FACTORS INFLUENCING PSYCHOLOGICAL EMPOWERMENT OF
NURSE AIDES IN NURSING HOMES

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The purpose of this study is to identify predictors of psychological empowerment among nurse aides in nursing homes. Five structural factors (information exchange, decentralization of resources, co-worker support, supervisor support, and availability of training) and four control factors (age, sex, level of education, and race) are analyzed using multivariate linear regression to examine their effects on psychological empowerment. Two of the five structural factors, decentralization of resources and supervisor support, are shown to positively influence psychological empowerment. Nursing home managers can consider developing and implementing procedures that decentralize resources and demonstrate supervisor support in order to increase psychological empowerment. Based on the findings of this study theory and practice might benefit from additional study of decentralization of resources and supervisor support.
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Introduction

Over the past thirty years, nursing homes have been developing new strategies to empower their workers. Examples include: Pioneer Network’s 1990s re-organization toward “person-focused care,” and the 1994 Wellspring model that encourages direct care workers to be more involved in decision making (Yeatts and Cready, 2007). These new strategies are beginning to show the value of empowering workers. Further, research on empowerment of certified nurse aides (CNAs) in nursing homes has shown numerous positive effects. For example, Yeatts and Cready (2007) found empowered work teams to have positive effects on commitment and information sharing that contributed to improved resident care. Manojlvich (2006) found that empowerment created positive practice conditions that contributed to job satisfaction (see also Kuo, 2007; Hechanova, 2006); and Horchwalder (2007) found that empowerment had a negative association with employee burnout.

While there have been a variety of studies that have reported on the positive impacts of empowered CNAs, there have been far fewer that have examined how empowerment has been created among CNAs. The primary purpose of this study was to identify the predictors, or antecedents, of empowerment. This study also contributes to the development of a theoretical model designed to explain how empowerment is created. Identifying predictors can assist nursing home managers in obtaining the positive influences found to be associated with CNA empowerment. Provided below is first, a definition of empowerment, followed by a review of studies that have examined the antecedents, or predictors of empowerment. These are followed
Defining Empowerment

Two differing approaches have been used to define empowerment. One approach is to focus on the structural features of the organization that are believed to empower its workers. This has been referred to as organizational, or structural, empowerment (see Kanter, 1983). The second approach to defining empowerment focuses on the psychological perceptions of the CNA rather than organizational features of the nursing home. It has been argued that the existence of empowerment can only exist when employees actually feel that they are empowered. This has been defined as psychological empowerment. Spritzer (1995) expanded on the works of Thomas and Velthouse (1990) and Conger and Kanungo (1988) in defining psychological empowerment as a cluster of four psychological characteristics. These include: 1) impact, 2) meaning, 3) self-determination, and 4) competence. Impact is the degree to which an individual feels that he or she is having a positive influence on the outcomes of the work such as care that is provided to nursing home residents. Work is considered to have meaning when the work tasks reflect the worker’s individual beliefs, values, and behaviors. Self-determination is defined as an individual’s sense of having choice in initiating and regulating actions. This reflects autonomy in the initiation and continuation of work behaviors and processes such as making decisions about work methods, pace, and effort (Deci, Connell, & Ryan, 1989; Bell & Straw, 1989; Spector, 1986). Competence, or self-efficacy, is identified as an individual belief in his or her capability to perform the work activities (Bandura, 1989; Spritzer, 1995).

Spritzer (1995) further clarifies the concept of psychological empowerment by suggesting
that: 1) psychological empowerment is a continuous variable, meaning a person can be more or less empowered rather than either empowered or not empowered, 2) psychological empowerment is not simply a personality trait generalizable across situations but a set of cognitions that is shaped by a work environment (Thomas and Velthouse, 1990), and 3) psychological empowerment reflects people’s perceptions about themselves in relation to their work environments (Bandura, 1989). This study uses the psychological perspective to define empowerment in the work place.

