Perceptions of Effective Forms of Structural Empowerment Models by Nursing Faculty

Members and Administrators

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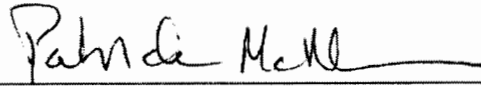
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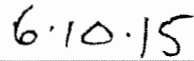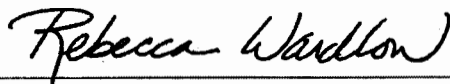
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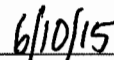
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Abstract

The future of nursing education and the education of the next generation of professional nurses must be empowered through the expertise of qualified nurse educators and administrators in nursing programs across the country. Organizational leaders in higher education organizations must incorporate structural empowerment strategies to address the future nurse leaders in the midst of an extreme deficiency of qualified nurse faculty members to lead nursing education and the lack of effective structural empowerment models required within the context of nursing education programs. Changes in nursing education and the academic environment have the impending challenge of safeguarding and developing future nurse leaders for the upcoming nursing profession. The problem addressed in this study was the perspective of nursing educators concerning structural empowerment programs to enhance leadership skills was unknown. The purpose of this qualitative multiple case study was to address the lack of structural empowerment strategies in many nursing programs from the perspective of nursing faculty and administrators regarding what constitutes full structural empowerment. The unit of analysis was nursing programs in state funded academic organizations of higher education. The participants of the study included full-time nursing faculty members and nurse administrators in two nursing programs located in the Mountain West region of the United States. Semi-structured interviews of nurse faculty and nurse administrators were conducted to gather data about their perceptions of structural empowerment strategies that exist in these academic organizations and how these strategies constrain or enhance their leadership practices. The data collected were analyzed into themes and patterns. The findings revealed 12 themes pertaining to the achievement of structural

empowerment. Nursing faculty members and administrators have access to empowerment through different processes and structures within the organization. Nurse faculty perceived a desire for greater autonomy with accountability in the classroom and more inclusion in decision making. Nurse administrators suggested constant review of policies and that the organizational structure was a powerful tool in influencing leadership potential. Further research is needed to expand the sample population, provide quantitative evidence on the impact of structural empowerment strategies on faculty motivation, and obtain the views of students on how these strategies impact learning.

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**Chapter 1: Introduction**

An extreme deficiency of qualified academic nurse faculty members exists in nursing programs across the United States (Colorado Center for Nursing Excellence [CCNE], 2012; McDermid, Peters, Jackson, & Daly, 2012; Roughton, 2013). This shortage is steadily increasing as aging leaders retire and as replacing them becomes more difficult. In addition, difficult working conditions in nursing workplaces have decreased job satisfaction and increased nurse burnout, with many nurses leaving the profession (McDermid et al., 2012; Roughton, 2013). Nineteen percent of faculty members stated that they intended to leave within 1 year, and 52% within 5 years (Bittner & O'Conner, 2012). Although the majority of these departures will be due to the retirement of faculty members, low salaries and heavy workload demands cause job dissatisfaction and leads to burnout. Additional barriers to job satisfaction have been identified in the areas of sense of accomplishment, role autonomy, provision for professional progression, connection with colleagues, and atmosphere of academic freedom (Bittner & O'Connor, 2012).

Nurse faculty members serve in a leadership role and have the responsibility for the development and the education of the next generation of professional nurses (Benner, Sutphen, Leonard, & Day, 2010). Like clinical leadership (Doody & Doody, 2012; Patrick, Laschinger, Wong, & Finegan, 2011) and transformational leadership (Doody & Doody, 2012), leadership in nursing education underpins high-quality education and practice (Benner et al., 2010). Positive leadership practices among nursing faculty members promote the development of leadership competencies for future nurses (Huston, 2008). However, nurses receive limited formal leadership education, and nursing

curricula have not been developed to mentor future nurse leaders (Crosby & Shields, 2010; Huston, 2008).

Structural empowerment refers to organizational structures that afford access to power, resources, information, opportunity, and support in the employment site (Kanter, 1977, 1993; Laschinger, Wilk, Cho, & Greco, 2009; Patrick et al., 2011). A structurally empowered work setting has been interconnected to employee empowerment and engagement, resulting in improved performance and organizational outcomes (Kanter, 1977, 1993; Laschinger et al., 2009; Patrick et al., 2011). A structural empowerment model in nursing education may be essential for supporting the leadership competencies of nursing faculty. To create structural empowerment in the educational environment, college administrators need to understand the conditions related to structural empowerment that facilitate or constrain leadership practices in nursing education. This understanding will make it possible to prepare future nurse leaders and to retain and recruit qualified nurse faculty members (Benner et al., 2010; Patrick et al., 2011).

Nurse administrators are accountable for the creation of an organizational climate of structural empowerment within a nursing education program to support the leadership practices of faculty members (Baker, Fitzpatrick, & Griffin, 2011; Laschinger et al., 2009). Creating a structurally empowered workplace that is supportive and effective for nursing faculty members may assist with recruitment, retention, and succession planning of nurse leaders. An in-depth inquiry was necessary to contribute to the expansion of effective organizational models to support faculty leadership practices and structural empowerment in nursing education programs (Laschinger et al., 2011).

**Background**

Historically, nurses have been highly managed in their own professional ranks since the inception of the profession (Sørensen, Delmar, & Pedersen, 2011). Nursing has been directed by a combination of trained professional, spiritual, autocratic, and military principles, with minimal formal leadership training or understanding within the profession. Current leaders in nursing have not been given background or historical references to guide them to successful leadership or management. Despite this shortcoming, however, this topic has received little research attention (Sørensen et al., 2011).

The nursing profession remains predominately female, which is influenced by culture and social factors within society (Sørensen et al., 2011). Historically, nursing was a domestic role of women and carried out in private settings such as patient rooms and homes, limiting the visibility and the perceived value of nurse's work (Manojlovich, 2007). Nurses do not hold equal footing and have lower social status in contrast to physicians as health care providers, thus endorsing support for structural empowerment practices in health care organizations (Manojlovich, 2007; Sørensen et al., 2011).

Nurses are expected to provide evidence-based care, or care based on the use of research findings to guide and direct patient care (Davies, Wong, & Laschinger, 2011; Johansson, Fogelberg-Dahm, & Wadensten, 2010). However, nurses have found that barriers within structural settings in healthcare did not allow them to make the changes needed to move toward evidence-based practice. Additionally, nurses have found that the most common barriers to leading by implementing evidence-based practice were the culture and characteristics of the organization (Davies et al., 2011). To lead in their

professional roles, nurses must have the essential leadership education as well as organizational efforts (Davies et al., 2011; Middleton, 2013). Nurses are expected to work as leaders at the patient bedside, but a lack of structural empowerment leaves them without effective leadership skills (Johansson et al., 2010; Middleton, 2013).

  **Expanding role of nursing leadership.** Nursing professionals are gaining strength and importance by nurse members' focusing on creating nursing leaders for future generations within the profession (Aduddell & Dorman, 2010). Healthcare and nursing are complex, fluid systems requiring leaders to be open to change and easily adaptive to their individual environment and the needs of their followers. Researchers (Aduddell & Dorman, 2010) reported positive attitudes among nurses toward evidence-based practice, but the application of nursing research to nursing practice lags behind due to time constraints and organizational barriers (Davies et al., 2011). Education level, leader's support, and organizational structures are barriers to enhanced patient care, which advocates the creation of the role of an advanced practice nurse with a focus on leadership and management to improve the use of research findings to guide nursing practice (Johansson et al., 2010). As nursing education moves forward and future nurses are educated as leaders, the profession of nursing education also needs to determine the best way to develop and implement leadership practices (Aduddell & Dorman, 2010).

  Nursing leadership has long been regarded as unsuccessful and problematic for the nursing science and profession (Cleary, Horsfall, Deacon, & Jackson, 2011; Davies et al., 2011). Healthcare professionals work in diverse and unique settings and require strong leadership for successful patient care. The issue of power in nursing, which is delicate and is difficult to conceptualize and implement, is related to the lack of

leadership knowledge and guidance.  Leadership and power have a direct relationship to each other.  Successful leadership is essential for nursing participation and acceptable workplace empowerment that can lead to improved patient care and patient outcomes (Cleary et al., 2011; Davies et al., 2011).

Members of the nursing profession would benefit from understanding leadership practices and needed leadership changes (Johansson et al., 2010; Davies et al., 2011).  Nurses are increasingly being called to develop and implement leadership skills in their professional practice using research to guide nursing practice and improve patient outcomes (Davies et al., 2011; Middleton, 2012).  Leadership skills and attributes can be taught, but within nursing undergraduate education programs these skills have not been applied consistently (Davies et al., 2011; Middleton, 2012).

Nurse faculty are increasingly asked to develop leadership skills and create nursing student learning environments that prepare future nurses who demonstrate the required knowledge, attitudes, and skills indispensable for transition in the workplace (Middleton, 2012), where these leadership practices are required and applied (Davies et al., 2011).  The values of leadership practices for professional nurses are taught in nursing education programs.  Active learning and role models enable nursing students to develop leadership traits and skills (Benner et al., 2010).  In the nursing field, leadership practice is focused on changing the culture of patient outcomes to ensure achievement of evidence-based best practices.  Nursing educators must demonstrate strong leadership practices to transform the required knowledge of leadership practices and skills to the future nurse for the transition into nursing workplaces to achieve positive patient outcomes (Davies et al., 2011; Middleton, 2012).

Professional nurses often work in the role of staff nurse under a direct nursing manager or supervisor (de Moura, Inchauspe, Dall'Agnol, de Magalhães, & Hoffmeister, 2013; Eneh, Vehviläinen-Julkenen, & Kvist, 2012). Staff nurses typically prefer nursing leaders who are able to attend to the requests of the staff and who have professional experiences and capabilities similar to that of the staff nurses. Nurse managers and leaders are expected to mediate issues, share knowledge, expand clinical expertise with individual nurses, and demonstrate flexibility in the environment. The nurse manager is expected to center his or her focus on the structure or environment of the hospital or clinic. These expectations can be met when the nurse has strong leadership skills and a theoretical framework that provide structures for an empowering workplace to guide nursing practice (de Moura et al., 2013; Eneh et al., 2011).

When considering nursing leadership it is important to consider the perception nurses have of their nurse leaders (de Moura et al., 2013; Eneh et al., 2012). Nursing leadership behaviors and practices have a direct influence on the work performance of nursing staff members. The immediate nurse manager or boss often delineates and impacts the nurse's work environment. Nurses expect the nursing leader to set clear expectations, trust staff members, work to understand staff members, and invest in the staff success. Nursing leaders must practice the importance of self-evaluation and reflection to grow and improve in leadership practices and meet the expectation of nursing staff, lead teams, and provide a satisfactory work environment (de Moura et al., 2013; Eneh et al., 2012).

A structural empowerment model in nursing education may be a key to addressing the extreme deficiency of qualified nursing faculty leaders. Structural empowerment

refers to organizational structures that afford access to power, information, opportunity, resources, and support in the work environment (Kanter, 1993; Laschinger et al., 2009; Patrick et al., 2011). Structural empowerment has been interconnected to employee empowerment and engagement resulting in more effective performance and organizational outcomes (Kanter, 1993; Laschinger et al., 2009; Patrick et al., 2011). To create structural empowerment in the educational environment, college administrators need to understand the forms related to structural empowerment that facilitate or constrain leadership practices in nursing education to prepare future nurse leaders and retain and recruit qualified nurse faculty. Perceived access to power, information, opportunity, resources, and support may help faculty members demonstrate effective leadership to prepare future nurse leaders (Benner et al., 2010). Creating a structurally empowered workplace that is supportive and effective for nurse faculty may assist with recruitment, retention, and succession planning of nurse leaders. An in-depth inquiry is needed to contribute to the development of effective models of structural empowerment in nursing education.

**Statement of the Problem**

The problem addressed in this study was the perspective of nursing educators concerning structural empowerment programs to enhance leadership skills was unknown. In many nursing education programs, the quality of education is being undermined by a lack of effective structural empowerment strategies in place for educators (McNamara, 2009; Roughton, 2013). This lack of effective structural empowerment strategies threatens educator leadership practices and compromises the knowledge and skills that nursing students need to provide safe and effective healthcare for patients (Benner et al.,

2010; Patrick et al, 2011).

Nursing educators inspire prospective educators and nursing graduates with essential leadership competencies required to practice in complex organizational systems (Johnson, 2009; McNamara, 2009; Patrick et al., 2011). There is a deficiency of nurse faculty leaders qualified to prepare professional nurses to become leaders themselves to continue to improve nursing education and practice (American Association of Colleges of Nursing [AACN], 2012). The sources of this deficiency include financial constraints, changing academic work environments, and lack of in place structural empowerment strategies in many nursing programs (Rao, 2012).

Structural empowerment can enhance a sense of achievement, role autonomy, professional advancement, connection with associates, and a climate of academic freedom (Bittner & O'Connor, 2012). All of these qualities can support faculty retention and satisfaction (Bittner & O'Connor, 2012; Laschinger et al., 2011). Nurse administrators play a crucial role in creating structures that influence the empowerment of nurse educators (Laschinger et al., 2011). Effective structural empowerment in the academic environment may help to reduce this deficiency of nursing leadership (Laschinger et al., 2011; Patrick et al., 2011).

The individuals who can best define the shape of structural empowerment needed in a nursing education environment are the faculty members and administrators themselves. Without this clarification, nurse administrators may continue to fail to offer these models; impeding the retention and succession planning of nurse leaders (McDermid et al., 2012; Roughton, 2013).

**Purpose of the Study**

The purpose of this qualitative multiple-case study was to explore the perceptions of nursing faculty members and administrators regarding what constitute full structural empowerment for nursing faculty members. Purposive sampling was most appropriate for the purpose of this case study. The selection for purposive sampling requires deliberate selection of participants that are most relevant for the topic of study and will harvest the maximum amount of data collected (Yin, 2014). The exact number was determined by the point of data saturation.

