THE RELATIONSHIPS OF EMPOWERMENT, JOB SATISFACTION, AND ORGANIZATION COMMITMENT BETWEEN FILIPINO AND AMERICAN REGISTERED NURSES WORKING IN THE U.S.A.

by

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A Dissertation
Submitted to the
Graduate Faculty
of
George Mason University
In Partial Fulfillment of
The Requirements for the Degree
of
Doctor of Philosophy
Nursing

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Date: November 24, 2008

Fall Semester 2008
George Mason University
Fairfax, VA

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ACKNOWLEDGEMENTS

Just as silk is not made from one thread; my doctoral dissertation is the handiwork of its many contributors. I would like to begin by offering special thanks to all the members of my dissertation committee, especially Dr. Elizabeth Chong, who is also my academic advisor, for being extremely understanding, supportive and patient.

I want to thank**:** Dr. Qiuping (Pearl) Zhou for guiding and helping with the application of statistical methods**,** Dr. Lois Tetrick for providing an understanding of the relationships between job satisfaction, organizational commitment, and employee retention and, Dr. Kathleen Gaffney for guiding on a personal and academic level.

I also want to thank David Case, Director of TIPS, Karen Kirk, Ruth Williams, Meenal Sambari, Verna Hazzard, and my Bible study group for supporting me with their prayers.

My dissertation also received the support of Dr. Heather Spence Laschinger for the use of the Structural Empowerment instrument and Dr.Gretchen Spreitzer for the use of the Psychological Empowerment instrument. Susan Motley (Executive Director of Virginia Nurses Association), May Mayor (Ex-president of PNAA), Susan Castor (ex-president of PNA of New Jersey), Joy Duarte (Chair, PNANJ Education and Practice Committee) and, Belle Villafuerte, all of whom supported my efforts in collecting data from their members.

My most sincere thanks are to the following supporters for generously sharing their time and knowledge: Monte Hodge, Munkanit Viphunphong, Muthana Shamalerk, Boonlom Mangkonkarn, the Ngamsnga family, the Attaset family**,** Daniel Ampomah, Dr.Wilaiporn Rojjanasrirat, Dr. Chantarawan Saengkhae, Dr. Suwadee Sakulkoo, Dr. Yanika Kowitlawakul, Dr. Jean Pilon, Dr. Ratchaneewan and Jeffrey Ross, Dr. Wanida Wanant, and Dr. Pairatana Wongnam.

My sincere thanks go to Mr. and Ms. Newton, my brother Chalee and his family and, my sister Sophie, for their ever present help and encouragement.

I am grateful to all nurses who participated in this study and made it possible.

Last and certainly not in the least by any measure, my biggest thanks and heartfelt gratitude go to my dear husband for his unconditional love, support, patience, and understanding through this process.

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ABSTRACT

THE RELATIONSHIPS OF EMPOWERMENT, JOB SATISFACTION, AND ORGANIZATIONAL COMMITMENT AMONG FILIPPINO AND AMERICAN REGISTERED NURSES WORKING IN THE U.S.A.

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The purpose of this study was to examine and compare the relationships between empowerment, job satisfaction, and organizational commitment among Filipino and American registered nurses (RNs) working in the United States. A descriptive-correlational design was used. The convenience sample of 176 participants of both Filipino and American RNs returned either online or paper and pencil surveys. Descriptive, correlational analyses, t-tests, and multiple regression tests were performed to answer the research questions.

The study found correlations between structural empowerment, psychological empowerment, job satisfaction, affective and normative commitments among Filipino and American RNs (*r* ranged from .26 to .68, $p<.05$). No relationship was found between structural empowerment and continuance commitment in both RN groups. The two groups reported different scores in structural and psychological empowerment (M=3.85 (Filipino) vs. M=3.59 (American), $p<.05$; and M=4.37 (Filipino) vs. M=4.08 (American),

$p<.05$, respectively). Filipino RNs showed higher values for both variables. Significant predictors for job satisfaction were structural empowerment among Filipino RNs, and structural and psychological empowerment among American RNs. Regarding affective and normative commitments, predictors for Filipino RNs were (1) structural empowerment , and (2) whether the RN worked in a critical care unit, $R^2=.34$ (for affective commitment), $R^2=.24$ (for normative commitment), and for American RNs only structural empowerment, $R^2=.28$ (for affective commitment) and $R^2=.21$ (for normative commitment).

Overall, the study confirms the relationships between empowerment, job satisfaction, and organizational commitment among two RN groups. The study concludes that structural and psychological empowerment in the work environments appear to be significantly related to improved job satisfaction and commitment among RNs.

CHAPTER 1. INTRODUCTION

Statement of the Problem

The United States of America is believed by many to have the most developed medical technologies in the world. However, the best technologies alone are not enough to ensure optimum quality of care for patients: Nurses, representing the largest group of healthcare professionals, contribute significantly to the care of patients in hospitals and other healthcare settings. Unfortunately, the United States now faces a serious nursing shortage, especially in hospital settings both challenges and this creates problems for patient-care delivery.

According to a 2006 American Hospital Association study, approximately 118,000 registered nurses (RNs) will be needed to fill the current staffing vacancies. By 2020, the nursing shortage is predicted to increase to more than 1 million nurses (Health Resources and Services Administration, 2006). Moreover, a 2005 U.S. Bureau of Labor Statistics report states that more than 1.2 million nurses will be needed by 2014 to replace the nurses who will retire or leave the nursing profession (Hecker, 2005). Thus, at the beginning of the 21st century, the U.S. healthcare setting is in serious trouble.

The nursing shortage portends a danger to the lives of patients, according to a study conducted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2005). The study reports that a shortage of nurses has been associated with 24% of patient injuries and deaths since 1996 (JCAHO, 2005). Consumers are left feeling

insecure about the quality of healthcare services in the United States, as revealed in a national survey on consumers' experiences (Kaiser Family Foundation, 2004). According to the survey, healthcare consumers were dissatisfied and perceived that the quality of healthcare in 2004 was worse than in 2000. Most respondents reported that workloads, stress, or fatigue of health professionals, along with insufficient numbers of nurses in hospitals were the causes of medical errors (Kaiser Family Foundation, 2004).

These results were confirmed in studies that conducted national surveys to examine the perceptions of RNs, nursing students, and hospital chief nursing officers (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2004, 2006; Buerhaus et al., 2005). Findings revealed that the insufficient number of RNs resulted in a negative impact on patient care and undermined the quality of care goals. Healthcare providers, RNs, and chief nursing officers also reported that a shortage of RNs is an important factor in the increasing negative impact on the overall quality care of patients (Buerhaus et al., 2006). In another 28-day data collection study by Balas, Scott, and Rogers (2004), 30% of nurses reported making at least one error, and 33% reported making at least near errors. Importantly, higher patient-to-nurses ratios are strongly associated to nurses with higher emotional stress and greater job dissatisfaction, which may increase patient mortality and failure-to-rescue rates (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

To reduce the negative effects of nursing shortages, hospitals have implemented many strategies. One of the short-term solutions is the hiring of foreign-born nurses to fill the gaps in the U.S. nurse workforce. As a result, approximately 195,500 foreign-born nurses are employed in the healthcare industries (Paral, 2004). Between 1994 and 2002,

the number of foreign-born nurses grew 72%, while the number of native-born nurses increased by only 4% during that period (Paral, 2004).

Presently, the largest group of foreign-born nurses in the healthcare settings are Filipino nurses (50.2%) who generally speak English fluently and have been educated with a nursing curriculum similar to that of the United States (Paral, 2004). Also, a large number of nursing school graduates from the Philippines want to work in the United States because of the relatively higher U.S. wages and the overall attraction of life in America. Therefore, Filipino nurses represent more than half (55%) of the foreign-trained nurses who take the Certification Program Nurse Qualifying Examination in 2005 (Marquand, 2006).

Framework

In this study, I examined the relationship between the structural empowerment and psychological empowerment to job satisfaction and organizational commitment among Filipino and American-born RNs working in the United States as separate group and then compared the relationship between the two groups. The structural empowerment theory by Kanter (1993) and the psychological empowerment theory by Spreitzer (1995) were used as conceptual frameworks.

Empowerment Theories of Kanter and Spreitzer

In developing her theory of structural empowerment, Kanter (1993) identified three variables: the structure of opportunity, the structure of power, and the proportional distribution of people of different races (minorities). According to Kanter, these variables contain the roots of an integrated structural model of human behavior in an organization.

Kanter (1993) proposes that the organizational environment controls employees' work, attitudes, and behaviors. She also maintains that power and opportunities create employees' own empowerment, resulting in increased job satisfaction and organizational commitment.

Kanter (1993) states that: "Power is the ability to get things done" (p. 166). Furthermore, she states that power in an organization is developed from structural conditions, not from personal characteristics or from socialization effects. The employees who are empowered are allowed to have control over their work conditions. Thus, Kanter claims power is related to autonomy and not to control over or domination of another. The organizational structures of empowered employees involve having access to information and resources, receiving support, and having the opportunity to learn and grow. Access to these structures results in increased feelings of autonomy, higher levels of self-efficacy, higher levels of job satisfaction, and increased organizational commitment. Furthermore, Kanter argues that the impact of such access within the organizational structure on employee behavior is far greater than the impact of an employee's own personality characteristics.

According to Spreitzer (1995), psychological empowerment is defined as a set of psychological states that focuses on how real employees actually think about and experience their work, They believe about their own roles and influence in an organization that make employees feel confident and eager to success. Thus, psychological empowerment is a logical outcome of managerial efforts to create Kanter's structural empowerment. Indeed, Laschinger, Finegan, Shamian, and Wilk (2001) found

that the structural empowerment of staff nurses has a direct positive effect on their psychological empowerment and job satisfaction.

In her developing and validating a multidimensional measure of psychological empowerment in the workplace, Spreitzer (1995) explains four components of psychological empowerment: meaning of the work, competence to do the work, self-determination, and an employee's perception of the impact or outcomes of their work. "Meaning" refers to the perceived congruence between the job requirements and the individual's beliefs, values, and behaviors. Optimally, employees will realize the significance of their job to the organization and to themselves and pay attention to their work. As a result, they will be likely to do a good job and be proud of their success. Spreitzer notes that "competence" refers to an individual's confidence in his or her job performance abilities. In other words, an employee believes his or her abilities and skills to enhance job performance. Employees also believe they can use the resources provided by their organization to get the work done. According to Spreitzer, "self-determination" relates to employees' perceived control over their work when employees perceive they have the freedom to decide how or how not to work in different situations. Thus, they can implement innovations to complete their work. Finally, Spreitzer defines "impact" as an individual's sense of his or her capability to influence important outcomes within their organization. Conversely, individuals will feel powerlessness if they do not realize how important they are within the organization. Spreitzer's four dimensions of psychological empowerment reflect an active orientation toward the work role. Thus, psychological empowerment is shaped by the work environment and is specific to the work domain.

Kanter's (1993) theory of structural empowerment and Spreitzer's (1995) theory of psychological empowerment helped shape the conceptual framework of this study. The framework involved the following components: perceived access to the empowerment structures (opportunity, support, information, and resources), psychological empowerment, job satisfaction, and organizational commitment. The relationships between these components are shown in Figure 1.

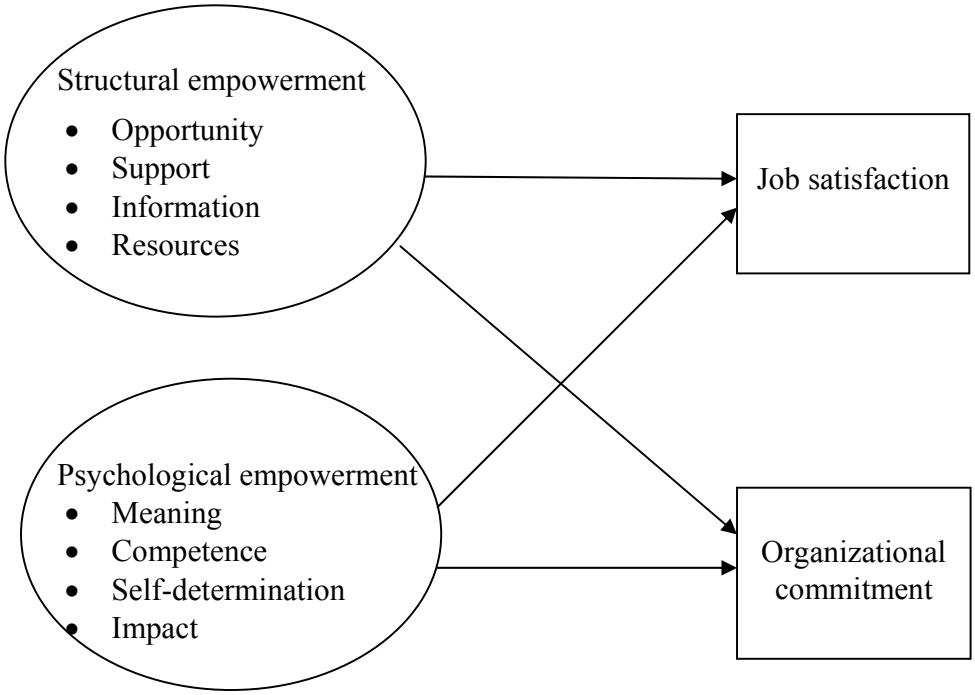

Figure1. The relationships of structural empowerment and psychological empowerment to job satisfaction and organizational commitment.

Purpose and Research Questions

The purposes of this study were (1) to examine and compare the relationships between empowerment, job satisfaction, and organizational commitment in Filipino and American registered nurses working in the United States; and (2) to determine what factors predict job satisfaction and organizational commitment. The questions of this study were as follows:

1. What are the relationships among structural empowerment, psychological empowerment, job satisfaction, and organizational commitment in Filipino registered nurses working in the United States?
2. What are the relationships among structural empowerment, psychological empowerment, job satisfaction, and organizational commitment in American registered nurses working in the United States?
3. Are there any differences between the two populations in structural empowerment, psychological empowerment, job satisfaction, and organizational commitment?
4. What are the significant predictors for job satisfaction and organizational commitment in each of the two study populations? The predictors examined included structural empowerment, psychological empowerment, age, level of education, and nursing-practice factors (specialty, work time schedule, years of work experience in the U.S.A., and commuting time).

