

Empowering New Nurses

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Abstract

The retention of new graduate nurses to their profession is a growing concern. The high turnover rates of this group are concerning and many employers are seeking interventions to alleviate this problem (American Association of Colleges of Nursing [AACN], 2014). A review of the literature shows that empowering new graduate nurses can improve job satisfaction and retention rates (Meng et al., 2015; Pineau-Stam, Laschinger, Regan & Wong, 2015; Read & Laschinger, 2015; Wing, Regan & Laschinger, 2015). A Doctor of Nursing Practice project was developed to implement a program for new graduate nurses to empower them in their profession to improve feelings of contentedness and autonomy. The PICOT question constructed for the project is “Do new nurse graduates (less than one year experience) in a hospital setting who experience an evidence-based empowerment program and orientation policy change, compared to no empowerment model, have increased feelings of workplace empowerment within eight weeks?” The setting for this project was a small rural hospital in western Pennsylvania. The empowerment program implemented in this facility consisted of six sessions delivered over eight weeks time to the identified population group. The results of the project evaluation were that the resulting effect of the empowerment program showed no significant difference between pre and post test survey scores. The implications of these results are that further evaluation of the program with a greater number of participants is necessary to determine if there is statistical significance of the program at the practicum site.

Empowering New Nurses

New graduate nurses are an essential and vulnerable group in healthcare. The execution of safe and effective healthcare is dependent upon retaining and training these new nurses within chosen areas of specialty (AACN, 2017). New nurse graduates, however, are at high risk for leaving their positions (AACN, 2014). Nearly one in five new nurses leave their first job within one year, and nearly one in three leave within two years (Kovner, Brewer, Fatehi, & Jun, 2014). This high turnover rate is not only detrimental to staffing, but the rate is also threatening to patient care. New nurses who leave their positions within one to two years are unable to fully train for providing the care specific to their original position. Patients in these particular units are then at risk for having few experienced nurses providing their care (Missen, McKenna, & Beauchamp, 2014). Loss of new graduate nurses has been attributed to poor organizational support during transition from student to professional. Another cited reason for turnover is the presence of incivility in the workplace (Wing, Regan, & Spence Laschinger, 2015). Interventions need taken to improve retention rates among new nurses. Retaining new nurses will help to address the nursing shortage, cut facility costs, and improve patient safety and quality of care. The purpose of this paper is to detail a Doctor of Nursing Practice (DNP) project developed and implemented to address the effects of an empowerment program with incivility management simulation on new graduate nurses.

Significance of the Practice Problem

The identified practice problem is new graduate nurse retention and intention to stay in their current position leading to turnover rates and suboptimal patient care. In the United States, the national turnover rate is 26.8% (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). Approximately 20% of new nurse graduates will leave their current job within one year and up to

one-third will leave after two years (Kovner, Brewer, Fatehi & Jun, 2014). Turnover rates have detrimental effects on safety, quality of patient care and organizational costs (Lindfors & Junttila, 2014; Bragg & Bonner, 2015). The nursing shortage is expected to worsen and reach a worldwide deficit of 9 million nurses by 2030 (Goodare, 2017). The AACN (2017) reports that approximately 55% of registered nurses are over the age of 55 and nearing retirement and the number of patients over the age of 65 is expected to double by 2050, leading to further concern (AACN, 2017).

As medical care becomes increasingly complex due to technological advances, patient acuity will increase, leading to a higher demand for qualified and experienced nurses, regardless of the shortage. New nurses entering the profession have the ability to relieve some of the burden experienced from the shortage. However, upon further analysis of the shortage and the aid that new nurses offer, evidence is showing that new graduate nurses, though an asset to healthcare, are a very vulnerable group (AACN, 2014). When new nurses don't remain in the same position, mastery of their specialty is not possible, and high acuity patients rely on this mastery for optimal care (Missen, McKenna & Beauchamp, 2014). The turnover also affects the nurses who remain in their positions by increasing their patient load and job strain when optimal staffing ratios are not met.

A practicum site has been identified for the proposed Doctor of Nursing Practice (DNP) project. This site is a 70-bed rural community hospital in western Pennsylvania. The site currently employs 115 registered nurses. In March 2017 there was a registered nurse vacancy rate of 16% and the voluntary turnover rate of 10.4%. The voluntary turnover rate is a measurement of the registered nurses that leave the facility per their choice. The vacancy rate is a measure of the total deficit of registered nurses in the facility. Many of the new nurses hired by

the organization are new nurse graduates, and in March 2017 the CNO reported that there were 16 nurses working at the facility with less than one year of experience (CNO, personal communication, March 22, 2017). In May 2017, the CNO stated that number was down to 8 (CNO, personal communication, May 23, 2017). This hospital is a small non-profit organization and easily experiences financial strain. The financial burden of high turnover rates and the orientation of new hires are worrisome in this small organization (CNO, personal communication, March 22, 2017). When there are not enough nurses to staff units, agency staff is hired to fill voids. In extreme circumstances when there are not enough nurses to meet staffing needs, patients have had to be transferred to other facilities.

In an effort to address this issue in the identified facility, the DNP project proposed to this hospital was to reconstruct the orientation policy to include an empowerment program for new nurse graduates to improve feelings of workplace empowerment, which over time will improve retention rates (Meng et al., 2015; Pineau-Stam, Laschinger, Regan & Wong, 2015; Read & Laschinger, 2015; Wing, Regan & Laschinger, 2015). Extensive discussion with the CNO further validated the need for the empowerment program. Empowerment of employees was introduced in Kanter's Theory of Structural Empowerment. The theory describes that organizations need to provide access to opportunity for growth, support and resources to enhance their success (Meng et al., 2015; Pineau-Stam, Laschinger, Regan & Wong, 2015; Read & Laschinger, 2015; Wing, Regan & Laschinger, 2015). New nurses who experience an empowerment program feel more autonomy and contentedness in their job (Meng et al., 2015; Pineau-Stam, Laschinger, Regan & Wong, 2015; Read & Laschinger, 2015; Wing, Regan & Laschinger, 2015). Incivility toward new nurses is an issue in the facility and will be integrated as a part of the empowerment program. Incivility will be addressed in the empowerment

program by providing guidance and actions to take when incivility occurs through simulation. There is supportive evidence that incivility from management and coworkers is a common reason for job dissatisfaction (D'Ambra & Andrews, 2014; Lindfors & Junttila, 2015; Read & Laschinger, 2015; Wing, Regan & Laschinger, 2015). Overall, the main goal of this practice change is to empower new nurses to decrease their stress during their transition from student to professional nurse by equipping them with tools to increase security and independence, thereby improving intention to stay (D'Ambra & Andrews, 2014; Lindfors & Junttila, 2014; Meng et al., 2015; Missen, McKenna & Beauchamp, 2014; Pineau-Stam, Laschinger, Regan & Wong, 2015; Read & Laschinger, 2015; Wing, Regan & Laschinger, 2015).

PICOT Question

The PICOT question developed by the DNP student is “Do new nurse graduates (less than one year experience) in a hospital setting who experience an evidence-based empowerment program and orientation policy change, compared to no empowerment model, have increased feelings of workplace empowerment within 8 weeks?” The target population for the DNP project was new nurse graduates with less than one-year experience in the practicum setting. The new graduate nurses work on different units throughout the hospital. The intervention for the practice change project is to implement an empowerment program as part of an orientation policy revision. The program was implemented over six sessions providing the new nurses with verbal and written instructional tools, resources, and support related to their profession and the organization. Examples of these are guides to easily access policy manuals, materials safety data sheets information (MSDS), the chain of command, ways to improve communication, and actions to take when overwhelmed, and if a nurse is a victim of incivility. Emphasis was placed on the management of incivility in the workplace, as the CNO indicated that this is a specific

area of concern within the facility (L. Walters, personal communication, May 23, 2017).

Incivility is not an uncommon problem in nursing and empowerment programs have been shown to decrease the incidence of incivility and bullying and the job dissatisfaction that it causes (D'Ambra & Andrews, 2014; Lindfors & Junttila, 2015; Read & Laschinger, 2015; Wing, Regan & Laschinger, 2015). Twelve current contemporary research articles were identified to support the implementation of such an empowerment program to reduce turnover rates.

The empowerment program was implemented to determine its appropriateness for inclusion in the facility's orientation policy, based upon a previously implemented program initiated and successfully carried out previously. The program is detailed in an article by Cheeks and Dunn (2010). The authors describe a program implemented in the form of a retreat that was developed to improve the retention of new graduate nurses through teaching self-care techniques, critical thinking, conflict management and communication skills. The program was implemented at a Magnet community hospital and formed to follow the same philosophy as two previously successful new nurse retention programs carried out by facilities identified by the authors. To determine the success of their retention program, the authors measured retention rates at their facility before and after the implementation of the program over five years. Cheeks and Dunn (2010) report their facility retention rates of new graduate nurses began at 25% in 2003 and grew to 97% in 2008.