Participants did include a purposeful sample of full-time nursing faculty members and administrators in two accredited pre-licensure nursing programs located in the Mountain West area of the United States. Each program was state funded. From each program, seven community college faculty members, eight university faculty members, and one nurse administrator were selected to participate in semi-structured, open-ended, in-depth, individual, face-to-face interviews. An interview guide was created to guide interview questions. Participants were asked to describe the structural empowerment forms believed to exist in the current academic nursing environment and what additional forms of structural empowerment could enhance leadership practices in this environment. Public documents were reviewed, including job descriptions, promotion and tenure procedures, nursing program outcomes, leadership course syllabi, and documents related to the governance structure of the nursing program. The use of multiple sources of evidence assisted in data triangulation. The data were coded and analyzed to determine themes and patterns.

**Research Questions**

**Q1.** According to the perceptions of full-time nursing faculty members, what forms of structural empowerment (information, resources, opportunity, support, informal power, and formal power) currently exist in the academic nursing environment?

**Q2.** According to the perceptions of nurse administrators, what forms of structural empowerment (information, resources, opportunity, support, informal power, and formal power) currently exist in the academic nursing environment?

**Q3.** According to the perceptions of full-time nursing faculty members, what current and additional forms of structural empowerment could enhance leadership practices in the academic nursing environment?

**Q4.** According to the perceptions of nurse administrators, what current and additional forms of structural empowerment could enhance leadership practices in the academic nursing environment?

**Q5.** What forms of structural empowerment are present in the academic nursing environment that might enhance or constrain leadership practices, as indicated in organizational public documents?

**Nature of the Study**

The purpose of this qualitative multiple-case study was to address the lack of structural empowerment strategies by exploring the perceptions of nursing faculty members and administrators regarding what constitute full structural empowerment for nursing faculty members. A qualitative research method was used to provide a deep understanding of the complex phenomenon of structural empowerment from the perspective of the participants. Several quantitative research methods have been

conducted on structural empowerment, leadership, and workplace effectiveness (Cummings et al., 2010, Laschinger et al., 2011).

A multiple-case design was used for this study which, according to Yin (2014) and Cozby and Bates (2012), is suitable for identifying themes and patterns in participant perceptions of structural empowerment and exploring how these participants conceptualize the linkage of structural empowerment and leadership practices. Moreover, a case study is best suited for exploring contemporary problems when the researcher is unable to control the participants with respect to complex study environments (Yin, 2014).

By utilizing a purposeful sampling approach, participants in this study, who were only a small group sampled from two accredited, state funded, pre-licensure nursing programs in the Mountain West part of the United States, were chosen. This decision to select the participants that were involved in the study was supported by Patton (2002) and Yin (2014) since these authors indicated that for an in-depth analytic approach to be taken researchers should utilize purposeful sampling with smaller groups of participants when applied to a qualitative study design.

The unit of analysis was a nursing program study site. Participants in this study were full-time nurse faculty members and nurse administrators employed in a nursing program accredited by the ACEN or the CCNE. To meet accreditation standards, a nurse faculty member can be employed in a nursing program in a public or private university, community college, or for-profit educational organization. ACEN (2013) and CCNE (2013) accreditation standards were chosen for this study because the accreditation standards require faculty participation in the governance of the nursing programs.

Additionally, the ACEN and the CCNE have set standards for faculty qualifications and academic practice, as well as for the organizational structural process and practices within nursing education programs.

Data were collected for this study through open-ended, semi-structured interviews and a document review. Because structural empowerment infrastructure and resources likely varies as a function of academic environment (Wallace, Johnson, Mathe, & Paul, 2011) one study site was a community college and one study site was a university. One nursing administrator and seven full-time nurse faculty members were selected from each program. For these types of data gathering, Yin (2011) emphasized the major role of the researcher as the primary instrument for collecting data during the interview process where potential biases are potentially introduced.

The use of multiple data sources is strongly recommended for case studies (Yin, 2014). The use of triangulation with multiple sources increases the reliability of the data collection and pattern matching. Credibility was addressed using multiple sources of evidence, including nurse faculty members, nurse administrators, and program documents. Member checking, in which participants reviewed the interview transcripts, was conducted to ensure dependability. The theoretical concept of structural empowerment and leadership was the framework for transferable findings that served as analytical generalization. The use of Kanter's theory (Kanter, 1993; Laschinger et al., 2011) of structural empowerment in this multiple-case study supported the transferability of the research design (Yin, 2014).

**Significance of the Study**

The philosophy of a pragmatic approach promotes the concept of effective

application of practice strategies through inquiry and insights to solve complex problems (Patton, 2002; Yin, 2011).  For this case study, an in-depth exploration of forms of structural empowerment were studied and how these forms might enhance or hinder nurse faculty leadership practices associated with program outcomes.  A deeper understanding may enlighten how a model of structural empowerment may be utilized to develop organizational strategies to enhance leadership practice in academic organizations and more specifically in nursing education programs.

The concern of this study dealt specifically with the forms of structural empowerment during this extreme deficit of nurse faculty with emerging new demands for nurse faculty leaders in nursing education programs (Rio, 2012; Roughton, 2013). The need to maintain quality nursing standards, faculty retention, and promote nurse faculty leadership practices (ACEN, 2013) can be a concern for nurse faculty leaders, nursing program administrators, college administrators, and healthcare practitioners that require nurse leadership practices to prepare nursing graduates to provide quality and safety in the changing health care delivery environments (Colley, 2012).

A program outcome of nursing education is the development of leadership competencies for the next generation of nursing faculty members and graduates (Patrick et al., 2011).  Nursing faculty members are responsible for teaching leadership practices to be modeled in both clinical and academic environments (Benner et al., 2010).  If nursing education administrators hear the voices of nursing faculty members regarding the role that structurally empowered organizational environments may play in supporting leadership practices, leadership practices among faculty members may be strengthened.

Nurse administrators help to design the forms of empowerment structure models

within nursing programs. Congruencies between the perspectives of administrators and faculty members may improve the design of effective structural empowerment models to support leadership practice in nursing education. The purpose of this qualitative multiple-case study was to address the lack of structural empowerment strategies by exploring the perceptions of nursing faculty members and administrators regarding what constitute full structural empowerment for nursing faculty members.

The negative consequence if this study was not conducted may result in nurse administrators use of ineffective strategies of structural empowerment that yield little benefit and the wasting of valuable limited resources available in nursing academic organizations. Nurse administrators and nurse educators will be exposed to an increased risk of moral distress due to the inability to choose the right strategies due to external constraints of ineffective structural empowerment (Ganz et al., 2012). Moral distress, job satisfaction, retention, and burnout have been associated with the lack of structural empowerment and work characteristics (Ganz et al., 2012). Nurse administrators and nurse faculty leaders will be less able to apply empowering strategies effectively to nursing education settings to shape the future of nursing education and address the deficiency of qualified nurse educators and leaders.

**Definition of Key Terms**

**Accreditation.** Accreditation is a voluntary, nongovernmental process in which peer review is used to conclude whether academic programs meet public assurance. Institutional accreditation is based on an evaluation of the entire institution as a whole (Accreditation Commission for Education in Nursing ([ACEN], 2013). Specialized accreditation is based on an evaluation of a particular unit or school within the institution

(ACEN, 2013). The ACEN and the CCNE are specialized accreditation agencies for nursing programs.

**Formal power.** Formal power is a set of job characteristics associated with the ability for discretionary decisions, prominence, and importance to the organization's mission and goals (Kanter, 1997, 1993; Laschinger, Finegan, Shamian, & Wilk, 2001). Formal power is related to flexibility, adaptability, and creativity (Kanter, 1977, 1993; Laschinger et al., 2001).

**Informal power.** Informal power is power related to shared networks and the expansion of communication and informational networks with mentors, peers, individuals, and interdisciplinary teams (Kanter, 1977, 1993; Laschinger et al., 2001).

**Information.** Information is having the recognized and familiar knowledge essential to be operative in the work setting, including technical information and expert data vital to succeed the work setting and an appreciative understanding of administrative choices (Kanter, 1993; Laschinger et al., 2001). Access to information is a condition of structural empowerment (Kanter, 1993; Laschinger et al., 2001).

**Leadership**. Leadership is a relational-based interaction engaging an individual who chooses to lead those who desire to follow for the purpose of accomplishing extraordinary things (Kouzes & Posner, 2008). Leadership is demonstrated by engaging in the following behavioral practices for superior leadership: "modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart" (Kouzes & Posner, 2008, p.14). Leadership practices are behaviors that have been consistently exhibited by leaders at their personal best.

**Nurse administrator.** A nurse administrator is an administrator who has the

organizational authority and responsibility for the administrative functions of the nursing education program (ACEN, 2013).  The term nurse administrator is commonly considered interchangeable with the term nurse executive in nursing education (ACEN, 2013).

**Nurse educator.**  A nurse educator is a nurse who teaches and evaluates students, is academically and experientially qualified, and has a full-time faculty employment position as outlined by the primary organization and the nursing education program (ACEN, 2013).  The term is commonly considered interchangeable with the term nurse faculty member in nursing education (ACEN, 2013).

**Nurse faculty member.**  A nurse faculty member is a nurse who holds faculty rank a full-time teaching position in the area of nursing at academic accredited educational institution of in the United States (ACEN, 2013).  The term is considered interchangeable with nurse educator (ACEN, 2013).

**Opportunity.**  Opportunity is defined as the probability for development and advancement within an organization with the ability to enhance knowledge and expertise for effective work outcomes (Kanter, 1993; Laschinger et al., 2001).  Access to opportunity is a condition of structural empowerment (Kanter, 1993; Laschinger et al., 2001).

**Resources.**  Resources are a condition of structural empowerment referring to the financial means, materials, time, and supplies required by workers for an effective workplace (Kanter; 1993; Laschinger et al., 2001).

**Structural empowerment.**  Structural empowerment refers to organizational structures with the ability to activate resources to complete work that influences apparent

"access to opportunity, resources, information and support" in the work setting (Kantar, 1993; Sarmiento, Laschinger, & Iwasiw, 2004, Laschinger et al., 2001).

**S**upport. Support as a condition of structural empowerment relates to comments and direction from subordinates, peers, and superiors to achieve work outcomes (Kanter, 1993; Laschinger et al., 2001).

## Summary

Nursing education is experiencing a deficiency of qualified nursing faculty leaders related to the expanding role of leadership in nursing education and practice setting. The preparation of the next generation of nurse faculty leaders and future nurses will need leadership knowledge and skill to meet the needs of safe patient outcomes. The requisite structural empowerment strategies were researched to determine effective forms of structural empowerment that can enhance or constrain leadership practices among nurse faculty members.

The qualitative multiple case study selected by the researcher sought a deeper understanding addressing the lack of structural empowerment strategies within the context of nursing education programs. The researcher explored the forms of structural empowerment strategies currently existing in nursing education program from the perspective of nursing faculty members and nurse administrators. The researcher sought to gain a deeper understand of structural empowerment strategies that could enhance or constrict leadership practice by exploring the perceptions of nursing faculty and nursing administrators within the context of nursing education programs.

**Chapter 2: Literature Review**

The purpose of this qualitative multiple-case study was to address the lack of structural empowerment strategies in many nursing programs by exploring the perceptions of nursing faculty members and administrators regarding what constitute full structural empowerment for nursing faculty members. The unit of analysis was the nursing program study sites of full-time nurse faculty and nurse administrators of two accredited nursing programs located in the Mountain West area of the United States. Knowledge gained from this case study will enable organizational leaders to create requisite structural empowerment models that facilitate nurse faculty leadership practices in academic environments.

In this literature review, theoretical and empirical support for structural empowerment is presented. A potential link may exist when effective forms of structural empowerment are present that could enhance or constrain leadership practices within organizational workplace environments. In section one, empowerment theory, relational-based leadership theories, and nursing leadership are discussed. In section two, theoretical support for the concepts of structural empowerment in specialized nursing education and health employment environments is offered. In section three, theoretical support for access to structural empowerment with potential linkage with nurse leadership practices is discussed.

Information for this literature review was gathered from various sources, including public and university libraries, books, and on-line databases. Two pertinent websites for additional research publications were reviewed that included: Gretchen Spreitzer (http://www.bus.umich.edu/spreitzer) and Heather Laschinger

(http://publish.uwo.ca/hkl/). The major online databases include EBSCOhost Electronic Journal Service, ProQuest, Academic Search Complete, and CINAHL Plus. The search included the following keywords of *structural empowerment*, *nursing leadership*, and *nursing*, *nurse faculty*, and *nurse faculty leader*. Structural empowerment discovered 33,168 publications during 2000-2014. Structural empowerment and nursing narrowed the literature search findings to 173 peer-reviewed journal articles from 1994 to 2014. An additional keyword search on nurse faculty leaders revealed 454 publication titles and abstracts from1983-2014, nurse faculty and structural empowerment revealed 29 titles and abstracts. The most relevant literature selected for the literature review included scholarly peer-reviewed full-text journal articles with publications during 2005-2014 time period with the exceptions of the seminal research findings. Nearly 250 abstracts were reviewed with nearly 50% of the publications reviewed and analyzed for the literature review. The majority of these relevant studies and publications provided the framework and substantiates for the current and historical information on the topics of empowerment, leadership, and nursing education associated with the leadership role of nurse faculty.

**Theoretical Framework**

The theoretical framework for the proposed study is grounded in Kanter's (1977) structural empowerment theory (SET) of power in organizations. According to SET, several forms of structural empowerment are effective in the workplace for achieving a variety of positive outcomes across multiple workplace environments. In this section, the principles of Kanter's SET are summarized as well as the implication of these principles with respect to forms of structural empowerment that are effective for nursing education

in academic environments.  Ways these forms may enhance or constrain leadership behaviors among nurse faculty members are then discussed.

**Structural Empowerment Theory**

According to Kanter (1977), workplace structures contain essential conditions related to empowerment of employee attitudes and behavior within organizations. Structural empowerment within an organization is described as access to formal and informal power through structures or processes that allow workers with the capability to activate resources to complete work outcomes via access to support, opportunity, resources, and information in the workplace setting (Kanter, 1993; Sarmiento et al., 2004).  An image diagram was created illustrating Kanter's model of structural empowerment includes six forms: opportunity, support, information, resources, formal power, and informal power (see Figure 1).

Structural opportunity refers to perceived access to development, advancement, and a capability to enhance knowledge and expertise (Kanter, 1977, 1993).  Resources pertain to necessary money, materials, supplies, time, staff, and equipment to achieve organizational goals.  Information denotes technical skills, abilities, and expert knowledge to performing one's job expectations.  Support includes comments, responses and direction from colleagues, administrators, and other individuals in the workplace to enhance effectiveness (Kanter, 1977, 1993).