Conceptual and Operational Definitions

The terms presented below were defined for the purpose of this study.

Structural Empowerment

Conceptual Definition

Empowerment is the power to create and sustain a work environment. It proceeds from the ability to access and mobilize information, support, resources, and opportunities from one's position in the organization (Kanter, 1993). The components of structural empowerment are information, support, resources, and opportunity.

Information – the data of the organization's overall goals and values and active participation in the organization's decision processes.

Support – the feedback and guidance received from superiors, peers, and subordinates.

Resources – the time necessary to accomplish organizational goals; also acquiring help when needed.

Opportunity – the expectation of positive future prospects. It includes autonomy, growth, a sense of challenge and the chance to learn and grow.

Operational Definition

Empowerment levels can be measured with the use of the Conditions of Work Effectiveness Questionnaire II instrument (Laschinger, Finegan, Shamian, & Wilk, 2001). The instrument contains four subscales that measure perceived access to the empowerment structures of information, support, resources, and opportunity.

Psychological Empowerment

Conceptual Definition

Psychological empowerment is described as how employees view themselves in the work environment and the extent to which they feel capable of shaping their work role (Spreitzer, 1995). Psychological empowerment consists of four dimensions: meaning, competence, self-determination, and impact.

Meaning – how an RN places a value on her or his work goals, resulting in high organizational commitment and concentration of energy.

Competence – how an RN is capable of performing activities with skill.

Self-determination – how an RN senses that one has a choice with regard to initiating and regulating actions and work behaviors.

Impact – how an RN has a degree of influence on outcomes in the work setting.

Operational Definition

The level of psychological empowerment can be measured with the use of Spreitzer's (1995) Psychological Empowerment instrument. This instrument contains four subscales (meaning, competence, self-determination, and impact) that measure psychological empowerment.

Job Satisfaction

Conceptual Definition

Job satisfaction relates to the level of positive feeling of RNs about their current job (Stamps, 1997). It can be measured from six components: payment, autonomy, task requirements, organizational policies, professional status, and interaction.

Payment – how an RN feels about her or his salary

Autonomy – how an RN feels about sufficient input, authority, freedom of decision making.

Task requirements – how an RN feels about her or his job (including the level of work/paperwork).

Organizational policies – how an RN feels about the organizational policies; including strictness, opportunity, rights to plan policy.

Professional status – how an RN feels about being recognized as an important component in a hospital, and whether she or he is proud to be a nurse.

Interaction – how an RN feels about interaction with coworkers.

Operational Definition

Job satisfaction can be measured with the use of the Index of Work Satisfaction tool (Stamps, 1997). This tool contains six components as reported above.

Organizational Commitment

Conceptual Definition

Organizational commitment relates to the characteristic of the relationships between employees and the organization. It has implications for an employee's decision to leave or stay with an organization (Meyer, Allen, & Smith, 1993). According to Meyer et al., there are three forms of commitment: affective, continuance, and normative.

Affective commitment – how an RN feels about the organization.

Continuance commitment – how an RN thinks about changing the organization.

Normative commitment – how an RN responds to the organization.

Operational Definition

The organizational commitment level can be measured with the Commitment to Organizations instrument (Meyer et al., 1993). This instrument contains three subscales that measure the levels of affective commitment, continuance commitment, and normative commitment to an organization.

Significance

In the United States, the cost of an RN's departure from a hospital is high and affects both the facility's and the nation's quality of care. The Advisory Board Company for the Nursing Executive Center estimated that the cost of replacing a medical-surgical nurse is $42,000. The cost for a registered nurse turnover is estimated to be $65,000 in 2005 (Department for Professional Employees, 2007). Moreover, registered nurses' jobs are expected to grow 23 percent from 2006 to 2016 that is 587,000 new jobs among the largest number of new jobs for any occupations. Additionally, 30% of nurses' job openings are to replace experienced nurses who leave the occupation (Bureau of Labor Statistics, 2007).

The nursing-shortage crisis has motivated U.S. healthcare leaders to advocate for serious and creative solutions to bolster the nation's supply of RNs. Consequently, leaders have adopted a host of strategies to attract more nurses in order to reduce the nursing shortage and avoid future shortfalls. One of these strategies is to recruit and hire nurses from other countries, such as the Philippines, who have been trained according to the same standards required in the United States. During the past 50 years, the United States has regularly imported nurses from other countries in order to alleviate its nursing

shortage (Brush, Sochalski, & Berger, 2004). However, because the current nursing shortage is a worldwide problem, U.S. healthcare facilities struggle in their efforts to attract and recruit foreign-born nurses in order to fill current RN staffing vacancies. Moreover, other countries such as the United Kingdom, Ireland, and Saudi Arabia, provide an equally attractive location for a large number of foreign nurses (Buchan, Parkin, & Sochalski, 2003). Thus, U.S. healthcare facilities at present are not the only places in which foreign nurses—including Filipino nurses—may choose to work. Yet, if U.S. nursing vacancies continue and domestic training of nurses falls below the demand, foreign nurses will continue to be called on to bolster the nursing workforce in the United States.

In order to ensure that foreign nurses remain in the U.S. healthcare workforce, the nation's healthcare facilities and organizations must strive for a high degree of job satisfaction for its foreign-born employees. It is not easy for individuals to leave their family members in their home country, move to a new country, and quickly adjust to a new culture and work environment. They might readily feel alone or powerless and need a strong, organizational support system. Furthermore, they might leave the organization if nursing executives are not aware of and do not tend to their needs. In a confirmatory report by Laschinger, Wong, McMahon, and Kaufmann (1999), the authors found that staff nurses in their study felt powerless if they did not receive any support from their managers. Conversely, RNs might feel more empowered when their managers use leadership behaviors that foster the nurses' autonomy and the meaningfulness of their work.

For purposes of recruitment and retention, improving an institution's work environment is one strategy that may help solve the nursing shortage. Many researchers have studied factors or strategies to increase job satisfaction and organizational commitment (Hayhurst, Saylor, & Stuenkel, 2005; Strachota, Normandin, O'Brien, Clary, & Krukow, 2003; Wilson, 2006). Work environments that provide a sense of empowerment and job satisfaction are positively correlated, significant, and variable factors associated with an individual's choice to leave or stay in a work environment (Andrews & Dziegielewski, 2005; Manojlovich & Laschinger, 2002; McNeese-Smith, 1999; Shader, M. Broome, C. Broome, West, & Nash, 2001). Kuokkanen, Leino-Kilpi, and Katajisto (2003) confirmed that nurse empowerment is correlated strongly with job satisfaction, commitment to the job, and the level of professional activity. Indeed, Nogueras (2006) found that an RN's level of education and occupational commitment are significant predictors of his or her intention to quit the nursing profession.

Demographic factors have also been found to influence an RN's job satisfaction. Kuokkanen et al. (2003) found that nurses aged between 21 and 40, working in a hospital, working experience more than 25 years, temporary personnel, feeling job strain, and career consciousness are characteristics of nurses intending to change their jobs or fields of work. McNeese-Smith (1999) reported that patient care, factors that interfere with job/patient care, feeling overloaded, relationships with co-workers, personal factors (work location and financial contribution), organizational factors (salary and benefits), and the career stage of the nurse are principal categories that influence job dissatisfaction. Shaver and Lacey (2003) also found that satisfaction with work is often correlated to

setting commitment. RNs who work in inpatient units has lower levels of satisfaction than those who work in other setting. They also found that the high daily patient load and short staffing are negatively related with work satisfaction. Shader et al. (2001) presented factors that influence job satisfaction and anticipated turnover among nurses in 12 units in an academic medical center. The authors found that job stress, group cohesion, weekend overtime, aged less than 51 and job satisfaction are predictors of the anticipated turnover.

Only a few studies address job satisfaction in minority groups. Miller and Travers (2005) examined ethnicity and the experience of work among minority ethnic teachers in the United Kingdom. The authors reported that job dissatisfaction is predicted by total discrimination, workload, total general health, resolution strategy, and the lack of status and promotion. Few studies focus on Filipino nurses' job satisfaction and retention. Estrada (1996) explored the variables that elicited a high level of job satisfaction among Filipino nurses working in three Eastern hospitals in the United States between 1980 and 1990. Estrada found that task, policy, and autonomy are the most important factors explaining job satisfaction among this population. In a more recent study, Kinderman (2006) found that disrespect from colleagues and lifestyle changes are major problems for Filipino nurses working in the United States.

Summary

The United States faces a critical shortage of nurses because of the average age and retirement of RNs currently practicing nursing, the large numbers of RNs leaving the nursing profession, and the failure of new candidates to enter a nursing career. Increasing

nurse staffing levels and organizational commitment in U.S. hospitals may reduce the currently alarming nurse turnover rates due to job dissatisfaction, a major precursor of job resignation. An extensive review of the literature found only one study related to job satisfaction among Filipino nurses working in the United States (see Estrada, 1996). Some of the literature reported that demographic factors such as age, work unit, level of education, work time schedule, and commuting time are correlated to job satisfaction. Thus, a well researched study that addresses the relationships between empowerment, job satisfaction, demographic factors, and organizational commitment among foreign-born nurses in the United States is needed. Findings from the present study aim to fill this need and may help hospitals retain a larger numbers of individuals in this critical workforce.

The present study examined the relationships of job satisfaction and organizational commitment with structural empowerment, psychological empowerment, and additional factors (age, level of education, specialty, work time schedule, years of work experience in the U.S.A., and commuting time) in Filipino and American-born nurses working in the United States. Chapter 2 presents a literature review that corroborates the significance of the current study's topic and the need for further research.

CHAPTER 2. REVIEW OF THE LITERATURE

The following literature review examines empowerment and its use in organizational structures. Kanter's (1993) theory of structural empowerment is discussed, along with its application in nursing research. Studies on psychological empowerment in the workplace are also discussed. Additionally, research on job satisfaction, organizational commitment, and the link of empowerment to nurses' job satisfaction and organizational commitment are presented. Finally, the history of Filipino nurses' migration to the United States and the general working conditions of nurses in the United States are described, according to media and research reports.

Empowerment

The word *empower* originally meant "to invest with legal power, to authorize" and, in the mid-17th century, had this legalistic definition (*The American Heritage Dictionary*, 2000). The word *empowerment* has its roots in government-mandated, antipoverty programs implemented in the 1960s (Rose, 2000). However, the term empowerment now has many meanings.

In business, Stewart (1994) explained empowerment as a highly practical and productive way to get the best out of oneself and one's staff. Scott and Jaffe (1991) stated that empowerment is a fundamentally different way of working together. According to these authors, employees feel responsible not only for doing a good job, but also for making the whole organization work better. In this context, teams work together to

improve their performance continually, thus achieving higher levels of productivity. Moreover, as Scott and Jaffe (1991) noted, organizations promoting empowerment are structured in such a way that their employees are able to achieve the results they want and to do what is needed to be done. According to Page and Czuba (1999), empowerment is a multidimensional social process that helps people gain control over their own lives. It is a process that fosters power in people—for the betterment of their own lives, of their communities, and in their society—by acting on issues that people define as important. Smith (1996) explained empowering people as encouraging them to become more involved in the decisions and activities that affect their jobs.

In nursing-care settings, researchers have examined empowerment among both nurses and patients**.** Hajbaghery and Salsali (2005) conducted a study involving 44 nurses in Iran and proposed a grounded theory about experiences, perceptions, and strategies affecting empowerment. Three main categories emerged from their collected data: (1) personal empowerment, (2) collective empowerment, and (3) the culture and structure of the organization. In a more recent study, Patrick and Laschinger (2006) examined the relationship between empowerment and perceived organizational support and the effect of both components on the role satisfaction of middle level nurse managers. The researchers found that a significant predictor of middle level nurse managers' role satisfaction is a combination of empowerment and perceived organizational support. The study's findings demonstrate that middle level nurse managers feel empowered when they perceive organizational support. Thus, Patrick and Laschinger (2006) concluded that

work conditions that provide empowerment impact employees' feelings of support and a sense of accomplishment at work.

As indicted in the review of literature cited above, providing empowerment is clearly a wise strategy for organizations to develop job satisfaction, work effectiveness, goal achievements, and organizational commitment among employees.

Kanter's Theory of Structural Empowerment

In her book, *Men and Women of the Corporation*, Kanter (1993) defines empowerment as the ability of an individual to independently make decisions and utilize available resources to accomplish the necessary goals. Kanter's theory of empowerment evolved from her qualitative study of work environments in a large American corporation. She states that if an organization is structured to provide empowerment and access to job-related empowerment opportunities, the structure will have a positive impact on employees and their work effectiveness. On the other hand, if the structure does not provide empowerment and access to job-related empowerment opportunities, the structure will have a negative impact on the employees and their work effectiveness. According to Kanter, the empowerment-structured organization leads to increased autonomy, job satisfaction, and commitment among employees. Consequently, feelings of burnout and job stress will decrease, and the result is work effectiveness.

Kanter (1993) identified three variables of structural behavior in the organization: (1) the structure of opportunity; (2) the structure of power; and (3) the relative number (proportions and social composition). According to Kanter, power is the ability of a person to mobilize resources. Power can be both formal and informal. Formal power is

the power of an individual. It is found in jobs that are both visible and allow for discretion in decision making. When people feel low power, they will try to retain control and restrict opportunities for the growth or autonomy of subordinates. People with high power will provide opportunities for subordinates to move along with them and will enjoy helping rather than hindering. Informal power is derived from alliances that the individual makes within the organization (superiors and peers) and with contacts outside the organization.

The Structure of Opportunity

Kanter (1993) found that the key to organizational success exists in a structure that provides individuals the opportunity for success. If an individual within an organization perceives an opportunity for success is present, the individual's attitude, job satisfaction, commitment, and overall work effectiveness will be enhanced. In order for an individual to perceive that opportunity exits, the individual must be in a position that allows access to resources, information, and support.

