Workplace empowerment and nurses' job satisfaction: A systematic literature review

Article in Journal of Nursing Management · January 2013
DOI: 10.1111/jonm.12028

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Workplace empowerment and nurses’ job satisfaction: a systematic literature review

GIANCARLO CICOLINI RN, MSN, PhD1, DANIA COMPARCINI RN, MSN2 and VALENTINA SIMONETTI RN, MSN2

1Nurse Director and 2PhD Student, Center of Excellence on Aging, Clinical Research Center CRC-CeSI, ‘G. d’Annunzio’ University, Chieti Scalo, Italy

Correspondence Giancarlo Cicolini Center of Excellence on Aging, Clinical Research Center CRC-CeSI University of ‘G. d’Annunzio’ Chieti · Via dei Vestini 31 66013 Chieti Scalo Italy E-mail: g.cicolini@unich.it

Workplace empowerment and nurses’ job satisfaction: a systematic literature review

Aims This systematic review aimed to synthesize and analyse the studies that examined the relationship between nurse empowerment and job satisfaction in the nursing work environment.

Background Job dissatisfaction in the nursing work environment is the primary cause of nursing turnover. Job satisfaction has been linked to a high level of empowerment in nurses.

Evaluation We reviewed 596 articles, written in English, that examined the relationship between structural empowerment, psychological empowerment and nurses’ job satisfaction. Twelve articles were included in the final analysis.

Key issue A significant positive relation was found between empowerment and nurses’ job satisfaction. Structural empowerment and psychological empowerment affect job satisfaction differently.

Conclusion A satisfying work environment for nurses is related to structural and psychological empowerment in the workplace. Structural empowerment is an antecedent of psychological empowerment and this relationship culminates in positive retention outcomes such as job satisfaction.

Implication for nursing management This review could be useful for guiding leaders’ strategies to develop and maintain an empowering work environment that enhances job satisfaction. This could lead to nurse retention and positive organisational and patient outcomes.

Keywords: job satisfaction, psychological empowerment, review, structural empowerment, workplace

Accepted for publication: 18 September 2012

Background Nursing shortage is increasing because nurses are leaving the profession, particularly as a result of difficult working conditions (Buerhaus et al. 2000, 2006) and unsatisfying workplaces (Hayes et al. 2006, Purdy et al. 2010). A recent study showed that the factors causing this desertion could be: a high nurse turnover (Hauck et al. 2011), heavy workloads and lack of development opportunities (Laschinger et al. 2009a).

Job satisfaction is defined as the degree of affect toward a job and its main components (Adams & Bond 2000) and can be considered to be a positive concept describing work behaviours in work settings (Utriainen & Kyngas 2009). Nurses’ job satisfaction is
related to professional, personal and organisational variables (Lu et al. 2005) and is influenced by both nurses’ working environment and nurses’ personal characteristics (Adams & Bond 2000).

Nurse managers have to maintain high-quality standards of care and job satisfaction among nurses, often with a lack of human and financial resources (Lee & Cummings 2008). Transformational leadership style is based on principles of empowerment, and it is able to support these organisational conditions. To date, transformational leadership is the most effective model of management in the healthcare system for developing a positive relationship between managers and nursing staff, to promote nurse satisfaction and organisational commitment (Ellefsen & Hamilton 2000, Falk-Rafael 2001, Laschinger et al. 2001a).

Workplace structures can support healthier nurses, reduce stress and increase commitment and job satisfaction, and also improve organisational and patient outcomes (Wagner et al. 2010). Nurse leaders need to carry out evidence-based approaches for empowering work environments that ensure satisfaction, which in turn could ensure high quality care (Laschinger 2008).

The term ‘empowerment’ in the organisational context is used in two different perspectives: psychological empowerment and structural empowerment. Structural empowerment refers to the application of management (Kanter 1977) and occurs when employees have access to empowerment structures (Laschinger et al. 2004). The psychological empowerment (Spreitzer 1995) deals with ways in which these applications are experienced and understood by workers (Cavus & Demir 2010) and occurs when there is a sense of motivation in relation to the workplace environment (Manojlovich & Laschinger 2007).

Based on previous studies on psychological empowerment (Conger & Kanungo 1988, Thomas & Velt-house 1990), Spreitzer (1995, 1996) developed a multidimensional instrument to measure the psychological empowerment in the workplace through four cognitive dimensions reflecting why employees feel empowered.

The first cognitive dimension is meaning, referring to the level to which people feel that they are able to have an influence on the workplace.

Kanter (1977) defined an empowering work environment as a workplace in which employees have access to the four empowerment structures. The first structure is information, referring to the data, technical knowledge and expertise that are necessary effectively to fulfil someone’s professional requirements (Laschinger & Havens 1996). The second is resources, referring to material, money, time, requirement and equipment needed to accomplish the organisational goals. The third is support, referring to feedback, leadership and guidance received from superiors, peers and subordinates. The last is opportunities referring to autonomy, self-determination, a feeling of challenge and the opportunity to learn and grow. The access to these structures is facilitated by two specific sources of power in organisations: formal power (specific job characteristics) and informal power (interpersonal relationships with superiors, peers and subordinates) (Miller et al. 2000).

Chandler (1986) was the first to test Kanter’s theory of organisational empowerment in nursing settings. Based on Kanter’s (1977) theory and Chandler’s (1986) work, the University of Western Ontario Workplace Empowerment Research Programme has been created. To date, the main studies testing Kanter’s model of empowerment in healthcare settings have been conducted by Laschinger and colleagues (Laschinger and others, 2000–2011). Further research (Laschinger et al. 2001a,c,d) has been carried out to expand Kanter’s model with the addition of Spreitzer’s (1995) model of psychological empowerment.

In the past two decades, researchers have integrated both the structural and the psychological perspectives of empowerment (Spreitzer 2007) in order to understand empowerment at work.

