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EMPOWERMENT AND ORGANIZATIONAL COMMITMENT IN LONG-TERM CARE FACILITIES

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Abstract

Retaining nurses has become high priority in the healthcare industry. The current supply of nurses is not adequate to meet demand. The aging of the American population and the approach of baby boomers reaching age sixty-five will increase the demand for nurses. Healthcare organizations, especially long-term care facilities, must retain their nurses to maintain an adequate supply of caregivers for their growing number of patients.

Organizational commitment is an important factor in retaining nurses. This study explores the relationship of psychological empowerment of nurse supervisors and their subordinates, direct care workers, with organizational commitment of supervisors. If a significant relationship exists, managers of long-term care facilities have the ability to manipulate and improve the work environment of these supervisors and direct care workers to increase their commitment to their organization.

To assess this relationship, cross-sectional survey responses from 500 supervisors and 5,000 direct care workers in long-term care facilities were used to calculate empowerment scores. Correlation and regression analyses were used to determine the significance of the relationship. This analysis indicates that supervisor organizational commitment is associated with supervisor empowerment. Direct care worker empowerment, however, is not related to supervisors' organizational commitment. While no association with direct care worker empowerment exists, this analysis demonstrates the relationship between supervisor empowerment and their organizational commitment. Managers of long-term care facilities can utilize these findings to understand that psychological empowerment is important in retaining their nurse supervisors at a time when these employees will be in high demand.

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Introduction

Long-term care facilities, such as skilled nursing facilities and home health agencies, care for a large number of elderly individuals in the United States. The current supply of nurses has lead to many vacancies, which hinder facilities from effectively caring for the increased number of elderly Americans entering long-term care (Health Resources and Services Administration [HRSA], 2002). Attracting nurses to the health care industry and retaining these professionals will be essential in caring for the older population. While many theories exist on how to combat the shortage of nurses, one of the suggested key dimensions is focusing on the nursing work environment and its appeal to current and prospective employees.

Nursing shortages have occurred multiple times in the past. The current shortage, however, is unlike previous nursing shortages in that it has lingered for many years (Goodin, 2003). Buerhaus et al. (2006) state that registered nurses perceive that the current shortage directly and negatively affects the nurse/patient care process, including delayed responses to pages, increased complaints about nursing care, decreased available hospital beds, and extended waiting time.

In 2007, an estimated 109,877 nursing positions were vacant in long-term care facilities in the United States, which corresponds to vacancy rates ranging from 4.4% for directors of nursing to 16.3% for staff registered nurses (American Health Care Association [AHCA], 2008). This same study found annual turnover rates ranging from 28.7% for administrative registered nurses to 65.6% for certified nursing assistants (AHCA, 2008). From 2000 to 2020, the HRSA (2002) projects that the supply of nurses will increase 6%, while the demand for nurses will increase 40%. This projection shows

that although a shortage of nurses currently exists, without changes, the shortage will become much worse.

Although nurse surpluses and shortages have occurred throughout history, the current shortage raises additional concern due to the aging population within the United States (Allen, 2008; Buerhaus et al., 2006; Goodin, 2003; HRSA, 2002). As the American population ages, it is likely to require more extensive healthcare support. While the projected growth for the overall populations is 18% from 2000-2020, the projected growth for population 65 years old and older is 54%, an increase of 19 million elderly people during this period (HRSA, 2002). This age group disproportionately uses the healthcare system, by generating costs of about three times as much as those under 65 years old (HRSA, 2002). The fastest growing segment of the population are those 85 years and older (HRSA, 2002). This age group overwhelmingly uses long-term care facilities and home health agencies; therefore, it appears that the demand for nurses will increase substantially as this generation ages (HRSA, 2002).

Some aspects of a nurse's work environment are inherent to the nature of the job responsibility. Management can adjust aspects of the work environment, however, to better suit nurses. These aspects include communication, job stress, promotion, training, teamwork, independence, and innovation (Anderson, Corazzini, & McDaniel, 2004; Brannon, Barry, Kemper, Schreiner, & Vasey, 2007; Castle et al., 2007; Kotzer & Arellana, 2008; Kovner, Brewer, Wu, Cheng, & Suzuki, 2006; McGilton, Hall, Wodchis, & Petroz, 2007; Noelker, Ejaz, Menne, & Bagaka, 2009; Stuenkel, Nguyen, & Cohen, 2007). This study assesses and compares supervisors' and direct care workers' empowerment in the long-term care work environment and observes relationships

between their empowerment and supervisor organizational commitment. Finding direct care worker and supervisor empowerment in relation to organizational commitment will allow managers to use this knowledge to create a more empowering work environment for both direct care workers and supervisor, leading to better and more consistent patient care.