Kanter (1993) notes that the structure of opportunity is related to job conditions that provide individuals with chances to obtain promotion within the organization and allows them to develop their knowledge and skills. Opportunity is a measure of the expectation of future prospects at work. It includes the chance to learn and grow and a sense of challenge and autonomy. Kanter maintains that opportunity for advancement is a key influence on employees' work satisfaction and productivity. When employees have access to an opportunity structure that allows for professional growth, they display higher levels of commitment to the organization as well as higher levels of motivation to

succeed and improve their careers. They take a proactive approach in solving problems that arise on the job, and they particularly actively participate in change and innovation. In contrast, as Kanter notes, individuals in low-opportunity jobs exhibit a tendency to maintain their habits. They will have less commitment to the organization, low aspirations, and a feeling of less than adequate value and competence. These employees often seek out a peer group outside the organization for support, thereby disengaging from their employer's organization.

The Structure of Power

Kanter (1993) stresses that, in order to feel empowered, employees need access to the knowledge and the information necessary to carry out their jobs. These aspects include technical knowledge and expertise, as well as informal information on overall activities in the main organization. The ability to obtain materials, money, and time as rewards to achieve the demands of the job constitutes the lines of resources. Lines of support are related to sources that will allow the employee to function in a way that maximizes one's effectiveness at work. Positive feedback from superiors and other managers in the organization, as well as the opportunity for employees to make their own decisions in their job, are important components of this source of power. As Kanter notes, these components link employees to the organizational mission or goals and reinforce successful choices of strategies to accomplish job requirements.

According to Kanter (1993), employees experience powerlessness when they do not have access to resources, information, support, and opportunity. When this is the case, employees may perceive a lack of opportunity for promotion and feel excluded

from decisions in the organization. They have accountability without power, which creates feelings of frustration and failure. On the other hand, as Kanter notes, empowered employees have control over their work conditions, allowing them to make their own decisions, which results in an improved organizational effectiveness. In successful working environments, employees are committed to their organization or work group and satisfied by their job, which lowers the level of staff burnout.

The Relative Number

Kanter (1993) defines the term *relative number* as the social composition of people in the same situation. People who are ethnic minorities can be treated differently in organizations. According to Kanter, performance pressures and uncertainties about their acceptance can occur in people of any social category who find themselves fewer in number among others of a different social type. It seems clear that numbers, especially relative numbers, can strongly affect a person's fate in an organization. Kanter notes this is a system-level construct rather than an individual construct located not in a characteristic of a person but in the numbers people. A system phenomenon requires system-level intervention to make change.

Kanter (1993) extends the construct of this system-level phenomenon to factors that block opportunity. She notes that token or minority representation tends to generate employees who, among other things, are powerless, have low aspirations, and present no commitment to the organization. They develop hostility toward leadership and become ineffective in a leadership role, taking few risks, or they feel socially isolated and personally stressed. Systems that generally constrain opportunity and power do not

develop their resources to the fullest. However, as Kanter explains, policies that enhance opportunity, empower employees, and balance the numbers of socially different kinds of people are useful. Empowerment must start with and rest fundamentally on the modification of the official structural arrangement. Otherwise, employees who represent a very small proportion of the workforce will feel more pressure to conform, try to become socially invisible, and find it more difficult to gain credibility. Thus, they will have fewer opportunities, resulting in limited effectiveness.

Management's Mandates

Kanter (1993) claims that, the creation of the appropriate conditions to generate work effectiveness, is the mandate of the organization's management. Beneficial conditions are achieved by allowing employees access to information, offering support to employees, and providing the necessary resources required for employees to complete their work. Additionally, Kanter states that another mandate of management is to provide ongoing opportunities for employee development in the work setting. These opportunities have a direct, personal impact on employees by increasing job satisfaction and creating a strong commitment to the organization. In consequence, Kanter notes, employees are more productive and effective in achieving the organization's goals.

Kanter's Theory Applied in Nursing Research

Since 1993, Kanter's theory of structural empowerment has been used as a theoretical framework in numerous research studies, theses, and dissertations. Kanter's concepts of opportunity, information, support, and resources are key variables in many studies of nurse empowerment (Haugh & Laschinger, 1996; Laschinger & Finegan, 2005;

Laschinger & Havens, 1996; Laschinger, Sabiston, & Kutszcher, 1997; Laschinger & Wong, 1999); retention of nurses (Barry, Brannon, & Mor, 2005); burnout (Laschinger & Hatcher, 1996); commitment to the organization (Dubuc, 1995; McDermott, Laschinger, & Shamian, 1996; Wilson & Laschinger, 1994); organizational trust (Laschinger, Finegan, Shamian, & Casier, 2000); job satisfaction (Laschinger, Finegan, & Shamian, 2001; Laschinger, Finegan, Shamian, & Wilk, 2001; Manojlovich & Laschinger, 2002); and leadership style (Upenieks, 2002). Most of the studies examined Kanter's theory in nursing organizations.

A common theme in the current nursing administration literature is the need to create a more empowered work environment in the nursing setting. Although the largest proportions of professional health workers are nurses, the organizational support for them remains low (Laschinger, Sabiston, Finegan, & Shamian, 2001). The authors found many themes that nurses reflect feelings of powerlessness from both of managers and organizations. The nurses do not receive recognition for their efforts, support, resources, and information required to achieve their goal. Thus, they feel dissatisfied with their work lives. Kanter (1993) posits that employees' lack of access to power and opportunity structures often results in a sense of powerlessness and relates to negative behaviors, such as job dissatisfaction and poor organizational commitment.

In summary, structural empowerment is the descending delegation of responsibility in an organization to give employees an increased decision-making capability. The structure of empowerment emphasizes a work environment that results in the effectiveness of employees when they can access opportunities, resources,

information, and support. However, Spreitzer (2007), believes that employees have experience of the nature of empowerment that is called "psychological empowerment."

Psychological Empowerment

According to Spreitzer (1995), psychological empowerment is an internal stimulator that allows employees to feel or perceive they have the ability to get things done. This perception results in work effectiveness and job satisfaction.

Conger and Kanungo (1988) explain psychological empowerment as a process of increasing the inside ability between coworkers and the organization, thereby allowing employees to believe in their abilities to achieve the goal of the organization. Indeed, they believe they are a part of the organization's accomplishments. In 1990, Thomas and Velthouse used the word *empowerment* as the motivational content of commitment. They studied cognitive elements of empowerment that increase the perception of psychological empowerment in task assessment. According to Thomas and Velthouse (1990), the four components of task assessment are impact, competence, meaningfulness, and choice. In elements of the cognitive model of empowerment, changing the environment and the individual's style increases intrinsic task motivation among workers.

Spreitzer (2007) describes psychological empowerment as a group of psychological states essential for a person to feel that he or she can control the relationship to his or her own work. Instead of focusing on managerial practices which share power among employees at different levels, the psychological vantage point focus on employees' experience of their own work and the nature of that unique experience. Spreitzer developed and validated the measurement of psychological empowerment in the

workplace based on cognitions that reflect an individual's orientation to his or her work role: meaning, competence, self-determination, and impact. According to Spreitzer, employees are empowered because they increase their organizational commitment and enhance program effectiveness.

In summary, psychological empowerment is a motivational process or belief that is an individual, personal feeling. The process enables employees and organizations to set and attain goals. In fact, psychological empowerment will increase employees' feelings of power to get thing done. On the other hand, any management strategy that does not meet employees' self-determination needs or self-efficacy beliefs will make workers feel powerless.

Job Satisfaction

Some people might enjoy their job and make it a central part of life, but some might hate their work and do it only to pay their bills. Spector (1997) states that "job satisfaction is what people think about their jobs, whether they like or dislike them" (p. 2). Spector also notes that an employee's attitude is a major topic in many studies examining organizational behavior that improves efficiency and quality of work. For example, because managers at the International Business Machines Corporation (IBM) are concerned about the level of job satisfaction among IBM employees, the organization conducts opinion surveys every year to find out how employees feel about their jobs.

Wilson (2006) interviewed hospital nurses and analyzed their reasons for staying in the nursing profession. Half of the respondents reported staying in practice because they enjoyed the job of nursing. Wilson's findings demonstrate a strong relationship

between enjoyment and job satisfaction and between job satisfaction and a nurse's intent to remain in the profession. Wilson's findings also indicate that job setting and environment contribute to nurses' job satisfaction. Thus, job satisfaction is related to work outcome and serves as a factor in encouraging nurses to remain in their job.

Factors Correlated with Nurses' Job Satisfaction

Researchers frequently report that empowerment and commitment are factors correlated with job satisfaction (McDermott et al., 1996; Laschinger, Finegan, & Shamian, 2001; Laschinger, Finegan, Shamian, & Wilk, 2001). In a recent descriptive study, Kuokkanen and colleagues (2003) studied levels of professional activity, job satisfaction, and commitment to the job in critical care, long-term care, and public health nurses. The authors found that professional activity, job satisfaction, and commitment to the job are strongly correlated with nurses' empowerment. They also found age, working experience, employment in a hospital unit, temporary personnel, job strain, and career consciousness are characteristics of nurses willing to change their jobs or fields. The outcomes of job satisfaction are important to the nursing shortage because job satisfaction leads to job retention (Kuokkanen et al., 2003).

A content analysis by McNeese-Smith (1999) confirmed the relationship between job satisfaction and job retention. The study examined job satisfaction and dissatisfaction among 30 staff nurses in a university-affiliated hospital in California. Findings indicated that the principle factors influencing job dissatisfaction are patient care, interference with job/patient care, overloading, relationships with coworkers, organizational factors, personal factors, and career stages of the nurse. The author concluded that health care

administrators should consider organizational and individual factors that influence the feelings of nurses.

Shaver and Lacey (2003) conducted a study addressing how nurses feel about their employers and about nursing as a job. The authors found that satisfaction with work is regressed onto setting commitment, job tenure, years until retirement, and limited staffing. They also found that the average daily patient load is negatively related to satisfaction with work.

When employees feel dissatisfied with their jobs, they will often quit their jobs. The relationship between dissatisfaction at work and decisions to leave nursing is emphasized in studies dealing with the reasons nurses give for leaving their jobs. In the findings from a survey study among 1,780 RNs, Fletcher (2001) reported that the RNs expressed dissatisfaction because of heavy patient loads, non-supportive management, and negative peer attitudes. Similarly, Joshua-Amadi (2002) found that the reasons nurses leave their jobs include a bad working environment, a belief that no one cared about them, a decline in quality of care, low pay, and a constant feeling of tension. Strachota et al. (2003) reported that the main reasons RNs leave organizations are unsatisfactory work hours (every other weekend, holidays, no flexibility); better job opportunity elsewhere (more money, better hours); and family demands (stay at home with children or elderly parents).

Many studies confirmed that a manageable work schedule is a main reason for job satisfaction among nurses. Ruggiero (2005) found that more weekends off per month lead to less depression and emotional stress and contribute to significant job satisfaction in

nurses. This finding is similar to a previous study by Shader et al. (2001), which presented factors that influence job satisfaction and anticipated turnover among nurses. The authors found that job stress, a stable work schedule, weekend overtime, and age influence job satisfaction and anticipated turnover. Additionally, for nurses in Shader et al.'s (2005) study who were in the age range of 31 to 40 years old, work satisfaction and group cohesion were predictive of anticipated turnover; however, for nurses over 50 years old, there were no significant predictors of turnover. Similarly, McNeese-Smith and van Servellen (2000) found age and job satisfaction are significant predictors of the intent to leave the nursing profession. However, other researchers reported different findings on the influence of age on job satisfaction. Adams and Bond (2000) found that age, level of education, and length of work service is not associated with job satisfaction.

It is not clear whether length of time of service affects nurses' job satisfaction. Ma, Samuels, and Alexander (2003) found that years of service, job position, the number of hospital beds, hospital retirement plan, care setting, and geographic area factors are significant indicators of job satisfaction among nurses.

Hayhurst and colleagues (2005) reported that supervisor support, autonomy, work pressure, and peer cohesion are factors related to the retention of nurses. Similarly, Eisenberger, Stinglhamber, Vandenberghe, Sucharski, and Rhoades (2002) found that perceived supervisor support is a negative relationship with employee turnover. Interestingly, in their study of ethnicity and the experience of work in minority ethnic teachers in the United Kingdom, Miller and Travers (2005) reported that job

dissatisfaction is predicted by total discrimination, workload, total general health, resolution strategy, and the lack of status and promotion.

Summary

Many factors are associated with a nurse's job satisfaction, such as supervisor support, autonomy, work pressure, professional level, years of experience, shortage of staff, work load, age, work environment, relation with coworkers, a stable work schedule, weekend overtime, salary, level of education, length of work, number of hospital beds, care setting, and hospital retirement plan. Thus, the present study examined the association of age, level of education, years of experience, specialty, work time schedule, and commuting time (independent variables) with job satisfaction and organizational commitment (dependent variables) among Filipino and American-born RNs working in the United States.

Organizational Commitment

Research findings indicate organizational commitment is related to an employee's intent to leave an occupation. Meyer and Allen (1991) developed the Three-Component Model of Occupational Commitment, which describes the psychological link between an individual and the decision to continue in his or her current occupation. In 1993, Meyer et al. tested the generalizability of this model in RNs. Their findings expose a moderate correlation of occupational commitment and intent to leave the nursing profession. Also, they found organizational commitment and occupational commitment are significant predictors of RNs' intent to leave their job.

Nogueras (2006) found that level of education and occupational commitment are significant predictors of an RN's intent to leave the nursing profession. Nogueras' post-hoc analyses showed that RNs with graduate degrees have a greater commitment to the nursing profession than RNs with lower degrees. Additionally, the author reported that an RN's age demonstrates a positive, significant relationship with an RN's occupational commitment, but an RN's years of experience displays a weak, significant relationship with an RN's occupational commitment. However, Nogueras found that an RN's age and gender are not significant predictors of an RN's intent to leave the nursing profession.