Factors Affecting Psychological Empowerment

Provided below is a discussion of characteristics that have been found to affect psychological empowerment. These include: 1) information exchange, 2) decentralization of resources, 3) co-worker support, 4) supervisor support, and 5) training availability.

Information Exchange

Information exchange has been defined as the sharing of knowledge and experiences directed towards the enhancement of organizational quality or, in the case of nursing homes, increasing the quality of care to residents (Sprtizer, 1995). Kanter (1989) posited that in order to be more empowering, organizations must make more information more available to more levels through more devices. CNAs in nursing homes need to communicate fast and effectively for many reasons. Since there are often several CNAs that care for many residents throughout the day, it is reasoned that changes in residents’ conditions need to be shared among CNAs so that necessary care can be provided to each resident effectively. New residents are often admitted into nursing homes and new information regarding individualized care must be communicated to
CNAs in order to ensure quality care. Certain CNAs can also develop unique relationships with specific residents and learn special information regarding care (Yeatts and Cready, 2007). This information needs to be shared with other CNAs so that the best methods and quality care can be given by each CNA.

Past research has shown information exchange to have a positive effect on empowerment in service, industrial and nursing home settings (Conger & Kanungo, 1988; also see Lawler, 1992). Spritzer (1995) found that employees who received greater access to information about their organization’s mission reported higher levels of empowerment. Kirkman and Rosen (1999) also found industrial work teams that have access to strategic information and who showed higher degrees of inter-team coordination and communication reported to have higher levels of empowerment. With respect to nursing homes, where the organization’s mission is providing quality care to its residents, greater access to information appears to be particularly relevant in influencing empowerment. Chan, Taylor, and Markham (2008) found in their study on health care employees that informative support from management, which is analogous with open communication and information exchange, was a critical factor that influenced the extent of psychological empowerment that was perceived by employees. Yeatts and Cready (2007) also found, in their study of CNAs in nursing homes, that the enhancement of communication among work teams increased individual feelings of empowerment. These studies suggest the following hypothesis:

H1: Information exchange is positively related to psychological empowerment.

Decentralization of Resources

Decentralizing the access of resources from the top levels of the organizational hierarchy
is a key to empowering its workers (Kanter, 1983). Kanter (1983) referred to decentralization of resources as a structural feature within an organization which allows frontline employees to access and acquire materials, staff, time or space in order to proceed with work tasks. Bowen & Lawler (1992), in their study of the empowerment of service workers, found that access to resources enhanced workers’ sense of self-efficacy and control over environmental contingencies which relates to the self-determination and impact dimensions of psychological empowerment (Spritzer, 1996). Conger and Kanungo (1988) have argued that the results of decentralizing resources are highly energized individuals who assume responsibility for, and ownership of, their work roles which is similar to the meaning dimension of psychological empowerment (Spritzer, 1996). Nonaka’s (1998) “middle-up-down management” system enabled each organizational member with the authority to determine internal timelines and resource allocation issues (Spritzer, 1996). These were found to enhance the employees’ sense of empowerment. Kirkman and Rosen, (1999) in their study of industrial work teams, found that the more a team’s members had access to work unit resources, the more they reported higher levels of psychological empowerment. Chan, Taylor, and Markham (2008) also showed that resource support, which is analogous with decentralization of resources, played a critical role in positively influencing the perception of psychological empowerment among health care employees. This positive and significant relationship between a decentralized organizational culture and psychological empowerment provides practitioners insight into adopting such cultural values to promote perceptions of empowerment among employees (Chan, Taylor, and Markham, 2008). These studies suggest the following hypothesis:

H2: Individuals who perceive that they have a high degree of access to resources will report a higher level of empowerment.
Co-Worker Support