The program described by Cheeks and Dunn (2010) was formed into a two-day retreat, with the two days not being consecutive. The retreat leaders focused on addressing job stressors and what was overwhelming and frustrating for the new nurses. The goal of the program was to empower the new nurses with tools and resources that would provide a smoother transition into their new environment. The information was provided through guest speakers who specialize in

the different topics, as well as small group discussion and simulation and role-play of difficult situations. Topics covered included, but were not limited to, self-care, healthy nutrition, and exercise, getting rest and managing fatigue, setting realistic boundaries, identifying mentors, knowing self-worth, time management, making professional and personal goals and meeting them, stress management, teamwork, professional advancement and continuing education. Simulation, role-play, and group discussion will be used for the topics of incivility such as dealing with difficult situations, controlling boundaries, appropriate conduct, and dominance.

This intervention was within the realm of control of the DNP student as a registered nurse and as a nurse leader. The DNP student was particularly invested in this policy change as a former employee of the facility and as a current clinical instructor within the facility. The experience of being a member of this facility has enhanced understanding of the culture of the organization, and the experiences of the new graduate nurses. The empowerment program was different from an education program because the program included an orientation policy change as well as a program/retreat where new nurses interactively learned and developed skills to improve their transition into the workforce through group discussion, presentations, and simulation.

The comparison of interest was new graduate nurses who have not experienced an empowerment program. This is reflected in the pre-program survey results. The population of nurses had already experienced the standard orientation policy. The empowerment program was given as a new addition to the orientation and integrated into the existing orientation policy as a policy change. The Conditions for Workplace Effectiveness-II (CWEQ-II) survey on feelings of workplace empowerment was given to new graduate nurses prior to implementing the

empowerment program, and then repeated after the program experience (see appendix A for more information on the CWEQ-II).

The desirable outcome was that there would be an increase in feelings of workplace empowerment among new nurse graduates working at the hospital practicum site. This was measured using a pre and post-intervention survey. The measurement tool used was the CWEQ-II scale. This scale was developed by Laschinger (2017) and is used to measure the extent that new graduate nurses' felt provided with the components of empowerment within the workplace. The CWEQ-II scale measures four parts of empowerment including opportunity, support, information and resources as originally identified in Kanter's theory of structural empowerment. The four parts of this scale measure the individual's perception of access to these four crucial components of empowerment (Laschinger, 2017). Validity has been tested and the CWEQ-II scale has been found reliable (See appendix B for more information on CWEQ-II validity). Permission to use the tool was obtained through an email request form sent to the organization (See appendix C for more information on the permission email). The change project was implemented over an eight-week time frame. The pre-survey took place at the beginning of the 8 weeks and the post-survey will take place at the end of the eight weeks. Eight weeks will provide enough time to implement the empowerment program and have an impact on workplace empowerment among new nurse graduates at the hospital.

Theoretical Framework

The theoretical foundation for the DNP project was Kanter's Theory of Structural Empowerment, which theorizes that certain components are necessary in the work setting for employees to feel accomplished and safe. These components are the ability to locate resources and information for completing work duties safely and correctly, and having adequate education

about the organization and personal responsibilities. The organization should provide support for employees to be successful professionally and inform employees of opportunities to advance professionally within the organization (Moore, 2014). Structural empowerment is found to be essential for a healthy work environment and the implementation and use of an empowerment program has been shown to improve job satisfaction and new nurse retention (Meng et al., 2015; Pineau-Stam, Laschinger, Regan & Wong, 2015; Read & Laschinger, 2015; Wing, Regan & Laschinger, 2015).

The DNP project was designed to address the four components of structural empowerment. To address the empowerment component of having access to information, new graduate nurses were presented with information about policies and procedures, MSDS, chain of command, and intranet sources for research and pharmacology information. The component of access to support was met the DNP student presenting on topics of self-care and mental and physical wellness. The new nurses were presented with information on how the practicum site provides these for staff, also. Dietary counseling, sleep health and hygiene, managing shift rotations, and dealing with work strain and managing stress in healthy ways was discussed, also. The nurses also examined and practiced appropriate communication techniques for difficult conversations such as speaking with the physician, phone calls, and the defensive nurse/patient/doctor. The next empowerment model component is access to resources. New graduates were presented with tools and resources within the organization to improve their independence as a nurse. These resources include experts in different departments, such as pharmacy and lab personnel, translation services, hospice, social work and more. The last component of the empowerment model is access to opportunity. To address access to opportunity, the Chief Nursing Officer addressed opportunities for growth and development as a

professional nurse and leader in the organization. Continuing education, organizational promotion, raises, and tuition reimbursement were discussed.

The DNP project will also reviewed incivility, categorized within the components of access to information and support. Simulation of uncivil behaviors and actions using program participants was conducted. The experience was interactive to immerse nurses in the situations and promote healthy dialog and the use of emotional intelligence to protect themselves and others. The DNP student presented an uncivil action and/or communication and participants were walked through the correct management of the situation. There was also a discussion on the procedure for what to do if one is a victim of incivility.

Synthesis of Literature

A search for evidence was performed to identify supportive research for the DNP project. A search for articles was done using the CINAHL, Ovid, and Joanna Briggs Institute databases using the keywords and phrases empowerment, new graduate nurse, retention, and job satisfaction. Inclusion criteria for the evidence were that the articles had to be less than five years old, nurses were the population of interest, and the use of empowerment or a transition program had to be a variable of interest. A result of 530 articles was reviewed for their reliability and applicability to the PICOT question. Eleven articles were found during the evidence search and review to apply to the PICOT question. Two of these articles were systematic reviews and nine of these articles were primary research evidence (see appendix D for more information on primary research and systematic reviews used).

Articles selected for inclusion as evidence for the DNP project had to be based upon the application of empowerment or a program for nurses to improve feelings of empowerment or job satisfaction. The systematic reviews both performed a proper search for evidence using specific

inclusion and exclusion criteria to collect data. Missen, McKenna, and Beauchamp (2014) performed a systematic review of evidence to determine what impact various transition/training programs have on the satisfaction and confidence levels and retention rates of nursing graduates during their first year of clinical practice while Ciciolini, Comparcini, and Simonetti (2013) performed a systematic review to see what relationship exists between structural empowerment, psychological empowerment, and nurses' job satisfaction. Im, Cho, Kim, and Heo (2016) gathered data through the implementation of a huddling program using a pre and post-test. The other eight primary research articles utilized a survey to gather data on the effects of empowerment on nurses for comparison and analysis (Cziraki & Laschinger, 2015; Guo et al., 2016; Kuokkanen et al., 2016; Laschinger, Wong, Cummings, & Grau, 2014; Meng et al., 2015; Pineau Stam, Spence Laschinger, Regan, & Wong, 2015; Read & Laschinger, 2015; Wing, Regan, & Spence Laschinger, 2015). The collection of data by the DNP project will be implemented with a nurse survey as most of the primary research articles did.

The sample populations were composed of nurses in all of the studies. The primary research studies had different sample population sizes. Four articles included nurses with any range of professional experience (Ciciolini, Comparcini, & Simonetti, 2013; Cziraki & Laschinger, 2015; Guo et al., 2016; Laschinger, Wong, Cummings, & Grau, 2014). Four articles included only new graduate nurses with less than one year of professional experience (Missen, McKenna, & Beauchamp, 2014; Kuokkanen et al., 2016; Read & Laschinger, 2015; Wing, Regan, & Spence Laschinger, 2015). Pineau Stam, Spence Laschinger, Regan, and Wong (2015) defined new graduate nurses as those with less than three years experience to use for a sample population, while Im, Cho, Kim, and Heo (2016) defined new graduate nurses as those with less than five years experience to use for a sample population. The study performed by Meng et al.

(2015) required participants to be nurses with greater than six months experience. The DNP project will have a sample population of new graduate nurses, to be defined as nurses with less than one year of experience.

Empowerment was an independent variable for research performed in eight of the articles (Ciciolini, Comparcini, & Simonetti, 2013; Cziraki & Laschinger, 2015; Guo et al., 2016; Kuokkanen et al., 2016; Meng et al., 2015; Pineau Stam, Spence Laschinger, Regan, & Wong, 2015; Read & Laschinger, 2015; Wing, Regan, & Spence Laschinger, 2015). Three of those articles specifically analyzed the effects of leader empowering behaviors on nurses (Cziraki & Laschinger, 2015; Laschinger, Wong, Cummings, & Grau, 2014; Read & Laschinger, 2015). Missen, McKenna, and Beauchamp (2014) and Im, Cho, Kim, and Heo (2016) studied the use of a transition to practice program on new nurses. The independent variable in the DNP project will be the presentation of an empowerment program with simulation training on managing incivility.

All articles were assessed for the use of theoretical support. In their systematic review on a transition to practice programs, Missen, McKenna, and Beauchamp (2014) do not discuss theory. The systematic review by Cicolini, Comparcini, and Simonetti (2014) focuses on the effects of workplace empowerment on job satisfaction, finding most articles in their review to reference Kanter's theory of structural empowerment. Im, Cho, Kim, and Heo (2016) cite empowerment as the basis for the development of their huddling program, yet do not refer to a theory. The Thomas and Velthouse psychological model of empowerment and Benner's Novice to Expert model was used as the theoretical background by Kuokkanen et al. (2016). All other articles focus on empowerment and use Kanter's theory of structural empowerment as the theoretical background for their research (Cziraki & Laschinger, 2015; Guo et al., 2016; Im, Cho, Kim, & Heo, 2016; Laschinger, Wong, Cummings, & Grau, 2014; Meng et al., 2015;

Pineau Stam, Spence Laschinger, Regan, & Wong, 2015; Read & Laschinger, 2015; Wing, Regan, & Spence Laschinger, 2015). The theoretical support for the DNP project will be Kanter's theory of structural empowerment. The successful application of this theory to the aforementioned articles demonstrates the appropriateness of the theory for the DNP project.