Link of Structural and Psychological Empowerment to Nurses' Job Satisfaction and Organizational Commitment

The application of Kanter's (1993) theory in studies regarding the relationship between empowerment and job satisfaction is specifically related to the current research presented here. For over a decade, research findings have demonstrated the relationship of empowerment and job satisfaction among nurses. For example, in their descriptive study, Laschinger and Havens (1996) found that a staff nurse's work empowerment is strongly related to perceived control over nursing practice and, subsequently, that empowerment is related to a staff nurse's job satisfaction. Formal and informal power variables were found to be significant predictors of access to work empowerment structures (Laschinger & Havens, 1996).

Also, recent Manojlovich and Laschinger (2002) used Kanter's theory of structural empowerment and Spreitzer's theory of psychological empowerment in their

study of nursing job satisfaction. The secondary data analysis was used to better understand the determinants for job satisfaction among hospital nurses. The authors found moderate correlation between empowerment and job satisfaction. Structural empowerment predicted 29% of the variance in job satisfaction. Structural and psychological empowerment predicted 38% of the variance in job satisfaction.

Kuokkanen and colleagues (2003) conducted a study of nurse empowerment and factors significant for its realization. The authors found 51% of respondents considered themselves empowered nurses; the nurses who had considered changing their jobs were dissatisfied with their jobs; and nurses who considered themselves empowered had higher levels of activity and commitment than those who did not. The authors concluded that nurses' job empowerment is strongly correlated with job satisfaction, commitment, and level of professional activity.

Similarly, Nedd (2004) used correlation analysis and regression in a descriptive study to determine the relationship of the perceptions of workplace empowerment and intent to stay in 206 Florida RNs. The results showed opportunity, information, support, and resources are in positive correlation with nurses' intent to stay (r = .48, .39, .47, .45, respectively). For Nedd's sample of nurses, empowerment (Conditions of Work Effectiveness Questionnaire total score) was the best predictor of self-reported intent to stay (r = .52). However, the author found that demographic variables (gender, age, years worked in nursing, years working in the current job, and highest level of education) were not significantly related to intent to stay.

DeCicco, Laschinger, and Kerr (2006) examined the relationship between nurses' perceptions of structural and psychological empowerment, respect, and organizational commitment. RNs reported moderate levels of empowerment, respect, and organizational commitment. Structural and psychological empowerment and respect explained 48% of the variance in affective commitment.

Summary

Examining the relationship of structural and psychological empowerments to nurses' job satisfaction and organizational commitment may prove a vital strategy for healthcare organizations to pursue in their efforts to solve the current nursing shortage. Thus, healthcare administrators should be encouraged to know how their employees feel about their current jobs.

History of Filipino Nurses' Migration to the United States

For 100 years, nurses in the Philippines have been educated using the same curriculum as in the United States. According to Ray (2005), Americans began training the first Filipino nursing students in 1907. Through the 1930s, nursing schools in the Philippines continued to adopt American professional nursing standards, with a specialization in public health nursing (Ray, 2005).

In her overview of the Philippines' nursing heritage, Ray (2005) noted that the first wave of Filipino nurses entered the United States in 1948. After World War II, the U.S. Exchange Visitor Program established a goal to fill a post-World War II labor shortage, as well as to promote foreign visitors' better understanding of the United States. Thus, 11,000 nurses from the Philippines came to work in this country between 1956 and

1969. Also, the Immigration Act of 1965 facilitated Filipino nurses to settle as permanent residents. In 1967, the problem of a nursing shortage began in North America and Europe. Since then, the Philippines has been the world's largest exporter of nurses to the United States. Unfortunately, the passage of a U.S. public law in 1970 blocked the wave of foreign nurses because they had to meet a 2-year, foreign residency requirement to become U.S. permanent residents. However, between 1966 and 1978, 7,495 Filipino exchange visitors changed their status to U.S. permanent residents because of the good wages and attractive lifestyle in the United States (Ray, 2005).

The Philippines has continually led other countries in the import of nurses into the United States. Marquand (2006) reported that, by the mid-1980s, Filipino nurses represented 75% of all foreign nurses in the U.S. nurse workforce. They also represented more than half of the foreign nurses taking the U.S. licensure exam in 2001 (Marquand, 2006).

Since 2000, according to the American Hospital Association (2004), more than 50,000 nurses have left the Philippines and found employment in the United States. In 2004, the U.S. Department of Health and Human Services reported that the highest number of foreign-educated RNs (50.2%) was from the Philippines. Thus, Filipinos comprise the largest foreign-born nurse workforce likely to remain a feasible and worthwhile choice to fill nursing shortages in the United States.

Because of culture differences between the Philippines and the United States, Filipino nurses may have problems adapting to the highest technology in this country, as well as to new people and an unfamiliar work environment. According to Xu (2005),

foreign nurses in the United States face challenges such as communication, interpersonal relationships, differences in the nurses' roles and practices, alienation, and cultural adjustments. Unfortunately, few studies examine how Filipino nurses feel about working in the United States. Also, no study explores Filipino nurses' workplace commitment or how often they change organizations. As noted earlier, the cost of replacing and training new nurses is higher than the cost of retaining the present workforce.

General Working Conditions of Nurses in the United States

Since 1986, a nursing shortage has occurred in the United States because of the poor professional image of nursing, the working conditions, the low salary and lack of opportunities, and the availability of other, more lucrative careers. Other factors contributing to the nursing shortage are the baby boomers' eventual retirement because of age and the continuing nurse turnover or retirement from the profession due to other reasons. Additionally, the lack of nursing instructors and the difficulty of the curriculum discourage young people from pursuing the nursing profession. These factors are exacerbated further by the high level of dissatisfaction among nursing professionals, which prevents them from filling the available vacancies. Therefore, many U.S. hospitals now employ foreign-born nurses to maintain their quality of patient care. Also, many healthcare facilities have increased the patient loads of their nurses or expanded the use of nonpermanent staff (e.g., float pool and agency nurses) to cover patient care requirements and to fill vacant positions and unplanned absences. However, to increase the overall supply of nurses, hospitals have implemented practices such as extended work shifts and overtime for nurses. This has caused an increase in the numbers of work errors,

especially when nurses work more than 12 hours per day, work overtime, or work more than 40 hours per week (Rogers, Hwang, Scott, Aiken, & Dinges, 2004).

Summary

Empowerment in the workplace is the process of enabling or authorizing an individual to think, behave, take actions, and control work and decision-making capabilities in autonomous ways. It is the state of feeling self-empowered to take control of one's own destiny. Organizations that create a working environment that helps foster the ability and desire of employees to act in autonomous ways would benefit from developing empowerment.

Also, empowerment leads to job satisfaction among nurses. Nurses' job satisfaction and organizational commitment are associated with work environment, work commitment, workload, working hours, working time, unit size, job stress, personal factors, and geographic area. The current study used Kanter's (1993) theory of structural empowerment as a conceptual framework because it fit the purposes of this study, which included examining the relationships among empowerment, job satisfaction, and organizational commitment in Filipino RNs working in the United States.

The educational system in the Philippines is similar to the educational system in the United States, especially the nursing curricula (Williams, 2005). Also, English is taught in Filipino schools and used as the country's official language. As a result, U.S. healthcare organizations view Filipino nurses as the most favorable among foreign-educated nurses who are available for employment.

However, as noted in the extensive literature review presented above, I found only one study that examined job satisfaction among Filipino nurses working in the United States (see Estrada, 1996). Thus, findings from the current study may provide important, additional information to better understand the relationships of empowerment with job satisfaction and organizational commitment among Filipino nurses employed in U.S. healthcare facilities.

In order to achieve its purposes, the current study examined the relationships of Filipino and American-born nurses' job satisfaction and organizational commitment with structural empowerment (opportunity, support, information, and resources); psychological empowerment (meaning, competence, self-determination, and impact); and demographic factors (age, level of education, specialty, work time schedule, years of work experience in the U.S.A., and commuting time). Figure 2 depicts the relationships of these components.

Chapter 3 presents the methods used to conduct the present study. It describes the study's purposes and design, sample selection and inclusion, instruments used to measure outcomes, and procedures implemented for data collection and analyses.

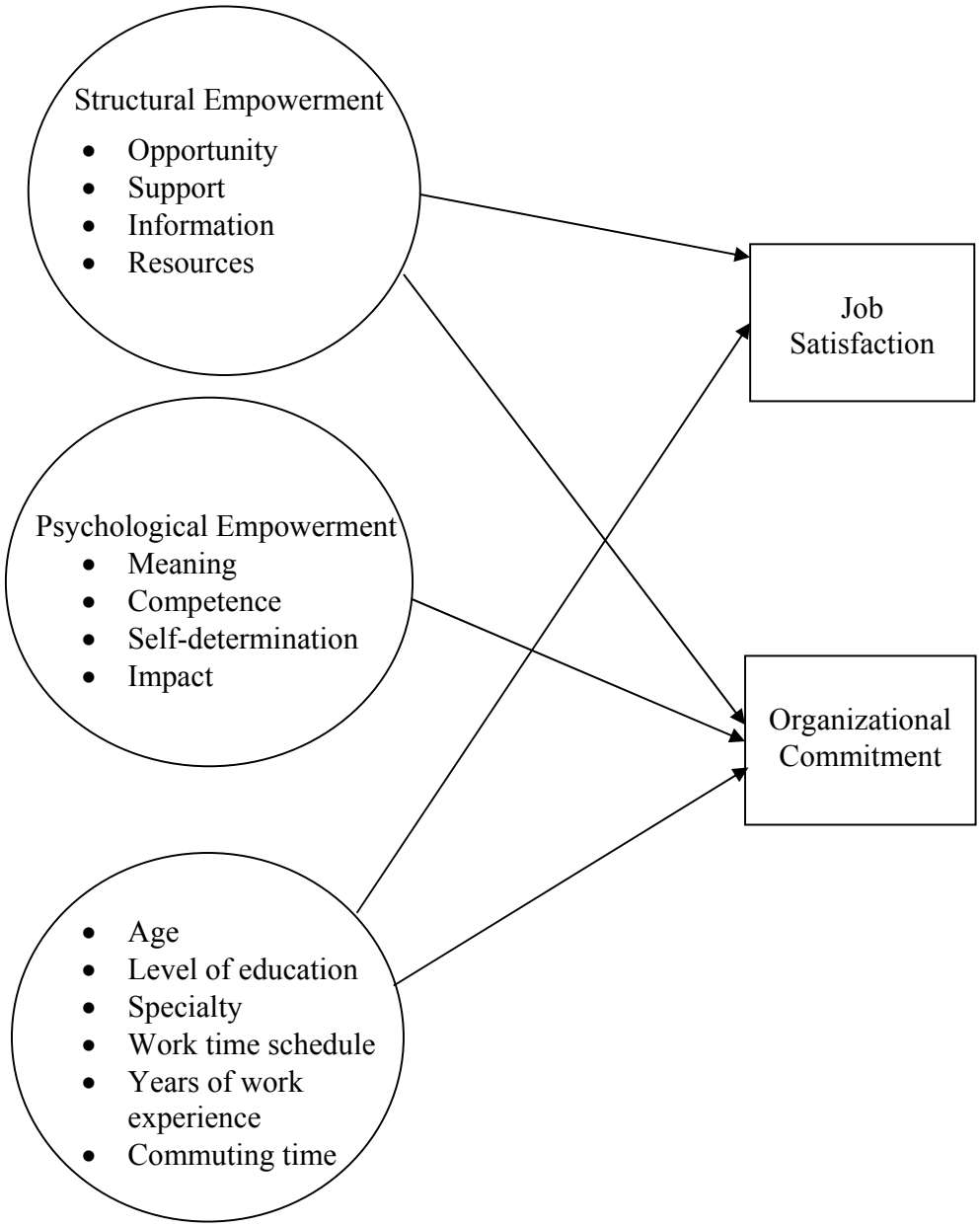

Figure2. The relationships of structural empowerment, psychological empowerment, age, education, and nursing practice factors (specialty, work time schedule, years of work experience, and commuting time) to job satisfaction and organizational commitment.

CHAPTER 3. METHODOLOGY

Research Purposes and Design

The purposes of the present study were (1) to examine and compare the relationships between empowerment, job satisfaction, and organizational commitment in Filipino and American registered nurses working in the United States; and (2) to determine what factors predict job satisfaction and organizational commitment. The questions used in the study were the following:

1. What are the relationships between structural empowerment, psychological empowerment, job satisfaction, and organizational commitment in Filipino registered nurses working in the United States?
2. What are the relationships between structural empowerment, psychological empowerment, job satisfaction, and organizational commitment in American registered nurses working in the United States?
3. Are there any differences between the two populations in structural empowerment, psychological empowerment, job satisfaction, and organizational commitment?
4. What are the significant predictors for job satisfaction and organizational commitment in each of the two study populations? The predictors that were examined included structural empowerment, psychological empowerment,

age, level of education, and nursing-practice factors (specialty, work time schedule, years of work experience in the U.S.A., and commuting time).

The research design of the study was a comparative and correlational survey. The data were obtained from Filipino and American-born RNs working in the United States. Furthermore, the data were collected without introducing treatment or manipulation.

Sample and Populations

The study included 192 participants. The completed surveys were screened before entering data. Five of them were found to not meet the criteria of our sample; in addition 11 individuals had many missing answers. Responses from 176 individuals were analyzed in our study. The Filipino participants in the study (n = 87) were recruited from both members and non-members of the Philippine Nurses Association of America. The inclusion criteria for Filipino RNs were: (1) born in the Philippines; (2) received a Bachelor of Science degree in Nursing or a diploma or associate degree in Nursing outside the United States; and (3) had worked as an RN for more than 2 years in the United States. The American participants in the study (n = 89) were recruited from both members and non-members of the Virginia Nurses Association. The inclusion criteria for American RNs were the following attributes: (1) born and educated in the United States and (2) had worked as an RN for more than 2 years in the United States.