Both perspectives are correlated with measurable positive workplace outcomes, particularly with job satisfaction (Stewart et al. 2010, Wagner et al. 2010), which is essential to support changes at all levels of the organisation and to achieve long-term outcomes for managers, staff and patients (Laschinger & Havens 1996, Manojlovich & Laschinger 2002). Nurse managers have to incorporate empowerment techniques into management strategies (Chang et al. 2011) to increase nurse satisfaction within the work environment (Upenieks 2003).

Significance

Many factors contribute to the current nursing shortage, high nurse turnover is considered one of the main
contributors (Hauck et al. 2011) while job dissatisfaction is the primary cause of nursing turnover (Lautizi et al. 2009).

Nursing retention is related to workplace variables and to job satisfaction (Coomber & Barriball 2007). Furthermore, nurses’ perceptions of workplace empowerment is related to intent to stay, independently of individual factors (Nedd 2006).

Recent studies show that workplace empowerment has a strong relationship with nurse retention and an important impact on factors related to recruitment, particularly on job satisfaction (Laschinger et al. 2001a, Faulkner & Laschinger 2008) and commitment (McDermott et al. 1996).

The aim of the review was to identify and synthesize recent studies on the relationship between nurse empowerment and job satisfaction and to make recommendations for further research.

The following research questions guided this review:

- Can structural and psychological empowerment promote job satisfaction in nurses’ work environment?
- What is the relationship between structural empowerment and job satisfaction in nurses’ work environment?
- What is the relationship between psychological empowerment and job satisfaction in nurses’ work environment?

**Methods**

**Design**

A systematic literature review with narrative synthesis was performed, because the methodologies of the included studies were not appropriate for a statistical summary of the studies. The integrative method proposed by Whittemore and KnafI (2005) was used. This method allows a combination of different methodologies to understand the varied perspectives on a specific phenomenon of concern better (Whittemore & KnafI 2005).

**Search strategy**

The search included the following on-line databases: MEDLINE (through PubMed), CINAHL (through EBSCOhost) and SCOPUS (through EBSCOhost). The search period included articles published between 1998 and 2012 in order to select recent studies that may have more relevance to the current nursing workplace. The MeSH headings and free text terms were combined to research the specific topic. Key search terms included: workplace empowerment, nurse*, structural empowerment, psychological empowerment, job satisfaction and work satisfaction. Two web sites were searched for additional studies: Laschinger H.K.S., http://publish.uwo.ca/~hkl and Spreitzer G., http://webuser.bus.umich.edu/spreitze/Empowerment_Research.htm.

For the search and retrieval process see Figure 1.

**Inclusion criteria**

The inclusion criteria for the studies were: (1) papers published in English language, (2) with a study sample that included nurses (no student nurses, no nurse educators, no nurse managers or assistant nurse managers), (3) studies investigating the impact of empowerment on job satisfaction and/or the relationship between workplace empowerment and job satisfaction, (4) studies reporting direct measures of empowerment (structural and/or psychological) and job satisfaction, (5) studies using CWEQ or CWEQ-II for measuring structural empowerment and studies using PES for measuring psychological empowerment, (6) quantitative or qualitative research designs, (7) peer reviewed research.

**Screening**

The selection of studies was conducted through an initial screening of the title and abstract in order to identify potentially relevant articles. Then, a screening was carried out of all the full text articles identified as relevant in the initial selection. Additional papers, not identified in the initial literature search, were obtained through examination of the references in the published studies.

Each abstract was examined by two independent reviewers according to the inclusion criteria. The first author reviewed all titles and abstracts, deleted duplication of articles and selected studies that investigated the impact of empowerment on nurses’ job satisfaction. The second author, separately, evaluated a sample of titles and abstracts according to the same inclusion criteria. Sixty-five titles and abstracts were selected and full manuscripts were retrieved for the first screening according to the recruitment criteria. Twenty-three articles were retained for the second screening using an inclusion screening tool, adapted from Wagner et al. (2010) (Figure 1).

Both reviewers agreed on which studies met the inclusion criteria.

Fourteen articles were retained for quality assessment and data extraction.
Quality assessment

All articles were screened for quality using the published ‘Quality Assessment and Validity Tool for Correlational Studies’ adapted from previous systematic reviews (Cummings & Estabrooks 2003, Estabrooks et al. 2003, Wong & Cummings 2007, Cummings et al. 2008, 2010, Wagner et al. 2010, Cowden et al. 2011) (Figure 2).

The instrument included 13 questions to scrutinize and score the research design, sample, measurement and statistical analysis of the studies. The questions were in the dichotomous answer format and a total of 14 points could be assigned for the 13 criteria. Twelve items were scored as 0 (=not met) or 1 (=met) and the items related to outcomes measurement were scored out of two. Based on scores assigned, the instrument classifies the articles into three quality categories: low (0–4), medium (5–9) and high (10–14).

Data extraction

Following the assessment for quality, 12 studies remained for data extraction.

Data extracted from selected studies included: author, year, journal, research question presented (aim of the study), sample, response rate, independent variable, dependent variable, measures, reliability and validity of the instrument used, analysis and main results.

Results

The electronic database search yielded over 1500 abstracts and titles. Following removal of duplicates, the potentially eligible studies were screened. Some 573 studies were excluded. Quality assessments were completed on 13 articles and following quality assessment, one quantitative paper was excluded (Laschinger et al. 2003). Twelve studies were included in the final analysis.

Figure 3 illustrates the search and retrieval process.

Summary of quality review


Most of the studies utilized a non-experimental, cross-sectional design. Only one study used a longitudinal design (Laschinger et al. 2004). All studies were prospective in design as data were collected prospectively.
<table>
<thead>
<tr>
<th>Study:</th>
<th>Publication date:</th>
<th>First author:</th>
<th>Journal:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DESIGN:</strong></td>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>1. Was the study prospective?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>SAMPLE:</strong></td>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>1. Was probability sampling used?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Was sample size justified?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Was sample drawn for more than one site?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Was anonymity protected?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Response rate was more than 60%?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>MEASUREMENT:</strong></td>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Empowerment (IV) [assess for IV correlated with DVs only]</td>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>1. Was the outcome measured reliably?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Was the outcome measured using a valid instrument?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Influence on the measure of job satisfaction (DV)?</td>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>1. Was the dependent variable measured using a valid instrument?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. If a scale was used for measuring the dependent variable, was the internal consistency ≥ .70?</td>
<td></td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>3. Was a theoretical framework used for guidance?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>STATISTICAL ANALYSIS</strong></td>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>1. If multiple outcomes were studied, are correlation analyzed?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Were outliers managed?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Overall Study Validity Rating (circle one)</strong></td>
<td></td>
<td>TOTAL:</td>
<td></td>
</tr>
<tr>
<td>(0-4 = LO; 5-9 = MED; 10-14 = HI)</td>
<td></td>
<td>LO</td>
<td>MED</td>
</tr>
</tbody>
</table>

Figure 2
Quality assessment and validity tool for correlational studies.