To prepare for the aging population, long-term care facilities must fill vacancies and nurses must be retained. This analysis focuses on both empowerment of both supervisors and direct care workers within long-term care facilities. This is addressed using the following questions: Is supervisor empowerment correlated with direct care worker empowerment? Is supervisor empowerment related to supervisor organizational commitment? Is direct care worker empowerment related to supervisor organizational commitment? Management can use the answers to these questions to further understand the relationship between empowerment and organizational commitment. This knowledge will aid management in understanding how empowerment may motivate supervisors to stay within their long-term care organization. More nurses will better prepare the organization and healthcare industry for the United States' aging population.

Literature Review

Turnover and Working Environment

Since nursing retention issues have plagued the healthcare industry as a whole for an extended time, much research has investigated possible explanations for the turnover. Numerous studies have associated turnover with various aspects of nurses' work environments. Supervisor support is a common theme studied in association with nurses' working environments (Brannon et al., 2007; Kotzer & Arellana, 2008; Kovner et al., 2006; McGilton et al., 2007; Stuenkel et al., 2007). Other variables have been found to be related to nurse retention and turnover. Such topics include communication, job stress, promotion, training, teamwork, independence, and innovation (Anderson, Corazzini, & McDaniel, 2004; Brannon et al., 2007; Castle et al., 2007; Kotzer & Arellana, 2008; Kovner et al., 2006; McGilton et al., 2007; Noelker, Ejaz, Menne, & Bagaka, 2009; Stuenkel et al., 2007).

Studies in this area of research have developed a broad range of hypotheses as to which factors are associated with turnover and organizational commitment for nurses in the healthcare industry. Anderson et al. (2004) found that management's openness of communication and a reward climate were associated with lower turnover. Kotzer & Arellana (2008) compared nurses' actual work environment with their ideal work environment and found areas in which they recognize a need for improvement. These areas include supervisor support, physical comfort, and work pressure (Kotzer & Arellana, 2008). Stuenkel et al. (2007) studied nurses' perceptions of their work environment in relation to their years of work experience. This study found that the

nurses with the least experience and the nurses with the most experience had the highest perception of supervisor support (Stuenkel et al., 2007).

Leader-Member Exchange Theory

One model of supervisor support is the leader-member exchange (LMX) theory. Cogliser, Schriesheim, Scandura, and Gardner (2009) found that high quality dyadic relationships between leaders and followers, known as LMX relationships, are positively related to organizational commitment. This link is important because Wagner (2007) established that organizational commitment is a strong predictor for nursing turnover. Cogliser et al. (2009) compared leader's perspectives of LMX (either high or low) with follower's perspectives of LMX (either high or low) to observe agreement through a leader-follower LMX rating congruence model. High levels of congruence were subsequently found to be associated with high follower organizational commitment (Cogliser et al., 2009).

Laschinger, Finegan, and Wilk (2009) assessed leadership, empowerment, and organizational commitment within nursing units. This study found that LMX quality positively influences staff nurses' organizational commitment at the unit level (Lashinger et al., 2009). Truckenbrodt (2000) analyzed the relationship between supervisors and their subordinates using LMX to evaluate this relationship's impact on organizational commitment and organizational citizenship behaviors. In long-term care, nurses are often in supervisory roles. Accordingly, the quality of their work experience is likely influenced by the quality of the work experience of their subordinates, the direct care staff. Although this model has important contributions in nurse research, it will not be used in this analysis because LMX looks at the dyadic relationship between supervisor

and subordinate while this study focuses on the roles of aggregate direct care worker empowerment and aggregate supervisor empowerment as different factors in predicting organizational commitment of nurses in provider organizations.

Kanter's Empowerment Theory

Another model of support used to study nurse retention is Rosabeth Moss Kanter's empowerment theory. Much research has utilized Kanter's model to observe how nurses' perceived power, opportunities, access to resources, information, and support are related to certain behaviors, such as organizational commitment (Kanter, 1977; Nedd, 2006). Wilson and Laschinger (1994) utilized Kanter's framework and found a strong positive relationship between organization's work environment structures, such as access to power and information, with organizational commitment. Kanter's theory has lead to more research and different models of empowerment in work environments. Although Kanter's theory has been used extensively for empowering nurses in their work environments, this analysis borrows a model from another field to assess empowerment and organizational commitment.