The effects of empowerment on different outcomes were documented in ten articles. All articles had a positive correlation of empowerment with their hypothesized outcomes. The systematic review by Missen, McKenna, and Beauchamp (2014) was the only article that did not specifically mention empowerment as an intervention during research but found that transition to practice programs for new nurses improved job satisfaction. Job satisfaction was the most common outcome found by researchers (Ciciolini, Comparcini, & Simonetti, 2013; Kuokkanen et al., 2016; Laschinger, Wong, Cummings, & Grau, 2014; Meng et al., 2015; Pineau Stam, Spence Laschinger, Regan, & Wong, 2015). Incivility was noted to be reduced in organizations that had empowered employees (Laschinger, Wong, Cummings, & Grau, 2014; Wing, Regan, & Spence Laschinger, 2015). Another common positive outcome from the use of empowerment in the workplace is improved retention of nurses (Missen, McKenna, & Beauchamp, 2014; Meng et al., 2015; Pineau Stam, Spence Laschinger, Regan, & Wong, 2015; Read & Laschinger, 2015). Guo et al. (2016) and Laschinger, Wong, Cummings, and Grau (2014) found that the use of empowerment can reduce feelings of burnout among nurses. The improvement of patient outcomes through improving job satisfaction by nurse empowerment was concluded by Cicolini, Comparcini, and Simonetti (2013). This collection of evidence shows that the implementation of nurse empowerment can have many positive outcomes. It is hypothesized that the implementation of an empowerment program with training on incivility management through simulation will enhance feelings of nurse empowerment and, over time, improve retention rates.

With the most common theme among the articles being empowerment, those articles were reviewed for the measurement tools they used for empowerment. The most common tool for measuring how nurses perceive themselves as empowered was the CWEQ-II, used as inclusion material by Cicolini, Comparcini, and Simonetti (2013) and as a measurement tool by the researchers in six other articles (Cziraki & Laschinger, 2015; Guo et al., 2016; Meng et al., 2015; Pineau Stam, Spence Laschinger, Regan, & Wong, 2015; Read & Laschinger, 2015; Wing, Regan, & Spence Laschinger, 2015). The Spreitzer empowerment scale was used by Im, Cho, Kim, and Heo (2016) and Meng et al. (2015). Kuokkanen et al. (2016) used the Qualities of an Empowered Nurse scale; and Laschinger, Wong, Cummings, and Grau (2014) used the Global Empowerment scale. Due to the repeated documentation of the validity and reliability of the CWEQ-II scale for measuring nurses' perception of workplace empowerment, this is the scale that was used to measure outcomes for the DNP project.

A significant limitation of the resulting data was found for three studies. Guo et al. (2016) had Chinese participants in their sample of nurses and question if the CWEQ-II was appropriate for Chinese participants. One study included participants from two Korean hospitals and question the generality of their data (Im, Cho, Kim, & Heo, 2016). Meng et al. (2015) felt conclusive data was limited due to the cross-sectional design of their study and the use of non-random data. All other articles that were used for inclusion in this synthesis reported valid and reliable results (Cicolini, Comparcini, & Simonetti, 2013; Missen, McKenna, & Beauchamp, 2014; Cziraki & Laschinger, 2015; Laschinger, Wong, Cummings, & Grau, 2014; Pineau Stam, Spence Laschinger, Regan, & Wong, 2015; Read & Laschinger, 2015; Wing, Regan, & Spence Laschinger, 2015).

Two articles focused directly on the correlation between empowerment and incivility (Laschinger, Wong, Cummings, & Grau, 2014; Wing, Regan, & Spence Laschinger, 2015). These articles report a strong negative association between experiences of incivility and the retention of nurses, and nurses who are victims of incivility often suffer from negative effects on mental and physical health. Both articles conclude that empowerment is a way to combat and manage workplace incivility (Laschinger, Wong, Cummings, & Grau, 2014; Wing, Regan, & Spence Laschinger, 2015).

The synthesis of evidence shows support that the implementation of an empowerment program for new nurses with less than one year experience should be beneficial in enhancing feelings of empowerment. Enhanced feelings of empowerment were found during this synthesis to improve job satisfaction, retention, patient outcomes, and to decrease feelings of burnout. Incivility is present in many organizations (Laschinger, Wong, Cummings, & Grau, 2014; Wing, Regan, & Spence Laschinger, 2015). The detrimental effects of incivility include nursing burnout, turnover, physical and mental exhaustion, a dislike of nursing and suboptimal patient care. Incivility has also been found to have a direct link to organizational commitment. Empowerment of nurses has also been directly linked to organizational commitment. Though empowerment does not stop incivility from occurring, empowerment equips nurses with the support and skills needed to identify, cope with and address incivility (D'ambra & Andrews, 2014). Therefore, incivility will also be addressed as a part of the DNP program.

Practice Recommendations

Based on the review and synthesis of evidence, the practice change that was recommended was an empowerment program for new nurses to attend that would equip them with the components of structural empowerment. Being aware of their access to opportunity,

information, support, and resources available to them within their organization can make them feel more empowered. This has been shown by the previously discussed evidence to improve job satisfaction and reduce turnover. Empowerment programs are also used to address incivility. The DNP project included an empowerment program for new nurses with less than one year of experience and simulation of techniques used to effectively, and appropriately, deal with uncivil behavior. The reviewed research articles report multiple positive outcomes from the implementation of empowerment programs for nurses. This information supported the implementation of an orientation policy change at the practicum site to include an empowerment program and incivility training through simulation in an effort to retain new nurses by enhancing feelings of empowerment and improving job satisfaction. Upon sharing this information with the CNO, she agreed that this step would be beneficial to their facility and may help to improve the nurses' job satisfaction and retention rates.

Project Setting

The project practicum site was a 70-bed rural non-profit teaching hospital in northwest Pennsylvania. The facility provides access to medical care to a variety of patients. The hospital employed 115 registered nurses at the beginning of the project. The facility has a nine-bed Emergency Department, medical/surgical unit, operating room, same day surgery unit, transitional care, intensive care unit, cancer center, and an obstetrical unit. It also provides many different diagnostic tests. An Emergency Medical Service is owned and operated by the hospital to serve the community. As a teaching hospital, the facility welcomes all types of students in the healthcare field to have their clinical experience there.

The hospital strives to remain a pillar of the community as a trusted provider of diverse and optimal patient care. The patients serviced include all ages across the lifespan, male and

female, and those of any culture or ethnic background. The hospital's mission statement is to be "the community's dynamic resource for quality healthcare, continuous education and the promotion of wellness," and the facility's vision is to "strive for excellence by continually evaluating, educating, expanding and changing to meet the community's healthcare needs and expectations." This aligns closely with the proposed DNP project to implement an empowerment program for new graduate nurses to enhance their feelings of empowerment within the organization and therefore improve retention rates. With a vacancy rate of 16% at the beginning of the project, providing adequate staffing for the provision of optimal care can be difficult (Chief Nursing Officer (CNO), personal communication, March 22, 2017). The hospital has identified that adequate staffing is a concern and that part of their five-year strategic plan is to improve retention and recruitment rates of qualified healthcare personnel (CNO, personal communication, May 23, 2017).

The facility follows an organizational structure and each department within the facility is organized within this structure. Employees are to utilize this structure as a chain of command (see appendix E for more information on organizational structure). There are routine monthly departmental meetings for staff to discuss any ideas or concerns. During the departmental meetings staff are also provided with information regarding any organizational changes or concerns. Department managers meet routinely and information from unit meetings is discussed. The CNO, Vice President of clinical services, Vice President of finance and the Chief Financial Officer and medical staff report to the Chief Executive Officer (CEO) and President. The CEO and president report to the board of directors. The Senior Administrative Leadership Team and the Quality Improvement team also review information.

The DNP student is a former employee of the hospital and a current clinical instructor within the facility giving the opportunity to immerse in the organizational culture. Part of the staff within the organization is optimistic of change and advancing care, utilizing supportive teamwork to meet the increasingly complex needs of patients and the community. The other part, however, is resistant to change. Administrators and leaders within the organization have identified that change is necessary to reduce turnover and support the implementation of evidence-based measures to facilitate this. Buy-in for the project has been obtained from the CNO and the Senior Administrative Leadership Team. New nurses on the different hospital units stated they would be receptive to an empowerment program and felt the program would be helpful for their transition from student to professional nurse. New graduate nurses working in the various hospital units have stated that the transition from student to professional nurse has been difficult. Orientation and mentoring are not carried out for long compared to other sites and there is a shortage of qualified and willing mentors. The DNP student explained the concepts of an empowerment program, including simulation of appropriately dealing with incivility, conflict management and improving communication. The new graduate nurses stated the program would be helpful and the CNO has agreed that measures need to be taken to retain new nurses and that changing the orientation policy to include an empowerment program would be beneficial.