Kanter (1977, 1993) suggested that the degree of formal and informal power an individual holds is associated with access to empowering structures within the organization.  Formal power is established and assigned by the formal authority outlined in job titles, job descriptions, and organizational decision-making processes pertinent and

essential to the organization's purpose (Laschinger et al., 2001; Nedd, 2006). Job

positions with flexibility, visibility, and creativity have increased access to formal power

(Kanter, 1993; Laschinger et al., 2001; Nedd, 2006; Sarmiento et al., 2004). Informal

power is established from networking relationships with colleagues, supervisors, and

internal and external stakeholders associated with the organization (Kanter, 1993;

Laschinger et al., 2001; Nedd, 2006; Sarmiento et al., 2004).



*Figure 1*. Kanter's (1977) model of Structural Empowerment.

There is considerable support in the literature for the applicability of Kanter's

(1977, 1993) empowerment theory in nursing practice employment settings, nursing

education, and healthcare settings (Laschinger et al., 2010; Wagner et al., 2010).

Workplace empowerment research has demonstrated an important connection between

empowerment and encouraging work behaviors and attitudes in numerous healthcare

workplaces where nurses are employed (Laschinger et al., 2001; Wagner et al., 2010).

However, structural empowerment has not been linked with leadership practices in

nursing education.

**Empowerment Theory**

Empowerment theory is a growing concept in relation to integrating leadership theories and practices leading to individual, group, and organizational effectiveness, producing positive outcomes (Conger & Kanungo, 1988; MacPhee, Sketon-Green, Bouthillette, & Suryaprakask, 2011). Empowerment enables others to act by granting greater opportunity to create choices and exert influences regarding their professional practice and expectation (Laschinger et al., 2001; Livsey, 2009). Two distinct broad conceptual models of empowerment are most habitually outlined in the leadership, management, and organizational literature. These two empowerment conceptual models outline the components of structural and psychological empowerment that contribute to empowering workplace environments for the individual, group, and organizational levels (Conger & Kanungo, 1988, MacPhee et al., 2011).

Structural empowerment refers to the structures and processes that support individuals, groups, and organizations, designed to improve organizational effectiveness, performance outcomes, and contribute to the design for an empowered workplace environment (Gkorezis & Petridou, 2011; Kanter, 1977, 1993; Laschinger et al., 2001). Structural empowerment allows individuals a greater presence of autonomy, self-confidence, and self-efficacy; thus linking potential leadership practices of individuals through effective forms of structural empowerment (Gkorezis & Petridou, 2011; Kanter, 1977). There is little information concerning forms of structural empowerment that are most effective to prepare nurse leaders in academic workplace environments. Structural empowerment will serve as the theoretical framework selected for this qualitative case study that will explore the effective forms of structural empowerment and the potential

linkage of leadership practices in academic nursing environments (Candela, Gutierrez, & Keating, 2013; MacPhee et al., 2011). Empowerment and leadership practices are reliant on relation-based interactions and how power is shared and practiced within the context of organizational relationships (Candela et al., 2013; Christens, 2012).

Spreitzer (1995) stated psychological empowerment is a perception that employees will experience if administrative actions and strategies aimed at empowerment are to be effective. Psychological empowerment refers to a set of four dimensions that include job meaning, self-determination, competence, and impact (Spreitzer, 1995). The dimension of meaning making refers to the congruency of fit in the midst of the individual's values and meaningful job expectations (Gkorezis & Petridou, 2011; Spreitzer, 1995). Self-determination refers to an individual's perceptions regarding personal self-regulating ability enclosed within the context of the job expectation (Gkorezis & Petridou, 2011; Spreitzer, 1995). The dimension of competence refers to an individual's beliefs and values regarding the ability to do the job well. Impact refers to an individual's ability to have influence over decision-making within the organization (Gkorezis & Petridou, 2011; Spreitzer, 1995). Positive forms of leadership practices are important for significant perceptions of an empowered workplace environment that builds trust and increases an employee's perception of psychological empowerment (Seibert, Wang, & Courtwright, 2011). Therefore, this case study research is imperative to further understand the forms of structural empowerment that may enhance leadership practices that can build trust leading to a more empowered workplace in academic organizations.

**Constraints of Structural Empowerment**

The constraints of empowerment are complex and multiple, including both

psychological and structural in nature (MacPhee et al., 2011).  For the purpose of this discussion, the emphasis will be on constraints of structural empowerment.  A form of structural empowerment and an area of concern is the potential for misuse of informal or formal power structures.  A major controversy surrounding leadership is the potential abuse of power, deception, or corruption.  Leaders can be vulnerable to the abuse of power and misguided imitation of leadership.  Nurse faculty may experience these types of potential abuse or misuse of power within the faculty membership.  A counter-balance to combat this problem is the essential practice of self-reflection for leaders (MacPhee et al., 2011; Tenbrunsel & Smith-Crowe, 2008).  A leader can, through self-reflection, assess his or her moral decisions and behavioral practices that support the integrity needed for decision making in organizations.  Structural empowerment forms do not address the concept of self-reflection or the potential for misuse of empowerment.

The congruency between thoughts and actions is a distinguishing quality of a leader (Tenbrunsel & Smith-Crowe, 2008).  Moral awareness involves the process of identifying and figuring out the consequences to all stakeholders in a specific situation in terms of what actions are possible, who will be affected by these actions, and how the stakeholders will regard these actions.  Understanding that leadership requires an awareness of the consequences that will impact others and desire to achieve the best outcomes for all stakeholders is essential to ensure ethical leadership, while holding true to one's authentic moral compass (MacPhee et al., 2011; Tenbrunsel & Smith-Crowe, 2008).

Pseudo or false leadership lacks the behavioral practices of the utilitarianism perspective of serving the greater good during the decision-making process (Johnson,

2012). A pseudo leader displays behavioral practices of self-interest and power centered actions with misguided values and beliefs. A lack of moral awareness or compass leads to decisions that are self-serving rather than shared decisions for the collective good of all stakeholders (Johnson, 2012).

A second area of concern involves the dual role of leader and nurse educator serving the same function in an organization. There is confusion about whether a leader can effectively serve within the duality of significantly different perceptions between the roles of leader and teacher in relation to his or her follower's and the organization's expectations (Burns & By, 2011). A similar example of this duality concern has been examined in management and leadership. Leadership and management are two terms that are frequently used interchangeably, but are distinctly different in behaviors practiced. Leadership is primarily focused on bringing about change while management is concerned with achieving stability and predictability by ensuring that workers comply with rules and regulations established by the organization (Burns & By, 2011). Nurse educators may experience this same confusion and duality of roles with polarizing issue between ideals of teaching beliefs and sustainability of program operations.

Leaders encourage organizational and personal value congruence simultaneously, with the perceived congruence of organizational values facilitating work unit effectiveness (Hoffman, Bynum, Piccolo, & Sutton, 2011). Leaders can motivate followers to surpass their self-interests. Performance systems are complex and are not self-implementing and require the necessary leadership practices to set the agenda for implementation of performance outcomes (Moynihan, Pandey, & Wright, 2011). Nurse administrators and nurse faculty are accountable for measuring student learning outcomes

and set the stage for the implementation or evaluation of student performance in nursing programs.

Faculty leadership is complex and multilevel, and effective leaders must integrate student and group processes with academic organizational outcomes (Wang & Howell, 2012). Practices by faculty leaders can advance students' talents and expertise to increase self-efficacy and empowered personal development to their full potential. A faculty leader understands unique abilities of his or her students and tailors the coaching that empowers the individual. Practices of a faculty leader are to support development of student goals and to communicate the importance of group actions, cultivate mutual values and beliefs among students, and stimulate cohesive energies to accomplish outcomes (Wang & Howell, 2012). An unanswered question remains as to how the leader can ensure consistency and congruency at all levels of the organization with this wide range of expectations at different levels. Without clear expectations, nurse faculty members may experience greater role strain with this lack of clarity.

Faculty leaders need to consider the changing social values and beliefs within organizations, differences between cultures, gender, generations, and geographically located academic organizations. No one theory or multiple leadership theories can meet the expectations for creating flawless leadership in organizations. Leaders are human beings and human beings can make errors in judgment producing bad decisions. However, leaders may use leadership theories to think more deeply and reflect about how meaningful their actions can be when contemplating difficult choices. Leadership theories can clarify the roles of leaders, followers, and organizations to foster the development of superior and healthier places to work, learn, and grow.

Leadership development programs have validated that increased confidence and self-efficacy of leaders are primarily associated with psychological empowerment (MacPhee et al., 2011). However, the access to these types of new information, programs, and other opportunities are resources related to forms of structural empowerment (MacPhee et al., 2011). Additionally, the forms of structural empowerment in the workplace can be viewed as facilitating in one workplace environment and constraining in another, making it difficult to determine the best course of action given the circumstances of the situation or workplace (Crosby & Shields, 2010). Relationship skills were first and most importantly rated as most supportive to the development of leadership skills and a lack of support when relationship skills not present in the workplace structures, creating environments that do not develop future leadership skills (Crosby & Shields, 2010; MacPhee et al., 2011).

**Leadership and Organizations**

Organizational leaders in U.S. corporations strive for excellence in the core mission of the organization, as well as in employee retention and performance outcomes (Weng, Su, & Lai, 2011). Leaders are necessary to provide guidance and direction to support these goals (Lee et al., 2010). By means of empowering practices, academic leaders can promote an environment in which individuals are committed to the goals of the organization and are willing to devote time and effort to realizing these goals (Ismail, Mohamed, Sulaiman, Mohamad, & Yusuf, 2011).

The goal of organizational leadership is to facilitate the purpose or direction of an organization and to sustain the existence of the organization (Melchar & Bosco, 2010). Organizational leadership is a multifaceted occurrence that requires a solid understanding

of leadership theories and conceptual models so that organizational leaders have guidance and directions for making decisions and solving problems (Beyer, 2012; Germain, 2012). Organizational leadership requires a person or leader who can craft a strong vision of the purpose of the organization and who functions to attain the goals and outcomes of the organization (Warrick, 2011).

Many leadership traits, approaches, behaviors, and styles have been defined and identified since the early 20th century (Beyer, 2012). Leadership theories have included the great-man theory during the 1900s, the trait theory during the 1940s and 1950s, the behavioral model during 1950s and 1960s, and contingency model during 1960s and 1970s (Germain, 2012). More recently, research has focused on the examination of leadership theories, including servant, visionary, authentic, transactional, and transformational leadership (Germain, 2012). However, a common element in all leadership theories is the concept of an influencing process that supports groups and individuals toward goal accomplishment (Northouse, 2010). The quality of the organizational leadership may be influenced by the leader's understanding and application of leadership theories.

Leadership is a multifaceted and interactive process that involves the interaction or relationship of both the leader and the follower to achieve the desired outcome (Germain, 2012). The notion that leaders are genetically encoded and do not have the capacity to be developed was the underpinning of leadership for the great-man theory, according to which leaders had to be of precise genetic material and endowed with natural traits and abilities to lead others. The trait theory of leadership initially focused on the belief that certain individuals were born with special traits and later evolved to

focus on personal characteristics, traits, and behaviors that contributed to the extension of the leadership trait theory (Germain, 2012).

Important leadership traits identified consistently in all leadership theories include intelligence, self-confidence, determination, integrity, sociability, and more recently the concept of emotional intelligence (Northouse, 2009). Leadership theories have been divided into two major categories: trait-based and relational or behavior-based (Tonkin, 2013). A description of the leader's personal traits of motive, values, and personality align with trait-based leadership theories (Tonkin, 2013). Relational or behavior-based leadership theories emphasis is on the interface that occurs when the leaders or the followers and their actions taken together determine success (Tonkin, 2013).

**Relational-Based Leadership Theories**

Relational-based leadership theories provide the underpinning for the implementation of the concept of empowerment practices in organizations (Seibert et al., 2011). Nearly 70% of businesses and organizations have implemented some types of empowerment strategies that can lead to an empowered workforce (Seibert et al., 2011). The contemporary leadership theories selected for the purpose of this review include transformational, servant, and authentic leadership theories. Each of these relational-based leadership theories focuses on the importance of empowering relationships between the leader and follower (Seibert et al., 2011). Leadership practices can be influenced by not only the leader, but the context of the organization, the situation, or the relationship with followers may require different leadership interventions. For the purpose of this case study, relational-based leadership theory includes servant, authentic, and transformational leadership theories, which are discussed.

**Servant Leadership Theory**

Servant leadership **(**SL) theory is an emerging model for leadership practices characterized by a desire to serve others and place the needs of followers first and foremost (Melchar & Bosco, 2010; van Dierendonck, 2011). SL integrates the concepts of empowerment, interpersonal acceptance, stewardship, team building, and participatory interactions through enhanced service to members, developing team members, an all-encompassing methodology to work, and encouraging a feeling of communal and collective decision-making (Shekari & Nikooparvar, 2012; van Dierendonck, 2011). The SL concept was first described in a 1970 essay by Robert Greenleaf titled, *The Servant as a Leader*. Greenleaf (1970) described SL as the "servant leader is a servant" (Greenleaf Center, 2013) with the idea of fulfilling the needs of others. Serving originates with the normal aspiration that one wishes to serve, and serving others is paramount above one's own self-interest (Greenleaf Center, 2013).

SL is described as a way of being, through authenticity and humility (van Dierendonck, 2011). A leader must exercise a conscious effort to incorporate the attitudes of a servant leader into his or her thinking, acting, and reacting (Boone & Makhani, 2012). A foundational prerequisite for SL is credibility built on the trust of followers. Five attitudes of SL have been identified and must be adopted to be an effective leader including creating a vision, listening, being a talent scout, giving power away, and being a community builder (Boone & Makhani, 2012). Creating a vision allows servant leaders to inspire hope, communicate the direction of the organization with extraordinary goals, and make adjustments along the way using small attainable goals to achieve a compelling vision (Boone & Makhani, 20012). Listening, searching,

and encouraging growth while developing the talents discovered among followers builds

a sense of commitment to strive toward successful achievement of desired organizational

goals.  Servant leaders are least motivated by positional or legitimate power and find that

referent power is expanded as power is given away (Boone & Makhani, 2012).  Servant

leaders focus is on humility, interpersonal acceptance, and authenticity to build

relationships with followers (Boone & Makhani, 2012; van Dierendonck, 2011).