Psychological Empowerment Model

This study uses a psychological empowerment model to evaluate empowerment for nurse supervisors and direct care workers in a long-term care environment. This psychological model has been tested in the workplace to assess its reliability in an employment environment. Spreitzer (1995) found that using four constructs, including meaning, competence, self-determination, and impact, added together were a valid measure of empowerment in the workplace.

Laschinger, Finegan, Shamian, and Wilk (2001) added psychological empowerment to Kanter's structural model of empowerment and found psychological empowerment strongly influenced job strain and work satisfaction. In a longitudinal analysis, Laschinger, Finegan, Shamian, and Wilk (2004), however, found that changes in psychological empowerment did not explain any additional variance than structural empowerment in terms of job satisfaction.

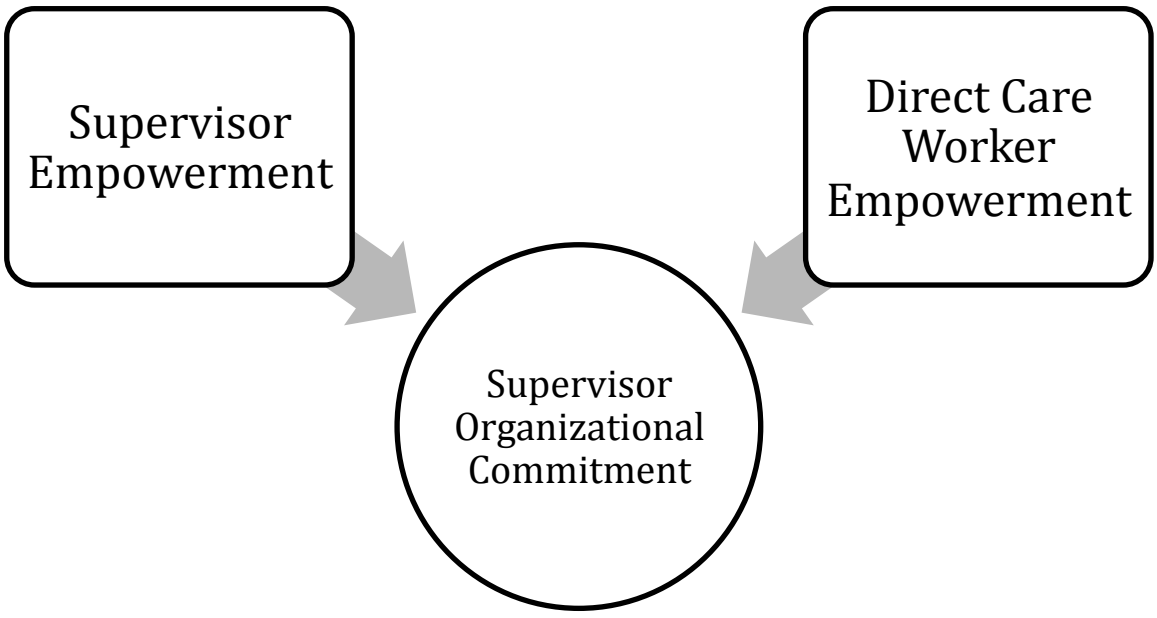
This study intends to take nurse psychological empowerment in the workplace a step further by assessing its relationship with the empowerment of the direct care staff they supervise as well as their own organizational commitment. Empowered direct care workers may allow supervisors to be more committed to the organization. One element of psychological empowerment is self-determination, which assess perception of being able to work independently. Direct care workers who work more independently require less supervision and allow supervisors more freedom to perform their other duties as a supervisor at a long-term care facility.

In addition, as state boards of nursing move toward increased use of nurse delegation to expand the scope of care-giving work that can be done by non-licensed staff, the relationship between the nurse supervisor role and the direct care worker role is rapidly emerging (Reinhard, 2011). These changes are in response to staff shortages and may bring increased opportunities for more empowered direct care staff and professional nurses as well as strengthened organizational commitment.