Figure 3
Search and retrieval process.
Table 1 illustrates a summary of quality assessment of studies included.

**Strengths and weaknesses**
The strengths in the selected studies for the review included: use of a prospective design; use of probability sampling and multicentric design; use of reliable and valid instruments for the measurement of structural empowerment, psychological empowerment and job satisfaction; study design based on theoretical models to guide the research.

The most common weaknesses are related to sampling and to the protection of anonymity. The selected studies lack discussion about the protection of anonymity of respondents and in probability sampling. Furthermore there were no justifications of sample size, based on appropriate power calculation.

**Characteristics of selected studies**
The characteristics of the studies included in this review are summarized in Tables 2 and 3.

All studies had a quantitative research design and were published between 2001 and 2011.

Seven studies were conducted in Canada (Laschinger et al. 2011, Laschinger et al. 2001a, b, 2004, 2009a, Laschinger 2008, Manojlovich & Laschinger 2002). Three were conducted in China (Cai & Zhou 2009, Cai et al. 2011, Ning et al. 2009), one in Italy (Lautizi et al. 2009) and one in England and Malaysia (Ahmad & Oranye 2010).

One study explored the correlation between empowerment and job satisfaction in psychiatric nurses from both hospital wards and territorial health agencies (Lautizi et al. 2009). The remaining 11 studies were carried out in hospitals (Laschinger et al. 2009a, Ning et al. 2009); in tertiary hospitals (Cai & Zhou 2009); in acute care hospitals (Laschinger et al. 2011); in urban teaching hospitals (Ahmad et al. 2010, Cai et al. 2011) within different areas including medical-surgical, critical care, maternal child and psychiatry (Laschinger et al. 2001a,b, Laschinger et al. 2004, Manojlovich & Laschinger 2002).


**Theoretical frameworks**

Kanter argues that the impact of organisational structures on employee behaviour is more important than the impact of employee personality predispositions (Kanter 1977). According to Kanter, the mandate of management is to develop conditions for work effectiveness by ensuring that employees have access to the structure.

In addition to the model of empowerment (access to information, support, resources and opportunity to learn and grow), psychological empowerment is an outcome of structural empowerment, and is useful better to understand the influence of structural work conditions on job satisfaction and other organisational outcomes better (Wagner et al. 2010).

In contrast to Kanter’s theory, Spreitzer (1995) focused more on the affective state of employees who

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Number of studies</th>
</tr>
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<tr>
<td><strong>Design</strong></td>
<td></td>
</tr>
<tr>
<td>Prospective studies</td>
<td>0 12</td>
</tr>
<tr>
<td>Sample</td>
<td></td>
</tr>
<tr>
<td>Probably sampling</td>
<td>9 3</td>
</tr>
<tr>
<td>Appropriate sample size</td>
<td>10 2</td>
</tr>
<tr>
<td>Sample drawn for more than one site</td>
<td>0 12</td>
</tr>
<tr>
<td>Anonymity protected</td>
<td>10 2</td>
</tr>
<tr>
<td>Response rate &gt; 60%</td>
<td>6 6</td>
</tr>
<tr>
<td><strong>Measurement</strong></td>
<td></td>
</tr>
<tr>
<td>Reliable measure of outcome(s)</td>
<td>0 12</td>
</tr>
<tr>
<td>Valid measure of outcome(s)</td>
<td>0 12</td>
</tr>
<tr>
<td>Valid measure of empowerment</td>
<td>0 12</td>
</tr>
<tr>
<td>*Empowerment internal consistency ≥ 70</td>
<td>0 12</td>
</tr>
<tr>
<td>Theoretical framework used</td>
<td>5 7</td>
</tr>
<tr>
<td><strong>Statistical analysis</strong></td>
<td></td>
</tr>
<tr>
<td>Correlation analysis when multiple effect studied</td>
<td>0 12</td>
</tr>
<tr>
<td>Management of outliers addressed</td>
<td>10 2</td>
</tr>
</tbody>
</table>