Co-worker support is defined in this study as a general belief that co-workers will help one another with work tasks. In her study of fortune 50 company workers, Spritzer (1996) found that sociopolitical support, a term which contains elements of co-worker support, is positively related to psychological empowerment. Co-worker support appears to be particularly relevant in nursing homes because of the co-dependent nature of the work environment. And, collaboration and interdependence has been also shown to positively influence feelings of empowerment (Yeatts and Cready, 2007). Yeatts and Cready (2007) found that CNA work teams that showed increased cooperation and interdependence, also showed increased feelings of empowerment. Kirkman and Rosen (1999) in their study of industrial work teams, found that the more a team’s members have sociopolitical support, the more they reported to have higher levels of psychological empowerment. Social support, which is also analogous with co-worker support, was also found by Chan, Taylor, and Markham (2008) to have a significant positive effect on psychological empowerment as perceived by health care employees. Employees that were connected within a social network were empowered to influence the direction of their organization. (Chan, Taylor, and Markham, 2008). These studies suggest the following hypothesis:

H3: The more employee’s feel that they can count on co-workers for support the more they will report feelings of psychological empowerment.

Perceived Supervisor Support

Perceived supervisor support (PSS) has been defined as the general views held by
employees concerning the degree to which their supervisors value their contributions and care about their wellbeing (Kottke & Sharafinski, 1988; and Eisenberger et al., 2002). Kirkman and Rosen (1999) in their study of psychological empowerment within work teams, found that when supervisors supported workers by using their ideas, the workers experienced feelings of having an impact on their work environment and subsequently felt more empowered. Further, Kent and Rondeau (2005) observed that, in their study of Canadian nursing homes, supervisor support increased empowerment among employees. Also, in their study of self-managed work teams, Yeatts and Hyten (1999) found that members of high performing work teams reported having high levels of support from management, and reported higher levels of control over decision-making which is analogous to psychological empowerment. A study of Chinese service employees by Powpaka (2008) found that management support resulted in employees feeling more self-determined and empowered. Based on these studies, it is hypothesized:

H4: Supervisor support positively effects psychological empowerment.

Availability of Training

Yeatts and Hyten (1998) defined training as the organizational means by which work specific skills are provided to its workers. It wasn’t until the mid to late 1980s that long-term care professionals began to recognize a need for training those who provide direct care to nursing home residents (Yeatts, Cready, Swan, & Shen, 2010; Burgio and Burgio, 1990; Aylward et al., 2003). Knowledge requirements that are outlined in the Omnibus Reconciliation Act of 1987 include new regulations for resident care, a reduction and elimination of physical and chemical restraints, and the development of individual care plans in order to ensure quality care to nursing home residents (Yeatts et al., 2010). Because of this, nursing homes require CNAs to be
knowledgeable of, and well prepared for, the many requirements and techniques that are necessary in order to carry out quality care for their residents. Today, the training requirements are again being re-thought as nursing home managers shift their paradigm of thinking to one of “personalized” care (Yeatts et al., 2010).

Training has been found in past research to foster psychological empowerment as well as several of its component parts including self-determination, impact, and competence among CNAs (Coogle et al. 2007; Yeatts and Cready, 2007). Yeatts et al. (2010) in their study on the effects of training availability on empowerment, found that CNAs who perceived training to be available when needed were more likely to report feelings of being empowered. Hoeffer, et al. (2006) drew similar conclusions from their study of two training programs designed to improve bathing practices of residents in nursing homes. Kent and Rondeau (2004) found that training and development activities are necessary to enable employees to be more competent in their work tasks which directly relates to Spritzer’s (1995) dimension of psychological empowerment. King (2009) in her study of 130 healthcare workers, examined the effects of a training method grounded in worker empowerment and found that training sessions were responsible for empowering results such as gaining confidence and self-esteem, both relating to the self-determination and competence dimensions of psychological empowerment (Spritzer, 1995). These studies suggest the following hypothesis:

H5: Availability of training is positively related to employee feelings of psychological empowerment.

Socio Demographic Effects

There are several demographic variables that have been reported to affect empowerment
which include sex, age, level of education and race. Kanter’s (1977) study found that female managers received less support than males which contributed to feeling less empowered. Older managers were found to also receive less support, information, and resources than others which contributed to diminished feelings of empowerment (Spritzer, 1996). Spritzer (1996) reported that more educated workers feel more competent and therefore experiences more psychological empowerment than less educated workers. Race is also a control group in this study due to an over representation of white CNAs. These socio-demographic variables are considered to be personal characteristics that are not influenced by organizational features and will be used in this study as control variables. The following section will discuss the methods of measurement used in this study.