Framework and Hypothesis

Prior research indicates that empowerment is related to with organizational commitment (Kanter, 1977; Nedd, 2006; Wilson and Laschinger, 1994). Aspects of psychological empowerment include meaning, competence, self-determination, and impact. Previous research has not addressed whether subordinate empowerment also reflects supervisor organizational commitment. To effectively retain supervisors, management at long-term care facilities must understand how empowerment is related to organizational commitment, it is likely that the long-term care work environment can be adjusted to better empower supervisors and direct care workers. Since empowerment is associated with organizational commitment, it is important to observe how these perceptions are distributed among different staffing levels of the long-term care facility.

Figure 1: Framework



To examine the relationship between empowerment and organizational commitment, this study compares the empowerment of direct care workers and supervisors and their relationship with supervisor organizational commitment at the organizational level. Each construct of empowerment is calculated using questions found on both the direct care worker and supervisor surveys (Appendix A). Spreitzer (1995) states that these dimensions can be combined additively to create an overall empowerment construct. These scores were added together to create an empowerment score and are then aggregated by organization. This analysis uses the psychological empowerment model in the long-term care work environment at the organizational level. The hypothesis is as follows:

H1: Direct care worker empowerment and supervisor empowerment are positively correlated.

H2: Both direct care worker empowerment and supervisor empowerment are significantly related to supervisor organizational commitment.

This study evaluates direct-care workers' and their supervisors' survey responses and compares them using a psychological empowerment model that includes assessments of meaningfulness, competence, self-determination, and impact. Perceptions of these empowerment factors are aggregated and scored at the facility level for supervisors and direct care workers. These facility level supervisor and direct care workers empowerment mean scores are then compared to facility level supervisor organizational commitment scores.

For this analysis, cross-sectional data will be used from supervisor and direct care worker surveys. Responses from the supervisor and direct care workers surveys will be

used to evaluate empowerment and organizational commitment. Most survey questions address how rewarding or how problematic supervisors and direct care workers find different aspects of their work. Additional questions ask how strongly respondents agree or disagree with various statements about their work environment including their perceptions of their supervisors. These variables are coded on a Likert scale.

Methods

Data Source

This observational study uses cross-sectional data to analyze long-term care facilities in the Better Jobs, Better Care (BJBC) project. The Robert Wood Johnson Foundation and The Atlantic Philanthropies funded the 5-state demonstration project to implement and assess workforce enhancement strategies.

The population in this study includes direct care workers and their supervisors in long-term care provider organizations. The survey responses used in this analysis were collected from July 2006 through June 2007. Long-term care providers consist of skilled nursing facilities, assisted living facilities, home care agencies, and adult day service providers. All respondents were given a paper and pencil survey containing items on responsibility, job quality, satisfaction, problems, and rewards. Some questions had identical or similar wording in both the supervisor and direct care worker surveys to allow for comparisons. Such questions refer to each respondent's own work environment perceptions and the questions used in the empowerment model. For this analysis, however, organizational commitment of supervisors is examined. These mailed surveys included a cover letter for informed consent, a survey, a $2 cash incentive, and prepaid postage business reply envelope. All identifying information was removed, and data were cleaned before being sent to the BJBC researchers.

BJBC researchers identified supervisors by use of a Supervisor Identification Instrument. Clinical managers answered question about supervisor tasks to classify their staff as supervisors. The supervisor criteria included performing one or more primary responsibilities:

- Ensure that direct care workers are giving proper care to clients/residents
- Initiate disciplinary action
- Document direct care worker performance problems
- Provide feedback to direct care workers on job performance
- Respond directly to job concerns raised by direct care workers

or performing at least two secondary responsibilities:

- Act as a mentor to direct care workers
- Schedule direct care workers
- Recommend training for direct care workers
- Conduct on-the-job training

(Heier, Brannon, & Kemper, 2008).

BJBC was intended to evaluate policies and practice models aimed to improve quality of direct care worker jobs and lower turnover. Surveys were distributed in Iowa, North Carolina, Oregon, Pennsylvania, and Vermont, all of which were chosen to participate with their state-level projects. Participating facilities self-selected by volunteering to partake in BJBC for three years. The first data collection included only North Carolina. The second survey was administered after the workplace interventions were implemented and contained responses from all five states. The second data collection was used in this study for a broader, larger sample size.

Provider Organizations

Supervisors and direct care workers from 107 long-term care organizations (Table 1) are included in the analysis. These organizations are located in Iowa, North Carolina,

Oregon, Pennsylvania, and Vermont. The convenience sample includes 39 skilled nursing facilities, 33 assisted living facilities, 30 home health agencies and 5 adult day centers.