*Scores 2 points.*
<table>
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<tr>
<th>Author(s) (year)</th>
<th>Journal; Country</th>
<th>Aim</th>
<th>Sample</th>
<th>Measurement/Instruments</th>
<th>Reliability/ Cronbach α</th>
<th>Validity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cai et al. (2011)</td>
<td>International Nursing Review; China</td>
<td>To test the job characteristics model and the mediating role of structural empowerment (SE) on the relationship between job characteristics and general job satisfaction growth satisfaction and internal work motivation</td>
<td>208 nurses</td>
<td>CWEQ II (Conditions for Work Effectiveness Questionnaire II), 4 subscales</td>
<td>α = 0.84</td>
<td>Previous research</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>General Job Satisfaction (GJS), 5 items</td>
<td>α = 0.85</td>
<td>Not reported</td>
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<tr>
<td></td>
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<td>Growth Satisfaction (GS), 4 items.</td>
<td>α = 0.78</td>
<td>Not reported</td>
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<td>Internal work motivation (IWM), 6 items</td>
<td>α = 0.74</td>
<td>Not reported</td>
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<td></td>
<td></td>
<td></td>
<td>Job Characteristics Idaszac &amp; Drasgow’s (1997) revision of Job Diagnostic Survey, 5 subscales, 30 items</td>
<td>α = 0.88</td>
<td>Not reported</td>
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<tr>
<td>Laschinger et al. (2011)</td>
<td>Nursing Research; Canada</td>
<td>To test a multilevel model to examine the effect of structural empowerment and nursing unit leadership quality on nurses’ burnout and job satisfaction and to examine the related personal dispositional variables</td>
<td>3156 nurses</td>
<td>CWEQ-II. (Conditions for Work Effectiveness Questionnaire II), 4 subscales, 12 items</td>
<td>α = 0.87</td>
<td>Construct validity</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>Job Satisfaction Scale (Hackman &amp; Oldham 1975), 4 items.</td>
<td>α = 0.82</td>
<td>Construct validity</td>
</tr>
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<td></td>
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<td>LMX-multidimensional model, 4 dimensions</td>
<td>α = 0.94</td>
<td>Construct validity</td>
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<td>CSE core-self evaluation scale, 4 dimensions, 12 items</td>
<td>α = 0.78</td>
<td>Construct validity</td>
</tr>
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<td></td>
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<td></td>
<td>Emotional Exhaustion (EE) and Cynicism (C) subscales of the MBI-GS</td>
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<td>Job Satisfaction Scale (Hackman &amp; Oldham 1975)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Stress scale</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>MSQ (Minnesota Satisfaction Questionnaire), 20 items</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>OCS (Organizational Commitment Scale), 3 dimensions, 18 items</td>
<td></td>
<td></td>
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<tr>
<td>Ahmad &amp; Oranye (2010)</td>
<td>Journal of Nursing Management; Malaysia</td>
<td>To analyse the relationship between nurses’ empowerment, job satisfaction and organizational commitment in two teaching hospitals in England and Malaysia</td>
<td>556 nurses</td>
<td>CWEQ (Conditions for Work Effectiveness Questionnaire), 4 subscales</td>
<td></td>
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<td>PES (Psychological Empowerment Scale), 4 dimensions, 12 items</td>
<td></td>
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<td>Index of Job Satisfaction Scale, 6 components</td>
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<td></td>
<td></td>
<td>OCS (Organizational Commitment Scale), 3 dimensions, 18 items</td>
<td></td>
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<tr>
<td>Lautizi et al. (2009)</td>
<td>Journal of Nursing Management; Italy</td>
<td>To investigate the relationship between structural empowerment in staff nurses, work stress and job satisfaction</td>
<td>120 nurses</td>
<td>CWEQ-II. (Conditions for Work Effectiveness Questionnaire II), 6 components, 19 items</td>
<td>α = 0.90</td>
<td>Construct validity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Job Satisfaction Scale (Hackman &amp; Oldham 1975)</td>
<td>α = 0.67</td>
<td>Previous studies</td>
</tr>
<tr>
<td>Ning (2009)</td>
<td>Journal of Advanced Nursing; China</td>
<td>To investigate the relationship between structural empowerment, demographics characteristics and job satisfaction</td>
<td>650 nurses</td>
<td>CWEQ-II. (Conditions for Work Effectiveness Questionnaire II), 6 components, 19 items</td>
<td>α = 0.79–0.82</td>
<td>Not reported</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MSQ (Minnesota Satisfaction Questionnaire), 20 items</td>
<td>α = 0.94</td>
<td>Not reported</td>
</tr>
<tr>
<td>Laschinger et al. (2009a)</td>
<td>Journal of Nursing Management; Canada</td>
<td>To examine the influence of empowering work conditions and workplace incivility on nurses’ burnout, job satisfaction, affective commitment and turnover intention</td>
<td>612 nurses</td>
<td>CWEQ-II. (Conditions for Work Effectiveness Questionnaire II), 6 subscales, 19 items</td>
<td>α = 0.79</td>
<td>Construct validity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Job Satisfaction Scale (Hackman &amp; Oldham 1975), 4 items</td>
<td>α = 0.71</td>
<td>Previous studies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>WIS (Workplace Incivility Scale)</td>
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</tbody>
</table>