Empowered followers develop a stronger sense of well-being, commitment, and

satisfaction with a sense of community within the organization (Melchar & Bosco, 2010).

SL theory is a growing trend in leadership that focuses on a way of life that

embraces service to others and the acknowledgement that the function of an organization

is to develop people (Parris & Peachy, 2013; van Dierendonck, 2011).  SL posits a leader

who can build a brighter tomorrow, having gained popularity in light of growing negative

perceptions that corporate leaders are selfish and greedy.  However, SL lacks the depth or

scientific support of empirical studies, and there is a strong need for further exploration

of this sustainable leadership theory that benefits organizations and expands the welfare

of followers by encouraging learning, growth, and autonomy (Parris & Peachy, 2013).

SL practices are complimentary and overlap with other relational-based

leadership theories.  However, a primary distinction between SL and other leadership

practices is that a servant leader's emphasis is on serving individual followers in

comparison to an emphasis on the organization's need to achieve goals (van

Dierendonck, 2011).  The primary alliance for servant leaders is service to follower's

needs as the primary goal to create a shared vision in contrast to the influence of the

organization's goals (van Dierendonck, 2011).  Servant leaders attend to the concerns of

followers by designing conditions that enhance the functioning and well-being of followers and the leader's alliance is based on the individual, not the organization (van Dierendonck, 2011).

The SL model may be suitable for nurse faculty members to serve the needs of nursing student that can support the growth and development of leadership skills through interactive relationships. The SL model may be perceived deleteriously due to the historic nature of the servant role of nurses as a handmaiden during earlier times in the nursing profession. Nurse faculty working relationships are described as colleagues without the expectation of serving the needs of their contemporaries that would require a culture shift in thinking about working relationships at the same level within an organization.

**Authentic Leadership Theory**

The theory of authentic leadership (AL) is advancing as an emerging relational-based model for leadership practices. Historically, authentic leadership formed its early roots and can be traced to the Greek philosophy that authenticity meant "to thine own self be true" (Zielinska, 2012). Authenticity of the individual leader is rooted in the leader's own behavioral responses that espouse the leader's knowledge and acceptance embedded in the leader's core values, intentions, and beliefs that provide the guidance for leadership practices (Waite, McKinney, Smith, Meloy, 2013; Wong & Cummings, 2009; Wong & Laschinger, 2013). Researchers agree the core concept of authentic leaders is owning one's personal experiences, values, and beliefs and that the leader's practices are in alignment with his or her real self, which builds trust and creditability with followers (Waite et al., 2013; Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008; Wong &

Cummings, 2009).

Four essential components comprise AL and are interrelated and drive the

leader's behavioral responses or actions (Waite et al., 2013; Walumbwa et al., 2008).

These components are self-awareness, internal regulation of behavior and actions with a

moral perspective, relational transparency, and unbiased balancing of information

processing (Waite et al., 2013; Walumbwa et al., 2008). Self- awareness speaks of an

ongoing self-reflection process by the leader that fosters meaning and understanding

about his or her own strengths, weakness, values, beliefs, and their effect on others while

staying true to his or her own behaviors (Waite et al., 2013; Walumbwa et al., 2008).

Internal regulation refers to the consistent alignment of leader's actions and practices that

are self-regulating and adhere to the leader's standard principles (Waite et al., 2013;

Walumbwa et al., 2008). Relational transparency is described as the leader portraying

him or herself as genuine, as opposed to an artificial representation of self with a focus on

the expectation of others, position, or organization (Walumbwa et al., 2008). The

practice of open expression and disclosure by the leader promotes relational trust through

transparent sharing of ideas, thoughts, feelings, and information and has been a

significant predictor of trust with followers (Wong & Laschinger, 2013). The practice of

analyzing and processing information that is unbiased and objective in nature requires the

leader to scrutinize her or his own thinking as well as being receptive to the views of

others (Waite et al., 2013; Walumbwa et al., 2008).

AL is important to new graduates and experienced nurses that revealed a greater

perception of structural empowerment when AL was present in the workplace

(Laschinger, Wong, & Grau, 2013). The perception of a structural empowered work

environment contributed to a diminished degree of emotional exhaustion and distrust among nurses; potentially leading to better nurse retention in the workplace (Laschinger et al., 2013). Retention of qualified nurse faculty through structural empowerment can be an effective, yet critical strategy to address the current deficiency in nursing education.

AL theory as a model for leadership practices is unique and different from Transformational Leadership (TFL) and SL. The greatest difference and unique strength of this model lies in its emphases on self-awareness, self-regulation, and self-evaluation because these are theorized to promote personal and professional growth of the leader and others through a transparent and authentic relationship (Laschinger & Smith, 2013; Waite et al., 2013). The significance of the authentic leaders' practices is the awareness of the influence of lived experiences, the influence of these unique experiences to the leader's core values, and the ability to model these behaviors during their interactions with others (Waite et al., 2013).

The AL model would be well-suited to the nursing profession to foster nurse leaders at every level within organizations, whether in education or healthcare. Nurse faculty could benefit from the strengths of the AL model. The practice of self-reflection, personal interactions, internal balance of core values and behaviors while being open to the ideas of others could promote a learning culture that recognizes the contributions of each individual.

**Transformational Leadership Theory**

TFL is designated by scholars as universally the most effective and most desired style of leadership (Leong & Fischer, 2011). TFL theory is a relevant and recognized theory to guide best practices in organizations with rapidly changing environments,

limited resources, and creating a culture of empowerment and commitment (Laschinger et al., 2009). Four distinct behavioral components have been connected to TFL; intellectual stimulation, inspirational motivation, idealized influence, and individualized consideration (Doody & Doody, 2012; Northouse, 2009; Warrick, 2011; Zhu, Sosik, Riggio, & Yang, 2012). TFL is a process that encourages followers to achieve goals by engaging to stronger ideals and ethical values. The leader has a profound set of core standards and ideals that are influential at encouraging followers to perform in a manner that embraces sustainability for the greater good for all individuals rather than the self-interest of individuals (Doody & Doody, 2012). Leadership performs a crucial role in forming empowering practices and influencing the value of support and resources accessible through organizational structures (Laschinger et al., 2009).

Burns (1978) postulated that TFL is purposeful, collective, relational, and the relationship of leader and follower engages and transforms the level of human conduct to a higher level. TFL is the kind of leadership that permits people to infuse their energies into a value-driven purpose that engenders motivation at a higher level of human connection (Kouzes & Posner, 2008). Several common themes and patterns of characteristics are formulated in the TFL models. Portrayed characteristics of transformational leaders are charisma, communication, confidence, credibility, trustworthiness, and vision (Hutchinson & Jackson, 2013). TFL practices foster high internal moral values and beliefs that inspire followers to work toward a collective goal, instead of following their self-interests (Bodia &Nawaz, 2010).

TFL is a process and is designated by the application of influence, motivation, stimulation, and consideration (Northouse, 2009; Zhu et al., 2012). Idealized influence is

characterized by leaders who are strong role models.  Leaders are perceived to demonstrate high moral standards and ethical conduct that motivates followers toward a common vision and mission (Zhu et al., 2012).  Individuals will admire and trust the leader to choose the right course of action and the individuals will strive to emulate the leader's behaviors (Warrick, 2011).

Inspirational motivation is the second component that describes the leader's ability to communicate, motivate, and inspire individuals to high expectations as part of a shared vision toward a common goal or mission (Northouse, 2009; Warrick, 2011).  Leaders can attract followers to a team-centered approach through the use of symbols and emotional attraction to encourage greatness for the future toward the desired outcome.  Intellectual stimulation is the third component that characterizes a leader who fosters the development of followers to be creative, innovative, and invites followers to question their own, their leaders, and their organization beliefs and values (Northouse, 2009; Warrick, 2011).  TFL seeks to encourage followers to challenge assumptions, take risks, and seek or allow new opportunities for dealing with concerns or issues.

Lastly, the fourth component of TFL is individualized consideration.  The leader creates a supportive climate and pays close attention to the necessities of the followers while coaching and nurturing them to achieve full self-actualization (Northouse, 2009).  Transformational leaders can create opportunities for followers to experience transformational growth through personal challenges or delegation with increasing confidence and expectations.  The presence of these four TFL components enables leaders to engage followers toward extraordinary performance to transform organizations (Warrick, 2011).

While the context of leadership continues to change, leadership practices are fundamentally unchanged over time (Kouzes & Posner, 2008). A leader's practice rallies others to convert values into actions, dreams into realities, barriers into innovations, hazards into rewards, and differences into unity. According to Kouzes and Posner (2008) the five TFL practices are "modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart" (p. 14), which is foundationally supported through the leader's credibility and are compatible with the four components of TFL described earlier (Kouzes & Posner, 2008).

Crafting transformational and meaningful organizational experiences by expressing genuine caring emotions and building relationships is a valued aspect of the TFL theory (Trépanier, Fernet, & Austin, 2012). Modeling the way expresses how a leader demonstrates the behavior that he or she wants to cultivate in followers through example and an agreement of clear guiding principles and values (Kouzes & Posner, 2008). Transformational leaders inspire a shared vision by engaging followers to envision an exciting future with shared aspirations to achieve outstanding outcomes. Transformational leaders are trailblazers who take risks and seek opportunities to innovate, grow, and improve as leaders while empowering their followers to do the same (Kouzes & Posner, 2008). The TFL model is adaptable, and the leadership practices are universal to many organizations experiencing changing environments. Nurse faculty leaders could adopt the universal practices in the classroom, clinical setting, and the academic environments that are continuously undergoing rapid change. Transformational nurse leaders enable others to act while achieving the shared goal or outcome. The TFL model allows nurse faculty to lead by empowering their students to learn, establish

meaningful relationships with their colleagues, and create a shared vision with rapidly changing workplaces to prepare for the upcoming nature of nursing education of the future.

**Leadership in Nursing Education**

Nurse instructors are the primary resource for the development of nurse leaders in education and practice (NLN Board of Governors, 2002). Nurse educators are vital and serve as a critical driving force to lead the progression of the next generation of professional nurses to meet the rapidly changing landscape of nursing practice and education (Aduddell & Dorman, 2010; Laschinger et al., 2001; Milone-Nuzzo & Lancaster, 2004). The application of Kanter's (1977) theory of organizational empowerment to scrutinize workplace empowerment, exhaustion, and job satisfaction among Canadian nurse educators concluded that increased empowerment levels were associated with decreased levels of exhaustion and greater work fulfillment (Sarmiento et al., 2004). In light of the projected nurse faculty deficiency, it is imperative that academic organizations empower nurse educators to promote recruitment, retention, and succession planning in nursing education programs (AACN, 2010; Aduddell & Dorman, 2010).

Transforming nursing education has been discussed in nursing education circles for several decades (Benner et al., 2010). Nursing education is delivered in diverse educational settings with different missions, visions, and organizational structures. These diverse educational settings include technical-trade schools, hospital-based programs, community colleges, and universities with varying organizational support for the role of the nurse educator. However, the transformation of nursing education has been slow to

take hold, and there is a mismatch of expectations between nursing education, nursing practices, and the performance expectation of nursing educators and graduates at various levels of nursing education (Benner et al., 2010).

Traditionally, nurse educators have assumed the role of nursing faculty by the recognition of their skill sets as experts in nursing practice and a desire to teach and share their nursing experiences (Benner et al., 2010). These expert professional nurses enter academia without formal preparation for the faculty role of nurse educator (NLN Board of Governors, 2002). Nursing faculty members have expressed the difficulty of these role changes and the duality of the nurse educator's role (Benner et al., 2010). These role changes have not been fully acknowledged or embraced by academic or nursing practice organizations.

DeLong (2010) investigated nursing education leaders' perceived leadership practices among League of Nursing Accreditation Commission accredited programs in the role of nurse administrators using the Leadership Practices Inventory (LPI) developed by Kouzes and Posner (2008). Delong found that nurse administrators are practicing TFL in their leadership positions. The researcher examined the leader's role of the nurse administrator, an assigned formal leadership role. Delong identified further gaps in succession planning and development of future leaders in nurse education and practice.

The National League for Nursing (NLN, 2012) recognized nursing education as a specialty within nursing practice and published the first edition of *The Scope of Practice for Academic Nurse Educators* in 2005. The NLN standards of practice list eight core competencies that clearly outline the roles and responsibilities for nurse educators. The NLN core competency five states: "nurse educators function as change agents and leaders

to create a preferred future for nursing education and nursing practice" (p. 19). To perform successfully as a "change agent and leader," a nurse educator's role development must include the development of leadership skills to shape and implement change, appraise structural effectiveness in nursing education, implement structural change, provide leadership to enhance the visibility of nursing in academia and practice, promote innovative practices in education environments, and participate in interdisciplinary health systems and practices at the regional, state, and national levels (NLN, 2012).

The qualification and competencies of nurse educators were studied to determine the minimum and preferred levels of academic preparation to teach, based on the NLN core competencies, as perceived by nursing program administrators (Poindexter, 2008). The preferred qualification and competencies of nurse administrators varied with organizational mission, culture, and national nursing accreditation of the nursing education program (Poindexter, 2008). The necessity of nursing clinical practice expertise for the role of nurse educators was demonstrated with half of all nursing administrators reporting that the nurse practice competency required the highest level of performance expectation (Poindexter, 2008). The leader collaborator competency was reported as second in order of expected levels of performance by nurse administrators with reported levels of high to low proficiency (Poindexter, 2008).

The ability of nurse educators to influence nursing education, practice, and healthcare through knowledge of competing social, economic, and political forces within the nursing practice arena was an expected competency for nurse educators (Poindexter, 2008). The roles of leader and change agent were for nurse educators were essential competencies requiring leadership practices and understanding of structural

empowerment in nursing workplaces.  Currently, nurse educators are recruited from practice settings and frequently do not have the minimum NLN nurse educator competencies and require significant professional development and succession planning to assimilate fully into the faculty role.

Leadership can be learned through the application of three common practices of nurse faculty leaders (Stiles, Pardue, Young, Morales, 2011).  Nurse faculty can serve as change agents that foster educational reform.  A qualitative study by Stiles et al. (2011) on nurse faculty leaders experiences reported three leadership practices included being involved with others, struggling as a symbol and sphere of genuineness, and creating an atmosphere for change.  These leadership practices are intrinsic and exemplified in the nurse faculty role through teaching, research, and nursing expertise and can be seamlessly interlaced but demonstrated separately in many nursing curricula (Stiles et al., 2011).