Data supporting the need for a change include vacancy and turnover rates. Nationally, the registered nurse vacancy rate is 8.1%. The average national turnover rate is 16.2%, including voluntary and involuntary turnover (Nursing Solutions Inc., 2017). The current vacancy rate at the practicum site is 16% and the voluntary turnover rate is 10.4%. In March of 2017, 16 of the 115 registered nurses had less than one year experience (CNO, personal communication, March 22, 2017).

The implementation of an orientation policy change to include an empowerment program to enhance feelings of empowerment among new nurses included several different stakeholders. New graduate nurses with less than one-year experience were the focus population for the project, and therefore an important stakeholder. Another stakeholder was administration. Administration was responsible for reviewing the program and allowing the implementation of the program and policy change, as well as scheduling time for the participants to attend the program. Patients and nursing staff other than new graduate nurses are also stakeholders. They are affected by the high vacancy and turnover rates by enduring larger patient assignments. If new nurses are retained, the nurse to patient ratio should improve and cause less strain on the other nurses.

Support was been obtained from the facility to implement the proposed DNP project of implementing an evidence-based empowerment program as a part of a changed orientation policy (see appendix F for more information on the organizational letter of support). The CNO provided a letter of support for the project and was aware that new nurses would be attending the program during working hours, thus providing financial support. The facility utilizes a Senior Administrative Leadership Team instead of an Internal Review Board. The CNO has presented the project to the Senior Administrative Leadership Team, who also approved the project.

The CNO expected to change the orientation policy to include an empowerment program as a sustainable change. Providing new graduate nurses with the concepts of empowerment, including support, resources, and opportunity for growth within the organization, was expected to be continually beneficial. Instruction through simulation on dealing with incivility and improving communication was planned to improve nurse response to uncivil actions. As a part of a formal policy, the program will be sustained. Following the completion of the DNP project,

the hospital nurse educator will be in charge of running the program as a part of the routine hospital orientation. The CNO will oversee the orientation process delivered by the nurse educator and monitor retention and vacancy rates. The CNO will also continue to address incivility. The Conditions of Workplace Effectiveness Questionnaire-II (CWEQ-II) scale can continue to be used pre and post empowerment program to test the effectiveness of the program. Monitoring vacancy and turnover rates will also be important to see if there is a positive correlation between empowerment and retention.

The implementation of change requires specific goal-setting and planning on how to reach those goals. A strategic plan is crucial for the safety and success of implementing change, and includes the identification of facilitators and barriers to the change. An analysis was done for the empowerment project on the strengths, weaknesses, opportunities (SWOT analysis), and threats it entails (Fry & Baum, 2016). A SWOT analysis was performed for the proposed DNP project. Strengths include the buy-in of identified stakeholders and the presence of evidence-based support. Weaknesses include the buy-in of seasoned nurses and the honesty of new nurses responding on the CWEQ-II. Opportunities are that empowered staff are shown to have greater job satisfaction leading to reduced vacancy and turnover rates. Threats include the resistance to change among those who prefer tradition in the facility. The elements of the SWOT analysis have been applied to the DNP project plans to strategize successfully during the planning and implementation phase (See appendix G for more information on the SWOT analysis).

Project Vision, Mission, and Objectives

A vision and mission were developed for the DNP project to be congruent with the mission and vision of the practicum site. The vision of the DNP project was to empower new graduate nurses during their transition from student to professional leading to job satisfaction and

retention. The organizational vision statement is that the organization “will strive for excellence by continually evaluating, educating, expanding and changing to meet the community's healthcare needs and expectations.” This statement is congruent with the DNP project’s vision to empower new graduate nurses during their transition from student to professional for improved job satisfaction and retention. In order to meet the community’s healthcare needs and expectations changes must be implemented to improve vacancy and retention rates of new graduate nurses. The DNP project was an intervention that made the changes in the orientation policy to empower new nurses, and empowerment has been shown to improve job satisfaction and retention.

The mission of the DNP project was to empower new graduate nurses by providing the skills, knowledge, support, and resources necessary to enhance feelings of self-worth and confidence for improved job satisfaction and retention. The organizational mission statement of the practicum site is to be “the community's dynamic resource for quality healthcare, continuous education and the promotion of wellness.” This is congruent with the DNP project’s mission statement to empower and retain nurses because in order to serve the community and provide quality healthcare, adequate amounts of trained professional staff are necessary. The mission of the DNP project was to assist the organization to continue to reach their mission.

Short-term and long-term objectives were identified for the DNP project. The short-term objective of the DNP project was to increase feelings of workplace empowerment among new graduate nurses through the delivery of an empowerment program and an orientation policy change by measuring perceived access to empowerment using the CWEQ-II survey, within eight weeks. The long-term objective of the DNP project is to improve vacancy and retention rates for

the practicum site through the empowerment of new graduate nurses within one year. Meeting these objectives will serve as proof of the effectiveness of the empowerment program.

Risks and unintended consequences had been determined for the implementation of the DNP project. A risk of the DNP project was that the program would not enhance perception of organizational empowerment among new graduate nurses. The consequences of not enhancing the perception of organizational empowerment are waste of money to pay wages for new nurses to attend the program and that the orientation policy would need to be revised again to eliminate the use of the program.

Project Description

The change model that was utilized for the DNP project is Kotter's eight-step change model. This model is widely used for leading organizational change. The model is appropriate for use in many levels of organizational change and emphasizes engaging stakeholders throughout the change process for long-term success (Pollack & Pollack, 2015). The implementation of an empowerment program and orientation policy change required being led by the stages defined by this model to ensure that the interest in, and seriousness of the change, was not lost during the implementation phase. The time frame for this change process and evaluation was eight weeks (see appendix H for more information on the project schedule). The application of the DNP project to the change model is depicted below.

1. Create a Sense of Urgency

Creating a sense of urgency fosters a sense assigns importance to the change (Pollack & Pollack, 2015). To create a sense of urgency in the organization, the program was advertised as an opportunity to improve nurse staffing, job satisfaction, and retaining new nursing staff (See appendix I for more information on the recruitment flyer). The new nurses who are

recommended by the facility to attend the empowerment program began the program with an explanation of the importance of the program and the value that they hold in providing optimal patient care in the community. Rates of turnover and vacancy were shared. The negative effects of poor empowerment on nurses, patients, and the organization were presented to emphasize the magnitude of this issue and why the program was crucial to meet their professional and personal needs, as well as the needs of the organization and community.

2. Create a Guiding Coalition

A guiding coalition is composed of a group of leaders with the power to enforce change (Pollack & Pollack, 2015). The guiding coalition formed for the empowerment program and orientation change included the DNP student, the CNO, unit managers, and the Senior Leader Administrative Team. With the DNP student guidance and leadership skills, the coalition was brought together to champion the success of the empowerment program. The approval of the program was obtained from the CNO and the Senior Administrative Leadership Team. The construction of the program was done by the CNO and the DNP student using interprofessional collaboration between the members of the coalition to meet the unique needs of the new nurses and the organization.

3. Develop a Vision and Strategy

The seriousness of inadequate staffing has been identified by the organization. New nurses compose a majority of the nurses recruited to fill staffing needs. The vision for the organization is to retain the new nurses to reduce vacancy and turnover rates. A strategy was developed by the DNP student and the CNO to implement a new nurse empowerment program to enhance the feelings of empowerment among new nurses. This program was formed to equip new nurses with tools, support, resources, and information necessary to improve feelings of

importance, competence, and contentedness. This has been shown to improve job satisfaction, which is linked with a greater intention to stay (Pineau-Stam, Laschinger, Regan & Wong, 2015; Read & Laschinger, 2015).

4. Communicate the Vision for Change

Large-scale communication of the vision for change to empower new nursing staff will be done in multiple ways. The CNO and DNP student discussed this with unit managers. The new nurses and leaders among the unit staff were educated on how to communicate the importance of nurse empowerment and the positive effects empowerment can have. Routine meetings during the eight-week change project were held to emphasize the importance of the change and to support those who encounter resistance.

5. Empowering Broad-Based Change

To create broad-based change and buy-in, obstacles to success were identified (Pollack & Pollack, 2015). Discussions with the guiding coalition, unit managers and leaders, and new nurses assisted in identifying these obstacles. When obstacles were identified, open communication was used to gain insight on the problem. Innovative solutions were identified through group communication and problem-solving. The DNP student also strategized to anticipate obstacles and plan for them accordingly. The most anticipated obstacle was buy-in among certain staff members and scheduling the empowerment sessions for optimal attendance. Planning with the CNO and unit managers was essential to managing these obstacles.

6. Planning for and Producing Short-Term Wins

Once the change process began, the momentum of the change needed to be maintained (Pollack & Pollack, 2015). One short-term win was the continued participation of the new graduate nurses in the empowerment programs. Both participants who began the program also

completed it. Short-term wins of the empowerment program were also the results of the CWEQ-II. It was anticipated that the results of the CWEQ-II surveys after the program would indicate a greater sense of empowerment among new nurses than before the program. This was considered a short-term win, as the long-term win would be the job satisfaction and retention of the nurse within the organization over a longer period of time following the empowerment program. The results of the CWEQ-II survey data analysis, however, did not indicate that nurses had a greater sense of empowerment upon completion of the empowerment program.

