome that provides a holistic measure of the nurse's voice within the health-care workplace. Decision-makers in the areas of policy, leadership, and organizational structure will benefit from listening to the voice of this professional caregiver situated at the patient's side.

References

Aiken, L. H., Clarke, S. P., & Sloane, D. M. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration, 38*(5), 223–229.

Altaf, A., & Awan, M. A. (2011). Moderating affect of workplace spirituality on the relationship of job overload and job satisfaction. *Journal of Business Ethics, 104,* 93–99.

Armellino, D., Quinn Griffin, M. T., & Fitzpatrick, J. J. (2010). Structural empowerment and patient safety culture among registered nurses working in adult critical care units. *Journal of Nursing Management, 18,* 796–803.

Cummings, G. G. (2004). Investing relational energy: The hallmark of resonant leadership. *Canadian Journal of Nursing Leadership, 17*(4), 76–87.

Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, E. A., Lo, E., . . . Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies, 47,* 363–385.

DeCicco, J., Laschinger, H. K. S., & Kerr, M. (2006). Perceptions of empowerment and respect: Effect on nurses' organizational commitment in nursing homes. *Journal of Gerontological Nursing, 32*(5), 49–56.

Ellenbecker, C. H., & Cushman, M. (2012). Home healthcare nurse retention and patient outcome model: Discussion and model development. *Journal of Advanced Nursing, 68*(8), 1881–1893.

Estabrooks, C. A., Squires, J. E., Cummings, G. G., Birdsell, J. M., & Norton, P. G. (2009). Development and assessment of the Alberta Context Tool. *BMC Health Services Research, 9*(1), 234.

Furtado, L. C. D. R., Batista, M. D. G. C., & Silva, F. J. F. (2011). Leadership and job satisfaction among Azorean hospital nurses: An application of the Situational Leadership Model. *Journal of Nursing Management, 19,* 1047–1057.

Hauck, A., Quinn Griffin, M. T., & Fitzpatrick, J. J. (2011). Structural empowerment and anticipated turnover among critical care nurses. *Journal of Nursing Management, 19,* 269–276.

Hayduk, L. A. (1987). *Structural equation modelling with LISREL: Essentials and advances*. Baltimore: Johns Hopkins University Press.

Hayduk, L. A., & Littvay, L. (2012). Should researchers use single indicators, best indicators, or multiple indicators in structural equation models? *BMC Medical Research Methodology, 12,* 159.

Hayduk, L. A., Robinson, H. A., Cummings, G. G., Boadu, K., Verbeek, E. L., & Perks, T. A. (2007). The weird world, and equally weird measurement models: Reactive indicators and the validity revolution. *Structural Equation Modeling: A Multidisciplinary Journal, 14*(2), 280–310.

Health Canada. (2007). *The working conditions of nurses: Confronting the challenges.* Ottawa: Author. Retrieved December 15, 2013, from from www.hrhresourcecenter.org/node/1452.

Jackson, D., Firtko, A., & Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *Journal of Advanced Nursing, 60*(1), 1–9.

Jöreskog, K., & Sörbom, D. (1996). *LISREL 8*: *User's reference guide*. Lincolnwood, IL: Scientific Software International.

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

Kinjerski, V. (2004). *Exploring Spirit At Work: The interconnectedness of personality, personal actions, organizational features, and the paths to Spirit At Work*. Unpublished doctoral dissertation, University of Alberta.

Kinjerski, V., & Skrypnek, B. J. (2004). Defining Spirit At Work: Finding common ground. *Journal of Organizational Change Management, 17*(1), 26–42.

Kinjerski, V., & Skrypnek, B.J. (2006a). Creating organizational conditions that foster Spirit At Work. *Leadership and Organization Development Journal, 27*(4), 280–295.

Kinjerski, V., & Skrypnek, B. (2006b). Measuring the intangible: Development of the Spirit At Work Scale. In K. M. Weaver (Ed.), *Best paper proceedings of the sixty-fifth annual meeting of the Academy of Management* (CD). Unpublished manuscript (available from the author).

Kinjerski, V., & Skrypnek, B. J. (2008). The promise of Spirit At Work. *Journal of Gerontological Nursing, 34*(10), 17–26.

Koberg, C. S., Boss, R. W., Senem, J. C., & Goodman, E. A. (1999). Antecedents and outcomes of empowerment. *Group and Organization Management, 24*(1), 71–91.

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

Laschinger, H. K. S. (2004). Hospital nurses' perceptions of respect and organizational justice. *Journal of Nursing Administration, 34*(7/8), 354–364.

Laschinger, H. K. S., 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. K. S., Finegan, J., Shamian, J., & Wilk, P. (2004). A longitudinal analysis of the impact of workplace empowerment on work satisfaction. *Journal of Organizational Behavior, 25,* 527–554.