Methodology

Survey data of CNAs in 11 nursing homes were used to measure the independent and dependent variables. Provided below is a description of data collection, how the variables were measured, and statistical procedures that were used.

Data Collection and Participants

The data for this study came from a larger research project designed to examine the empowerment of nurse aides in 11 North Texas nursing homes (NH). A complete description of the data collection procedures is provided by Yeatts and Cready (2007). The 11 nursing homes were surveyed between 2002 and 2005. Prior to collecting data for this study, the study proposal and questionnaire were submitted to an author affiliated Institutional Review Board. It received full review and was approved. While the procedures for data collection varied somewhat from
NH to NH, typically the self-administered questionnaires were distributed to the direct care workers (DCWs) during a staff meeting. For those DCWs who did not attend this staff meeting, a researcher later attempted to locate each DCW individually during her or his working hours and requested her or him to complete the instrument. In some cases, this included visits to the NH very late at night or very early in the morning. Typically, a researcher waited for the DCW to complete the self-administered questionnaire and collected it back immediately. In a few cases where a DCW was difficult to reach, the instrument was left for this DCW at the NH and then obtained at a later time by a researcher. The response rate was approximately 65%. This was difficult to calculate exactly because some of those originally on the list of employed DCWs no longer worked at the NH at the time of the survey.

Dependent Variable

The dependent variable in this study is psychological empowerment. This study adopts Spritzer’s (1995) definition of psychological empowerment as a multifaceted theoretical construct that are the combination of four psychological characteristics held by an employee which include: 1) impact, 2) meaning, 3) self-determination, and 4) competence (see Appendix and Table 1). The original categories for all survey items included: 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree. In order to create a global measure of psychological empowerment, an index was made to include an average score for each respondent with each factor receiving equal weight in calculating the average. Principal axis factoring was used to determine the reliability of these factors. The extraction method of the four factors was a principal component analysis using varimax with Kaiser normalization rotation method. After averaging the nine survey items of these factors together a reliability test of these factors showed
a Cronbach’s alpha of .450 (Table 1). This score is considered to be unsatisfactorily low but was used as the best alternative available for a global measure of psychological empowerment. A separate analysis was performed for each dimension of psychological empowerment (Table 1). A description of the survey items and methods used to measure each factor of psychological empowerment is provided below.

Impact is defined as the degree to which an individual feels that he or she is influencing the outcomes of work (Spritzer, 1995). Impact is measured by three survey items which include: “I sometimes provide new ideas at work that are used,” “I sometimes provide solutions to problems at work that are used,” and “I sometimes suggest new ways for doing work that are used.” A reliability analysis of impact showed a Cronbach’s alpha based on standardized items of .730 (Table 1).

Meaning is defined in this study as the value of a work goal or purpose, judged in relation to an individual’s own ideals, which involves a fit between the work role and beliefs, values and behaviors of the worker (Spritzer, 1995). Meaning is measured in this study with one survey item: “I feel I am positively influencing other people’s lives through my work.” Descriptive statistics for meaning are shown in Table 1.

Competence is defined as an individual’s belief in his or her capability to perform work tasks with skill which is analogous to agency beliefs, personal mastery and performance expectancy. Competence is measured in this study with two survey items which include: “I have all the skills and knowledge needed to do a good job and I use them,” “I have all the skills and knowledge I need to do a good job.” A reliability analysis of competence showed a Cronbach’s alpha based on standardized items of .69 (Table 1).

Self-determination is defined as an individual’s sense of having choice in initiating and
regulating actions with autonomy in the initiation and continuation of work behaviors and processes like making decisions about work methods, pace, and effort. Self-determination is measured with three survey items which include: “I am allowed to make my own decision about how I do my work,” “While at work, I make many decisions on my own or with other nurse aides,” and “CNAs decide on the order in which to do things.” A reliability analysis of self-determination showed a Cronbach’s alpha based on standardized items of .60 (Table 1).