A leadership practice in nursing curriculum requires integration of core knowledge, skills, and beliefs in learning experiences across the entire curriculum (Kalb et al., 2012; Stiles et al., 2011).  Self-leadership development, service to others, participation in professional organizations, student leadership development through role modeling, partnering, and incorporating teaching strategies that integrate leadership content into classroom and clinical experiences have been reported by nurse faculty as strategies for educating nurse leaders (Kalb et al., 2012).  Nurse faculty leaders are best situated to create structurally empowered classrooms and industry partnership for development of student leadership development (Kalb et al., 2012).

Healthcare organizations are beginning to focus on nursing leadership at the direct patient care level to improve patient safety (Benner et al., 2010).  The nurse–patient

relationship is a critical element and the foundation of nursing practice based on the trust of a therapeutic relationship. The emergence of the clinical leadership concept is relatively new to nursing literature. The idea of clinical leadership as a progression of leadership verified by the nurse leader's actions while directing patient care diverges from the traditional idea of nurse leaders as represented in formal leadership roles (Patrick et al., 2011).

**Structural Empowerment in Nursing Practice**

For nursing faculty to become effective leaders for the nursing profession, nursing education, and of healthcare practice situations, they will need to access structural empowerment resources but, as argued above, it is unclear whether nursing faculty have access to fundamental sources of structural empowerment. A theoretical model of structural empowerment is needed to systematically survey structural empowerment needs of nursing faculty. There is significant support in the literature for Kanter's (1993) empowerment theory among various nursing populations in multiple nursing practice settings, nursing education, and health care settings. Structural empowerment has been demonstrated as a forecaster of various significant employment outcomes such as higher levels of job contentment and retention (Baker et al., 2011; Laschinger et al., 2001; Manojlovich, 2005), commitment (Laschinger et al., 2001), job engagement and effectiveness (Laschinger et al., 2009), trust, fairness, and respect in organizations (Laschinger et al., 2001; Laschinger &Finegan, 2005), job burnout (Laschinger et al., 2001; O'Brien, 2011; Sarmiento et.al., 2004), innovative behaviors (Hebenstreit, 2012), and clinical leadership behaviors (Patrick et al., 2011). Laschinger and colleagues have completed more than 60 studies that reveal the prominence and application of structured

empowerment theory in the health care workplace (Wagner et al., 2010).  Workplace empowerment research demonstrates an important relationship between empowerment and positive work behaviors and attitudes in numerous healthcare workplaces where nurses are employed (Wagner et al., 2010).  However, limited research evidence was collected in the United States on nursing education workplaces.

A foundation for structural empowerment is grounded on Kanter's (1977, 1993) theory that delineates power as the capability to activate information, resources, and support to accomplish outcomes in an organization.  Structural empowerment is defined as the degree workers feel they have access to these structures in their work settings (Laschinger et al., 2001).  Kanter's theory (1977, 1993; Laschinger et al., 2001) that formal and informal power within organizational structures are entry points to create an empowering workplace climate by providing structures for opportunity, support, and resources.  The structure of opportunity creates workplace climates where employees with the likelihood to progress within the business environment will continue to expand the use of expert skills and knowledge base (Laschinger et al., 2001).  Employees who lack the likelihood for advancing in the workplace are less motivated than employees who are promotable.  The structures of power in the work setting originates starting with these three primary sources; (a) right to use information, (b) right to access support, and (c) right to use the resources required for realizing organizational goals (Davies et al., 2011; Laschinger et al., 2001).

**Application of Structural Empowerment and Nursing Education**

The application and importance of structural empowerment for nursing education programs is evident in the national accreditation standards that require nurse faculty to

have input into the governance structures with the nursing program (ACEN, 2013; CCNE, 2013). Active involvement of nurse faculty in evidence-based decision-making, curriculum design and evaluation, scholarly activities, and input into governance structures such as the budgeting process and program policies confirms the importance of the nurse faculty serving in the leader role in nursing education (ACEN, 2013; CCNE, 2013). The application of effective forms of structural empowerment would provide and support the achievement of national nursing accreditation for nursing education programs. Several State Boards of Nursing have mandated by law national accreditation as a requirement for approval to operate a nursing education program and be able to educate nursing students.

Lethbridge, Andrusyszyn, Iwasiw, Laschinger, and Fernando (2011) conducted an integrative literature review of structural empowerment, psychological empowerment, and reflective thinking among nursing education professionals. Lethbridge et al.'s literature review of structural empowerment revealed six studies that used Kanter's theory in nursing education environments and preparation of baccalaureate nursing students. The application of Kanter's theory in nursing education workplace environments is limited and future research in nursing education is needed to build the body of evidence about the value of empowering nursing educators' workplace environments using multiple sites and various educational contexts (Lethbridge et al., 2011). This case study research adds to the expansion of this knowledge by exploring the forms of structural empowerment that are effective as described by nurse educators in the context of their experiences in an academic nursing environment.

**Structural Empowerment in Organizational Practice**

Structural empowerment in organizational and management literature has acknowledged the importance of structural empowerment, leadership with organizational outcomes and benefits. A fundamental challenge for many leaders is the difficulty with empowerment and structural empowerment (Groves & LaRocca, 2012). It has been found through research that emerging leaders should have the ability and prospect to exhibit essential individual values securely through appraisal and development activities (Groves & LaRocca, 2012). Wallace et al. (2011) studied empowerment forms of structural and psychological processes as influenced by a sense of mutual accountability and the effectiveness beyond empowering leadership. Perceived shared accountability was described as a two form multilevel occurrence: structural alignment and web alignment (Wallace et al., 2011).

Structural alignment happens when individual members perceive formal organizational rules, guidelines, and processes in an equivalent method (Wallace et al., 2011). Web alignment is the degree individuals share a mutual understanding of familiar behaviors and expectations specific to a given group, thus differing from formal rules, guidelines, and processes (Wallace et al., 2011). Shared accountability is a united expectation where choices and behaviors are subjected to appraisal and validation by a prominent organizational representative (Wallace et al., 2011). Nursing educators contribute to the development of these shared accountability behaviors and expectations through the practice of leadership behaviors and performance expectations of colleagues and students.

A shared sense of accountability is an emerging concept that may be the essential

key element of empowerment. When deficiencies of accountability exist, empowerment does not provide favorable benefits (Wallace et al., 2011). The favorable benefits from empowerment (structural by means of empowering leadership climate and psychological by means of psychological empowerment) increases only in the existence of a shared accountability of the group members (Wallace et al., 2011). A component of accountability is structural alignment, which is part of the shared accountability concept. Structural empowerment is an important element in creating an empowering leadership climate and psychological empowerment. Formal policies and practices implemented through organizational structures can increase shared felt accountability.

**Effective Leaders**

Nurses are frequently reported as one of the most trusted professions holding the public trust. Nurse faculty leaders have the opportunity to foster leadership practices based on previously established trusting relationships and interactions with others. Leaders do not achieve great outcomes independently in organizations but enable others to act based on trust, integrity, collaboration, and accountability within an authentic relationship (Wang & Hsieh, 2013).

Creating great outcomes in organizations requires great effort by leaders and followers working toward a collective goal through TFL practices that encourage the heart of followers through recognition and appreciation for their contributions to the vision (Kouzes & Posner, 2008). The appreciation and celebrations of achievements toward the vision contribute toward followers being empowered to strive toward desired outcomes. TFL practices require the expression of genuine caring that uplifts the spirit and emotional health of followers to continue on and overcome during difficult

challenges, uncertainty, rapid changes, and barriers (Lee et al., 2010). Servant and authentic leaders embrace similar relational behaviors and practices with a greater focus on the follower's goals and growth enhancement, while TFL practices focus more on the achievement of organizational goals with follower's participation.

The need for strong leadership is paramount in the health care industry and education. The conditions necessary to develop effective leaders in complex organizations such as health care and education must be present in the work environment (Crosby & Shields, 2010). Crosby and Shields (2010) researched conditions in the work environment that facilitated and constrained leadership development of nurses and the need to enhance the work environment to generate leadership competency and effectiveness. Facilitating conditions in the work environment related to structural empowerment includes resources for personnel, education and training, administrative support through participatory decision making, mentoring, and opportunities for leadership development and advancement (Crosby & Shields, 2010). Constraining conditions in the workplace environment related to structural empowerment include financial constraints, lack of training, planning, time and reinforcement, completion between leaders, employee resistance, and collective bargaining mentality (Crosby & Shields, 2010). Structural empowerment forms for resources, opportunity, and support are required to develop leadership skills. Mentor relationship, enrichment opportunities and support staff to assist with outcomes and goals was a theme related to structural empowerment that enhances leadership skills. The absence or lack of these resources did not foster leadership skill development including lack of time, financial support, and educational opportunities (Crosby & Shields, 2010).

**Leadership and Empowerment Practices**

Empowerment is the fundamental component of relational-based leadership (Doody & Doody, 2012). Empowerment will necessitate services to construct a supportive environment that values employees (Doody & Doody, 2012). Empowerment helps to create future leaders, allowing individual professionals to make forward progress and solve critical problems to create success (Doody & Doody, 2012).

Leadership has a greater influence on worker motivation and attitudes than on individual worker performance (Wang & Howell, 2012). Leadership can provide individual empowerment when the environment and culture support the leader, followers, and the implementation of theory (Wang & Howell, 2012). The concepts of empowerment can guide academic leaders understanding in the application of empowerment practices to foster success and sustainability of its intended purpose of creating a community of learners (Ismail et al., 2011).

**Nurse Leadership**

Nurses have a background of inadequate and improper management (Doody & Doody, 2012). The unfortunate background for nursing leadership has led to weakness in nursing leaders. Relational-based leadership theories are well aligned with the qualities and competencies required of the professional nurse. These theories help nurse leaders to develop quality skills and become inspirations to their followers. Nurse leaders provide guidance and the focus of relational-based leadership will help to create true leadership to transform professional practice. Educational leadership is essential to create change and positive development in healthcare (Doody & Doody, 2012).

TFL theory has been utilized in health care communities in recent years, but there

is only inadequate information accessible on the role it has in relation to health care outcomes among healthcare workers (Lee, 2012). The authors assessed the use of TFL practices in a home health care setting and established that leadership style had a favorable effect on career satisfaction and injury reduction. TFL has been shown to have a positive effect on long term care professionals and should be considered for other aspects of healthcare delivery (Lee 2012).

Patrick et al. (2011) designed a study to create a tool to measure nurse clinical leadership based on TFL theory. To improve, healthcare nurses must act and perceive themselves as leaders. The authors discussed the need for a tool to measure nursing leadership skills and understanding to help nurses improve patient care and create empowered work environments. The authors utilized the basic tenants of the TFL theory to create a survey well-aligned with the role and education of a registered nurse. The results of the survey confirmed the construct validity of the new measurement tool. Additionally, it was found that the structural empowerment model was fully mediated with the clinical leadership model and nursing staff. The authors stated that this was an initial study and more validation of the measurement tool was needed for future research in clinical leadership (Patrick et al., 2011).

One of the limitations of the use of the theory in this study was that TFL was well understood by the authors who created the survey, but the level of understanding of the nurses was unknown. TFL theory is applicable to many professions, but the authors included only minimal discussion of how the theory was aligned with the role of professional nursing (Patrick et al., 2011). These authors applied TFL practices and aligned the nurse's practice behaviors to the nursing process, which is a standard nursing

practice used to make decisions about patient care and is well understood by every

practicing nurse.  Leadership attributes within TFL will vary with the individual

institutional culture (Leong & Fischer, 2011).  Within TFL practices, it is often difficult

to encourage individual's behavior that is responsible and preserves the institution's

social fabric (Leong & Fischer, 2011).

Significant amount of the nursing literature reflects a contemporary favoritism

toward TFL due to the current uncertain changing environments of the health care system

and the onset of the affordable health care act in the United States.  A new emerging

theoretical approach to nursing leadership has been introduced in the nursing literature

that may positively impact the role for nurse leaders.  Wong and Cummings (2009) stated

that authentic leadership with its emphasis on relationships has relevance in advancing

nursing leadership practice and research.  Authentic leadership provides a framework for

relationship-based leadership, ethical practices, and a linkage for positive work

engagement and trust (Wong & Cummings, 2009).  The creation of a more sustainable,

healthier work environment is essential, and understanding how this can be achieved is

critical for nurses at all levels and organizations where nurses practice, teach, and lead

others (Wong & Cummings, 2009).

**Strategies of Nurse Leaders in Practice**

To foster leadership strategies in practice the depth and breadth of the relationship

between follower performance and TFL was studied to determine the extent of the

relationship (Wang, Oh, Courtright, & Colbert, 2011).  The authors performed a

systematic review of 25 years of literature to determine common themes and concepts.

TFL was positively related to follower performance on an individual level.  Additionally

TFL was reported to have an encouraging effect on individuals and additionally at the overall team and the organizational levels.  Transformational leaders have the ability when guided by the theory to influence employees to perform well; often exceeding established expectations.  The positive influence of TFL has a positive impact on individual performances across leader level, organizational type, and geographic region (Wang et al., 2011).

Specific leadership qualities within transformational leaders were studied to determine the importance of leader's personal values, corporate social responsibility, and follower beliefs (Groves & LaRocca, 2012).  The authors focused on the importance of personal values as having direct influence on TFL practices.  The authors also focused on the value of corporate social responsibility within the framework of TFL to determine the extent of the relationship.  The researchers found that leaders who were self-transcendent, open to change, and fostered collective common work ethics were positively linked with TFL.  It was also found that transformational leaders were seen as more effective when they had a focus on corporate social responsibility (Groves & LaRocca, 2012).

Joo and Shim (2010) studied the influence of emotional state of empowerment on employee commitment and the outcome on organizational learning culture.  The study participants ($N = 294$) completed a survey to assess their perceptions about commitment, emotional state of empowerment, and learning culture.  The survey instrument for the study was established in the United States and has been broadly used across different cultures and regions with high levels of reliability.  The authors revealed that emotional state of empowerment and learning culture of the organization had a remarkable impact on employee organizational commitment.  The researchers reported all measures of

elements of empowerment, commitment, and learning culture confirmed acceptable levels of reliability (.80-.90).  Employees demonstrated a greater commitment when they professed greater emotional state of empowerment and a greater learning culture (Joo & Shim, 2010).  Nurse faculty leaders are accountable for designing the learning culture in the nursing programs and can enable students by encouraging on-going learning practices, team learning practices, and an essence of inquiry with an empowered classroom culture.