Table 1: Distribution of Facility Type

	Frequency	Percent
Adult Day Center	5	4.7
Assisted Living Facility	33	30.8
Home Health Agency	30	28
Skilled Nursing Facility	39	36.4
Total	107	100

Supervisors

In total, 500 supervisors were included in the final analysis (Table 2). A large majority of supervisors in this sample indicated they were female (95.4%) and have a white ethnicity (73.2%). Other ethnicities represented in this sample include American Indian or Alaska Native (1.6%), Asian (1.8%), and Black or African American (23.0%). About one-third of the supervisors were ages 45-54, while 25.0% were ages 35-44 and 23.2% were ages 55-64. Of the 98.2% of supervisors who earned a high school diploma or GED, nearly 50% have earned a college or graduate degree.

Table 2: Supervisor Sample Description

	Frequency	Percent
Race/Ethnicity		
White	366	73.2
Black or African American	115	23
Asian	9	1.8
American Indian or Alaska Native	8	1.6
Nurse		
LPN	91	18.2
RN	94	18.8
Diploma RN	42	8.4
BSN	38	7.6
MSN	5	1
Advanced Practice	5	1
Not A Nurse	200	40
Education		
Did not graduate high school	9	1.8
High School or GED	70	14
Some College	176	35.2
College or Graduate	221	44.2
Age		
Less than 25 years	10	2
25-34 years	69	13.8
35-44	125	25
45-54	162	32.4
55-64	116	23.2
65 or older	12	2.4
Gender		
Female	477	95.4
Male	21	4.2

More than 60% of supervisors were nurses, including 18.2% Licensed Practical Nurses, 27.0% Registered Nurses and Diploma Registered Nurses, and 9.6% Bachelor, Master, and Advanced Practice Nurses. The supervisors in this sample have worked for their employer for an average of 7.05 years. This sample has supervised direct care workers for an average of 7.42 years.

Direct Care Workers

Overall, data from 5385 direct care workers were included in the analysis (Table 3). Most direct care workers were female (92.4%) and have a white ethnicity (64.1%). Other ethnicities include American Indian or Alaska Native (1.6%), Asian (2.1%), and Black or African American (28.8%). Twenty-six percent of direct care workers are ages 45-54, while twenty-two percent are ages 35-44. Over 90% have earned a high school diploma or GED, including 44% with some college and 9% with a college or graduate degree. The average direct care worker has been employed at their current organization for just over 5 years.

Table 3: Direct Care Worker Sample Description

	Frequency	Percent
Race/Ethnicity		
White	3451	64.1
Black or African American	1550	28.8
Asian	111	2.1
American Indian or Alaska Native	87	1.6
Pacific Islander	19	0.4
Education		
Did not graduate high school	475	8.8
High School or GED	1825	33.9
Some College	2158	40.1
College or Graduate	448	8.3
Age		
Less than 25 years	602	11.2
25-34 years	941	17.5
35-44	1197	22.2
45-54	1394	25.9
55-64	941	17.5
65 or older	269	5
Gender		
Female	4977	92.4
Male	273	5.1

Measures

Empowerment scores for supervisors and direct care workers were calculated by adding the four components of the psychological empowerment model, including meaningfulness, competence, self-determination, and impact. These components are comprised of 3-5 survey questions (Appendix A). Each component was calculated by taking the average of each employee's responses for each survey question. Empowerment scores were calculated by adding together each component for each employee. To calculate the organization level empowerment score for supervisors and direct care workers, each employee's score was aggregated by averaging the individual scores.

Organizational commitment scores were calculated similarly. This construct was calculated using 3 survey questions (Appendix A). The responses to these questions were averaged for each supervisor. These responses were aggregated and averaged by organization to determine each facility's supervisor organizational commitment score.

A linear regression model was used to assess empowerment at different levels of the organization and its impact on supervisor organizational commitment. Direct care worker empowerment and supervisor empowerment were the independent variables. Control variables include education, ethnicity, age, provider type, and years at current employer. Supervisor organizational commitment was the dependent variable.

Results

Reliability

Each component of empowerment and organizational commitment was tested for reliability using Cronbach's alpha. As shown in Table 4, the reliability for each direct care worker empowerment component ranged from .487 to .782. The Cronbach's alpha for the total direct care worker empowerment is .872. For each supervisor empowerment component, the reliability ranged from .624 to .815. The total supervisor empowerment score has a Cronbach's alpha of .888. Finally, the reliability for the supervisor organizational commitment was .736.