Independent Variables

There are 5 independent variables in this study. These include: information exchange, training availability, decentralization of resources, management support, and co-worker support. Principal component analysis was used to identify the survey items representing each of the five structural variables. Descriptive statistics and reliability analysis for all indexed items used in the study are provided in Table 1. All the separate questions used for each concept are provided in the Appendix. All questions used the same 5-point Likert scale: 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, and 5- strongly agree. A description of the methods used for each independent variable is provided below.

The definition of decentralization of resources for this study is a structural feature of an organization which allows employees to access materials, staff, time or space in order to proceed with work tasks (Kanter, 1983). Decentralization of resources is measured with three survey items which include: “When working, I usually have all the supplies and work materials I need to do a good job,” “When I am working, I usually have all the supplies and work materials I need to do a good job, such as towels, gowns, etc.,” “When I need supplies or work materials, I can usually get them such as towels, gowns, etc.” A reliability analysis of decentralization of
resources showed a Cronbach’s alpha of .88.

This study defines ‘co-worker support’ as a general belief that co-workers will help one another with work tasks. Co-worker support among CNAs is measured by two survey questions: “I can trust the other nurse aids I work with to lend me a hand if I need it,” and, “I have the support that I need from the other nurse aides to do a good job.” A reliability analysis of network forming showed a Cronbach’s alpha of .68.

This study defines ‘information exchange’ as the sharing of knowledge and experiences directed towards the enhancement of organizational quality. Information exchange among CNAs is measured by two survey items which include: “When a new resident is admitted, I am given all the information I need about the new resident, and “I am given regular updated information on any changes that have occurred with the residents. A reliability analysis of information exchange showed a Cronbach’s alpha of .75.

This study adopts Yeatts and Hyten’s (1998) definition of “training” as the organizational means by which work specific skills are provided to its members. Training availability among CNAs is measured by two survey items which include: “Training is available whenever I need it, and "Whenever I need additional training, I can get it.” A reliability analysis of decentralization of resources showed a Cronbach’s alpha of .70.

The definition for ‘supervisor support’ is adopted by Eisenberger’s (2002) definition which is a general view held by an employee concerning the degree to which their supervisors value their contributions to their organization and care about their wellbeing. Two survey questions were used to measure perceived supervisor support: “When CNAs make suggestions on how to do their work, the management staff (such as Administrator or Director of Nursing) consider their suggestions seriously, and “The management staff (such as Administrator or
Director of Nursing) listen to the suggestions of CNAs.” A reliability analysis PSS of resources showed a Cronbach’s alpha of .81.

Control Variables

For this study, four socio demographic characteristics are used as control variables. These include level of education, age, sex, and race. These variables were re-coded in order to describe the effect of being white versus non-white, the effect of being female versus male, and whether the respondent had or had not completed twelve years of school. Level of education was not found to be normally distributed because of the large number of cases that reported 12th grade as the level of education. Therefore, a dichotomous variable was created with (0) equaling zero to 11th grade, and (1) equaling 12th grade or higher. Age was measured by a single variable of the reported age of the respondent. Dummy variables were created for race, sex and, as noted above, education. ’White’ was coded as (1) while Black and Other were coded as (0). Female was also coded as (1) and male was coded as (0).

Statistical Methods Used

Descriptive statistics (mean, standard deviations and percentages) for all variables are shown in Table 1. Multivariate linear regression is used to examine the effect of the independent variables on each dependent factor of psychological empowerment as well as a global measure of psychological empowerment (Tables 2). Assumptions for linear regression were considered and all appear to be met with the exception of independence of the respondents from one-another since respondents are “clustered” by nursing home.
Limitations

While the data include a relatively large number of direct care workers (367) from 11 nursing homes, there was not a systematic random sample taken-- this was beyond the resources of this project. Therefore, any generalizations must be considered only tentative at best. The regression analysis has not been adjusted for clustering. This has been left for future analysis. The following section describes the significant findings presented in Table 2.