Note: α = Cronbach’s alpha
<table>
<thead>
<tr>
<th>Author(s) (year)</th>
<th>Journal; Country</th>
<th>Aim</th>
<th>Sample</th>
<th>Measurement/Instruments</th>
<th>Reliability/Cronbach α</th>
<th>Validity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cai &amp; Zhou (2009) Nursing and Health Sciences; China</td>
<td>To investigate the levels of empowerment perceived by nurses and to examine the relationship between empowerment, job satisfaction and turnover intention</td>
<td>189 nurses</td>
<td>Emotional Exhaustion (EE) and Cynicism (C) subscale of the MBI-GS</td>
<td>EE α = 0.91, C α = 0.82</td>
<td>Construct validity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ACS Affective Commitment Scale, Turnover Intention, 3 items</td>
<td>α = 0.65</td>
<td>Previous studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>JAS (Job Activities Scale), 4 subscales + 2 items global empowerment scale</td>
<td>α = 0.83</td>
<td>Construct validity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ORS (Organizational Relationship Scale), 18 items to measure informal power</td>
<td>α = 0.89</td>
<td>Construct validity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Global Job Satisfaction Questionnaire, 5 items</td>
<td>α = 0.82</td>
<td>Not reported</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Turnover Intention Scale (from the Michigan Organizational Assessment Questionnaire), 3 items</td>
<td>α = 0.86</td>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td>Laschinger (2008) Journal of Nursing Care Quality; Canada</td>
<td>To test Leiter and Laschinger’s Worklife Model linking structural empowerment to Lake’s 5-factors professional practice work environment model and work quality outcomes</td>
<td>234 nurses</td>
<td>CWEQ-II. (Conditions for Work Effectiveness Questionnaire II), 6 subscales</td>
<td>α = 0.68–0.87</td>
<td>Previous studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Job Satisfaction Scale (Hackman &amp; Oldham 1975), 4 items</td>
<td>α = 0.77</td>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Professional Environment Scale (NWI-PES), 5 items scale</td>
<td>α = 0.81–0.87</td>
<td>Construct validity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Quality of nursing care on unit, 1-item scale</td>
<td>Not reported</td>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td>Laschinger et al. (2004) Journal of Organizational Behavior; Canada</td>
<td>To test a model linking changes in structural and psychological empowerment to changes in job satisfaction (time 1 and time 2)</td>
<td>185 nurses</td>
<td>CWEQ-II. (Conditions for Work Effectiveness Questionnaire II), 6 dimensions</td>
<td>Time 1 α = 0.60–0.81</td>
<td>Previous studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PES (Psychological Empowerment Scale), 4 dimensions, 12 items</td>
<td>Time 2 α = 0.68–0.87</td>
<td>Not reported</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Job Satisfaction Scale (Hackman &amp; Oldham 1975), 4 items</td>
<td>Time 1 α = 0.78</td>
<td>Construct validity</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Time 1 α = 0.84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manojlovich and Laschinger (2002) JONA; Canada</td>
<td>To understand the determinants of job satisfaction for hospital nurses</td>
<td>347 nurses</td>
<td>CWEQ (Conditions for Work Effectiveness Questionnaire), 4 subscales</td>
<td>α = 0.95</td>
<td>Previous studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PES (Psychological Empowerment Scale), 4 dimensions, 12 items</td>
<td>α = 0.88</td>
<td>Previous studies</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Job Satisfaction Scale (Hackman &amp; Oldham 1975), 4 items</td>
<td>α = 0.81</td>
<td>Not reported</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Mastery Scale</td>
<td>α = 0.80</td>
<td>Not reported</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Modified version of the Personality Research Form- Achievement Scale</td>
<td>α = 0.61</td>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td>Laschinger et al. (2001a) Nursing Economics; Canada</td>
<td>To explore the influence of structural empowerment and psychological empowerment</td>
<td>404 nurses</td>
<td>CWEQ-II. (Conditions for Work Effectiveness Questionnaire II), 6 dimensions</td>
<td>α = 0.79–0.82</td>
<td>Content</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PES (Psychological Empowerment Scale), 4 dimensions, 12 items</td>
<td>α = 0.71–0.92</td>
<td>Content, convergent</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 (Continued)
experience, or not, empowerment in workplaces. Two studies used Kanter’s theory of structural empowerment in association with Spreitzer’s theory of psychological empowerment (Manojlovich & Laschinger 2002, Laschinger et al. 2004).

Laschinger et al. (2001a) used Kanter’s and Spreitzer’s theories and Karasek’s demands-control model to explain the relationship between job strain in nursing work environments, job satisfaction and structural and psychological empowerment. Karasek (1979) argued that job strain occurs when job demands are high and job control is low within the work environment.

The results of this study suggested that the negative relation between nurse empowerment and job strain is consistent with both Kanter’s and Karasek’s theories.

Conceptual models


Laschinger et al. (2001a,b) used a longitudinal predictive design to test a model that linked changes in structural and psychological empowerment to the changes in job satisfaction.

Laschinger (2008) tested an extension of Leiter and Laschinger’s nursing worklife model (Leiter & Laschinger 2006) by linking nurses’ work environment conditions to job satisfaction and perceived nursing care quality. The findings of the study revealed that the relationship between structural empowerment and both work satisfaction and perceived nurses’ care quality was mediated by the professional practice environment characteristics.

Laschinger et al. (2009a) hypothesized a model in which empowerment, incivility and burnout are related to three retention outcomes: job satisfaction, organisational commitment and turnover intention. The results of this study provided support for the hypothesized model.

Laschinger et al. (2011) proposed a multilevel model of structural empowerment examining the effect of nursing unit leadership quality and empowerment on nurses’ burnout and job satisfaction at the unit and individual level.

Measuring instruments of empowerment and job satisfaction

According to the inclusion criteria, all of the studies included measured structural empowerment with CWEQ or CWEQ II and psychological empowerment with PES.
Table 3

Relationships between structural empowerment (SE)/psychological empowerment (PS) and job satisfaction (JS)