Grant (2012) studied how TFL increased follower's performance by motivating them to surpass self-interest.  The author proposed that TFL is a best practice in encouraging employees when they work together with the recipients of their work efforts and see how their work was important to other individuals.  The participants received training at the time of hire from the director or a beneficiary interaction, or both.  The result of the first study revealed that having beneficiary interaction strengthened the effects of TFL on the sample participants' work performance (Grant, 2012).  Grant (2012) reported on the employees' evaluation of their relationship with their supervisor related to trusting and close relationship quality scale ($\alpha = .86$).  Social job characteristic related to interpersonal feedback ($\alpha = .91$) and friendship opportunities ($\alpha = .89$) supported the finding of the positive effect of interaction with beneficiaries.

Grant (2012) designed a replication study to validate and extend the findings of the initial study.  The second study design was a field design that examined the beneficiary interaction and the relationship between employee ($N = 329$) rating of TFL and supervisors rating of job expectations (Grant, 2012).  The author reported that there was an affirmative association between TFL and supervisor rating of followers, which

was even stronger with beneficiary interaction, b = .48, SEM = .12, $\beta$ = .31, $p < .001$

(Grant, 2012). The understanding of TFL with beneficiary interaction may influence the

nurse–patient relationships or faculty–student relationships. Nurse faculty have frequent

contact with students teaching leadership knowledge and skills that could be enhanced by

direct contact with nursing students to develop clinical leadership necessary to improve

health care outcomes for their patients.

Leaders need to understand the impact TFL has on employee well-being over time

(Tafvelin, Armelius, & Westerberg, 2011). The researchers conducted two longitudinal

studies of the direct and indirect effects of TFL at 12 and 18-month time frames (Tafvelin

et al., 2011). Leaders need to have an understanding of the effect their leadership styles

and frameworks have on employee stress and well-being. TFL is relationship-based

rooted on a deep identification with the leader and the social unit that encompasses the

leadership. Contrary to the anticipated finding, the authors were unable to link a direct

effect of TFL on employee's welfare and well-being over time. However, TFL did have

a positive effect on well-being when done during a comparable time frame, which is

reliable with other cross-sectional research findings (Tafvelin et al., 2011).

The researchers revealed that the effect of the leaders' influence on workers'

health and welfare can be associated with an innovative climate in the workplace

(Hebenstreit, 2012; Johnson, 2009; Tafvelin et al., 2011). Preparation of leaders with

TFL practices is important and well aligned with healthcare, education, and other social

service settings with changing demands in learning originations (Hebenstreit, 2012;

Johnson, 2009; Tafvelin et al., 2011). The institutional or work climate has a direct effect

on the perception of well-being and success of TFL (Hebenstreit, 2012; Tafvelin et al.,

2011). For the well-being of employees, it is essential to reduce stress and prevent burnout, which is well documented in the literature and experienced in many healthcare organizations (Laschinger et al., 2010, Tafvelin et al., 2011).

Nurse educators as faculty have many domains of potential opportunity to influence students, peers and organizational processes. The experience of becoming a nurse faculty leader has frequently been described as being plunged into a leadership role without adequate preparation for these difficult situations (Horton-Deutsch, Young, Nelson, 2010). Nurse faculty leaders are exposed to assorted and numerous challenges related to the various role expectations in academia. Nurse faculty leaders have reported that to face these challenges requires time for reflection, the ability and support to persevere through difficult situations, and advancement and personal growth for learning to relate to others in new and different ways (Danna, Schaubhut, & Jones, 2010; Horton-Deutsch et al., 2010). Access to opportunities for faculty development programs and resources reflection and cultivation of relationships require time allotted in faculty workloads resources are forms of structural empowerment necessary to develop nurse faculty leaders (Horton-Deutsch et al., 2010).

Nurse faculty leaders can be the necessary link between students and executive leaders in educational organizations. Nurse faculty leaders are essential to safeguarding the quality of nursing education and positive student learning outcomes. Empowerment provides the correct tools, resources, and workplace structures to foster positive personal effectiveness and positive outcomes in organizations (Trus, Razbzdauskas, Doron, & Suominen, 2012). A systematic review of nine work-related empowerment studies correlated positively with job and role satisfaction along with perceived organizational

support for nurse leaders (Trus et al., 2012).

**Rival Theories**

In the arena of nursing, two leadership theories are prevalent; transactional and TFL styles (Sørensen et al., 2011). Transactional leadership is characterized by the day-to-day necessities and processes of the institution, unit, or clinic. Leaders are often provided financial rewards to motivate employees. This leadership style does not appear to align well with the beliefs and practices within the science and art of nursing (Sørensen et al., 2011).

A new potential leadership model on the horizon that has not been well tested and is not well understood has been described as collective leadership or shared leadership that may be suitable for nursing education. Collective leadership is a framework that consists of three structural elements of people, roles, and time that emerge through a social network of members (Contractor, DeChurch, Carson, Carter, & Keegan, 2012). The concept of shared leadership requires a structural empowerment where leadership is broadly distributed, time sensitive, informal, dynamic, and interactive in nature with shifting leadership influences among group members (Contractor et al., 2012). Collective leadership is a new leadership model being investigated that supports the convergence of leaders, followers, and their relationships (Contractor et al., 2012). This networking model of collective leadership holds a future possibility for nursing education program to consider. Collective leadership models could support the idea of shared governance expectations of accreditation organizations and the diverse expertise of nurse faculty leaders. The complex, multiple expectations of nurse faculty roles would require structural elements to be present and active in order to attain the collective goals and

outcomes of nursing programs.

The structural empowerment model could provide structures of best practices that would provide clear expectations to ensure leadership role clarity for nursing faculty leaders in the governance structures within the nursing program. For collective leadership to be effective for nurse faculty leaders, a deeper understanding of the forms of structural empowerment that enhance leadership practices must be defined. The forms of structural empowerment would assist with determining the networking interactions for the leader or group of leaders' practices to determine a required process within the context of the situation. Collective leadership is dynamic, and the leaders' practices are shaped by the networking processes, where the leader or a group of leaders apply a unique set of skills or expertise based on the situation, problem, or outcome to be achieved (Contractor et al., 2012). Collective leadership in nursing education programs can provide for different leaders that are the most appropriate for the situation and fully utilize the knowledge and skill expertise of each nurse faculty member, strengthening program outcomes. AL practices could be assimilated as each nurse faculty serves in the role of leader. SL or TFL practices seek input from followers; however, the concept does not offer the notion of rotating or disturbed leadership among group members.

Effective leadership is contingent upon finding the best fit between the leader's traits, skills, and styles along with the needs of followers within the context of different organizational environments and situations (Thompson & Vecchio, 2009). When the leader's traits, skills, and styles were selected and matched to a specific situation and the organization's goals, the best outcomes were produced (Oreg & Berson, 2011). The potential for finding a leader who is the best match at the right time for the precise

situation in the best organization may prove to be challenging and difficult in practice. When a mismatch occurs there can be undesirable outcomes or even extinction for the leader or the organization.

**Summary**

The review of the literature provides the empirical provisions for the need for a deeper understanding of the complex phenomena of structural empowerment within the context of nursing education programs. Structural empowerment within organizations provides the framework for empowering workplaces. Leadership practices have been shown to improve workforce competencies via the introduction of systematic structural empowerment programs (Thompson, 2012). There is real-world support for leadership practices in nursing to have positive influences on job satisfaction, organizational commitment, and organizational culture (Schwartz, Spencer, Wilson, & Wood, 2011). Structural empowerment has been predominately studied in nursing clinical practice environments, such as hospitals or nursing specialty areas, and has demonstrated many positive outcomes in work engagement, reduced burnout, retention, and improved work outcomes (Laschinger et al., 2010). However, many of these studies were conducted in the nursing clinical practice environments and not in the educational practice setting for nurse educators. Valuable insight and understanding about the expanding role of nurse faculty leaders can be obtained by assessing the perception of leadership practices and structural empowerment of nurse educators. Using a case study approach, this researcher seeks to understand what forms of structural empowerment are effective for nursing faculty themselves and how these forms can enhance or constrain leadership practices in nursing academic environments.

The identification and validation of leadership practices and structural empowerment among nurse educators will provide direction for the development of nurse educators' leadership development models, the creation and enhancement of empowered workplaces models in academic organizations. The future predictions of the increasing complexity of healthcare systems and expanding role of academic nurse educators and a diminishing nursing educator workforce supports the need to develop a structurally empowered workplace with requisite models to prepare the nurse educator with the knowledge, practices, and skills to be successful in the role of leader and change agent in nursing education.

**Chapter 3: Research Method**

The purpose of this qualitative multiple-case study was to address the lack of structural empowerment strategies in many nursing programs by exploring the perceptions of nursing faculty members and administrators regarding what constitute full structural empowerment for nursing faculty members. A qualitative research method was used to provide a richer understanding of the complex phenomenon of structural empowerment from the perspective of the participants. Several quantitative research methods have been conducted on structural empowerment, leadership, and workplace effectiveness (Cummings et al., 2010, Laschinger et al., 2011). However, the shape or effectiveness of these forms of structural empowerment were not explained in these studies, and the question of whether these forms enhanced leadership practices was not addressed. A qualitative method enabled the discovery of a deeper meaning of effective forms of structural empowerment. This deeper meaning may help enhance leadership practices and may provide more in-depth details about how this phenomenon is manifest in an academic setting.

The questions explored in this case study were:

**Q1.** According to the perceptions of full-time nursing faculty members, what forms of structural empowerment (information, resources, opportunity, support, informal power, and formal power) currently exist in the academic nursing environment?

**Q2.** According to the perceptions of nurse administrators, what forms of structural empowerment (information, resources, opportunity, support, informal power, and formal power) currently exist in the academic nursing environment?

**Q3.** According to the perceptions of full-time nursing faculty members, what

current and additional forms of structural empowerment could enhance leadership

practices in the academic nursing environment?

**Q4.** According to the perceptions of nurse administrators, what current and

additional forms of structural empowerment could enhance leadership practices in the

academic nursing environment?

**Q5.** What forms of structural empowerment are present in the academic nursing

environment that might enhance or constrain leadership practices, as indicated in

organizational public documents?

Chapter three provides a synopsis of the research method used for this case study.

This chapter designates the participants, the materials that were included in the study

protocol along with the specifics of data collection and analysis methods.  Chapter three

also deliberates the limitations, delimitations, and the ethical assurance for this study.

**Research Method and Design**

A multiple-case design was used for this study.  The purpose of a case study was

to explore a contemporary phenomenon of interest in a real-life context from the

perspective of the research participants (Yin, 2011).  A case-study design was suitable for

identifying themes and patterns in participant perceptions of structural empowerment and

exploring how the participants conceptualize the linkage of structural empowerment and

leadership practices (Cozby & Bates, 2012; Yin, 2014).  A case study is best suited for

exploring contemporary problems when the researcher is unable to control the pertinent

behaviors of participants in complex study environments (Yin, 2014).

Data were collected for the study by means of open-ended, semi-structured

interviews and document review.  In a qualitative study, the researcher is the primary

instrument for data collection during the interview process and must be aware of potential

biases (Yin, 2011). As the researcher, I was not directly immersed as a participant in this

study, and there was no direct behavioral observation of participants at the study site.

The elimination of the researcher as a participant prevents over identification with

participants (Yin, 2011).

Kanter's (1993) model of structural empowerment and leadership practices served

as the theoretical framework to guide the study. Quantitative studies of many

applications of Kanter's structural empowerment model have shown improvement in

workplace effectiveness, job satisfaction, psychological empowerment, and innovative

behaviors, but potential links between conditions of structural empowerment and

leadership practices in nursing have not been investigated qualitatively (Laschinger et al.,

2010; Patrick et al., 2011). Leadership practices of faculty and nurse administrators may

vary within the context of their organizations, and structural forms need to be effective in

rapidly changing work environments such as those being experienced in healthcare and

education (Warrick, 2011). The use of a case study design is common when the intent of

the qualitative research is exploratory, when the researcher has limited control of

behavioral events, and when the context of a complex social phenomenon is not apparent

(Yin, 2014).

A purposeful sample was selected from two accredited, state-funded, pre-

licensure nursing programs in the Mountain West part of the United States. Rather than

gathering data from a large sample, qualitative researchers use purposeful sampling with

smaller samples to enable a deeper and richer quality of data (Patton, 2002; Yin, 2014).

In addition, purposeful sampling was used to support exploratory inquiry rather than

hypothesis testing (Yin, 2014).

Because structural empowerment infrastructure and resources likely vary as a function of the academic environment (Wallace et al., 2011) one study site was a community college and one study site was a university. One nursing administrator and seven full-time nurse faculty members were selected from each program. All participants were employed full time for at least 1 year at the study site and had between 3 and 20 years of experience as nurse educators. Part-time or adjunct nurse faculty members were excluded from this study because faculty interactions occur less frequently among part-time educators than among full-time educators and because the nature of the governance and structural processes differs between the two groups.

Potential participants were selected and recruited through e-mail and faculty meeting announcements at the two participating sites. Open-ended, in-depth, semi-structured, in-person interviews were conducted with the participants (Yin, 2014). Participants were asked for permission to audio-record the interviews. These recordings enabled a rich, comprehensive review of the data to facilitate the development of themes during the analysis phase (Yin, 2011).

The unit of analysis was each nursing program study site. Participants in this study were full-time nurse faculty members and nurse administrators employed in a nursing program accredited by the ACEN or the CCNE. To meet accreditation standards, a nurse faculty member can be employed in a nursing program in a public or private university, community college, or for-profit educational organization. ACEN (2013) and CCNE (2013) accreditation standards were chosen for the study because the accreditation standards require faculty participation in the governance of the nursing programs.

Additionally, the ACEN and the CCNE have set standards for faculty qualifications and academic practice, as well as for the organizational structural process and practices within nursing education programs.

The use of multiple data sources is strongly recommended for case studies (Yin, 2014). The use of triangulation with multiple sources increases the reliability of the data collection and pattern matching. Credibility was addressed using multiple sources of evidence, including nurse faculty members, nurse administrators, and program documents. Member checking, in which participants review the interview transcripts, was conducted to ensure dependability. The theoretical concept of structural empowerment and leadership was the framework for transferable findings that can serve as analytical generalization. The use of Kanter's theory (Kanter, 1993; Laschinger et al., 2011) of structural empowerment in this multiple-case study supported the transferability of the research design (Yin, 2014).