Table 4: Cronbach's Alpha for Empowerment and Organizational Commitment

	DCW	Supervisor
Meaningfulness	.782	.815
Competence	.487	.624
Self-Determination	.728	.769
Impact	.624	.685
Empowerment Total	.872	.888
Organizational Commitment		.736

Empowerment and Organizational Commitment Scores

Each direct care worker's empowerment score and each supervisor's empowerment score and organizational commitment score were aggregated and averaged by provider organization, giving each long-term care organization a direct care worker empowerment score, a supervisor empowerment score, and a supervisor organizational commitment score. Control variables were also aggregated by provider organization. The number of years at the current employer and level of education were averaged when

aggregated by provider organization. Ethnicity was assigned a percentage of white respondents, and age was assigned a percentage of respondents over age 45 as they were aggregated by provider organization.

Table 5: Supervisor and Direct Care Worker Organizational Means

	Minimum	Maximum	Mean	Std. Deviation
Supervisor Scores				
Meaningfulness	1.2	3	2.3931	0.33734
Competence	1.33	3	2.6138	0.30303
Self-Determination	1.17	3	2.2858	0.40333
Impact	1.5	3	2.2373	0.31861
Empowerment	6.1	11.8	9.53	1.13071
Organizational Commitment	0.83	2.67	1.3986	0.2935
DCW Scores				
Meaningfulness	0.77	1.8	1.3989	0.15834
Competence	1.93	2.67	2.3372	0.10424
Self-Determination	0.58	1.76	1.2069	0.19234
Impact	1	1.89	1.4187	0.15969
Empowerment	4.68	7.94	6.3618	0.52557

Supervisor empowerment scores ranged from 6.1 to 11.8 with an average of 9.53, while direct care worker empowerment scored ranged from 4.68 to 7.94 with an average of 6.36 (Table 5). The highest mean component of empowerment for both supervisors and direct care workers was competence with an average of 2.16 and 2.34 respectively. The potential range of scores for each empowerment component ranged from 0 to 3, giving a maximum empowerment score of 12. Supervisor organizational commitment had a potential range of 0 to 3. Actual supervisor organizational commitment score ranged from .83 to 2.67 with an average of 1.39.

Hypothesis 1

H1 states that direct care worker empowerment and supervisor empowerment are positively correlated. Both supervisor and direct care worker empowerment scores were analyzed by assessing their correlation with one another. As shown in Table 6, supervisor and direct care worker empowerment scores were not significantly correlated with one another (r = .206, p-value = .277), indicating that no relationship exists between empowerment of direct care workers and the empowerment of their supervisors at the organizational level.

Table 6: Supervisor Empowerment Score Correlation with DCW Empowerment Score

	DCW Empowerment Mean
Supervisor Empowerment Mean	
Pearson Correlation	0.106
Significance	0.277
n	107

Each empowerment score and organizational commitment score was correlated with the control variables. As shown in Table 7, direct care worker empowerment was negatively correlated with the number of years the employee has worked at their organization (r = -.197) and the type of organization being a skilled nursing facility (r = -.284). These variables are associated with a lower direct care worker empowerment score. Direct care worker empowerment was positively correlated with the type of organization being a home health agency (r = .391) indicating that working for this type of organization is associated with higher direct care worker empowerment. All other control variable showed no significant correlation with direct care worker empowerment.

Table 7: Control Variable Correlation with Dependent and Independent Variables

	DCW Empowerment		**Supervisor Empowerment**		**Supervisor Organizational Commitment**	
	Pearson Correlation	Significance	Pearson Correlation	Significance	Pearson Correlation	Significance
Supervisor						
Percentage White	-0.155	0.11	-0.093	0.343	0.111	0.254
Average Education	-0.074	0.453	-0.226*	0.02	0.204*	0.036
Age 45 and above	-0.129	0.187	-0.108	0.27	0.054	0.582
Tenure	-0.041	0.674	0.084	0.389	0.069	0.481
DCW						
Percentage White	-0.031	0.749	-0.095	0.33	0.121	0.215
Average Education	0.054	0.581	-0.074	0.449	0.086	0.379
Age 45 and above	0.075	0.444	0.032	0.747	-0.062	0.528
Tenure	-0.197*	0.042	-0.177	0.068	0.012	0.899
Facility						
Adult Day Centers	-0.172	0.077	-0.165	0.09	-0.1	0.306
Home Health Agencies	0.391*	0	0.127	0.194	0.063	0.52
Skilled Nursing Facilities	-0.284*	0.003	-0.145	0.135	0.029	0.764
Assisted Living Facilities	-0.006	0.947	0.104	0.288	-0.046	0.637