<table>
<thead>
<tr>
<th>Relationship between SE and/or PS and job satisfaction</th>
<th>Other outcomes measured</th>
<th>Relationships between empowerment and other outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Correlation between SE and GJS (r = 0.492, P = 0.05)</td>
<td>Internal work motivation (IWM), Job Characteristics</td>
<td>Correlation between SE and Internal Work Motivation (r = 0.679, P &lt; 0.01) Correlation between SE and Job Characteristics (r = 0.803, P &lt; 0.01). Empowerment partially mediated the impact of job characteristics on internal work motivation satisfaction (37.7%) of the variance in IWM is attributable to SE; (\beta = 0.970, R^2 = 0.377, P &lt; 0.0001) and the impact of job characteristics on General Job Satisfaction (26.6%) of the variance in GS is attributable to SE; (\beta = 0.968, R^2 = 0.266, P &lt; 0.0001).</td>
</tr>
<tr>
<td>Correlation between SE and GS (r = 0.741, P = 0.05). Empowerment completely mediated the impact of job characteristics on GS (41.7%) of the variance in GS is attributable to SE; (\beta = 0.811, R^2 = 0.417, P &lt; 0.0001).</td>
<td></td>
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</tr>
<tr>
<td>2 SE had a significant direct cross-level effect on individual level nurses’ JS (\beta = 0.30, P &lt; 0.05).</td>
<td>Burnout, LMX (quality relationships between leaders and employee), core-self evaluation.</td>
<td>At the unit level higher LMX was associated with higher SE on the unit (\beta = -0.25). Unit level LMX had a significant direct effect on unit level SE (\beta = -0.25, P &lt; .05) which in turn had a significant direct cross level effect on individual nurses’ job satisfaction. SE had a significant negative cross-level effect on EE (\beta = -0.17, P &lt; 0.05).</td>
</tr>
<tr>
<td>3 Correlation between SE/PS and JS: significant relationship between the variables, at a \textit{P}-value = 0.001 for both hospital M and hospital S.</td>
<td>Organizational commitment.</td>
<td>Correlation between SE/PS and organizational commitment: significant relationship between the variables, at a \textit{P}-value = 0.001 in hospital M, except for SE in hospital S (significant relationship at a \textit{P}-value = 0.05).</td>
</tr>
<tr>
<td>Correlation between SE and JS (r = 0.506, P &lt; 0.001), access to support and JS (r = 0.51, P &lt; 0.001), opportunity to learn (r = 0.51, P &lt; 0.001), access to information (r = 0.30, P &lt; 0.001) and formal power (r = 0.31, P &lt; 0.001). SE was significant predictor of JS (R^2 = 0.30, F = 15.06, P &lt; 0.001).</td>
<td>Work stress.</td>
<td>Correlation between SE and nurse’s work stress (r = -0.28, P &lt; 0.05). Work stress was significant predictor of JS (R = 0.30, F = 15.06, P &lt; 0.001).</td>
</tr>
<tr>
<td>Correlation between SE and JS (r = 0.547, P &lt; 0.01). 11.5% of variance in SE was explained by a combination of age and work objective. High levels of SE when nurses were young and loved the profession.</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>6 SE explained 22.8% (P &lt; 0.001) of the variance in JS when entered first (in multiple linear regression analysis). SE was a stronger predictor (\beta = 0.28) of JS.</td>
<td>Organizational commitment, turnover intention.</td>
<td>The predictor variables (SE, Incivility and Burnout) accounted for 46% of the variance in job satisfaction and for 29% of the variance in organizational commitment. The strongest predictors of turnover intentions were cynicism (\beta = 0.27, P &lt; 0.001), emotional exhaustion (\beta = -0.19, P &lt; 0.001) and supervisor incivility (\beta = 0.16, P &lt; 0.001). Empowerment explained 19.2% (P &lt; 0.001) of the variance in organizational commitment. SE was strongest predictor (\beta = 0.31) of organizational commitment. SE was significant predictor of turnover intentions (\beta = -0.08, P &lt; 0.05), but it was weaker than in the previous models.</td>
</tr>
<tr>
<td>Overall empowerment (SE) was positively related to JS (r = 0.56, P = 0.01). Opportunity (r = 0.22, P = 0.01) and resources (r = 0.30, P = 0.01) were positive related to JS.</td>
<td>Turnover intention</td>
<td>Turnover intention was significantly negatively correlated with perceived formal power (r = -0.27, P = 0.05), overall empowerment (r = -0.31, P = 0.01) and job satisfaction (r = -0.49, P = 0.01).</td>
</tr>
<tr>
<td>SE influenced level of JS: magnitude of the relationship (0.45).</td>
<td>Professional environment, quality of nursing care.</td>
<td>Staffing adequacy influenced level of job satisfaction: magnitude of the relationship (0.23). Magnet hospital characteristics mediated the effect of SE on nurses’ perceptions of patient care quality in their unit.</td>
</tr>
</tbody>
</table>
To measure job satisfaction, the studies included in this review used five different measuring instruments. Eight studies (Manojlovich & Laschinger 2002, Laschinger et al. 2001a,b, Laschinger et al. 2004, Laschinger et al. 2009a, 2011, Laschinger 2008, Lautizi et al. 2009) used a 4-item global measurement of work satisfaction modified by Hackman and Oldham’s (1975) job diagnostic survey. This measure has been used previously in nursing populations (Laschinger & Havens 1996) and it was found to have acceptable internal consistency reliability ($r = 0.83$). All eight studies included reported Cronbach alpha reliabilities of $>0.70$.

Cai et al. (2011) assessed job satisfaction by Idaszak and Drasgow’s (1987) revision of the job diagnostic survey. This tool measures both job characteristics and outcomes which are job satisfaction (five items), growth satisfaction (four items) and work motivation (six items). The study reported alpha reliability coefficients of $>0.70$ for both job satisfaction and growth satisfaction.

Ahmad and Oranye (2010) adapted the index of job satisfaction scale (Stamps 1997) that measures job satisfaction by six components: pay, autonomy, task requirements, professional status, interaction and organisational policies. In this study they reported a Cronbach’s alpha coefficient in the range 0.79–0.81.

Ning et al. (2009) measured job satisfaction by the Chinese version of the Minnesota satisfaction questionnaire (MSQ) (Jingji et al. 1980) consisting of 20 items. In this study the Cronbach alpha reliability of the instrument was 0.94.

Another study, conducted in Central China (Cai & Zhou 2009), used the global job satisfaction questionnaire with a 5-item global measure adapted from the Revised Job Diagnostic Survey (Chinese version). In previous studies the reported alpha reliability coefficients ranged from 0.71 to 0.86 and this study reported a value of 0.80.

### Correlations between empowerment and job satisfaction

The relationship between empowerment and job satisfaction has been studied in several countries, including China, Italy and Malaysia, but the majority of the research was carried out in Canada by Laschinger and colleagues.

Several studies investigated the relation between structural empowerment, job satisfaction and other outcomes (Laschinger 2008, Cai et al. 2009, 2011, Laschinger et al. 2001b, 2009a, Laschinger et al. 2011,
Lautizi et al. 2009). Laschinger et al. (2001a,b) with job satisfaction.

Two studies correlated both structural and psychological empowerment with job satisfaction and other nurses’ outcomes (Laschinger et al. 2001a, Manojlovich & Laschinger 2002, Ahmad & Oryane 2010).

Only one of the twelve studies included investigated the relationship between job satisfaction and structural empowerment exclusively (Ning et al. 2009).

All the studies showed a significant positive correlation between structural and psychological empowerment and job satisfaction.

**Structural empowerment, psychological empowerment, job satisfaction and other organisational outcomes**

The only study that investigated the relationship between structural empowerment and job satisfaction reported a significant positive correlation between the two variables. It also showed that some demographic variables, such as age and educational level, were statistically significant in relation to structural empowerment and job satisfaction exclusively.

Laschinger et al. (2001a,b) analysed the relationship and the influence of changes in structural and psychological empowerment on changes in job satisfaction. The data analysis of this longitudinal study suggested that changes in perceptions of structural empowerment, produced statistically significant changes in job satisfaction and psychological empowerment. Structural empowerment was directly and positive correlated with job satisfaction. Moreover, changes in structural empowerment predicted changes in job satisfaction. These findings are supported by the high quality of the study.