Findings

The adjusted $R^2$ for the global psychological empowerment model was .235 (Table 2). That is, 23.5% of the variation in the nurse aides’ psychological empowerment can be explained by the independent and control variables. The adjusted $R^2$ in the impact model is .174, meaning that 17.4% of the variation in a nurse aides’ perception of impact can be explained by the independent and control variables. The adjusted $R^2$ in the meaning model was .172 (Table 2) with 17.2% of the variation in a nurse aides’ perception of meaning can be explained by the independent and control variables. The adjusted $R^2$ in the self-determination model was .006 (Table 2) indicating that only 0.6% of the variation in nurse aides’ perception of self-determination explained by the independent and control variables. An examination of the he adjusted $R^2$ for the competence model shows an adjusted $R^2$ of .129 (Table 2) with 12.9% of the variation of nurse aides’ perception of competence explained by the independent and control variables.

Global psychological empowerment was affected by two independent variables, decentralization of resources (beta = .268) and supervisor support (beta = .204) (see Table 2). Impact was affected by one independent variable, supervisor support (beta = .357) (see Table 2).
Meaning was affected by three independent variables, decentralization of resources (beta=.224), co-worker support (beta = .123) and training (beta = .201) (see Table 2). Competence was affected by one independent variable, decentralization of resources (beta = .302) (see Table 2). Self-determination was not affected by any independent variables (see Table 2).

Implications for Theory

This study confirms Hypothesis 2 and Hypothesis 4. Decentralization of resources and supervisor support were positively related to psychological empowerment. Conger and Kanungo (1988) posited that access to resources, which is analogous to decentralized resources, resulted in higher levels of empowerment and meaning. Chan, Taylor, and Markham (2008) identified the relationship between decentralization of resources and psychological empowerment and emphasized that workers who have ready access to work materials and supplies in order to do their job effectively subsequently feel more empowered. The results of this study support these previous studies. Also supported is the work of Yeatts and Cready (2007), who examined the effects of decentralized resources on empowerment and performance among direct care workers in nursing homes. They concluded that decentralized resources positively affected workers’ feelings of empowerment. Not surprisingly, decentralization of resources also shows a significant, positive relationship with the dependent variables, meaning and competence (Table 2). Nurse aides who experienced a decentralization of resources subsequently perceived their job to have more meaning and perceive themselves to be more competent. (See also: Kirkman and Rosen, 1999; Spritzer, 1996, Bowen and Lawler, 1992; and Kanter, 1983). Of all the independent variables that are measured in this study, decentralization of resources is the most consistently significant factor. Decentralization of resources affected three out of the five
dependent variables measured (Table 2).

In reference to the relationship between psychological empowerment and supervisor support, past research (Kent and Rondeau, 2005) has shown that when nurse aides believe that their supervisor is listening and considering their suggestions about their work, the nurse aides also feel they are having a greater impact or influence on their work environment. The results of this study support the findings of Kirkman and Rosen (1999), who posited that when supervisors used their subordinates’ ideas, it increased the workers’ feelings of impact and subsequently increased their feelings of empowerment. This also explains the significant positive relationship found in this study between supervisor support and impact. That is, nurse aides who perceived that their supervisor was listening and considering their suggestions about their work, subsequently perceived that they were having a greater impact on their work environment (Kirkman and Rosen, 1999). Also see Kent and Rondeau (2005).

Level of education was also found to be significant and positively related to global psychological empowerment. This finding supports those of Spritzer (1996), who explained that more educated workers experience greater feelings of psychological empowerment because more educated workers feel more competent and therefore experience more empowerment than less educated workers.

The findings of this study do not confirm Hypotheses 1, that psychological empowerment is positively related to information exchange. This study does not support the works of Spritzer (1995), who found that information exchange was positively related to psychological empowerment (also see Kirkman and Rosen, 1999; Chan, Taylor, and Markham, 2008; and Yeatts and Cready 2007). It is unclear why the findings of past research on information exchange are not supported in this study. Perhaps this lack of affect could be due to differences
in how information exchange was measured in previous studies versus this one. Another explanation may be that after controlling for other factors, information exchange does not cause CNAs to feel more empowered psychologically.