The population of Filipino RNs in this study

Our study sample included 87 Filipino RNs recruited from both members and nonmembers of the Philippine Nurses Association of America (PNAA). According to its Web site, the PNAA (2006b) was established in 1979 during a national conference—

titled “Assertiveness in Nursing”—sponsored by the Philippine Nurses Association of New Jersey. At that time, the PNAA was named the “National Federation of Philippine Nurses Association of the United States.” The mission of the PNAA is to “uphold and foster the positive image and welfare of its constituent members” and to “promote professional excellence and contribute to significant outcomes to healthcare and society” (PNAA, 2006a, first paragraph). The association includes five chapters: Eastern Region, Western Region, North Central Region, South Central Region, and International (PNAA, 2006b). Although varied PNAA membership types necessitate different criteria, each chapter requires active members to be RNs of Philippine ethnic origin. Members in each chapter are automatically members of the PNAA. However, we have not found any written material confirming how Filipino nurses actually become members of the PNAA. Thus, it is unclear what percentage of nurses with a Philippine ethnic origin are also members of the PNAA. At the time of our study, the PNAA had approximately 3,000 members. All PNAA members were invited to participate in the current study by responding to a Web-based survey. Members who met the inclusion criteria of the study and participated in the investigation were included in the study’s analyses.

I anticipated a 10% response rate from Filipino nurses recruited from the PNAA membership and because 50% (1,500) of the PNAA members were eligible for participation. Therefore, I expected 150 nurses to respond. Two months after posting the invitation letter survey on the PNAA website, only 20 participants had completed the survey. The response rate to the web-bases survey was only 20 out of 3000. Because of the small number of web respondents, paper surveys were distributed to the Philippine

RNs who attended the Philippine Nurses Association of New Jersey conference on April 19, 2008. There were 40 Filipino respondents from the conference. However, since there were still not enough respondents, a snowball strategy was used in order to increase the number of participants for our study. At the end of June, 94 Filipino nurses had replied to our questionnaire (25 from on-line survey, 40 from the conference, and 29 from the snowball strategy), this was sufficient to conduct a proper analysis of the data. After reviewing the completed surveys, there were 87 completed surveys that met the criteria of our sample.

The population of American-born RNs study

The study's sample also included 89 American-born RNs recruited from both members and non members of the Virginia Nurses Association (VNA). According to its Web site, the VNA (n.d.) includes 12 geographic districts in the Commonwealth of Virginia and 2,000 members. The survey was conducted through the VNA Website and I anticipated that 80% of the RNs in the VNA membership were eligible. However, in the past, the response rate in VNA surveys has been very low, ranging at about only 5%. With 1,600 eligible RNs in the VNA membership and a response rate of 5%, we expected to enroll 80 RNs from this group—a number close to the required 84 for the power analysis.

The low response rate to the survey posted on the VNA Website was a major limitation for our study. Therefore, strategies to increase the response rate were incorporated; for example, the online invitation letter used attractive animation features and a $5 Starbucks Coffee® gift coupon was given to the first 20 participants.

Unfortunately, a month after the invitation letter to respond to our survey had been sent to the members by the President of VNA, there were only 47 participants. A snowball strategy was also applied in order to increase the number of American RN participants. At the end of June, there were 95 respondents. This was enough for our analysis. After reviewing the respondent surveys, 89 respondents were complete and met the sample criteria.

Sample Size

The sample size required for our study was calculated using a statistical power analysis. According to Cohen (1992), power analysis is comprised of (a) sample size, (b) significance criterion, (c) population effect size, and (d) statistical power. For research Question 1 and Question 2 in our study (regarding the relationships among structural empowerment, psychological empowerment, job satisfaction, and organizational commitment in the two populations), the sample $n = 84$ was needed, based on a power of 0.8, medium effect size $r = 0.3$, and $\text{alpha}_{2\text{-tailed}} = 0.05$ (Cohen, 1988).

Another power analysis was also performed based on research Question 3 of the current study (regarding a comparison between the two populations on structural empowerment, psychological empowerment, job satisfaction, and organizational commitment). Job satisfaction was used as the primary outcome. From the literature, the mean score for job satisfaction in U.S. nurses was 3.01 ($SD = 0.36$) (Shader et al., 2001). However, very little research literature, though, has examined job satisfaction in Filipino RNs. In the only available study, the mean score for Filipino nurses was 12.6 to 13.3, with a standard deviation of 1.44 to 4.24 (Estrada, 1996). The effect size for the

difference was significantly large at 6.66 ([M1–M2] / *SD* = [12.6–3.01] / 1.44 = 6.66]. Using Cohen's (1994) power analysis table for independent t-test with two tails—with alpha = 0.05, power of 0.8, only 8 subjects were needed in each group. The effect size (6.66) was unrealistic, pointing to the need to conduct our study in order to verify the differences observed in the previous investigation.

After completing the data analysis, I realized that the mean of job satisfaction in the article from Estrada differed from the mean of job satisfaction in the article from Shader et al. Estrada used both Part A and Part B of the IWS tool, but Shader et al. used only Part B. Since there was no constant mean of job satisfaction for Filipino nurses in journal article reporting and I did not have a reasonable estimate about the effect size, an ad hoc calculation indicated that with 87 individuals per group, I would have 84% power to detect a difference of d = .4, according to Cohen (1988), this is a small to medium effect size.

Instruments

Five measurement tools were used to examine the relationship of structural empowerment, psychological empowerment, and additional factors to job satisfaction and organizational commitment in the present study's sample: (1) a demographic data sheet; (2) the Conditions of Work Effectiveness Questionnaire II (Laschinger, Finegan, Shamian & Wilk, 2001); (3) the Psychological Empowerment instrument (Spreitzer, 1995); (4) the Index of Work Satisfaction (Stamps, 1997); and (5) the Commitment to Organizations instrument (Meyer et al., 1993).

Demographic Data Sheet

For the purposes of this study, I created a demographic data sheet that includes items and variables selected from the literature review and from experts' input. Five research committee members reviewed the demographic data sheet, and the relevancy of each item and variable was established. The variables collected included: age, level of education, work schedule shift, specialty, years of work experience in the U.S.A, and commuting time.

Conditions of Work Effectiveness Questionnaire II

Structural empowerment was measured by using the Conditions of Work Effectiveness Questionnaire II (CWEQ-II). CWEQ II was developed by Laschinger, Finegan, Shamian, & Wilk in 2001 to test Kanter's (1993) theory of structural empowerment in a nursing population. The CWEQ-II is a modified version of the original CWEQ and consists of 19 self-reported items that measure the six components of structural empowerment described by Kanter (information, support, resources, opportunity, formal power, and informal power). This study used this CWEQ-II for only four components: information, support, resources, and opportunity (3 items of each component). The items are rated on a 5-point Likert scale (1 = none, 5 = a lot). The CWEQ-II has been used in previous studies, and an acceptable internal consistency for each subscale has been established, ranging from .80 to .95 for information, .72 to .89 for support, .71 to .88 for resources, and .76 to .85 for opportunity. The overall reliability of CWEQ-II is .78 to .93 (Laschinger, 2005). The reliability of the CWEQ-II in this study was also found to be high (Cronbach's alpha = .89)

The overall perception of empowerment score of the respondents was calculated by summing the average of 4 components of CWEQ-II. Higher scores indicated higher perceptions of workplace empowerment.

Psychological Empowerment Instrument

Spreitzer (1995) developed the Psychological Empowerment instrument. It includes 12 self-reported items that measure four components of psychological empowerment: meaning, competence, self-determination, and impact. Each component in this instrument is measured by three items on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The Psychological Empowerment instrument has an accepted level of internal consistency and test-retest reliability on each subscale. Test-retest reliability for each subscale has a range from 0.73 to 0.85. Cronbach's alpha reliability coefficients include a range from 0.85 to 0.87 for meaning, a range from 0.79 to 0.81 for competence, a score of 0.82 for self-determination, and a score of 0.88 for impact. The overall reliability of this instrument in this study was .90

In the present study, the score for the respondents' overall perception of psychological empowerment was calculated by summing the four components in Spreitzer's (1995) Psychological Empowerment instrument. Higher scores indicated higher perception of psychological empowerment.

Index of Work Satisfaction

The Index of Work Satisfaction tool was developed by Stamps (1997) and includes six subscales: payment, autonomy, task requirements, organizational policies, professional status, and interaction. The tool is composed of two parts: Part A and Part B.

Part A contains 15 items of paired comparisons. The respondents indicate which paired comparison is most important to their job satisfaction or morale. Part B contains 44 items that address the attitudes of the respondents about their current job satisfaction. Their answers are measured on a Likert-type scale. 22 items of part B are negatively worded and were reversed before analysis in this study. The scale is 1 = strongly agree, 4 = undecided, and 7 = strongly disagree). The range of possible scores is 44 to 308. A higher score on Part B indicates greater satisfaction of the respondents with his or her current job. Part B has a range of Cronbach's alpha reliability from .69 to .85, with an overall alpha coefficient of .91. The present study used only part B of the Index of Work Satisfaction tool and found a reliability of .91.

Commitment to Organizations Instrument

Meyer and colleagues (1993) developed the Commitment to Organizations instrument. They tested and extended a three-component conceptualization from two samples: student nurses and registered nurses. The tool includes six factors: Factors 1, 2, and 3 reflect affective, continuance, and normative commitment to the occupation; and factors 4, 5, and 6 reflect affective, continuance, and normative commitment to the organization.

The Commitment to the Organizations instrument contains 18 self-reported items consisting of the three factors of the organizational commitment construct: affective, continuance, and normative (Meyer et al., 1993). Each component is measured by six items on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). There are four

items that are negatively worded. The scales of these items were reversed before analysis in this study.

The current investigation used only factors 4, 5, and 6 of the Commitment to Organizations instrument (Meyer et al., 1993) to measure the organizational commitment of the two populations of RNs in our study. In the present study, the subscale scores for the three constructs were calculated by the averaged scores of each three components. According to Meyer et al (1993), the employees who had higher scores in affective commitment would voluntarily stay in the organizations because they wanted to. Employees who had higher scores in continuance commitment would feel that they were obliged to stay in organization. Employees who had higher score in normative commitment indicated that they stay because they ought to.

The reliability for this tool is .82 for affective commitment, .77 for continuance commitment, and .83 for normative commitment (Meyer et al., 1993). In our study, the reliability was .82 for affective commitment, .77 for continuance commitment, and .82 for normative commitment.

Data Collection Procedures and Ethical Considerations

This study was reviewed and approved by the Human Subject Review Board at George Mason University. The PNAA and VNA were contacted and permissions were obtained to conduct this survey using their members. Our initial plan was to collect all data through a web-based survey. Because of the low response rate, we changed the data collection procedure to include both members and non-members of both organizations using a snowball sampling method. The procedure of the snowball was to inform our

friends to their friends that there was the survey posting on PNAA website. In addition, paper surveys were sent to participants who were volunteers to the study.

Both potential Filipino and American RN participants received an invitation letter, which included a description of the study's purposes and the criteria that were applied to select appropriate participants. The invitation letter was posted on the PNAA website. Those who agreed to participate in the study were able to access it on the Web-survey site. After two months of posting the survey online, the paper surveys were also distributed using a snowballs method in order to increase the number of participants and meet the target number for the sample size.

The data were collected using a web-based survey. The survey included a letter explaining the purpose of the research, the procedures of the study, and the study's instruments. It also included the demographic data sheet and an informed consent form. The online consent process was different from the usual paper survey. In the Web-survey, the participants clicked the box saying, "I have read the above statements and agree to participate." The estimated time for completing the online questionnaire was 20 to 30 minutes.

Participants who responded to the online survey were anonymous. All of their responses were returned to the Web-survey site without including their names, and their completed questionnaires were imported directly into a database file that was created through Microsoft Access. No personal identifiable information was included in the Web-survey. Additionally, as the researcher, I was the only one to have access to the participants' responses.

The participants who responded to the paper surveys were anonymous. The invitation letter and informed consent forms that were approved by the Human Subject Review Board at George Mason University were included in the research packet. There was no personal identification in the questionnaire.

The Internet-based Web-Survey

In the 1960s, Jon Postel, a computer science professor at the University of Southern California, and a number of other engineers originally built and oversaw the Internet (Cukier, 2005). Since then, worldwide use of the Internet has grown immensely, including the use among nursing professionals. According to a 2006 survey conducted by the American Academy of Nurse Practitioners, 68% of participants reported that they used the Internet daily and 72% reported using e-mail daily.

The Internet is popular among researchers for collecting data. The advantages of using the Internet for conducting surveys include access to large populations of individuals and reduced costs. Additionally, using an Internet-based survey saves time because completed survey data is transferred directly to the researchers. Moreover, this method can eliminate manual data entry and thus data-entry errors.

However, the Web-survey method has disadvantages. A low response rate presents the main problem. It is difficult to know the exact response rate because it is hard to know how many people actually access or read the survey. Moreover, invalid e-addresses are another cause for the low response rates (Duffy, 2005).

Meanwhile, very little literature has examined the strategies that can be used to increase the response rate in Web-based surveys. One research study proposed using gift

coupons (Abu Al Rub, 2003). In the present investigation, I used an animated invitation letter to increase the eligible participants' interest in the study. I also used gift coupons as a strategy to increase the likelihood of participants' response. The success of these strategies was analyzed after completing the data collection.

Data Analysis

Data were analyzed using the Statistical Package for Social Science (SPSS), Version 15. The level of significance was set at 0.05 levels. The reliabilities of instruments in the two study populations were examined using Cronbach's alpha and were reported earlier.

Research Question 1 and Question 2 were answered using a correlation analysis. Research Question 3 was examined using an independent t-test. Research Question 4 was tested using an enter method for multiple regression analysis.

Data were tested for assumptions of normality, linearity, homoscedasticity, multicollinerity, and multivariate outliers. Boxplot indicated that Case# 169 was an outlier for job satisfaction in the Filipino group. However, its Mahalanobis Distance value did not exceed its chi square criteria (15.507, df = 8). Thus, the case was included in the analysis.