7. Consolidate Successes and Facilitate More Change

After the achievement of short-term wins momentum for the change must continue (Pollack & Pollack, 2015). Enhanced feelings of empowerment among new nurses must be maintained. Interest in the program was evident as the participants attended all of the empowerment sessions. Though the data produced from the survey analysis did not support that the empowerment program enhanced the nurses' concept of access to empowerment in their workplace, the formative evaluation showed they felt the program increased their knowledge of empowerment and what elements of empowerment are offered by their workplace. The formative evaluation also revealed that both participants strongly agreed that the empowerment program helped them to identify and manage incivility. Training the nurse educator to implement the program in future orientation programs will be necessary so they can attain short-term and long-term wins in the future.

8. Make the Change Permanent

The success of the empowerment program was based upon the short-term wins previously described, as well as feedback from the participants. As there were only two participants, there is little reliability of the data collected. However, results of the formative

evaluation were supportive of continuing the program for future nurses, per the CNO. To make the change permanent, the orientation policy was changed by the CNO to include an empowerment program with incivility training using simulation. The nurse educator will be trained on how to implement the program. The CNO and the nurse educator will monitor the program for its success over time by assessing vacancy and new nurse retention rates.

Facilitators and Barriers

There were facilitators and barriers to implementing the DNP project. The most notable facilitators were interprofessional collaboration and communication between stakeholders and leaders during the project. Open communication and idea sharing was crucial to problem-solving and short and long-term success. Barriers to the project were the buy-in and communication of nurses who are hesitant to change. The nurses anticipated to be resistant to change are those who have been at the organization for a longer period of time. They can be very influential due to their experience. Little of this resistance of experienced nurses was encountered during the project. Emotional intelligence and conflict management can be utilized in the future to manage this resistance. Another barrier was organizing a schedule for optimal attendance of the participants. The CNO and the participants worked out a schedule that allowed the nurses to attend all of the sessions. Conference rooms within the hospital were provided for the delivery of the program sessions to enhance the privacy of the nurses and improve communication and participation.

Timeframe

The timeframe for implementing the empowerment program was eight weeks. This provided adequate time for presenting the six empowerment sessions and was considered to be beneficial by the DNP student and CNO. It was predicted by the CNO that if the implementation

time frame were longer, it would be difficult to retain participants. Following the conclusion of the last empowerment session the project participants completed the post-program survey and the formative evaluation. Data analysis then began during the six weeks following the completion of these evaluations.

Budget

The resources required for the project were a room to present the program, paper copies of handouts, and a computer system. The program budget included nurse wages, paper and ink, and a statistician to assist with data analysis. The practicum site covered nurses' wages and all other expenses were incurred by the DNP student (See appendix J for further information on the project budget).

Role of the DNP Leader

There are certain leadership skills that enhanced the success of the empowerment program. The skills conducive to a smooth change process within this location included excellent communication skills, collaboration, organization, motivation, and resilience. To gain the trust of stakeholders one must communicate and collaborate with them (Linette & Sherman, 2014). Initiating conversations about new nurse turnover rates and how the rates can be improved is very important. The DNP leader communicated the need for change, emphasizing how urgent the problem was. Change projects must be well-organized (Pollack & Pollack, 2015). Having supportive materials, data, and professional means to share these helped gain the trust of stakeholders. The DNP leader was flexible in order to accommodate the diverse needs of different disciplines within the hospital. Staying motivated was key to creating the urgency of the change and continues forward momentum. Changes that are not motivated can lose their progress and become forgotten (Pollack & Pollack, 2015). Lastly, a skill necessary to successful

change will be resilience. The leader was able to deal with the frustrations and rebuttal of those who were unsupportive. Emotional intelligence was used to gain insight on why some nurses are hesitant to change and to deal with it appropriately and effectively.

Project Evaluation Results

For the PICOT question “Do new nurse graduates (less than one year experience) in a hospital setting who experience an evidence-based empowerment program and orientation policy change, compared to no empowerment model, have increased feelings of workplace empowerment within 8 weeks?” statistical analysis for evaluation was performed to determine the correlation of the program with increased feelings of workplace empowerment. The outcome of the PICOT question was evaluated using the paired t-test and the Chi-squared test for independence. The paired t-test was completed to analyze the before and after differences of the program on the new nurse's feelings of workplace empowerment on data collected from the pre and post survey, the CWEQ-II. A Chi-square test for independence was done to analyze the difference in distribution. Prior to implementation the practicum project was reviewed to be sure it was ethical to implement and that participants were protected. This was done through the review of the project by the Senior Administrative Leadership Team at the practicum site and by the Chamberlain University Internal Review Board (IRB). Both of these groups approved the implementation of the project. Each participant was presented with an informed consent form that was reviewed by the DNP student with them, allowing them to ask questions and informing them that they could withdraw from the program at any time should they choose. Both participants provided written consent to participate in the program.

Inclusion criteria for participants was that they had to be new nurse graduates with less than one year of experience within the practicum site. Those excluded from the data collection

were nurse externs and nurses who have greater than one-year nursing experience. Two nurses in the practicum site met these qualifications and completed the empowerment program.

Primary data from the pre-program implementation survey, the CWEQ-II scale, served as comparison data to the post-program survey, which also was done using the CWEQ-II.

The CWEQ-II scale was developed by Heather Laschinger (2017) and is used to measure the extent that nurses feel they are provided with the four components of empowerment within the workplace including opportunity, support, information and resources as originally identified in Kanter's theory of structural empowerment. This survey was used to collect data for the summative evaluation of the project. Validity and reliability has been tested and confirmed for the CWEQ-II scale (Laschinger, 2017). The CWEQ-II is composed of six subscales and a two-item global empowerment scale. There are a total of 21 items altogether. Each item on this tool is measured on a five-point Likert scale. The data produced by the CWEQ-II will be ordinal. In an effort to control extraneous variables, surveys were anonymous. If the surveys are taken anonymously, it was predicted the new graduate nurses would more likely to be honest in the answers they provided without the fear of being identified.

A formative evaluation of the program will take place immediately following the completion of the empowerment program. The evaluation consisted of six questions that were answered using a five point Likert scale. The questions will ask the participants how well the program increased their perception of access to support, information, resources, and opportunity within the organization. **How did we determine reliability and validity of this tool? Add here type of data** In an effort to control extraneous variables, these surveys were also anonymous to encourage the new graduate nurses to be honest in the answers they provide without the fear of being identified. The evaluation also asked participants if the program improved their ability to

identify and manage incivility (see appendix K for more information on the formative evaluation).

Discussion and Implications for Nursing and Healthcare

Plans for Dissemination

Attendees to the internal presentation of the DNP project results were the DNP mentor and the CNO. Others administrative personnel such as the Senior Administrative Leadership Team and the Board of Directors were invited but unable to attend. The presentation occurred in person. A presentation including handouts was used to present the findings of the project. The DNP mentor was supportive of the program even though the results were unreliable due to the small sample size. The CNO decided, regardless of the data from the small sample size being unreliable, that the formative evaluations and response of the new graduate nurses supported the program. She made the decision to alter the orientation policy to include the empowerment program. The DNP student plans to sustain the project by presenting the sessions at the site for the first year to train the nurse educator to deliver the program.

The DNP student had planned to present the project at a Sigma Theta Tau International (STTI) conference and is currently a member of the organization as a nurse leader. This conference seems appropriate as a nursing faculty member, along with the focus of the DNP degree being healthcare systems leadership, to present in this particular venue as a nurse leader. The mission STTI is “advancing world health and celebrating nursing excellence in scholarship, leadership, and service (Wiley Online Library, n.d.)” The DNP project to enhance new graduate nurse quality and contentedness through empowerment closely aligns with this mission. Due to

the small sample size of the project and the unreliable data it produced, it is unclear whether the project will be presented.

The journal the DNP student would like to submit the manuscript to is the Journal of Nursing Scholarship, which is the official journal published by STTI. This journal is known worldwide for its dedication to presenting original high-quality research intended to improve nursing practice in the areas of clinical scholarship, professionalism, and health policy. Each manuscript submitted goes through a double blind peer review to ensure the quality of the material. Overall, the journal emphasizes that the articles they print should be able to improve nursing practice on a global level (Wiley Online Library, n.d.). Empowering nurses is a way to improve nursing practice and patient care, and is applicable to all new nurses worldwide.

Conclusion

The purpose of this paper was to detail the development and implementation plans for an empowerment program, based on Kanter's theory of structural empowerment, for new graduate nurses as a DNP project. Supportive research-based evidence was presented, reviewed, and synthesized to justify the implementation of such a program. The synthesis of the evidence reveals that empowerment programs for nurses can improve job satisfaction, reduce burnout, and improve retention. A description of the project setting was presented, along with the need for the empowerment program in this setting, and the approval of major stakeholders. The implementation of the project was completed using Kotter's eight-step process for change. Formative and summative evaluation tools that were chosen were proven to be valid and reliable. Dissemination plans were also discussed, including the difficulty associated with this considering the small sample size and unreliable data produced.