Laschinger, H. K. S., & Havens, D. S. (1997). Creating the environment to support shared governance: Kanter's theory of power in organizations. *Journal of Shared Governance, 3*(1), 15–23.

Laschinger, H. K. S., Leiter, M., Day, A., Gilin-Oore, D., & Mackinnon, S. P. (2012). Building empowering work environments that foster civility and organizational trust. *Nursing Research, 61*(5), 316–325.

Laschinger, H. K. S., Purdy, N., & Almost, J. (2007). The impact of leader–member exchange quality, empowerment, and core self-evaluation on nurse managers' job satisfaction. *Journal of Nursing Administration, 37*(3), 221–229.

Laschinger, H. K. S., Shamian, J., & Thomson, D. (2001). Impact of magnet hospital characteristics on nurses' perceptions of trust, burnout, quality of care, and work satisfaction. *Nursing Economics, 19*(5), 209–219.

Lee, H., & Cummings, G. G. (2008). Factors influencing job satisfaction of front line nurse managers: A systematic review. *Journal of Nursing Management, 16*(7), 768–783.

Leggat, S. G., Bartram, T., Casimir, G., & Stanton, P. (2010). Nurse perceptions of the quality of patient care: Confirming the importance of empowerment and job satisfaction. *Health Care Management Review, 35*(4), 355–364.

Leiter, J., & Maslach, C. (2009). Nurse turnover: The mediating role of burnout. *Journal of Nursing Management, 17,* 331–339.

Meyer, J., Allen, N., & Smith, C. (1993). Commitment to organizations and occupations: Extension and test of a three-component conceptualization. *Journal of Applied Psychology, 78*(4), 538–551.

Middleton, S., Griffiths, R., Fernandez, R., & Smith, G. (2008). Nursing practice environment: How does one Australian hospital compare with magnet hospitals? *International Journal of Nursing Practice, 14*(5), 366–372.

Mitroff, I., & Denton, E. (1999). A study of spirituality in the workplace. *Sloan Management Review, 40*(4), 83–92.

Norman, G. R., & Streiner, D. L. (2008). *Biostatistics: The bare essentials* (3rd ed.). Maidenhead, UK: McGraw-Hill.

Polit, D. F., & Beck, T. C. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia: Lippincott Williams & Wilkins.

Purdy, N., Spence Laschinger, H. K., Finegan, J., Kerr, M., & Olivera, F. (2010). Effects of work environments on nurse and patient outcomes. *Journal of Nursing Management, 18,* 901–913.

Quinn, R. P., & Shepard, L. J. (1974). *The 1972–73 Quality of Employment Survey: Descriptive statistics, with comparison data from the 1969–70 Survey of Working Conditions*. Ann Arbor: Institute for Social Research, University of Michigan.

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

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

Stewart, J. G., McNulty, R. Sr., Quinn Griffin, M. T., & Fitzpatrick, J. J. (2010). Psychological empowerment and structural empowerment among nurse practitioners. *Journal of the American Academy of Nurse Practitioners, 22,* 27–34.

Wagner, J. I. J., Cummings, G., Smith, D. L., Olson, J., Anderson, L., & Warren, S. (2010). The relationship between structural empowerment and psychological empowerment for nurses: A systematic review. *Journal of Nursing Management, 18,* 448–462.

Wang, L., Tao, H., Ellenbecker, C. H., & Liu, X. (2011). Job satisfaction, occupational commitment and intent to stay among Chinese nurses: A cross-sectional questionnaire survey. *Journal of Advanced Nursing, 68*(3), 539–549.

Webb, G. M. (1992). *An empirical investigation of the relationship between interpretive styles and empowerment*. Unpublished manuscript, Arizona State University.

Webber, C. (2009). *Between a rock and a hard place: When healthcare providers experience moral distress. Report on the World Café exercise.* Edmonton: Provincial Health Ethics Network.

Yagil, D., & Luria, G. (2010). Friends in need: The protective effect of social relationships under low-safety climate. *Group and Organization Management, 35*(6), 727–750.

Joan I. J. Wagner, RN, PhD, is Assistant Professor, Faculty of Nursing, University of Regina, Saskatchewan, Canada. Sharon Warren, PhD, is Director, Rehabilitation Research Centre, and Professor, Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, Canada. Greta Cummings, RN, PhD, is Professor, Faculty of Nursing, University of Alberta. Donna L. Smith, RN, MEd, RPsych, CHE, is Associate Professor, Faculty of Nursing, University of Alberta. Joanne K. Olson, RN, PhD, is Professor, Faculty of Nursing, University of Alberta.