* Indicates significance based on $p > .05$

Supervisor empowerment scores were negatively correlated with the average supervisor education (r = -.226), which demonstrates that supervisors with more education are more likely to have a lower psychological empowerment score. Supervisor organizational commitment was positively associated with average supervisor education (r = .204). The direction of this correlation indicates that more supervisor education is also related to lower organizational commitment.

Hypothesis 2

H2 states both direct care worker empowerment and supervisor empowerment are significantly related to supervisor organizational commitment. The independent variables within the regression model include supervisor empowerment and direct care worker empowerment. The outcome variable of interest is supervisor organizational commitment. Variables used as controls for this regression model include supervisors' average years at employer, direct care workers' average years at employer, supervisors' average level of education, direct care workers' average level of education, percentage of white supervisors, percentage of white direct care workers, percentage of supervisors over 45 years old, and percentage of direct care workers over 45 years old.

Supervisor empowerment was significant in this model with a coefficient of -2.997 with a p-value = 0.004 (Table 8). The direction of the independent variables indicate that the higher the empowerment score, the stronger the supervisor organizational commitment. Direct care worker empowerment coefficient was insignificant in this model (r = -1.703, p-value = 0.092), but the direction of the correlation was the same as supervisor empowerment. Supervisor education was a significant control variable (r = 2.351, p-value = 0.021). This direction indicates that the

more education a supervisor has attained, the lower the supervisor organizational commitment, which is consistent with its direct correlation with supervisor empowerment and supervisor organizational commitment. Adult day center as the work setting was also significant control variable in this model (-2.138, p-value = 0.035), indicating that in comparison to nurses in other facilities, supervisors in adult day centers are more likely to have a stronger organizational commitment. All other control variables had no effect.

Table 8: Regression Model, Outcome Variable: Supervisor Organizational Commitment

Model		Standardized Beta Coefficients	t	Sig.
	(Constant)		4.836*	0
	Supervisor Empowerment	-0.304	-2.997*	0.004
	DCW Empowerment	-0.185	-1.703	0.092
	Supervisor Percentage White	-0.081	-0.6	0.55
	Supervisor Education Mean	0.271	2.351*	0.021
	Supervisor Age 45 and Above	0.029	0.279	0.781
	Supervisor Tenure	0.134	1.091	0.278
	DCW Age 45 and Above	-0.164	-1.443	0.152
	DCW Percentage White	0.138	1.021	0.31
	DCW Tenure	-0.137	-1.122	0.265
	DCW Education Mean	0.082	0.806	0.422
	Adult Day Centers	-0.226	-2.138*	0.035
	Home Health Agencies	0.263	1.925	0.057
	Assisted Living Facilities	0.209	1.641	0.104
	Skilled Nursing Facilities	(Excluded)		

* Indicates significance based on p > .05

Discussion

Summary

Hypothesis 1 examined the relationship between direct care worker empowerment and supervisor empowerment. This hypothesis was not supported by the data in this study, indicating that organizations that have psychologically empowered supervisors do not have similarly empowered direct care workers. Hypothesis 2 proposed that both direct care worker empowerment and supervisor empowerment were associated with organizational commitment. This hypothesis was partially supported. A higher supervisor empowerment score was associated with a higher supervisor organizational commitment score. Direct care worker empowerment, however, was not significantly correlated with supervisor organizational empowerment. These results indicate that supervisor empowerment, but not direct care worker empowerment, is significantly related to supervisors' commitment to the organization.

These findings may indicate that empowerment of direct care workers and supervisors are not consistent throughout the organization. Since the data was aggregated by organization, some variation between units may have been lost. Another possibility is that direct care worker empowerment is not linked with supervisor empowerment. Since they are different levels in the organizational structure, sense of psychological empowerment may be stratified by these levels, and therefore completely unrelated. The differences in empowerment scores between direct care workers and supervisors within the same organization indicate these possible strata.