The impacts of poor nurse retention previously discussed established the necessity of the DNP project to empower new nurses. The evaluation of research-based evidence revealed the effectiveness empowerment for retaining and improving job satisfaction. **Add that my program made participants realize they were not empowered and that the info wasn't valid due to small population size** Collaboration with the stakeholders at the identified practicum site, along with the implementation plan for the project, reinforces the safety and suitability of the empowerment program for new nurses at the practicum site.

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Appendix A

CONDITIONS FOR WORK EFFECTIVENESS QUESTIONNAIRE-II

How much of each kind of opportunity do you have in your present job?

	1 = None	2	3 = Some	4	5 = 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?

	1 = No Knowledge	2	3 = Some Knowledge	4	5 = Know 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?

	1 = None	2	3 = Some	4	5 = 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?

	1 = None	2	3 = Some	4	5 = 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

In my work setting/job:**(JAS)**

	1 = None	2	3 = Some	4	5 = A Lot	
1. the rewards for innovation on the job are					1	2 3 4 5
2. the amount of flexibility in my job is					1	2 3 4 5
3. the amount of visibility of my work-related activities within the institution is					1	2 3 4 5

How much opportunity do you have for these activities in your present job:**(ORS)**

	1 = None	2	3 = Some	4	5 = A Lot	
1. Collaborating on patient care with physicians					1	2 3 4 5
2. Being sought out by peers for help with problems					1	2 3 4 5
3. Being sought out by managers for help with problems					1	2 3 4 5
4. Seeking out ideas from professionals other than physicians, e.g., physiotherapists, occupational therapists, dieticians					1	2 3 4 5

GLOBAL EMPOWERMENT

How much of each kind of opportunity do you have in your present job?

	1 = Strongly Disagree	2	3	4	5 = Strongly Agree	
1. Overall, my current work environment empowers me to accomplish my work in an effective manner					1	2 3 4 5
2. Overall, I consider my workplace to be an empowering environment					1	2 3 4 5

Appendix B

Items for the CWEQ-I were derived from Kanter's original ethnographic study of work empowerment and modified by Chandler (1986) for use in a nursing population. The CWEQ-II is a modification of the original (Laschinger, Finegan, Shamian, & Wilk, 2001), it is considerably shorter and targeted towards use in research studies, while the length and detail acquired through the original makes it more valuable for quality improvement initiatives.

RELIABILITY AND VALIDITY

Cronbach's alpha reliability coefficients for the CWEQ-I and II

	Opportunity	Information	Support	Resources	JAS	ORS	Total	GE
CWEQ-I¹	.80	.86	.88	.81	.69	.89	.93	.88
CWEQ-II²	.81	.80	.89	.84	.69	.67	.89	.87

¹ Laschinger, H.K.S., Wong, C., McMahon, L., Kaufmann, C. (1999). Leader behaviour on staff nurse empowerment, job tension, and work effectiveness. *Journal of Nursing Administration, 29*(5), 28-39.

² Laschinger, H.K.S., Finegan, J., Shamian, J., & Casier, S. (2000). Organizational trust and empowerment in restructured healthcare setting: Effects on staff nurse commitment. *Journal of Nursing Administration, 30*(9), 413-425.

Appendix C

CWEQ Inbox x



Daryl Stephenson <dstephe@uwo.ca>
to Daryl ▾

Daryl William Harrison Stephenson has shared a OneDrive for Business file with you. To view it, click the link below.

 [CWEQ I AND II USER MANUAL.pdf](#)

Appendix D

Evidence Tables

Summary of Primary Research Evidence

Citation	Question or Hypothesis	Theoretical Foundation	Research Design (include tools) and Sample Size	Key Findings	Recommendations/ Implications	Level of Evidence
Cziraki, K., & Laschinger, H. (2015). Leader empowering behaviours and work Engagement : The mediating role of structural empowerment. <i>Nursing Leadership</i> , 28(3), 10-22.	How does structural empowerment impact the relationship between leader empowering behaviors and work engagement ?	Kanter's theory of structural empowerment purports that nurses who have the access to support, information, opportunity and resources are empowered and the organization has better outcomes. The Conger and Kanungo model of empowerment, however, identifies that leaders must exhibit empowering behaviors for workplace empowerment to exist.	The researchers performed a secondary analysis of the cross-sectional correlational study. 464 questionnaires were sent via mail to registered nurses and 322 nurses responded. Measurement tools used in the questionnaires were the Leader Empowering Behaviors Scale, the Conditions of Work Effectiveness Questionnaire-II scale, and the Utrecht Work	The three variables were tested for their mean and standard deviation. Leader empowering behaviors influenced empowerment. However, the greatest influence on empowerment was increasing meaningfulness of work and facilitating goal accomplishment. Baron and Kenny's steps to establish mediation was used to test the hypothesis. There is a	Leader empowering behaviors through structural empowerment can improve nurse work engagement and improve retention.	3

			Engagement Scale.	positive correlation between leader empowering behaviors increasing nurses' work engagement through structural empowerment.		
Guo, J., Chen, J., Fu, J., Ge, X., Chen, M., & Liu, Y. (2016). Original Article: Structural empowerment, job stress and burnout of nurses in China. <i>Applied Nursing Research</i> , 3141-45. doi:10.1016/j.apnr.2015.12.007	What is the relationship between structural empowerment, job stress and burnout among nurses in China?	Kanter's theory of Structural empowerment is the main theory referenced as it purports that nurses who have the access to support, information, opportunity and resources are empowered and the organization has better outcomes.	A convenience sample of 1080 nurses from multiple tertiary first-class hospitals in China was mailed a questionnaire with 1002 responding. Structural empowerment was measured with the Conditions of Work Effectiveness Questionnaire-II scale. The Maslach Burnout Inventory was used to measure burnout and the job stressors	Descriptive and inferential statistical analysis was performed. Reliability analysis using Cronbach's alpha was conducted for all variables. Staff nurses reported that the greater the workplace empowerment, the lower levels of job stress they experienced. The research also concluded that job stress increases feelings of burnout experienced	Improving workplace empowerment may lower job stress among staff nurses and may, therefore, prevent feelings of burnout from developing.	3

			scale by Li and Liu was used to measure job stress experienced by nurses.	by the nurses.		
Im, S. B., Cho, M., Kim, S. Y., & Heo, M. L. (2016). The Huddling Programme: effects on empowerment, organisational commitment and ego-resilience in clinical nurses - a randomised trial. <i>Journal Of Clinical Nursing</i> , 25(9/10), 1377-1387. doi:10.1111/jocn.13228	Does the implementation of a huddling program increase the retention of clinical nurses? A huddling program is defined by the researchers as a nine-week, four-session program led by three mentors to support nurses with less than five years experience to empower them to reduce job stress and improve retention.	The researchers do not refer to a specific theory, however, review original research articles that are based upon the application of Kanter's theory of structural empowerment to the nursing work environment .	A randomized control trial was done using a pre and post test experimental group. 49 nurses from two different hospitals participated in the huddling program. The measurement tools used were the Spreitzer instrument to measure empowerment, the Allen and Meyer organizational commitment scale, and the ego-resilience scale developed by Block and Kremen to measure one's adaptability to	The data were analyzed using the SPSS program. Demographics and work-related characteristics were analyzed. They were then compared between the experimental and control groups. There was a homogeneity test performed on the demographic and work-related characteristics of participants and dependent variables. The huddling program, based on nurse empowerment	Nurses of all lengths of employment would benefit from a huddling program to enhance empowerment. The program should be delivered over a longer length of time to improve self-resilience.	2

			environmental stressors.	nt, improved nurses' feelings of empowerment and their commitment intentions. It is predicted by the researchers that if implemented over a longer period of time, the program would improve retention rates. They also conclude that the program was too short to have a significant impact on self-resilience.		
Kuokkanen, L., Leino-Kilpi, H., Numminen, O., Isoaho, H., Flinkman, M., & Meretoja, R. (2016). Newly graduated nurses' empowerment	How do newly graduated nurses assess their empowerment and its association with professional competence, turnover intentions, work	The Thomas and Velthouse psychological model of empowerment from the perspective of motivational theory was used. The five Qualities of	The researchers used a descriptive cross-sectional and correlational design for the study. 318 new graduate nurses with less than one year	Cronbach's alpha coefficients were done for the sum variables to determine reliability. Groups of multi-group background variables were done with the	Organizations need to be sure to support new nurses by empowering them. This should be done continuously over time to help them to grow to be innovative	3

<p>nt regarding professional competence and other work-related factors. <i>BMC Nursing</i>, 15(22). doi:10.1186/s12912-016-0143-9</p>	<p>schedule, satisfaction with the quality of care on the unit and demographic factors?</p>	<p>an Empowered Nurse (QEN) were developed by Kuokkanen et al. based on the Thomas and Velthouse model and were used as the conceptual framework for the questionnaire used in the study. Nurse competence was based on Benner's Novice to Expert model.</p>	<p>experience returned the questionnaire sent by the researchers. Instruments used in the questionnaire were the QEN scale which measured moral principles, personal integrity, expertise, future-orientedness and sociability. Nurse competence was measured with an instrument developed based upon Benner's Novice to Expert model.</p>	<p>Spearman correlation test and the One-Way and Multivariate Analysis of Variance was performed on New graduate nurses reported their feelings of empowerment as fairly high. They rated low on future-orientedness.</p>	<p>and complex thinkers. Empowerment can help produce competence.</p>	
<p>Laschinger, H. S., Wong, C. A., Cummings, G. G., & Grau, A. L. (2014). Resonant leadership and workplace empowerment: the value</p>	<p>The purpose of this study was to test a model linking a positive leadership approach and workplace empowerment to workplace</p>	<p>The study was built upon the concepts from Boyatzis and McKee's resonant leadership theory, Kanter's theory of organization</p>	<p>The researchers analyzed information from 1241 questionnaires returned from nurses in nine different provinces in Canada. Resonant</p>	<p>Descriptive statistics and correlations were done for major variables, including means, standard deviations, Cronbach's alpha reliabilities</p>	<p>Nurse leaders need to foster empowering work environments to decrease incivility and burnout to improve job satisfaction.</p>	<p>2</p>