Questions were asked about how the conditions of structural empowerment found at the study site facilitated or constrained faculty leadership practices associated with nursing program outcomes. The goal was to provide a deeper understanding of how structural empowerment and nurse-faculty leadership practices were perceived. These perceptions did make it possible to identify opportunities for nursing program administrators to use structural empowerment to enhance leadership practices among nursing faculty members.

In addition to the interviews, institutional and public documents that referenced structural empowerment tools and resources for nurse faculty members at the research sites were reviewed. These documents included college governance structures, job

descriptions, promotion and tenure documents, nursing program outcomes, leadership course syllabi, and reporting structures associated with organizational structural policies and procedures.  The nursing program sites selected for this case study had current national nursing accreditation by ACEN or CCNE accreditation organizations.  The program site documents selection was based on ACEN or CCNE national nursing accreditation standards related to program governance.  These documents were used to explore structural conditions and types of leadership practice at the study sites.  The use of multiple sources of evidence increased study validity and supported triangulation as a way to search for converging findings (Yin, 2011).

**Population**

The selection of nursing program site and the population for this case study was a purposive sampling (Yin, 2011) selecting groups that display divergence on the problem being explored.  The population selected for this study was to ensure that the participants did represent the key members of the population and that the construct of structural empowerment within the specific context of nursing education programs.  The selection of nurse faculty members and nurse administrators did ensure divergence of the population.  The participants in this study were distinctive in that they were employed in nursing education at a state-funded organization in a higher learning setting.  These participants were employed and teaching in a nursing program at a community college or university setting where the majority of nursing education is currently being delivered.

**Sample**

Non- probability purposeful sampling was appropriate for this study because the research gave emphasis to a specific nursing educational program setting that required an

attentive selection of participants from a specific organizational setting. The settings for this research included a nursing program in a community college setting and a nursing program in a university setting. Purposeful sampling permitted the researcher to interview nurse educators and administrators essential for this specific study (Patton, 2002; Yin, 2011). Purposeful sampling permitted selection of interviewees with the necessary experience and knowledge, who were able to divulge a deeper understanding of the phenomenon being explored. Since this study did not seek to test a hypothesis but to explore and discover deeper understanding of the phenomenon, purposeful sampling was justified (Yin, 2011). Purposeful samplings in qualitative research frequently have smaller sample sizes, and strive to achieve quality over quantity of data collection (Patton, 2002; Yin, 2011). A smaller sample size has a practical application, and the exact number for the sample size was difficult to determine prior to the start of the study.

**Materials/Instruments**

Before data collection began, written permission was obtained from the Institutional Review Board (IRB) of Northcentral University and participating academic organizations to conduct the study. A letter of cooperation was acquired with the nurse administrator at each program site to ensure access to faculty contact information and key internal documents. Appendix A provides returned letters of cooperation confirming nursing programs directors who were able to participate in this case study with more than the required participants necessary to complete the study. To recruit participants, nurse administrators were contacted and asked to provide a list of e-mail addresses of qualified nurse faculty members. E-mails were sent to the faculty members and nurse administrators with a detailed explanation of the case study and informed consent form.

The forms included an explanation of the study purpose, participation requirements, potential risks of discomfort, potential benefits of participation, assurances of anonymity and confidentiality, and the right to withdraw. The participants were provided with adequate information about the case study purpose so that they could make an informed choice regarding whether to participate. Participants were informed that participation was voluntary and that they could withdraw from the study at any time without penalty. A screening interview was conducted by contacting potential participants by phone. The screening interview ensured that the participants satisfied the study's criteria for inclusion and willingness to participate. After participants returned the form, face-to-face interviews were conducted, and informed consent was obtained.

**Study protocol.** A case-study protocol was used to guide the interview process (Yin, 2014). A protocol was necessary to improve the consistency and repeatability of research procedures. The protocol consisted of an overview of the topic, a plan for interview questions for each research question, data collection procedures, and sources, and a guide for reporting case findings. The protocol was designed to align with the research questions and to assist with potential problems that may occur (Yin, 2014).

Data for the study were collected by conducting open-ended, semi-structured interviews with nurse faculty members and nurse administrators. The interview questions were designed to follow the case-study protocol. Interviews were audio-recorded. An interview guide was used, with separate questions for nurse administrators and nurse faculty members. All interview questions were guided by the research questions and the theoretical framework of the study. An interview guide was designed so that questions were pertinent, and answers were documented without bias against contrary or

unexpected findings (Yin, 2014).

The interview questions were the principal source of evidence in this study.  The interview process included guided conversational questions designed to answer the research questions of the study.  Research question one was answered with the following interview question: "As a faculty member, can you describe for me what forms of structural empowerment you have experienced in your current academic setting?  The purpose of research question two was to understand the perspective of the nurse administrator's perception of the current forms of structural empowerment.  For question two, one interview question was, "As a nurse administrator, can you describe the forms of support you have experienced in your current academic setting?"  Research question three was designed to seek information to understand the forms of structural empowerment that enhanced faculty leadership practice.  For research question three an interview question included the following: "As a faculty member what opportunities have you experienced where you have utilized your leadership knowledge, skills, or experience to serve as a leader in the academic environment?"  Research question four was designed to understand the additional forms of structural empowerment enhanced leadership practice from the perspective of nurse administrators.  An illustrative interview question was designed to ask the nurse administrator to describe an example of faculty leadership: "What empowering structures or processes in the academic environment enhanced leadership practices?"  Another interview question for the nurse administrator for research question four was, "Can you think of a time or example when the nursing program structures or process in the academic environment enhanced the leadership practices for nurse faculty?"  An interview guide was designed to promote an in-depth

dialogue with the participant so that the information needed to answer the research questions was gathered.  An interview introductory script was utilized to inform participants with an overview of the research questions that were asked by this researcher at the start of the interview.  The script provided participants with a written definition of structural empowerment and provided examples of potential leadership practices (see Appendix B) that were considered for each of the identified forms of structural empowerment.

**Data Collection, Processing, and Analysis**

Tables 1-5 provide an overview synopsis outlining each research question, the case study method for data collection, and data analyses for this research study.  Each table number corresponds to each research question as indicated by representative numbers.

Table 1

*Data Collection and Analysis for Question 1*

| Research Question #1 | Case Study Method | Data Analysis |
|---|---|---|
| Q1.  According to the perceptions of full-time nursing faculty members, what forms of structural empowerment (support, resources, opportunity, information, informal power and formal power) currently exist in the academic nursing environment? | Interview Questions: Nurse Faculty<br><br>As a faculty member, can you describe for me what forms of structural empowerment have you experienced in your current academic setting?<br><br>How do you perceive your access to resources such as time, finances, support, and opportunity for your faculty role in this academic environment?<br><br>What formal or informal power structure influences your role as faculty within the academic nursing environment? | •Code data, examine for patterns and themes or other distinct phenomena(Yin, 2014)<br><br>•Create an organizing framework using the conditions of structural empowerment for the evidence found in the data collection (Yin, 2014)<br><br>•Organize the frequency of form described in using theoretical proposition framework (Yin, 2014) |

Table 2

*Data Collection and Analysis for Question 2*

| Research Question # 2 | Case Study Method | Data Analysis |
|---|---|---|
| Q2. According to the perceptions of nurse administrators, what forms of structural empowerment (including support, resources, opportunity, information, formal and informal power) currently exist in the academic nursing environment? | Interview Questions: Administrator<br><br>• What forms of structural empowerment do you perceive currently exist in this academic environment?<br><br>• How do perceive your nursing program structure or processes empower you to be a nurse leader in your role as nurse administrator?<br><br>• What organizational structures or process do you perceive to have created barriers to your leadership practices in your role as nurse administrator?<br><br>What forms of structural empowerment do you perceive as most influencing to your leadership practices? | Code data, examine for patterns and themes or other distinct phenomena(Yin, 2014)<br><br>Create an organizing framework using the conditions of SE and leadership for the evidence found in the data collection (Yin, 2014)<br><br>Organize the frequency of conditions and practices described in using theoretical proposition framework (Yin, 2014) |

Table 3

*Data Collection and Analysis for Question 3*

| Research Question #3 | Case Study Method | Data Analysis |
|---|---|---|
| Q3.  According to the perceptions of full-time nursing faculty members, what current or additional forms of structural empowerment might enhance leadership practices in the academic nursing environment? | Interview Questions: Nurse Faculty<br><br>• What opportunities have you experienced where you have utilized your leadership knowledge, skills, or experience to serve as a leader in the academic environment?<br><br>• What types of opportunity have you experienced as a nurse faculty to develop new leadership practices?<br><br>• What specific information do you receive about the effectiveness of leadership practices?<br><br>• How do you perceive your nursing program's structure or processes empowering you to be a nurse leader in your role as faculty?<br><br>• How do you perceive the organizational structures and process have constrained your leadership practices?<br><br>What form of structural empowerment do you perceive as most influencing to your leadership practices? | Code data, examine for patterns and themes or other distinct phenomena(Yin, 2014)<br><br>Create an organizing framework using the conditions of SE and leadership practices for the evidence found in the data collection (Yin, 2014)<br><br>Organize the frequency of conditions and practices described in organization framework (Yin, 2014) |

Table 4

*Data Collection and Analysis for Question 4*

| Research Question #4 | Case Study Method | Data analysis |
|---|---|---|
| Q4. According to the perceptions of nurse administrators, what current or additional forms of structural empowerment might enhance leadership practices in the academic nursing environment? | Interview Questions: Nurse Administrator<br><br>Can you describe an example of faculty leadership in this academic environment?<br><br>What empowering structures or processes in the academic environment enhance that leadership practices?<br><br>What organizational-nursing program structures or processes would you suggest are needed to enhance leadership practices in this academic environment?<br><br>What current organizational structures constrain leadership practices?<br><br>What organizational-nursing program structures or processes would you suggest are needed to facilitate nurse faculty members to achieve program outcomes? | Code data, examine for patterns and themes or other distinct phenomena(Yin, 2014)<br><br>Research literature to create an organizing framework using the conditions of SE and leadership practices for the evidence found in the data collection (Yin, 2014)<br><br>Organize the frequency of conditions and practices described in organization framework (Yin, 2014) |

Table 5

*Data Collection and Analysis for Question 5*

| Research Question #5 | Case Study Method | Data analysis |
|---|---|---|
| Q5. What forms of structural empowerment are present in the academic nursing environment that might enhance leadership practices, as indicated in public documents? | Document Checklist Review<br><br>• nursing organizational chart, faculty job description, nursing promotion and tenure documents, program outcomes, leadership course syllabi/descriptions | A checklist will be utilized to organize the frequency of listed item found in key documents reviewed.<br><br>Research Literature using Theoretical Proposition<br><br>Kanter's Model of Structural Empowerment<br><br>Leadership Theory applying reported leadership practices |

The interview questions were field tested by two nurse faculty members and a nurse administrator prior to data collection. This field test was conducted to ensure the quality and efficacy of the interview questions. Prior field testing of the questions provided support for the credibility of the design (Yin, 2014).

Interviews were conducted in a way that created a rich dialogue of evidence (Yin, 2014). All participant interviews were conducted in a quiet, private office or small conference room at the study site. The time of the interviews was dependent on participant availability. All data were gathered within one academic semester to ensure that the academic context of the discussions were consistent for all participants (Yin, 2014). Although each interview ranged between 60 and 90 minutes, participants were requested to schedule 90 minutes to allow for any follow-up questions that were raised during the interview (Yin, 2014). At the end of each interview, responses were summarized and participants were asked to verify the accuracy of the summary (Sangster-Gormley, 2013). The interview data were recorded and transcribed verbatim after each interview for further review and examination.

The writer was the only individual conducting the interviews. No additional investigators were trained. Each interview began with a confirmation of the participant's continuing consent to participate in the study, a description of the study purpose and interview process, and an opportunity to answer any questions the participant may have about the interview.

To establish rapport and put the participant at ease, the interview started with introductory questions requesting basic demographic information regarding years of experience in nursing practice, educational level, nursing course teaching assignments,

and area of nursing expertise.  The main portion of the interview consisted of semi-structured questions that focused on the purpose of the study.  Follow-up questions were used to probe the meaning of the participants' responses more deeply (Patton, 2002).  At the close of the interview, the discussion was summarized, and the participant had an opportunity to add to or clarify the summary (Patton, 2002).

In addition to interviews, key internal documents were used as a data source for the study.  Documents providing information pertaining to leadership practices and conditions of structural empowerment were selected.  These documents included job descriptions, promotion and tenure procedures, nursing program outcomes, leadership course syllabi, and documents related to the governance structured of the nursing program.  A checklist was developed to review the key internal documents for research question five.  The checklist utilized the theoretical propositions of Kanter's model of structural empowerment and leadership theories for leadership practices during the review of documents.  The internal documents of faculty job description, course syllabi, promotion, and tenure processes were analyzed to triangulate with research questions one and three.  The governance structure and nurse administrator's job and program outcome documents were analyzed to triangulate with research for questions two and four.

**Data analysis.**  All interviews were transcribed, and the transcripts were reviewed and shown to participants.  Data were then imported into NVivo qualitative analysis software for analysis.  NVivo can provide for the unbiased identification of themes in the transcripts and prevent researcher bias during the analysis phase.  Additionally, NVivo stores data securely to safeguard participant confidentiality and to ensure that the data is available for future researchers (Yin, 2014).

The software sorted data into concepts, categories, and themes. The six conditions of structural empowerment (resources, opportunity, information, support, formal power, and informal power) were used to frame the analysis of themes and patterns in the review of interview transcripts and document review (Sangster-Gormley, 2013). The concepts, categories, and themes of perceived leadership practices were analyzed and cross tabulated with what forms of structural empowerment currently exist in the academic environment. The frequency of leadership practices and the forms of structural empowerment in the academic environment were analyzed to define the most effective forms of structural empowerment that enhanced leadership practices. NVivo enabled the creation of databases that will maintain the chain of evidence in the data.