The findings of this study do not confirm Hypothesis 3, that psychological empowerment is positively related to co-worker support. This study does not support the work of Chan, Taylor and Markham (2008) who found that social support, a term which is analogous with co-worker support, is positively related to the psychological empowerment of health care employees (also see Spritzer, 1996; Kirkman and Rosen, 1999; and Yeatts and Cready 2007). It is unclear why the findings of past research are not supported in this study. Possible explanations for this lack of affect could include differences in measurement, or after controlling for other factors, co-worker support does not affect the psychological empowerment of CNAs.

Also, the findings of this study do not confirm Hypothesis 5, that psychological empowerment is positively related to availability of training. This study does not support the work of Yeats and Cready (2010), who found that availability of training was positively related to feelings of empowerment among CNAs. It is again unclear why this study does not support previous research. Explanations regarding this lack of affect include differences in measurement between this study and that of past research, or after controlling for other factors, availability of training does not affect the psychological empowerment of CNAs.

Implications for Practice

Because decentralization of resources is the most consistent factor affecting psychological empowerment in this study, nursing home managers should develop procedures for decentralizing resources if they want greater psychological empowerment among their
workers. In other words, if nursing home managers are seeking more empowered workers through feelings of meaning and competence, they can come closer to realizing this goal by decentralizing resources. This could mean, for example, giving nurse aides ready access to work related resources such as towels, gowns, etc.

Because supervisor support was a significant, positive factor affecting impact and global psychological empowerment, nursing home managers could increase psychological empowerment by implementing procedures that would demonstrate the supervisor’s support, such as by allowing nurse aides to provide suggestions about how to do their work and then working with the nurse aides to implement their suggestions. Level of education is a personal characteristic that was also related to psychological empowerment among nurse aides. Therefore, nursing home managers who want to increase the empowerment of their workforce should consider programs that support further education of their workers. For example, training programs have been shown in past research to increase empowerment among nurse aides (King 2009).

Future Research

Based on the consistency of influence decentralization of resources had on psychological empowerment in this study, theory and practice might benefit subsequently from additional study of this work characteristic. A second factor that appears to warrant additional research is supervisor support. Such work might result in theoretical and practical applications of the affect of supervisor support on psychological empowerment.
Table 1

Descriptive Statistics and Reliability

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<td>**</td>
<td></td>
</tr>
<tr>
<td>Competence</td>
<td>4.2</td>
<td>.7</td>
<td>400</td>
<td>.690</td>
<td></td>
</tr>
<tr>
<td>Self-determination</td>
<td>2.9</td>
<td>.8</td>
<td>397</td>
<td>.600</td>
<td></td>
</tr>
<tr>
<td>Impact</td>
<td>3.0</td>
<td>.8</td>
<td>401</td>
<td>.730</td>
<td></td>
</tr>
<tr>
<td>Global Psychological Empowerment</td>
<td>3.5</td>
<td>.5</td>
<td>380</td>
<td>.450</td>
<td></td>
</tr>
</tbody>
</table>

*Alpha not applicable because of only one survey item measuring meaning variable*
Table 2

Factors Influencing Psychological Empowerment

<table>
<thead>
<tr>
<th>Control Variables:</th>
<th>Impact</th>
<th>Meaning</th>
<th>Self Determination</th>
<th>Competence</th>
<th>Global Psyc Empow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: Female</td>
<td>Beta: -.011</td>
<td>Beta: .094</td>
<td>Beta: -.039</td>
<td>Beta: .101</td>
<td>Beta: .049</td>
</tr>
<tr>
<td>Age</td>
<td>Beta: .012</td>
<td>Beta: .054</td>
<td>Beta: .012</td>
<td>Beta: -.010</td>
<td>Beta: .026</td>
</tr>
<tr>
<td>Education</td>
<td>Beta: .089</td>
<td>Beta: .046</td>
<td>Beta: .608</td>
<td>Beta: .057</td>
<td>Beta: .123*</td>
</tr>
</tbody>
</table>