The nurse's highest degree was coded 1 for diploma and associate degrees, 2 for baccalaureate degree, 3 for master's degree, and 4 for doctoral degree.
Regarding scheduled shift, its values are at the ordinal level; 8-hour was coded 1, 8 and 12-hour shift was coded 2, while 12-hour shift was coded 3, based on the assumption that people who work both 8 and 12-hour shifts should have less stress than those who work

12 hours. Also, working unit was dummy-coded into dummyunit1 (for critical care units: ER, ICU, OR/Recovery Room, and Trauma unit) and dummyunit0 (for non critical care units: Med/Surg, Obstetrics, Pediatrics, Psychiatry, Telemetry, and Rehabilitation).

CHAPTER 4. RESULTS

This chapter presents the results from the analysis of data that were collected from Filipino and American RNs working in the United States. The first section provides the description of the sample. The following are the results based on the research questionnaires.

Sample description

The characteristics of the samples were summarized in the table 4.1. The majority of 87 Filipino RNs who participated were women (85%) and those between the age of 51 and 60 were the most numerous (37%). Seventy percent of them had Baccalaureate degrees, and 21% had Master degrees. Work in the medical-surgical unit was the highest (22%), half of them (50.6%) work 12 hours a day and 37% were employed full time (40 hours work week). The respondents that had worked in the U.S. for more than 10 years are 73%. Almost half of them spent less than 15 minutes commuting to work. Half of the individuals (52%) were not members of either PNAA or VNA.

Of the 89 American RNs that responded, 97% were women and 45% were between the ages of 51and 60, 43% had a Diploma or an Associate Degrees and 35% had a baccalaureate degree. 27% were working in OR/Recovery room and 32% worked 8 hours a day and work 40 hours per week. 80.9% had been working for more than 10 years. The commuting time for one-third of them was 15-30 minutes. Most of respondents (82%) were not member of VNA.

Table 4. 2 Summarizes demographic variables

	Filipino (n=87)		American (n=89)	
	Frequency	Percent	Frequency	Percent
Age				
20-30	3	3.4	11	12.4
31-40	28	32.2	5	5.6
41-50	19	21.9	24	28.1
51-60	33	37.9	40	44.9
>60	4	4.6	8	9.0
Gender				
Woman	73	83.9	86	96.6
Man	14	16.1	3	3.4
Level of education				
Diploma/associate	7	8.0	38	42.7
Baccalaureate	61	70.2	31	34.8
Master	18	20.7	19	21.4
Doctoral	1	1.1	1	1.1
Specialty				
ER	5	5.7	3	3.4
ICU	12	13.8	20	22.5
OR/Recovery room	13	14.9	24	27.0
Med/Surg	19	21.8	9	10.1
Trauma	-	-	-	-
Obstetrics	1	1.1	2	2.2
Pediatrics	1	1.1	1	1.1
Psychiatry	-	-	3	3.4
Other	36	41.4	27	30.3
Work time schedule				
Eight hours	27	31.0	37	41.6
Eight or twelve hours	16	18.4	20	22.4
Twelve hours	44	50.6	32	36.0
Years of work experience				
< 2 years	-	-	-	-
2-5 years	19	21.8	8	9.0
> 5 to 10 years	6	6.9	9	10.1
> 10 years	62	71.3	72	80.9
Commuting time				
< 15 min	28	32.2	25	28.1
15 – 30 min	42	48.3	31	34.8
> 30 to 45 min	14	16.1	22	24.7
> 45 min	3	3.4	11	12.4

Table 4.2 Reliabilities of instruments

	Filipino n=87	American n=89	Total n=176
Structural empowerment	.90	.87	.89
Psychological empowerment	.92	.82	.89
Job satisfaction	.90	.91	.91
Affective commitment	.81	.84	.82
Continuance commitment	.74	.80	.77
Normative commitment	.78	.86	.82

Major findings

The results of this study were presented on the basis of our research study questions.

Research question # 1:

What are the relationships between structural empowerment, psychological empowerment, job satisfaction, and organizational commitment in Filipino registered nurses working in the United States?

The correlation coefficients of Filipino nurses were summarized in the table 4.3, above the diagonal. The study found that most of the variables were significantly

correlated. The strongest correlation existed between affective commitment and normative commitment ($r = .53$, $p < .01$). The second strongest correlation was between job satisfaction and affective commitment ($r = .52$, $p < .01$). This is interpreted to mean that the more the nurses were satisfied with their jobs, the more they wanted to stay in the organization. The third strongest correlation existed between structural empowerment and job satisfaction ($r = .51$, $p<.01$). Participants who reported higher scores on structural empowerment tended to report higher scores on job satisfaction.

In addition, the study found that the correlation between structural empowerment and affective commitment was strong ($r = .44$, $p < .01$). Thus, individuals who had a high level of structural empowerment were likely want to stay in the organization. Interestingly, continuance commitment was not significantly correlated with structural empowerment in both nurse groups. In the Filipino nurses, only psychological empowerment was significantly correlated with continuance commitment ($r = .21$, $p < .05$). Filipino nurses who realized the significance of their work to the organization and to themselves would stay longer in the organization.

Table 4.3 *Correlations matrix between Filipino RNs (n=87) and American RNs (n=89).*

	1	2	3	4	5	6
1. Structural Empowerment	1.00	.25*	.51**	.44**	.02	.36**
2. Psychological Empowerment	.31**	1.00	.24*	.29**	.21*	.01
3. Job Satisfaction	.60**	.42*	1.00	.52**	-.19	.22*
4. Affective Commitment	.46**	.33**	.68**	1.00	-.04	.53**
5. Continuance Commitment	-.20	-.17	-.33*	-.37**	1.00	.08
6. Normative Commitment	.41**	.24*	.60**	.66**	-.05	1.00

**p<.01, *p<.05

Note: Correlations for Filipino sample above the diagonal; Correlations for American sample below the diagonal.

Research question # 2:

What are the relationships between structural empowerment, psychological empowerment, job satisfaction, and organizational commitment in American registered nurses working in the United States?

In the American group, the strongest correlation existed between job satisfaction and affective commitment (r = .68, p = .01). Similarly, the more American nurses satisfied with their jobs, the more they wanted to stay in an organization. The second

strongest correlation existed between normative commitment and affective commitment (r = .66, p = .01). The relationship between structural empowerment and job satisfaction was high (r = .60, p = .01). This relationship could be interpreted that the more American nurses had empowerment, the more they were satisfied with their jobs. The correlation between structural empowerment and affective commitment was also strong (r = .46, p = .01). There was a significant negative correlation between job satisfaction and continuance commitment (r = -.33, p < .05). The American nurses who had a high level of job satisfaction would not think about changing the organization. Interestingly, the correlations between continuance commitment and both empowerments were not found (table 4.3).

Research question #3:

Are there any differences between the two populations in structural empowerment, psychological empowerment, job satisfaction, and organizational commitment?

There was a significant difference between the Filipino and the American groups in structural empowerment and psychological empowerment. The Filipino group had a higher level of structural empowerment (mean = 3.85, SD = .62) than the American group had (mean = 3.59, SD = .61). In addition, psychological empowerment for the Filipino group was higher (mean=4.37, SD=.62) than for the American group (mean 4.08, SD=.46). However, both groups were not significantly different in job satisfaction, affective commitment, continuance commitment and normative commitment (table 4.4).

Table 4.4 Mean differences between two groups

	Filipino (n=87)	American (n=89)	
	M(SD)	M(SD)	t
Structural Empowerment	3.85(.62)	3.59(.61)	2.779*
Psychological Empowerment	4.37(.62)	4.08 (.46)	3.495*
Job satisfaction	4.55(.73)	4.56(.72)	.052
Affective Commitment	5.03(1.22)	4.74(1.28)	1.549
Continuance Commitment	4.15(1.31)	4.14(1.42)	.089
Normative Commitment	4.33(1.30)	4.11(1.47)	1.05

*p<.01

Research question # 4:

What are the significant predictors for job satisfaction and organizational commitment in each of the two study populations? The predictors examined included structural empowerment, psychological empowerment, age, level of education, and nursing-practice factors (specialty, work time schedule, years of work experience, and commuting time).

Simultaneous Regression Analysis were conducted to determine 8 independent variables predicting job satisfaction (table 4.5), affective commitment (table 4.6), continuance commitment (table 4.7), and normative commitment (table 4.8).

In the Filipino group, only structural empowerment was a significant predictor for job satisfaction. However, this study did not find that psychological empowerment was a predictor for job satisfaction even though Filipino nurses had higher level of psychological empowerment than American nurses had (table 4.5). Structural empowerment and working in a critical care unit were also significant predictors for affective commitment and normative commitment (table 4.6 & 4.8, respectively). However, working in a critical care unit had a negative correlation associated with the affective and normative commitments. Filipino nurses who worked in critical care units (E.R., OR/Recovery Room, ICU, and Trauma) reported a lower level of affective and/or normative commitments than those individuals working in non-critical care units.

In the American group, structural empowerment and psychological empowerment were significant predictors for job satisfaction. The structural empowerment was significant predictor for both affective and normative commitments (table 4.6 & 4.8, respectively). Interestingly, the study did not find any predictors for continuance commitment in the 8 independent variables (table 4.7).

Table 4.5: Total Model for Job Satisfaction between Filipino RNs (n=87) and American RNs (n=89)

Filipino				American		
	B	β	*t*	B	β	*t*
Age	.00	.03	.23	-.01	-.19	-1.60
Education	.10	.08	.74	-.07	-.07	-.87
Schedule shift	-.09	-.11	-.96	.02	.03	.25
Work experience in the U.S.	-.10	-.12	-.94	.25	.22	1.80
Commuting time	-.10	-.11	-1.09	-.10	-.14	-1.5
Critical care and non-critical care unit	-.11	-.07	-.75	-.17	-.12	-1.38
Structural empowerment	.52	.45	4.23**	.57	.48	5.37**
Psychological empowerment	.14	.12	1.23	.44	.28	3.07**
Total R^2=.32				Total R^2=.47		

**p<.01

Table 4.6 Total Model for Affective Commitment between Filipino RNs (n=87) and American RNs (n=89)

Filipino				American		
	B	β	*t*	B	β	*t*
Age	.00	.06	.42	-.01	-.08	-.53
Education	-.09	-.04	-.39	.04	.03	.26
Schedule shift	-.15	-.11	-1.02	-.06	-.04	-.33
Work experience in the U.S.	-.04	-.02	-.22	.29	.14	.99
Commuting time	.20	.12	1.31	-.07	-.05	-.49
Critical care and non-critical care unit	-.82	-.32	-3.36**	-.09	-.04	-.34
Structural empowerment	.64	.32	3.11**	.81	.39	3.66**
Psychological empowerment	.33	.17	1.69	.57	.20	1.89
Total R^2=.34				Total R^2=.28		

**p<.01

Table 4.7 Total Model for Continuance Commitment between Filipino RNs (n=87) and American RNs (n=89)

Filipino				American		
	B	β	*t*	B	β	*t*
Age	.02	.17	1.06	-.00	-.02	-.12
Education	-.43	-.18	-1.49	.08	.05	.43
Schedule shift	-.18	-.12	-.98	.04	.03	.21
Work experience in the U.S.	-.10	-.07	-.44	.55	.24	1.54
Commuting time	-.16	-.09	-.84	-.17	-.12	-1.01
Critical care and non-critical care unit	.14	.05	.46	-.06	-.02	-.19
Structural empowerment	-.08	-.04	-.29	-.35	-.15	-1.28
Psychological empowerment	.36	.17	1.49	-.37	-.12	-1.0
Total R^2=.10				Total R^2=.12		

Table 4.8 Total Model for Normative Commitment between Filipino RNs (n=87) and American RNs (n=89)

Filipino				American		
	B	β	*t*	B	β	*t*
Age	.01	.08	.55	-.03	-.22	-1.48
Education	.02	.01	.07	.04	.02	.23
Schedule shift	.19	.13	1.11	.07	.04	.34
Work experience in the U.S.	-.09	-.06	-.41	.53	.22	1.50
Commuting time	.06	.18	.03	-.05	-.04	-.32
Critical care and non-critical care unit	-.77	-.28	-2.74**	.01	.00	.04
Structural empowerment	.75	.36	3.19**	.84	.35	3.17**
Psychological empowerment	-.22	-.10	-.95	.39	.12	1.09
Total R^2=.24				Total R^2=.21		

**p<.01

CHAPTER 5. DISCUSSION

This study is a correlational descriptive research. The objective of the study was to examine the relationships between empowerment, job satisfaction, and organizational commitment among Filipino and American registered nurses working in the United States. The convenience sample was obtained from both members and nonmembers of the Philippines Nurses Association of America and the Virginia Nurses Association. This chapter presents the discussion of our findings, the study limitations, and the implication of our finding for nursing administration, research, education, and practice.

The present study found that structural empowerment, psychological empowerment, job satisfaction, affective commitment, and normative commitment were positively correlated to each other in both the Filipino and the American registered nurses groups. Indeed, the more they perceive a high level of structural empowerment and/or psychological empowerment, the more they are satisfied with their job, and the more they want to stay in the organizations. These relationships are similar to the results of previous studies dealing with nurses in Canada (Decicco, Laschinger, & Kerr 2006; Laschinger, Finegan, Shamian, & Wilk, 2001; Laschinger, Finegan, & Shamian, 2001). These results support both Kanter's structural empowerment and Sprietz's psychological empowerment theories. Employees who work in an environment which provides good opportunities, ample resources, useful information, and great support will have the capacity to achieve their goals. Moreover, they will get more power if they feel that they are able to manage

their jobs.

In Filipino nurses, individuals who have high level of affective commitment tend to have high level of normative commitment. The more Filipino nurses feel about their organization, the more they respond to their organization. According to Meyer (1993), nurses feel that they want to stay in the organization because they respond to the organization. Indeed, the present study also found that the working unit was a predictor for affective and normative commitments. Nurses who worked in non-critical care areas would stay longer in their organizations than those who worked in critical care units.