<p>of positive organizational cultures in reducing workplace incivility. <i>Nursing Economic\$, 32(1).</i></p>	<p>incivility, burnout, and subsequent job satisfaction.</p>	<p>al empowerment, Andersson and Pearson's workplace incivility theory, and Maslach and Leiter's burnout theory.</p>	<p>leadership was measured with the 10-item resonant leadership scale by Cummings (2006). The Global Empowerment Scale was used to measure workplace empowerment. Incivility was measured with the Workplace Incivility Scale. The Maslach Burnout Inventory-general survey was used to measure burnout and emotional exhaustion. Job satisfaction was measured with a four-item tool used by Laschinger, Finegan, Shamian and Wilk (2001).</p>	<p>and intercorrelations. Empowering leadership has a positive correlation with a healthier work environment and reduced levels of incivility and burnout.</p>		
Meng, L.,	The	The	The	Descriptive	Facilities	3

<p>Liu, Y., Liu, H., Hu, Y., Yang, J., & Liu, J. (2015). Relationship among structural empowerment, psychological empowerment, intent to stay and burnout in nursing field in mainland China-based on a cross-sectional questionnaire research. <i>International Journal of Nursing Practice</i>, 21(3), 303-312 10p. doi:10.1111/ijn.12279</p>	<p>researchers hypothesized that structural empowerment would have a direct positive effect on psychological empowerment, which would have a direct positive effect on intent to stay. Burnout was a mediator between psychological empowerment and intent to stay.</p>	<p>framework for this research was based upon Kanter's theory of structural empowerment.</p>	<p>researchers chose a sample of 300 nurses who had been employed at eight different hospitals for over six months. Anonymous questionnaires were used to gather information to assess the effect of nurse empowerment on burnout and intent to stay. 219 responses were collected for use. The instruments used to measure empowerment were the CWEQ-II and Spreitzer's Psychological Empowerment scale. Burnout was measured with the Maslach Burnout</p>	<p>and inferential statistics were developed with the Statistical Package for Social Sciences. The hypothesized model was analyzed with the use of the structural equation modeling techniques. The researchers found a link between the use of structural empowerment in nursing to decrease burnout and increase intention to stay.</p>	<p>that empower their nurses could improve their retention.</p>	
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			Inventory. Intent to stay was measured with a scale developed by Kim et al.			
Pineau Stam, L. M., Spence Laschinger, H. K., Regan, S., & Wong, C. A. (2015). The influence of personal and workplace resources on new graduate nurses' job satisfaction. <i>Journal of Nursing Management</i> , 23(2), 190-199. doi:10.1111/jonm.12113	Do organizational resources such as empowerment and staffing adequacy, combined with personal resources such as psychological capital have an effect on new graduate nurse job satisfaction?	Kanter's theory of structural empowerment was the framework for the development of the model tested in this study. The psychological capital theory was also applied to measure personal resources held by the new graduate nurses.	The authors used a predictive, non-experimental design and performed a secondary analysis of data to test their hypothesis. 205 useable surveys were utilized for analysis. New graduate nurses were defined to be those with less than three years experience. Structural empowerment was measured with the, the Conditions of Work Effectiveness Questionnaire-II scale. A scale to measure job satisfaction was adapted	Descriptive results included that new graduate nurses reported high levels of psychological empowerment and felt moderately empowered. New graduate nurses felt they had a lot of access to opportunity but little access to support and moderate access to information and resources. They reported moderate levels of job satisfaction. The preliminary correlational analysis	The study concludes that organizations that empower their new nurses with resources, staffing adequacy and use psychological capital will have improved retention rates due to higher job satisfaction.	3

			from Hackman and Oldham's original General Satisfaction scale. A demographic questionnaire was also included.	found that structural empowerment was most strongly related to job satisfaction. This was followed by psychological capital and staffing adequacy. Psychological capital and structural empowerment were strongly correlated and also positively related to how the new graduate nurses perceived staffing adequacy. A hierarchical multiple regression analysis showed support for the hypothesis presented by the researchers.		
Read, E. A., & Laschinger,	The researchers hypothesize	Theories used for hypothesis	A longitudinal survey was	A descriptive analysis was	The authors found data results	3

<p>H. K. (2015). The influence of authentic leadership and empowerment on nurses' relational social capital, mental health and job satisfaction over the first year of practice. <i>Journal of Advanced Nursing</i>, 71(7), 1611-1623. doi:10.1111/jan.12625</p>	<p>that nurse manager authentic leadership behavior has a positive influence on new graduate nurses' perceptions of structural empowerment, which in turn has a positive influence on relational social capital. The hypothesized model shows structural empowerment as a way that authentic leadership influences relational social capital. They also hypothesize that new graduate nurses who work in these positive work environments will have higher rates of job</p>	<p>development were Authentic Leadership, Kanter's theory of structural empowerment, and Nahapiet and Goshal's theory of relational social capital.</p>	<p>used. A random sample of 191 newly graduated nurses over a one-year time period from Ontario was used. Surveys with questionnaires were used for obtaining data. Authentic leadership was measured using the Authentic Leadership Questionnaire. Structural empowerment was measured using the Conditions of Workplace Effectiveness Questionnaire-II. The relational social capital was measured with a subscale of Leiter and Maslach's Areas of Worklife Scale.</p>	<p>done with the variables. The hypothesized model was tested with a path analysis. It showed that the fit between the data and the model was acceptable. Authentic leadership had a strong positive correlation on structural empowerment, which in turn had a significant effect on relational social capital. Strong relational social capital was correlated with reduced mental health symptoms and positively affected job satisfaction.</p>	<p>supporting that strong leadership and empowering new nurses will help to improve retention rates.</p>	
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	satisfaction and fewer mental health symptoms during the first year of practice.		Mental health was measured with the Mental Health Inventory.			
Wing, T., Regan, S., & Spence Laschinger, H. K. (2015). The influence of empowerment and incivility on the mental health of new graduate nurses. <i>Journal of Nursing Management</i> , 23(5), 632-643. doi:10.1111/jonm.12190	Two models were hypothesized by the researchers. The first is that new graduate nurses' perceptions of co-worker incivility will mediate the effect of structural empowerment on mental health symptoms. The second hypothesis is that new graduate nurses' perceptions of supervisor incivility will mediate the effect of structural empowerment on mental health symptoms in new graduate nurses.	The theoretical framework used in the hypothesis was Kanter's theory of structural empowerment.	A predictive non-experimental design was used. A secondary sample of 394 surveys from new graduate nurses was utilized. Instruments used for measurement were the Conditions of Workplace Effectiveness Questionnaire-II to measure workplace empowerment, the Workplace Incivility Scale to measure incivility, and the State of Mind subscale from the Pressure Management	Descriptive statistics and reliability analysis were done on all variables. Moderate levels of structural empowerment were reported. Low levels of incivility were reported. Mental health symptoms were reported little to some of the time. Structural empowerment had a strong negative relationship with mental health symptoms, supporting that empowerment can reduce	The study finds that structural empowerment helps to decrease incivility and mental health symptoms experienced by new graduate nurses.	3