Independent Variables:

| Information Exchange                   | Beta: .046  | Beta: -.050 | Beta: .009        | Beta: -.015 | Beta: -.001        |
| Decentralization of Resources          | Beta: .085  | Beta: .224** | Beta: .056        | Beta: .302*** | Beta: .268***      |
| Co-Worker Support                      | Beta: .012  | Beta: .123*  | Beta: .004        | Beta: .049  | Beta: .079         |
| Supervisor Support                     | Beta: .357*** | Beta: .035  | Beta: .050        | Beta: .047  | Beta: .204**       |
| Training                               | Beta: .012  | Beta: .201*  | Beta: .014        | Beta: .048  | Beta: .093         |


# of Cases                              | 281        | 282        | 279               | 282        | 278               |

* p < .05   **p < .01   ***p < .001
APPENDIX

QUESTIONNAIRE
Dependent Variables: Psychological Empowerment

Meaning- the value of a work goal or purpose, judged in relation to an individual’s own ideals which involves a fit between the work role and beliefs, values, and behaviors of the worker (Spritzer, 1995).
-- I have accomplished many worthwhile things in this job.

Competence- an individual’s belief in his or her capability to perform activities with skill which is analogous to agency beliefs, personal mastery, or effort performance expectancy (Spritzer, 1995).
-- I have all the skills and knowledge needed to do a good job and I use them.
-- I have all the skills and knowledge to do a good job.

Self Determination- an individual’s sense of having choice in initiating and regulating actions which reflects autonomy in the initiation and continuation of work behaviors and processes like making decisions about work methods, pace, and effort (Spritzer, 1995).
-- I am allowed to make my own decisions about how I do my work.
-- While at work, I make decisions on my own or with other nurses.
-- The CNAs decide on the order in which to do things.

Impact- the degree to which an individual can influence strategic, administrative, or operating outcomes at work which is influenced by work context (Spritzer, 1995).
-- I sometimes provide new ideas at work that are used.
-- I sometimes provide solutions to problems at work that are used.
-- I sometimes suggest new ways for doing work that are used.

Independent Variables: Organizational Empowerment

Information Exchange- The sharing of knowledge and experiences directed toward the enhancement of quality care toward residents (Spritzer, 1995).

-- When a new resident is admitted, I am given all the information I need about the new resident.
-- I am given regular updated information on any changes that have occurred with the residents.

Co-Worker Support- A general belief that co-workers will help one another with work tasks.

-- I have the support that I need from the other nurse aides to do a good job.
-- I can trust the other nurse aides I work with to lend me a hand if I need it.

Decentralization of Resources- a structural feature within an organization which allows employees to access and acquire materials, staff, time or space in order to proceed with work tasks.

-- When working, I usually have all the supplies and work materials I need to do a good job (such as towels, gowns, etc.).
-- When I am working, I usually have all the supplies and work materials I need to do a good job (such as towels, gowns, etc.).
-- When I need supplies or work materials, I can usually get them (such as towels, gowns, etc.).

Training- The organizational means by which work specific skills are provided to its members that are needed to accomplish work tasks (Yeatts and Hyten, 1998).
-- Training is available whenever I need it.

-- Whenever I need additional training, I can get it.

Perceived Supervisor/Management Support- general views held by employees concerning the
degree to which supervisors value their contributions and care about their wellbeing (Eisenberger
et al., 2002).

-- When CNAs make suggestions on how to do their work, the management staff (such as
Administrator or DON) consider their suggestions seriously.

-- The management staff (such as Administrator or DON) listen to the suggestions of CNAs.

Control Variables

Level of Education- “What is the highest grade level you have completed?”

Race- “Race (circle one): A. White, B. Black, C. Other = ________.

Sex- Sex:______.

Age- Age: ________.
REFERENCE LIST