Both the Filipino and the American groups had a high level of structural empowerment, a high level of psychological empowerment, a moderate level of job satisfaction, and a moderate level of affective and normative commitments, and a high level of intent to stay. Both groups reported perceiving their highest opportunity levels on the subject of structural empowerment. These findings are similar to those of the study by Berg, Kading & Guzman (2004) that explored the association of job satisfaction to demographic and work-related variables in the Filipino American nurses. The majorities of Berg, Kading & Guzman's study (98.1%) were born in the Philippines and had a job satisfaction from good to very good (91%). They also reported that their current jobs afforded advancement opportunities. Thus, opportunity plays an important role in job satisfaction. Age was positively related to job satisfaction. Interestingly, the number of years to retirement was negatively associated with job satisfaction (Berg *et al.*, 2004). The findings suggested that they were satisfied and enjoyed working as nurses in the United States.)

These results could explain the findings of Ea *et al.,* 2008, of job satisfaction and acculturation in Filipino RNs. The authors found a positive correlation between the two variables (Ea, Griffin, L'Eplattenier and Fitzpatrick, 2008). In other word, the longer the Filipino nurses stay in the U.S., the more they are satisfied with their jobs.

Ea and colleagues (2008) also found a moderate level of job satisfaction and reported that the age and the length of stay in the U.S. were predictors of job satisfaction. The participants in the present study also had a moderate level of job satisfaction. Furthermore, the majority of our respondents who ranged in age from 51 to 60 also had worked in the U.S.A for more than 10 years. Thus, this might explain why they no longer experience culture shock in their work environment because they are well adapted to it. However, age was not a predictor for either job satisfaction or for the three components of commitments in our study.

The moderate level of job satisfaction found among the Filipino RNs is similar to the findings of Estrada (1996) twelve years ago. She explored the variables that predicted job satisfaction among the Filipino nurses working during 1980s and early 1990s in Eastern hospitals of the United States. She discovered that participants' comfort with their assigned task and their empowerment (decision making at the unit level) were the best predictors for the levels of job satisfaction.

Foreign-born nurses from less developed countries come to work in many developed countries because of more attractive lives, high salaries, a better work environment with more opportunities and better working conditions. Thus, it was not surprising that the present study and Estrada's study found that the Filipino nurses were

satisfied with their jobs in the U.S.A.

The finding that American nurses were moderately satisfied with their job in our study is similar to that found in the latest study of the American Nurses Association on 76,000 nurses using cross-sectional data from the 2004 National Database of Nursing Quality Indicators (NDNQI) RN Satisfaction Survey (Boyle, Miller, Gajewski, Hart, & Dunton, 2006). They found 63.3 percent of the respondents were satisfied with their jobs. American nurses had a moderate level of job satisfaction which could be explained by a report on the impact of nursing shortage on the job satisfaction of nurses (Aiken et al, 2002). The authors found that nurses understaffing created job stress and job dissatisfaction.

The relationship between affective and normative commitments was found to be similar in both groups of nurses. Therefore, according to Meyer et al (1993), the American nurses who had high scores of affective commitment would stay longer in their organizations because they felt that they had to do so. Structural empowerment was a predictor for job satisfaction as well as affective commitment and normative commitment. Thus, employees who work in organizations that provide opportunities, support, resources, and information are more likely to intend to stay longer in their organizations.

Limitation of the Study

The present study utilized a small convenience sample. The findings may not be generalized to both populations. A randomly selected and larger sample should be used to determine whether our results could be replicated regarding the predictor variables of job

satisfaction. In addition, both groups in the study were different since the Filipino population was collected from multiple states (almost 50% collected from nurses in the States of New Jersey and Maryland, but most of the American nurses were collected from the State of Virginia). This might limit the validity of the comparison of the results between these two groups. The use of on-line surveys may not result in a most unbiased sample and other techniques may need to be used to obtain a most unbiased sample such as a mailed paper and pencil questionnaire with no timeline. Thus, our survey method may not be appropriate for nurses who often have more limited time than other professionals. Finally, future studies should examine the level of job satisfaction in all foreign-educated RNs since they all play an important role to fill the gap in the nursing shortage in this country.

Implication of the study

The present study showed that the higher the level of structural empowerment, the greater the level of job satisfaction, organizational commitment, and intention to stay in both Filipino and American registered nurses. These findings support Kanter's structural empowerment theory and Spreitzer psychological empowerment theory because they both influence the feelings of the employees and these results in an increase in their abilities to get things done. Thus, these results provide encouraging support for the nurse managers to create and maintain these opportunities, resources, support, information and autonomy for all nurses. In other words, the nurse managers and the administrators should focus on the healthcare work environment and make it more effective for their employees.

Pat Rutherford, the Vice President of the Institute for Healthcare Improvement in Cambridge, Massachusetts (Haynes, 2008) stated that the cost to replace a nurse is between $50,000 and $100,000, which is higher than the cost of creating a better work environment and of providing opportunities to the employees. Thus, the organizations can create more saving by providing a higher feeling of empowerment to their employees which results in a higher employees retention for these organizations. This is one of the effective strategies to combat the nursing shortage.

As our study found that both types of empowerment related to job satisfaction, affective and normative commitment, increasing the access to empowerment might be a good strategy to attract senior nursing students and/or foreign-educated nurses who are looking for jobs. The latest report from HSRA, shows that the average ages of RNs was 46.8 years old and that nearly half of the RNs were age 50 or older in 2004 (HSRA, 2007). Many others studies found that most of the respondents were older than 50 (Boyle, Miller, Gajewski, Hart, & Dunton, 2006; Buerhaus, Staiger, Auerbach, 2000). Our study also found that the majority of participants (both Filipino and American RNs) were older than 50. Thus, the baby boomer generation nurses are nearing retirement and a massive loss of nurses should be occurring in the near future thus creating a perfect storm unless this problem is addressed immediately. Furthermore, the number of young women entering the nursing programs has declined (Buerhaus, Staiger, Auerbach, 2000). To compound this problem, 13 percent of the newly licensed RNs reported that they had changed their jobs after one year, and 37 percent were ready to change their jobs (Kovner et al, 2007). In order to decrease this loss in the workforce, nurse administrators need to

create better healthcare work conditions to attract and recruit new nurses and to retain the current nurses once they start working.

According to the latest report by the American Association of Colleges of Nursing (AACN, 2007), a major reason for the decreasing enrollment of nursing student is the shortage of nursing faculty. Thus, the environment of the nursing programs should provide access to opportunities, resources, information, and support in order to attract new faculty and retain them longer in the nursing programs.

However, the present study did not find that psychological empowerment was a predictor for job satisfaction in Filipino nurses as it found in American nurses even though Filipino nurses perceived a level of psychological empowerment higher than the American nurses did. This may be related to cultural factors, not addressed by this study that may affect the result. Therefore, I recommend that future studies that examine cultural differences between groups should also explore the cultural factors and their influence on job satisfaction.

Finally, the nurses in our study who were working in critical care unit were negatively correlated to organizational commitment. Thus, future research should study which factors would influence these nurses and make them want to stay longer and increase their commitment to the organization.

Conclusion

The major findings of our study were the relationships between structural empowerment, psychological empowerment, job satisfaction, affective commitment and

normative commitment in Filipino and American registered nurses working in the United States. Both participants groups perceived high level of structural empowerment and psychological empowerment, but they had only moderate level of job satisfaction and 3 components of organizational commitment. The structural empowerment could predict job satisfaction 32.2% (R^2=.32) in the Filipino group and 47.1% (R^2=.47) of structural empowerment and psychological empowerment in the American group. Thus, there may be other factors that can influence their levels of job satisfaction in both RNs populations. Indeed, future research will be needed to clarify these other factors.

APPENDIX A. Instruments

Part I: The demographic information.

Please complete the questions below.

What is your age? _____years

What is your gender? 1) Woman 2) Man

In what country were you born?
1) the Philippines 2) the U.S.A.
3) Other (specify)_____

In what country did you receive your basic nursing education?
1) the Philippines 2) the U.S.A.
3) Other (specify)_____

What is your highest nursing degree you have?
1) Diploma 2) Associate degree
3) Baccalaureate degree 4) Master degree
5) Doctoral degree

6. Which of the following units are you permanently assigned to?
1) ER 2) ICU
3) OR/Recovery Room 4) Med/Surg
5) Trauma 6) Obstetrics
7) Pediatrics 8) Psychiatry
9) Other (please list) _____

7. In the past year, how many hours per week did you work, on average?
_____hours per week.

8. What is the length of your regularly scheduled shift?
1) Eight hours 2) Twelve hours
3) Either 8 or 12 hours 4) Other (specific)_____

9. In the past year, about how many hours per week did you work the following types of overtime? (*enter "0" if none*)

Mandatory (required) overtime _____ hours per week
Other paid overtime _____ hours per week
Unpaid overtime _____ hours per week

10. In the past year, has the amount of overtime required of you:
    1. Increased
    2. Remained the same
    3. Decreased
    4. Not applicable

11. How many nurses work in your unit, including yourself?

    _____

12. How many Filipino nurses work in your unit, including yourself?

    _____

13. How long have you worked as a nurse in the U.S?

    1) < 2 years 2) 2-5 years
    3) >5 to 10 years 4) > 10 years

14. How long does it take you to travel to work?

    1) < 15 min 2) 15-30 min
    3) > 30 to 45 min 4) > 45 min

15. What is your membership?

    1) Easter Region Chapter 2) Western Region Chapter
    3) North Central Region Chapter 4) South Central Region Chapter
    5) Virginia Nurses Association 6) None of the above

Part II:

THE CONDITIONS OF WORK EFFECTIVENESS QUESTIONNAIRE II (Laschinger, 2000)

HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Challenging work.	1	2	3	4	5
2. The chance to gain new skills and knowledge on the job.	1	2	3	4	5
3. Tasks that use all of your own skills and knowledge.	1	2	3	4	5

HOW MUCH ACCESS TO INFORMATION DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. The current state of the hospital.	1	2	3	4	5
2. The values of top management.	1	2	3	4	5
3. The goals of top management.	1	2	3	4	5

HOW MUCH ACCESS TO SUPPORT DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Specific information about things you do well.	1	2	3	4	5
2. Specific comments about things you could improve.	1	2	3	4	5
3. Helpful hints or problem solving advice.	1	2	3	4	5

HOW MUCH ACCESS TO RESOURCES DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Time available to do necessary paperwork.	1	2	3	4	5
2. Time available to accomplish job requirements.	1	2	3	4	5
3. Acquiring temporary help when needed.	1	2	3	4	5

The Psychological Empowerment (Spreitzer, 1995)

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Meaning The work I do is very important to me. My job activities are personally meaningful to me. The work I do is meaningful to me. Competence I am confident about my ability to do my job. I am self-assured about my capabilities to perform my work activities. I have mastered the skills necessary for my job. Self-Determination I have significant autonomy in determining how I do my job. I can decide on my own how to go about doing my work. I have considerable opportunity for independence and freedom in how I do my job. Impact My impact on what happens in my department is large. I have a great deal of control over what happens in my department. I have significant over what happens in my department.					

Index of Work Satisfaction (Stamps, 1997)

The Index of Work Satisfaction represents statements about your current felling of nurse job satisfaction.

Instructions for Scoring. Please circle the number that most closely indicates how you feel about each statement. **1= strongly agree; 2 = agree; 3 = mildly agree; 4 = undecided; 5 = mildly disagree; 6 = disagree; 7 = strongly disagree.**
Please respond to each item.

		Strongly Agree						Strongly Disagree
1.	My present salary is satisfactory.	1	2	3	4	5	6	7
2.	Nursing is not widely recognized as being an important profession.	1	2	3	4	5	6	7
3.	The nursing personnel on my service pitch in and help one another out when things get in a rush.	1	2	3	4	5	6	7
4.	There is too much clerical and "paperwork" required of nursing personnel in this hospital.	1	2	3	4	5	6	7
5.	The nursing staff has sufficient control over scheduling their own shifts in my hospital.	1	2	3	4	5	6	7
6.	Physicians in general cooperate with nursing staff on my unit.	1	2	3	4	5	6	7
7.	I feel that I am supervised more closely than is necessary.	1	2	3	4	5	6	7
8.	It is my impression that a lot of nursing personnel at this hospital are dissatisfied with their pay.	1	2	3	4	5	6	7
9.	Most people appreciate the importance of nursing care to hospital patients.	1	2	3	4	5	6	7
10.	It is hard for new nurses to feel "at home" in my unit.	1	2	3	4	5	6	7
11.	There is no doubt whatever in my mind that what I do on my job is really important.	1	2	3	4	5	6	7
12.	There is a great gap between the administration of this hospital and the daily problems of the nursing service.	1	2	3	4	5	6	7
13.	I feel I have sufficient input into the program of care of each of my patients.	1	2	3	4	5	6	7
14.	Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable.	1	2	3	4	5	6	7

15.	I think I could do a better job if I did not have so much to do all the time.	1	2	3	4	5	6	7
16.	There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service.	1	2	3	4	5	6	7
17.	I have too much responsibility and not enough authority.	1	2	3	4	5	6	7
18.	There are not enough opportunities for advancement of nursing personnel at this hospital.	1	2	3	4	5	6	7
19.	There is a lot of teamwork between nurses and doctors on my own unit.	1	2	3	4	5	6	7
20.	On my service, my supervisors make all the decisions I have little direst control over my own work.	1	2	3	4	5	6	7
21.	The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory.	1	2	3	4	5	6	7
22.	I am satisfied with the types of activities that I do on my job.	1	2	3	4	5	6	7
23.	The nursing personnel on my service are not as friendly and outgoing as I would like.	1	2	3	4	5	6	7
24.	I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.	1	2	3	4	5	6	7
25.	There is ample opportunity for nursing staff to participate in the administrative decision-making process.	1	2	3	4	5	6	7
26.	A great deal of independence is permitted, if not required, to me.	1	2	3	4	5	6	7
27.	What I do on my job does not add up to anything really significant.	1	2	3	4	5	6	7
28.	There is a lot of “rank consciousness” on my unit: nurses seldom mingle with those with less experience or different types of educational preparation.	1	2	3	4	5	6	7
29.	I have sufficient time for direct patient care.	1	2	3	4	5	6	7
30.	I am sometimes frustrated because all of my activities seem programmed for me.	1	2	3	4	5	6	7
31.	I am sometime required to do things on my job that are against my better professional nursing judgment.	1	2	3	4	5	6	7
32.	From what I hear about nursing service	1	2	3	4	5	6	7

	personnel at other hospitals, we at this hospital are being fairly paid.							
33.	Administrative decisions at this hospital interfere too much with patient care.	1	2	3	4	5	6	7
34.	It makes me proud to talk to other people about that I do on my job.	1	2	3	4	5	6	7
35.	I wish the physicians here would show more respect for the skill and knowledge of the nursing staff.	1	2	3	4	5	6	7
36.	I could deliver much better care if I had more time with each patient.	1	2	3	4	5	6	7
37.	Physicians at this hospital generally understand and appreciate what the nursing staff does.	1	2	3	4	5	6	7
38.	If I had the decision to make all over again, I would still go into nursing.	1	2	3	4	5	6	7
39.	The physicians at this hospital look down too much on the nursing staff.	1	2	3	4	5	6	7
40.	I have all the voice in planning policies and procedures for this hospital and my unit that I want.	1	2	3	4	5	6	7
41.	My particular job really doesn't require much skill or "know-how."	1	2	3	4	5	6	7
42.	The nursing administrators generally consult with the staff on daily problems and procedures.	1	2	3	4	5	6	7
43.	I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.	1	2	3	4	5	6	7
44.	An upgrading of paying schedules for nursing personnel is needed at this hospital.	1	2	3	4	5	6	7

The Organizational Commitment (Meyer, Allen, and Smiths, 1993).