			Indicator to measure depression and anxiety symptoms.	mental health symptoms among new nurses. The hypothesized models were tested using mediated regression analysis.		
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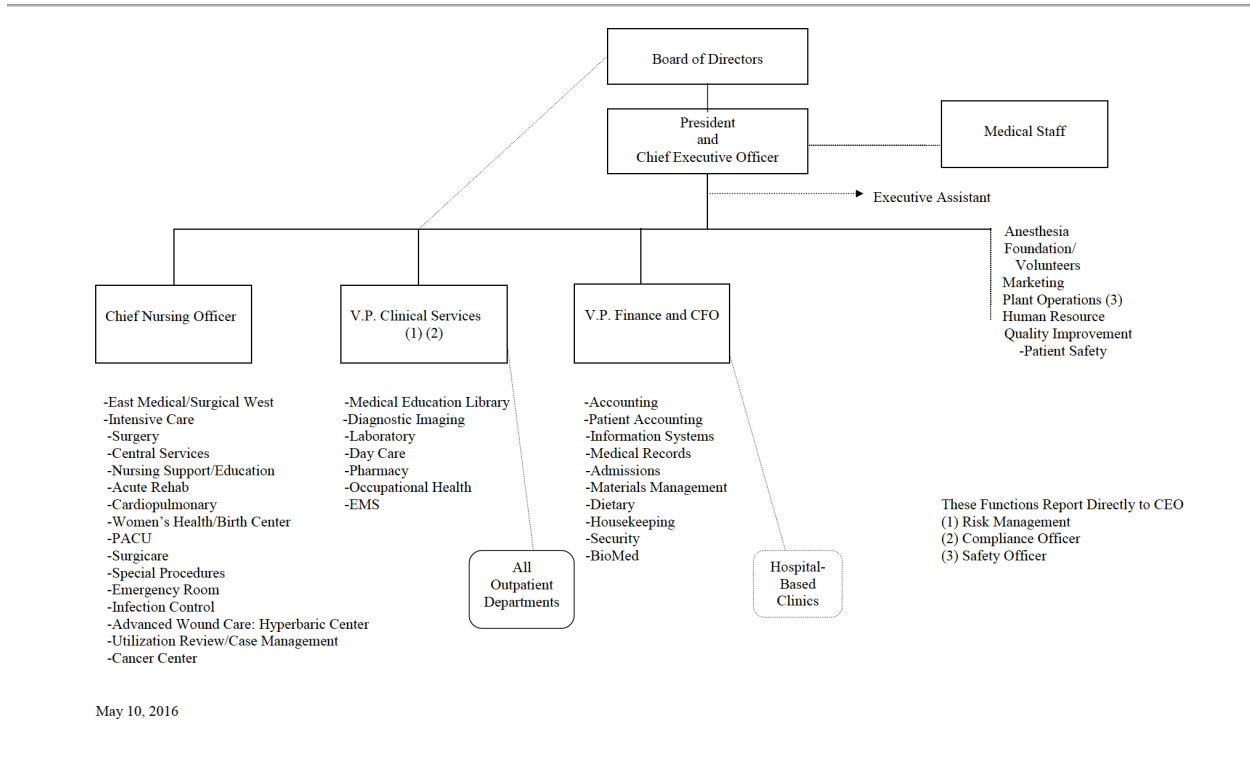
Summary of Systematic Reviews

Citation	Question	Search Strategy	Inclusion/Exclusion Criteria	Data Extraction and Analysis	Key Findings	Recommendation/Implications	Level of Evidence
Cicolini, G., Comparcini, D., & Simonetti, V. (2014). Workplace empowerment and nurses' job satisfaction: A systematic literature review. <i>Journal of Nursing Management</i> , 22(7), 855-871.	What relationship exists between structural empowerment, psychological empowerment and nurses' job satisfaction?	MEDLINE, CINAHL and SCOPUS databases were utilized for the search of articles between 1998 and 2012 for the search terms workplace empowerment, nurse, structural empowerment, psychological empowerment, job satisfaction and work	Inclusion criteria were that the articles had to be in English, the sample used had to be practicing nurses, studies that assessed the relationship between empowerment and job satisfaction and/or workplace empowerment and job satisfaction, studies measuring empowerment and job	Data extraction was completed for twelve qualifying studies. This data included author, year of publication, journal, research question, sample, response rate, independent and dependent variables, measures, reliability and validity of	The review concludes that there is a positive correlation between empowerment and workplace empowerment on positive nursing outcomes and job satisfaction.	Organizations can use these results to support the empowerment of nurses to improve job satisfaction, retention and patient outcomes.	1

Citation	Question	Search Strategy	Inclusion/Exclusion Criteria	Data Extraction and Analysis	Key Findings	Recommendation/Implications	Level of Evidence
		satisfaction. Two websites of known empowerment researchers (Laschinger and Spreitzer) were used, as well.	satisfaction, studies using the CWEQ or CWEQ-II and/or the PES, quantitative or qualitative and peer-reviewed research. Excluded were studies that did not meet this criterion.	instruments and the analysis and results.			
Missen, K., McKenna, L., & Beauchamp, A. (2014). Satisfaction of newly graduated nurses enrolled in transition-to-practice programmes in their first year of employment: a systematic review. <i>Journal Of Advanced Nursing</i> , 70(11),	What impact do various transition/training programs have on the satisfaction and confidence levels and retention rates of nursing graduates during their first year of clinical practice?	Three researchers obtained information from CINAHL, MEDLINE Ovid, EMBASE, Proquest and Google Scholar with search terms “new graduate nurse” and “transitional programmes.” This resulted in 338 studies, eleven of which were	Inclusion criteria were that the sample groups had to be new nurses with less than one year experience, the intervention had to be a transitional program of some sort, the studies had to include a comparative analysis, and that the outcomes of	Data extracted from the qualifying studies included sample size, study design, length of time of the transition program, comparative group, outcome measures and main findings.	The different program used in the studies varied in their name and length of time. Most of the programs included classroom teaching and mentoring. Transition programs have a positive impact on turnover rates. Also,	The systematic review of the evidence showed a relationship between programs to transition new nurses into their positions and improved retention rates and job satisfaction.	1

Citation	Question	Search Strategy	Inclusion/Exclusion Criteria	Data Extraction and Analysis	Key Findings	Recommendation/Implications	Level of Evidence
2419-2433 15p. doi:10.1111/jan.12464		chosen for inclusion in the review.	the studies had to relate to job satisfaction and/or confidence. Excluded were studies that were not written between 200-2012, weren't in English, and/or were qualitative, non-comparative, case series, case reports or letters.		transition programs can help new graduates make it through the first year of practice when dissatisfaction is highly reported.		

Appendix E



Appendix F



August 31, 2017

Chamberlain College of Nursing
IRB Committee
6700 Euclid Avenue
Suite 201
Cleveland, OH 44103

To IRB Committee at Chamberlain College of Nursing:

Ms. Nicole Carroll has contacted Clarion Hospital regarding the completion of her DNP practicum project. This project will focus on empowerment and retention of new nurses

Ms. Carroll has indicated that she will work with a team of Clarion Hospital employees who will gather and provide her with de-identified information for her study.

There is not an IRB at Clarion Hospital. The Senior Administrative Leadership Team at Clarion Hospital has reviewed this request and has approved the completion of Ms. Carroll's project involving nursing empowerment and retention.

Sincerely,



Leslie Walters, RN, MSN, FNP-BC
Chief Nursing Officer of Clarion Hospital

Appendix G

SWOT Analysis

Internal Forces (project)	External Forces (organization or environment)
<p><i>Strengths</i></p> <ul style="list-style-type: none"> • Buy in of CNO • Approval of Senior Administrative Leadership Team • Interest and buy in of new graduate nurses • Strong support of evidence-based research (12 contemporary research articles) • The DNP student is carefully trained to lead and implement change • The DNP student is known within the facility as a clinical instructor 	<p><i>Opportunities</i></p> <ul style="list-style-type: none"> • Empowerment of staff • Improved job satisfaction • Increased autonomy and contentedness of new nurses • A smoother transition from student to professional nurse • Reduced vacancy rate • Reduced turnover rate • Financial relief from hiring agency nurses to fill staffing voids • Financial relief from frequent orientation of new staff from turnover
<p><i>Weaknesses</i></p> <ul style="list-style-type: none"> • The DNP student needs to continue to collaborate with the nurse educator and CNO about the existing orientation policy and the way it will be changed • The DNP student needs to identify key leaders among staff to support new nurses to assist with the continued buy-in of others and reduce negative reactions • Negative reactions of seasoned nurses • New nurses honesty when filling out surveys due to fears of giving negative feedback • How seriously management and administration enforce a zero tolerance policy for incivility for all employees 	<p><i>Threats</i></p> <ul style="list-style-type: none"> • The DNP student needs to plan on how to deal with resistance to change among those who prefer tradition

Appendix H

Project Schedule

Activity	NR702								NR705								NR707								NR709					
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 1	Week 2	Week 3	Week 4	Week 5	
Meet with faculty & preceptor	X								X								X								X					X
Prepare project proposal	X	X	X	X	X	X	X	X																						
IRB Approval									X	X	X	X	X	X	X	X	X	X	X											
Project Implementation																X	X	X	X											
Empowerment Program																X	X													
Evaluation and data analysis																		X	X	X	X	X	X	X	X	X	X	X	X	
Final Paper Development																								X	X	X	X	X	X	

Appendix J

Formative Evaluation Tool

Evaluation Scale

1= none

2= little

3= some

4= moderately

5= a lot

Please circle one number according to the above scale for each question.

To what extent do you feel the empowerment program has enhanced your understanding of support offered by this organization?

1 2 3 4 5

To what extent do you feel the empowerment program has increased your knowledge of resources offered by the organization to assist nurses?

1 2 3 4 5

To what extent do you feel the empowerment program has increased your knowledge of opportunities offered by the organization?

1 2 3 4 5

To what extent do you feel the empowerment program has increased your knowledge of information available to nurses by the organization?

1 2 3 4 5

To what extent do you feel the empowerment program has helped you to identify incivility?

1 2 3 4 5

To what extent do you feel the empowerment program has taught you how to manage incivility?

1 2 3 4 5

Appendix K

EXPENSES		REVENUE	
Direct		Billing	
New nurse wages	\$228	Grants	
Supplies-paper and ink	\$20	Institutional budget support	
Services			
Statistician	\$1000	Decreased turnover and orientation of new hires	unknown
Indirect			
Overhead			
Total Expenses	\$1248	Total Revenue	unknown
Net Balance			unknown