Impacts

With the supply of nurses becoming further from meeting demand, health care facility leadership can focus on recruiting and retaining nurses to prepare their organization for the growing demand of their services. Long-term care facilities will have an especially high demand for nurses as the American population ages. From this study, leaders of long-term care facilities learn that empowered supervisors tend to have greater organizational commitment. Work environments that promote meaningfulness, competence, self-determination, and impact, will have supervisors with greater organizational commitment. Incorporating these aspects into the long-term care working environment may indicate an organization's ability to retain nurses committed to their organization. In a time of high nurse demand and turnover, these aspects of the environment are important to develop and maintain a committed workforce.

Limitations

Because the data was analyzed differently than its developed purpose, the original study design was such that supervisors could not be matched with their direct care workers. Supervisors and direct care workers could only be matched at the organization level. While this analysis speaks to the overall facility environment, an analysis assessing the supervisor's relationship with direct care workers at the individual level would provide more insight into the supervisor and direct care worker dynamic.

The data used in this study was secondary. The survey was not originally designed to assess psychological empowerment. Although reliability analyses indicate a fairly reliable construct, the survey was developed and administered to assess work

environments. Due to the cross-sectional nature of this data, assumptions of causation cannot be interpreted.

The questions used to determine meaningfulness, competence, self-determination, and impact constructs do not identically align with those used by Spreitzer (1995) as shown in Appendix B. The survey questions used by Spreitzer (1995) had purely yes or no responses, while the BJBC questions had responses on Likert scales. Although similar questions were utilized, it is not the exact psychological model used by Spreitzer. A suggestion for future research is to match survey questions and responses with those of Spreitzer to replicate her model.

Appendix A: Survey Questions

Meaningfulness

- Helping others is…
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- Finding your work interesting is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- Making a difference in other peoples live is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- Being needed by others is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- Having your job fit your interests is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

Competence

- Having your job fit your skills is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- I have learned the skills necessary to do my job well
  - Strongly Disagree
  - Somewhat Disagree

- Somewhat Agree
- Strongly Agree

- I am confident in my ability to do my job
  - Strongly Disagree
  - Somewhat Disagree
  - Somewhat Agree
  - Strongly Agree

Self-Determination

- Being able to work on your own is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- Having the power you need to get your job done without getting permission from someone else is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- Having the freedom to decide how to do your work is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

Impact

- Feeling a sense of accomplishment and competence from doing your job is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- Being valued by supervisors and management is
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

- Being valued by residents or client and their families is
  - Not at all rewarding

- Somewhat rewarding
- Very rewarding
- Extremely rewarding

- My supervisor respects me as a part of the health care team
  - Not at all rewarding
  - Somewhat rewarding
  - Very rewarding
  - Extremely rewarding

Organizational Commitment

- If you were asked for your advice about taking a job as a direct care worker at the place you work, would you
  - Definitely recommend it
  - Probably recommend it
  - Probably not recommend it
  - Definitely not recommend it

- How likely is it that you will leave this job in the next year?
  - Very likely
  - Somewhat likely
  - Not at all likely

- How often do you think about quitting
  - All of the time
  - Some of the time
  - Rarely
  - Never

Appendix B: Spreitzer (1995) and BJBC Empowerment Questions

	Sprietzer (1995) Questions	BJBC Questions
Meaningfulness	The work I do is very important to me.	Helping others is
	My job activities are personally meaningful to me.	Finding your work interesting is
	The work I do is meaningful to me.	Making a difference in other peoples' lives is
		Being needed by others is
		Having your job fit your interests is
Competence	I am confident about my ability to do my job.	Having your job fit your skills is
	I am self-assured about my capabilities to perform my work activities.	I have learned the skills necessary to do my job well.
	I have mastered the skills necessary for my job.	I am confident in my ability to do my job.
Self-Determination	I have significant autonomy in determining how I do my job.	Being able to work on your own is
	I can decide on my own how to go about doing my work.	Having the power you need to get your job done without getting permission from someone else is
	I have considerable opportunity for independence and freedom in how I do my job.	Having the freedom to decide how to do your work is
Impact	My impact on what happens in my department is large.	Feeling a sense of accomplishment and competence from doing your job is
	I have a great deal of control over what happens in my department.	Being valued by supervisors and management is
	I have significant influence over what happens in my department.	Being valued by residents or client and their families is
		My supervisor respects me as a part of the health care team

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