List below is a series of statements that represent individuals' feeling about the organization. With respect to your own feelings about the particular organization for which you are now working, please indicate the degree of your agreement or disagreement with each statement. Please select the response that most closely indicates how you feel about each statement.

	Strongly disagree	Disagree	Slightly disagree	Undecided	Slightly agree	Agree	Strongly agree
Affective Commitment							
1. I would be very happy to spend the rest of my career with this organization.	1	2	3	4	5	6	7
2. I really feel as if this organization's problems are my own.	1	2	3	4	5	6	7
3. I don not feel a strong sense of "belonging" to my organization.	1	2	3	4	5	6	7
4. I do not feel "emotionally attached" to this organization.	1	2	3	4	5	6	7
5. I do not feel like "part of the family" at my organization.	1	2	3	4	5	6	7
6. This organization has a great deal of personal meaning for me.	1	2	3	4	5	6	7

Continuance Commitment							
1. Right now, staying with my organization is a matter of necessity as much as desire.	1	2	3	4	5	6	7
2. It would be very hard for me to leave my organization right now, even if I want to.	1	2	3	4	5	6	7
3. Too much of my life would be disrupted if I decided I wanted to leave my organization now.	1	2	3	4	5	6	7
4. I feel that I have too few options to consider leaving this organization.	1	2	3	4	5	6	7
5. If I had not already put so much of myself into this organization, I might consider working elsewhere.	1	2	3	4	5	6	7
6. One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.	1	2	3	4	5	6	7

Normative Commitment							
1. I do not feel any obligation to remain with my current employer.	1	2	3	4	5	6	7
2. Even if it were to my advantage, I do not feel it would be right to leave my organization now.	1	2	3	4	5	6	7
3. I would feel guilty if I left my organization now.	1	2	3	4	5	6	7
4. This organization deserves my loyalty.	1	2	3	4	5	6	7
5. I would not leave my organization right now because I have a sense of obligation to the people in it.	1	2	3	4	5	6	7
6. I owe a great deal to my organization.	1	2	3	4	5	6	7

	Disagree	Slightly disagree	Undecided	Slightly agree	Agree
Intent to stay.					
1. I plan to work at my present job for as long as possible.	1	2	3	4	5
2. Under no circumstance would I leave my present job.	1	2	3	4	5
3. I often think about quitting the nursing profession.	1	2	3	4	5
4. Thinking about the next 12 months, how likely do you think it is that you will change your job?	1	2	3	4	5

THANK YOU SO MUCH

APPENDIX B. Invitation Letter (Web-Survey)

Dear Nurse Colleague,

My name is Ms. Marayart Vacharakiat. I'm a doctoral candidate at George Mason University in Fairfax, VA who is studying the relationship between structural empowerment and psychological empowerment to job satisfaction and organizational commitment among Filipino and American registered nurses.

I am inviting you to participate in my study by completing an online survey posted at the Philippine Nurses Associate in America website and the Virginia Nurses Association website. To participate in this study, **if you are a Filipino RN**, you must have (1) been born in the Philippines; (2) received a BSN, Diploma or Associate Degree in Nursing outside the United States; and (3) worked in the U.S.A. as an RN for more than two years. **If you are an American RN**, you must have 1) been born and educated in the U.S.A; and 2) worked in the U.S.A. as an RN for more than two years.

Your participation is completely voluntary and any decision not to participate will not result in penalties or loss of benefits of any kind. There is no direct benefit of your participation in this study, except it may help the nursing profession by adding new knowledge of relationships of empowerment to job satisfaction and organization commitment that may address the nursing shortage in the U.S.A.

The survey will take about 20 minutes to complete and every effort will be made to ensure participant confidentiality. While it is understood that no computer transmission can be perfectly secure, reasonable efforts will be made to protect the confidentiality of your transmission. You may choose not to answer any question or to complete the survey at any point. All information not completed with the online survey will be destroyed. On the other hand, if you choose to participate, all information will be held in strict confidence. Your response will be considered only in combination with other participant responses.

If you have any question or comments please feel free to contact me at 703-503-1261. You may also contact Dr. Elizabeth Chong at 703-993-1963 for questions and comments or to report a research-related problem. You may also contact the George Mason University Office of Research Subject Protections at 703-993-4121 if you have question or comments regarding your rights as a participant in the study.

If you have read the above statements and agree to participate, you may access the survey by clicking the link http://www.SurveyMonkey.com. My email address is at mvachara@gmu.edu. If you are in the first 20 respondents who sent me your address, I will send you a $5 Starbucks coupon.

Thank you for your time and help,
Marayart Vacharakiat

APPENDIX C. Invitation Letter (Paper Survey)

Dear Nurse Colleague,

My name is Ms. Marayart Vacharakiat. I'm a doctoral candidate at George Mason University in Fairfax, VA who is studying the relationship between structural empowerment and psychological empowerment to job satisfaction and organizational commitment among Filipino and American registered nurses.

I am inviting you to participate in my study by completing the survey. To participate in this study, **if you are a Filipino RN**, you must have (1) been born in the Philippines; (2) received a BSN, Diploma or Associate Degree in Nursing outside the United States; and (3) worked in the U.S.A. as an RN for more than two years. **If you are an American RN**, you must have 1) been born and educated in the U.S.A; and 2) worked in the U.S.A. as an RN for more than two years.

Your participation is completely voluntary and any decision not to participate will not result in penalties or loss of benefits of any kind.

The survey will take about 20 minutes to complete and every effort will be made to ensure participant confidentiality. You may choose not to answer any question or to quit completing the survey at any point. On the other hand, if you choose to participate, all information will be held in strict confidence. Your response will be considered only in combination with other participant responses.

If you have any question or comments please feel free to contact me at 703-503-1261. You may also contact Dr. Elizabeth Chong at 703-993-1963 for questions and comments or to report a research-related problem. You may also contact the George Mason University Office of Research Subject Protections at 703-993-4121 if you have question or comments regarding your rights as a participant in the study.

Thank you for your time and help,

Marayart Vacharakiat

APPENDIX D. Informed Consent (Web-survey)

RESEARCH PROCEDURES

This research is being conducted to examine the relationship of structural empowerment, psychological empowerment, age, education, and nursing practice factors (specialty, work time schedule, years of work experience, and commuting time) to job satisfaction and organizational commitment of Filipino and U. S. born nurses working in the U.S.A. If you agree to participate, you will be asked to spend about 20 minutes filling out a questionnaire on the Internet. The first 20 participants will get the $5 Starbucks coupon.

RISK

There are no foreseeable risks for participating in this research.

BENEFITS

There are no benefits to you as a participant other than to further research in the relationship of empowerment, job satisfaction, and organizational commitment.

CONFIDENTIALITY

The data in this study will be confidential. Your names and other identifiers will not be placed on surveys or other research data. While it is understood that no computer transmission can be perfectly secure, reasonable efforts will be made to protect the confidentiality of your transmission.

PARTICIPATION

Your Participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty of loss of benefits to which you are otherwise entitled. There are no costs to you or any other party.

CONTACT

This research is being conducted by Marayart Vacharakiat, College of Health and Human Services at George Mason University. She may be reached at 703-503-1261 or you may contact Dr. Elizabeth Chong at 703-993-1963 for questions or to report a research-related problem. You may contact the George Mason University Office of Research Subject Protections at 703-993-4121 if you have question or comments regarding your rights as a participant in the study.

This research has been reviewed according to George Mason University procedures governing your participation in this research.

CONSENT

I have read this form and agree to participate in this study.

APPENDIX E. Informed Consent (Paper survey)

RESEARCH PROCEDURES
This research is being conducted to examine the relationship of structural empowerment, psychological empowerment, age, education, and nursing practice factors (specialty, work time schedule, years of work experience, and commuting time) to job satisfaction and organizational commitment of Filipino and U. S. born nurses working in the U.S.A. If you agree to participate, you will be asked to spend about 20 minutes filling out a questionnaire.

RISK
There are no foreseeable risks for participating in this research.

BENEFITS
There are no benefits to you as a participant other than to further research in the relationship of empowerment, job satisfaction, and organizational commitment.

CONFIDENTIALITY
The data in this study will be confidential. Your names and other identifiers will not be placed on surveys or other research data.

PARTICIPATION
Your Participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty of loss of benefits to which you are otherwise entitled. There are no costs to you or any other party.

CONTACT
This research is being conducted by Marayart Vacharakiat, College of Health and Human Services at George Mason University. She may be reached at 703-503-1261 or you may contact Dr. Elizabeth Chong at 703-993-1963 for questions or to report a research-related problem. You may contact the George Mason University Office of Research Subject Protections at 703-993-4121 if you have question or comments regarding your rights as a participant in the study.

This research has been reviewed according to George Mason University procedures governing your participation in this research.

CONSENT
I have read this form and agree to participate in this study.

Signature **Date**

APPENDIX F. Additional Tables

Table F.1 Structural empowerment and psychological empowerment variables differences between Filipino and American groups.

Variables	Mean Difference	Std. Error Difference	t	df	p
Opportunities	.164	.109	1.508	174	.133
Support	.280	.129	2.165	174	.032
Information	.413	.135	3.056	174	.003
Resources	.173	.109	1.576	174	.117
Structural empowerment	.258	.093	2.779	174	.006
Meaning	.115	.096	1.201	174	.232
Competence	.181	.081	2.220	174	.028
Self-determination	.342	.123	2.775	174	.006
Impact	.510	.142	3.569	174	.000
Psychological empowerment	.287	.082	3.495	174	.001

Table F.2 Job satisfaction variables differences between Filipino and American groups.

Variables	Mean Difference	Std. Error Difference	t	df	p
Pay	.178	.195	.916	174	.361
Professional status	.225	.136	1.656	174	.100
Autonomy	-.116	.146	-.794	174	.428
Organizational policy	.508	.169	2.998	174	.003
Task requirements	-.352	.149	-2.365	174	.091
Interaction	-.343	.129	-2.658	174	.009
Job Satisfaction	.017	.109	.153	174	.879

Table F.3 Affective commitment, continuance commitment, normative commitment and intent to stay variables differences between Filipino (n=87) and American groups (n=89).

Variables	Mean Difference	Std. Error Difference	t	df	p
Affective	.293	.189	1.549	174	.123
Continuance	.018	.207	.089	174	.929
Normative	.220	.209	1.053	174	.294
Intent to Stay	.206	.143	1.442	174	.151

Table F.4 Correlations of the components of structural empowerment and psychological empowerment in Filipino group (n=87).

	Opportunity	Support	Information	Resources	Structural empowerment
Meaning	.14	.06	.05	-.12	.04
Competence	.10	.19	.16	.10	.18
Self-determination	.12	.05	.03	.13	.10
Impact	.32**	.38**	.37**	.26*	.42**
Psychological Empowerment	.23*	.22*	.20	.13	.25*

*p<0.05, **p<.01

Table F.5 Correlations of the components of structural empowerment and psychological empowerment in American group (n=89).

	Opportunity	Support	Information	Resources	Structural empowerment
Meaning	.44**	.22*	.24*	-.17	.35**
Competence	-.13	-.12	-.08	-.13	-.15
Self-determination	.10	.21	.10	.13	.21*
Impact	.08	.29**	.26*	.25*	.30**
Psychological Empowerment	.18	.27*	.23*	.25*	.31**

*p<0.05, **p<.01

Table F.6 Correlations of the components of job satisfaction, organizational commitment, and intent to stay in Filipino group (n=87).

	Affective	Continuance	Normative	Intent to Stay
Pay	.297**	-.263*	.093	.284**
Professional Status	.393**	-.058	.125	.333**
Autonomy	.509**	-.123	.217*	.435**
Organizational Policies	.543**	-.061	.349**	.456**
Task Requirements	.261*	.013	.080	.230*
Nurse-Nurse Interaction	.328**	.231*	.100	.320**
Nurse-Physician Interaction	.155	.212*	.090	.198
Interaction	.284**	-.264*	.113	.306**
Job Satisfaction	.521**	-.183	.233*	.465**

*p<0.05, **p<.01

Table F.7 Correlations of the components of job satisfaction and organizational commitment in American group (n=89).

	Affective	Continuance	Normative	Intent to Stay
Pay	.307**	-.050	.387**	.478**
Professional Status	.496**	-.319**	.354**	.502**
Autonomy	.575**	-.270*	.559*	.384**
Organizational Policies	.615**	-.319**	.539**	.369**
Task Requirements	.322**	-.062	.255*	.346**
Nurse-Nurse Interaction	.589**	-.370**	.277*	.240*
Nurse-Physician Interaction	.502**	-.191	.402**	.286**
Interaction	.509**	.323*	.387**	.301**
Job Satisfaction	.670**	-.313**	.595**	.569**

*p<0.05, **p<.01

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