Nurses’ perceptions of leader-member exchange quality on the unit level positively influenced their perception of structural empowerment which, in turn, culminated in higher levels of individual nurse work satisfaction (Laschinger et al. 2011).

High levels of structural empowerment, low work stress and low levels of incivility and burnout, predicted job satisfaction (Laschinger et al. 2009a, Lautizi et al. 2009), commitment and turnover intention (Laschinger et al. 2009a). Furthermore, turnover intention was negatively correlated with job satisfaction and job activities (Cai & Zhou 2009). However, these findings are supported by the medium-quality subgroup of studies.

Five studies examined the correlations between empowerment, job satisfaction and other positive outcomes in the workplace. Only one study analysed these correlations in two different societies (Ahmad & Oryane 2010). Nurses’ perceptions of empowerment were directly related to both job satisfaction and organisational commitment. In particular, structural empowerment had a direct effect on affective commitment (Laschinger et al. 2001b, 2009a). Affective commitment is a type of organisational commitment based on an individual’s emotional attachment, involvement and identification with an organisation (Meyer & Allen 1991).

Ahmad and Oryane (2010) found that there are differences in the relationship between empowerment and commitment among nurses who come from two different cultural contexts: Malaysia and England. Among Malaysian nurses, organisational commitment was more closely related to psychological empowerment, whereas the opposite was true among English nurses.

Structural empowerment completely mediated the impact of job characteristics on growth satisfaction, whereas it partially mediated the impact of job characteristics on internal work motivation and general job satisfaction (Cai et al. 2011).

Empowering work environments were linked to job satisfaction and positive evaluations of the quality of nursing care. In fact, empowering working conditions play an important role in creating supportive professional practice environments that improve nurse assessed patient care quality (Laschinger 2008).

Moreover, another study examined whether the effects of structural and psychological empowerment were moderated by specific personal factors: mastery and achievements. Data analysis revealed that this interaction was not significant (Manojlovich & Laschinger 2002).

Structural empowerment had a direct, positive effect on psychological empowerment that, in turn, had a direct positive effect on job satisfaction and a direct negative effect on job strain (Laschinger et al. 2001a). Both structural and psychological empowerment were significant predictors of job satisfaction. Although structural empowerment predicted most of the variance in job satisfaction by itself (Manojlovich & Laschinger 2002).

Psychological empowerment has a significant positive relationship with job satisfaction and it has a greater correlation than structural empowerment with commitment (Ahmad & Oryane 2010).

Among the high-quality subgroup of studies, the only longitudinal conducted study revealed that structural empowerment and psychological empowerment play different roles in determining changes in the perception of nurses’ empowerment and job satisfaction. Structural empowerment directly affects job satisfaction and at the same time produces changes in percep-
tions of psychological empowerment. However, psychological empowerment does not cause direct changes on satisfaction than those determined by the structural. These results differ from those reported in previous cross-sectional included studies (Laschinger et al. 2004).

Discussion

The studies included in this systematic review examined the relationship between structural and/or psychological empowerment and job satisfaction in the nursing work environment.

Most of the studies used a theoretical framework, which should be used in future research because it provides a rationale to hypothesize conceptual models and to test the relationships between ideas and variables (LoBiondo-Wood & Haber 1998).

The majority of the studies included in this review were conducted by Laschinger and colleagues and analysed the correlation between structural empowerment, job satisfaction and other organisational outcomes. Recently, other authors have studied the correlation between workplace empowerment and job satisfaction in different cultural and organisational settings (Cai et al. 2011, Ahmad & Oryane 2010, Lautizi et al. 2009, Ning et al. 2009). Structural empowerment was a stronger predictor of job satisfaction in various organisational contexts and had a significant direct effect at the individual level of nurses’ job satisfaction (Laschinger et al. 2009a, 2011, Ning et al. 2009). In particular, in the study of Lautizi et al. (2009), carried out in the Italian context, job satisfaction was strongly associated with the access to support and the opportunity to learn.

A recent study provides support to the evidence that structural and psychological empowerment concepts may vary across cultures (Ahmad & Oryane 2010). Furthermore differences in organisational contexts and cultural values that influence nurses’ perceptions of empowerment, could also influence the association with job satisfaction (Ahmad & Oryane 2010).

Evidence were found concerning the correlations between empowerment, job satisfaction and other organisational outcomes. According to previous studies of job satisfaction, structural empowerment was a stronger predictor of organisational commitment (Laschinger et al. 2001b, 2009a, Ahmad & Oryane 2010). Psychological empowerment had a significant positive relationship with job satisfaction but had a greater correlation than structural empowerment with commitment (Ahmad & Oryane 2010). Furthermore, nurses with low levels of self core evaluation (self-esteem, generalized self-efficacy, emotional stability and locus of control) were more likely to have high levels of emotional exhaustion, cynicism, or both, which then reduced their job satisfaction (Laschinger et al. 2011).

An empowering practice environment and a low level of burnout in nursing settings were significant predictors of job satisfaction, commitment and intention to leave (Laschinger et al. 2009a).

The combination of structural and psychological empowerment was a strong predictor of positive organisational outcomes, particularly job satisfaction (Manojlovich & Laschinger 2002).

The link between structural and psychological empowerment explained the empowerment process in the work setting and how structural organisational factors are able to influence nurses’ feelings of personal empowerment in workplaces (Laschinger et al. 2001a).

According to Kanter’s theory, social structural factors in the work environment are essential conditions for empowering employees to accomplish their work. The relationship with psychological empowerment is consistent with Conger and Kanungo’s (1988) opinion, which argues that removing disempowering structures from the work setting leads to a strong sense of autonomy among employees, who have a strong belief that they have an impact at work.

In the current context of the health care system, that is under constant stress (Wagner et al. 2010) health care managers have to consider the relationship between empowerment and organisational outcomes, and especially, they have to focus on job satisfaction as a retention outcome.

To create an empowering work environment for nurses, it is very important that nurse managers (NMs) and assistant nurse managers (ANMs) are able to obtain organisational support and to provide access to resources and opportunity (Regan & Rodriguez 2011). Furthermore, a recent study has demonstrated that empowered nurses are able to empower their patients, and to obtain positive related health outcomes (Laschinger et al. 2010).

Limitations

The review is limited to studies examining the relationship between structural empowerment, psychological empowerment and job satisfaction. Given that many other organisational outcomes, such as intent to leave (Fitzpatrick et al. 2010), respect (Faulkner & Laschinger 2008), engagement (Laschinger et al. 2009b) and
trust in organisation (Laschinger et al. 2000), are considered retention outcomes, our findings represent a narrower part of the outcomes that are related to empowerment.

Due to the nature of the variables investigated, no randomized controlled trials (RCTs) were included in the review. The majority of the studies used an observational, cross-sectional design. This factor could limit the ability to estimate causation and decreased the generalizability of the results (LoBiondo-Wood & Haber 1998).

Nurse perceptions of empowerment in work environments and nurse job satisfaction are assessed by self-report measures, which are often associated with response bias.

Finally, the variability in the measurement of job satisfaction may limit the generalisability of the findings.

Implications for nursing management

This review provides encouraging support for efforts to create satisfying healthy work environments that support nurses’ practice in the workplace. Identifying the link among nurse empowerment, job satisfaction and other organisational outcomes will assist health care managers to understand how empowerment improves retention outcomes. Furthermore, these findings could be the starting point for future research on the relationship between patient care quality and quality of the professional practice environments.

The positive or negative influences of leadership style could have an indirect impact on patient outcomes by directly working on the nursing population (Wong & Cummings 2007). Understanding the relationship between empowerment and job satisfaction could help leaders not just to implement strategy for retaining nurses, but also to improve patient care outcomes (Ellenbecker & Cushman 2012).

Recommendations for future research

Based on the synthesis of findings in this review, several recommendations arise for future research in this area. The studies included in the review were observational or cross-sectional in design and this factor could limit the generalisability of the results (LoBiondo-Wood & Haber 1998). Among the high-quality subgroup of studies included in this review, only one study was longitudinal (Laschinger et al. 2004), therefore there is a need to carry out longitudinal, intervention studies, to evaluate the causal relationships between nurse empowerment and job satisfaction.

All the studies included in the review were multisite, which should continue with further research, because a diversity of multiple settings will add validity and generalizability to the study findings (Cummings et al. 2010). However, sampling was collected from several hospitals within the same system or region, and the majority of the studies were conducted by Laschinger and colleagues in Ontario (Canada) within an important programme of research on workplace empowerment (Laschinger 2011). Further research is needed to investigate the relationship between empowerment and nurses’ job satisfaction in different countries. In addition, most of the research was carried out in hospital settings. To date, the relationship between structural and psychological empowerment and positive organisational outcomes in different clinical settings remains unknown.

Most of the studies used theoretical or conceptual frameworks, which should continue to be used because they provide a rationale to analyse the relationship between variables (LoBiondo-Wood & Haber 1998).

Finally, the findings of this review showed that no studies were carried out to investigate the relationship between workplace empowerment, job satisfaction and patient outcomes. The relationship between job satisfaction, quality of patient care and patients has been extensively established (Ellenbecker & Cushman 2012). Moreover, a recent systematic review showed that empowering work conditions support changes at all levels of the organisation, provide positive long-term outcomes for both managers and nursing staff and improve patient outcomes (Wagner et al. 2010). Currently, the specific relationship between empowerment, nurse job satisfaction and patient outcomes remain an unexplored research area. Further research is needed to investigate this specific topic and to assess the relationship between workplace empowerment, job satisfaction and patient outcomes on a larger scale in a more diverse sample.

The first recommendation concerns the need to carry out longitudinal intervention studies, to evaluate the causal relationships between nurse empowerment and job satisfaction. Moreover, major studies were conducted by Laschinger and colleagues in Ontario (Canada), within an important programme of research on workplace empowerment. There is an urgent need to investigate the relationship between empowerment and nurses’ job satisfaction in different countries. In addition, further research is needed to assess the relationship between workplace empowerment, job satisfaction, turnover intention and...
patient outcomes on a larger scale in a more diverse sample. The majority of the research was carried out in hospital settings. To date, the relationship between structural and psychological empowerment and positive organisational outcomes in different clinical settings remains unknown.

The literature shows that empowering work conditions support changes at all levels of the organisation, provide positive long-term outcomes for both managers and nursing staff and improve patient outcomes (Wagner et al. 2010). The relationship between job satisfaction, quality of patient care and patients has been extensively established (Ellenbecker & Cushman 2012).

Currently, the specific relationship between empowerment, nurse job satisfaction and patient outcomes remained an unexplored research area.

Conclusion

The findings of this review provide evidence of the importance of workplace empowerment to achieve positive organisational outcomes in nursing. Exploring the impact of empowerment on nurses’ work environments and understanding the correlation between empowerment and job satisfaction might be useful for creating a supportive and satisfying work environment for nurses, which in turn could promote the intention to stay.

Structural empowerment is an antecedent variable to psychological empowerment and this relationship culminates in positive workplace retention outcomes.

In all the studies analysed, the results indicate a positive correlation between both structural and psychological empowerment and job satisfaction and other organisational outcomes. In particular, structural empowerment was a stronger predictor of job satisfaction and organisational commitment, whereas high levels of psychological empowerment were associated with low levels of burnout.

This review could be useful to guide leaders’ strategies to develop and maintain empowering work, so enhancing job satisfaction, in turn leading to nurse retention and positive patient outcomes.

Some of the studies included suggested that the positive correlation between empowerment and job satisfaction could lead to positive patient outcomes. Despite this, further research is needed, because there are no intervention studies focused on the influence of empowerment in nurses’ job satisfaction and how this relationship can positively affect patient outcomes.

Funding

Authors declare that no funding has been received for this work.

References