The goal of the analysis was to answer the research questions and to explain the findings (Sangster-Gormley, 2013). A comparative content analysis was used to identify patterns and themes (Patton, 2002; Yin, 2014). The focus of the analysis was to recognize and explore all data, search for all possible explanations, center on the most important issues, and synthesize the data with personal knowledge (Yin, 2014). An iterative process was used to compare the data to the theoretical propositions of the study (Sangster-Gormley, 2013). After all of the data were collected, sorted, and categorized, findings were interpreted (Yin, 2014). Every effort was made to prevent bias by remaining open to all findings that may have been unexpected or that differed from preconceptions (Yin, 2014).

**Assumptions**

This research may provide nurse administrators with a deeper understanding about structural empowerment. This deeper understanding by nurse administrators will

enhance the application of best practices and strategies to create more effective forms of structural empowerment within nursing programs.  There is an assumption by this researcher that nurse educators and nurse administrators will provide truthful responses to the interview questions.

The results of this study have possible implications for nurse administrators, and nurse educators in nursing education programs, nursing practice, and prospective students who are seeking to enrich their leadership practices in structurally empowered workplace environments.  To effectively respond to the nursing faculty shortage and create empowering workplaces that could enhance recruitment and retention, and succession planning in nursing education, the academic nurse administrator's understanding of structural empowerment and its impact on leadership practices is critical for faculty development of leadership practices in nursing education.  Without qualified nurse educators with the leadership practices necessary to role model these behaviors, nursing graduates will lack the necessary knowledge, skills, and attitudes to meet the challenges of the every changing demand for society's healthcare needs.  The primary purpose and outcome for nursing education programs is to prepare nursing graduates with the required skills, knowledge, and attitudes to successful enter the profession of nursing prepared to provide safe, quality nursing care that leads to improved patient outcomes.  Nurse educators must be prepared and serve as leaders and change agents to achieve the goal of educating the next generation of professional nurses.

**Limitations**

A limitation of this study was that the case study is limited to one program study site at a community college and one university setting.  This limitation does not reflect

the perception of structural empowerment of nursing faculty in all academic nursing programs settings. The intent of this study was to explore the presence of structural empowerment strategies in nursing programs from the perspective of nurse educators and nurse administrators. More specifically, do these strategies enhance or constrain the leadership practices of nurse educators and nurse administrators. Consequently, the perceptions of the study participants' may not reflect the perceptions of other nurse educators or nurse administrators in other community colleges or universities.

**Delimitations**

Consideration of delimitations is essential with any study including qualitative research (Yin, 2011). A specific population for this qualitative study could have been selected from any number of participants as long as they were teaching in a nursing program. Nonetheless, the purposeful sampling methods for this study mandated the selection of a specific population from a specific type of organizational setting within a nursing program located in a specific geographical area (Yin, 2011). The purposive sampling of participant selection was envisioned to demonstrate divergence and ensure that the key participant's population would be representative of the problem to be addressed (Yin, 2011). The selection of participants could explore the construct of structural empowerment and leadership practices within the specific context of nursing education. The sampling method restricted the participants to full-time nurse faculty members and nurse administrators employed in state-funded, accredited nursing programs in the Mountain West region of the United States. Full-time faculty members and nurse administrators have the most experience with structural empowerment and leadership practices within the context of nursing education programs.

**Ethical Assurances**

Research involving human subjects must be reviewed to ensure the three broad ethical principles of respect for all persons, beneficence, and justice were addressed by the researcher (*Belmont Report,* 1979). The assessment of risk can be closely aligned with the ethical principles of beneficence and non-maleficence. Researchers must be sensitive regarding potential harm that may cause the participants distress of any nature. Fouka and Mantzorou (2011) suggested that researchers conduct debriefings if participants express high levels of distress that could include emotional, social, physical, or economic discomforts. Beneficence entails that the researcher does effective research that will serve to improve and promote the welfare of participants and society while doing no harm (Fouka & Mantzorou, 2011). The principle of justice requires the researcher to consider the issue of fairness and equity related to participant inclusion or exclusion with appropriate rationale for selection of the sample (Fouka & Mantzorou, 2011). The doctoral researcher must consider how the selection process of participants will be a representative sample of the population to be studied and the impact of selection may have on the validity of the proposed research.

The ethical principle of beneficence extends beyond the researcher to include the broader context of the organizations where the research will occur and society at large (King, 2012). The overarching principle of beneficence and doing no harm is a personal best practice to be recognized at all time as a doctoral researcher. The practice of beneficence can safeguard not only participants but safeguard the integrity and quality of the research study and the researcher.

**Informed Consent**

Informed consent is a critical ethical principle of respect for all persons when conducting research. The application of inform consent in research involves the process that encompasses the elements knowledge, comprehension, and voluntarily agreement (Fouka & Mantzorou, 2011). The declaration of Helsinki provides increased awareness for the researcher that the welfare of participants is of primary importance and always greater than the scientific demand for research completion or societal interest (WMA, 2008). The application of these ethical principles and declaration can only transpire through the self-regulation of the researcher to ensure the protection of research participants (Fouka & Mantzorou, 2011).

**Privacy and Confidentiality**

The rights of privacy and confidentiality of participants must be addressed by the researcher and should align with the ethical principles of beneficence and respect for all persons. A researcher has a duty to securely protect all information and data collected during the study (Milton, 2012). The researcher needs to determine what information may be necessary for the research design and procedures used during the study and determine how the data will be stored securely for the appropriate amount of time.

Some topic areas of research may involve sensitive information that could be harmful to individual participants or associated relationships if confidentiality and privacy are breeched. Fouka and Mantzorou (2013) suggested that anonymity and confidentiality is protected when personal information cannot be associated with the participant and the participant can freely choose to offer or withhold information being requested by the researcher. Differences of opinion on what is private information may

exist but the duty of the researcher is to respect the participant's perspective about privacy except in the case of moral duty to protect the life of another or society (Fouka & Mantzorou, 2013). The doctoral researcher applied these ethical principles in the design of the research by only requesting information that was necessary to address the purpose of the research. Collecting additional information that may be interesting but is unnecessary to contribute to the research may be considered unethical practice by the researcher, and did not occur in this case study.

The NCU approval process is guided by ethical principles involving research of human subjects to protect from undue risk, ensure the safety, protect the rights and welfare of all research stakeholders, and comply with federal regulations, the Belmont report, and NCU policy (NCU, n.d.). Prior to data collection, written permission was obtained from the IRB of Northcentral University and from participating academic organizations to conduct the study. An IRB application was completed and submitted for approval by the participating academic organizations. The researcher made every effort to conform to the ethical standards for conducting research with humans and the standards for conducting research required of the research design. Ethical consideration addressed the principles of respect and informed consent that involves adherence to the research approval processes.

Informed consent forms properly notified participants of the study's purpose, participation requirements, potential risks or discomfort, potential benefits, anonymity and confidentiality, and the right to withdraw. Potential participants were provided with adequate information and asked questions about the research to make an informed choice as to whether to participate or not. The IRB approval from all participating organization

provided assurance that ethical considerations were protected.  In this case study, the proposed research encountered the conditions of no more than minimal risk to participants (Hicks, 2011).  The information being requested from participants was directly related to the participants' participation and perceptions regarding the research topic and associated practices with no deception or manipulation (Hicks, 2011).

The informed consent is a required element of the research process.  Research consent forms provided participants with the purpose of the study, description of what the participants was being requested to do, the benefits or potential risks of harm as part of participating in the research, and the freedom to withdraw at any time during the study (Bailey, 2012).  The design of the research focused on the major ethical consideration of privacy and confidentiality of participant's responses to interview questions.  The intent of the researcher was to protect the anonymity of participant's responses regarding leadership practices and perceived structural empowerment during data collection and after the study.  All participants were assured of anonymity and precautions were put in place to safeguard privacy and confidentiality (Yin, 2011).  A signed and dated consent form was obtained from those who choose to participate in the study.  A private room was used to conduct the interviews.

Data results were separated from any identifying information to ensure participants' rights to privacy and will not be reported at any time.  All data were coded and were not linked to individual participants.  The coded data was only accessible to the researcher associated with this study.  The recorded data were destroyed after the transcripts were compiled and no longer required for data analysis.

**Summary**

Chapter 3 provided a synopsis of the methods that were applied in this exploratory study. This chapter discussed the research method and design, a description of the research questions and how these research questions were explored through the application of a study protocol. In addition, this chapter provided a discussion of the assumptions, limitation, delimitations, and ethical considerations for this study.

Nurse faculty members serve in a leadership role and have the responsibility for the development and the education of the next generation of professional nurses (Benner et al., 2010). According to SET, the conditions of the workplace have a direct effect on an individual's leadership skills (Johnson, 2009). A structural empowerment model for nursing faculty members can enhance leadership practices (Patrick et al., 2011). The problem to be addressed in the proposed study was the lack of structural empowerment strategies in nursing programs (McNamara, 2009, Roughton, 2013). Without clarification regarding effective strategies of structural empowerment, nurse administrators may continue to fail to offer effective structural empowerment models, and the retention and succession planning of nurse leaders will be impeded (McDermid et al., 2012; Roughton, 2013).

The purpose of this qualitative multiple-case study was to address the lack of structural empowerment strategies by exploring the perceptions of nursing faculty members and administrators regarding what constitute full structural empowerment for nursing faculty members. The following areas were investigated: The structural empowerment forms perceived to exist in the current academic nursing environment, and additional forms of structural empowerment that may enhance leadership practices in the

current academic setting.  Participants included a purposeful sample of full-time nursing

faculty members and administrators in two accredited pre-licensure nursing programs

located in the Mountain West area of the United States.  From each program, seven

community-college faculty members, eight university faculty members, and one nurse

administrator were selected to participate in open-ended, in-depth, semi-structured,

individual, face-to-face interviews.  An interview guide was used to focus the interview

questions.  Public documents were also reviewed, including job descriptions, promotion

and tenure procedures, nursing program outcomes, leadership course syllabi, and

documents related to the governance structure of the nursing program.  The data collected

were coded and analyzed with NVivo to determine themes and patterns.

**Chapter 4: Findings**

The purpose of this qualitative multiple-case study was to address the lack of structural empowerment strategies in many nursing programs by exploring nursing faculty members' and administrators' perceptions regarding what constitute full structural empowerment for nursing faculty members. The researcher of this study was interested in seeking answers to the following the following research questions:

**Q1.** According to the perceptions of full-time nursing faculty members, what forms of structural empowerment (information, resources, opportunity, support, informal power, and formal power) currently exist in the academic nursing environment?

**Q2.** According to the perceptions of nurse administrators, what forms of structural empowerment (information, resources, opportunity, support, informal power, and formal power) currently exist in the academic nursing environment?

**Q3.** According to the perceptions of full-time nursing faculty members, what current and additional forms of structural empowerment could enhance leadership practices in the academic nursing environment?

**Q4.** According to the perceptions of nurse administrators, what current and additional forms of structural empowerment could enhance leadership practices in the academic nursing environment?

**Q5.** What forms of structural empowerment are present in the academic nursing environment that might enhance or constrain leadership practices, as indicated in organizational public documents?

This chapter presents the results of the qualitative analysis conducted purposely to answer the research questions. In addressing the need to evaluate the data results, the

researcher re-examined the findings in the context of the framework and condition of structural empowerment.  This chapter contains the categories and themes associated with the six conditions of structural empowerment (resources, opportunity, information, support, formal power, and informal power) from the transcripts of the participants' face-to-face interviews.  In addition to the face-to-face interviews, public documents of the two nursing programs sites were reviewed to triangulate relevant interview data from both the administrators and faculties.  The summary of relevant findings ends this chapter.

**Results**

Two nursing program sites were selected to understand the concept of structural empowerment within the specific context of nursing education programs.  From these sites, the researcher selected the participants who were currently employed and teaching in nursing program at a community college or university setting where majority of nursing education is currently being delivered.  A non-probability purposeful sampling technique was used to recruit 15 nursing faculty members and two administrators.  In this study, these participants were coded following the order site number (S#) and educator number (E#) or administrator number (A#).  Table 1 shows the demographic profile of the participants in this study.

Table 6

*Demographic Profile of the Participants*

| Participant Code | Gender | Age | No. of years as educator | Highest Educational Attainment | Clinical area of expertise |
|---|---|---|---|---|---|
| S1E1 | F | 31 | 3.5 | MSN | Obstetrics, worked med surge. |
| S1E2 | M | 46 | 9 | MSN, JD Law | ER, Med/Surge, Psych |
| S1E3 | F | 58 | 22 | MSN | Peds/Fundamentals |
| S1E4 | M | 45 | 6.5 | MSN | ICU |
| S1E5 | F | 59 | 6 | MSN | ICU, Geriatrics, LTC |
| S1E6 | F | 57 | 30 | MSN | Maternity nursing and Med/surge. |
| S1E7 | F | 57 | 15 | MSN | General Med/Surge, Oncology |
| S1A1 | F | 40 | 29 | PhD | Pediatrics |
| S2E1 | F | 41 | 5 | MSN DNP, APRN | Pediatrics |
| S2E2 | F | 35 | 5 | MSN Doctorate student | OB |
| S2E3 | F | 58 | 9 | MS, Nursing Education, not an MSN, PhD in Higher Education. | Critical care |
| S2E4 | F | 53 | 10 | PhD in nursing, Master's in Family and Human Development/Nursing | Med/surge, oncology/chemo nurse. |
| S2E5 | M | 60 | 14 | MSN | Gerontology |
| S2E6 | F | 55 | 20 | MSN | Operating room, nursing administration, OR nurse |
| S2E7 | F | 65 | 10 | PhD | Critical care, informatics, clinical information director at area hospital. |
| S2E8 | F | 65 | 24 | MSN, PhD | Med/surge, clinical practice is teaching for the past 20 years. |
| S2A2 | F | 67 | 16 | EdD- Education, MSN | Homecare |

As shown in Table 1, 14 or 82% of the participants from the two sites were

female, whereas three of the participants were male. In terms of highest educational

attainment, site 2 exhibited the highest number of participants who had acquired and/or

were pursuing doctoral degrees in nursing. Participants from site 1 registered the highest average years of experiences (15 years) as an educator when compared to site 2, which only showed an average of 12.5 years' experience. Based from these demographics, the researcher was able to reach the required data saturation in answering the research questions of the study.

The researcher utilized two procedures in determining the data saturation of the collected data. First, the researcher planned to interview only five faculty members at each nursing program site. However, during the actual data collection procedure, the researcher opted to recruit an additional number of nursing faculty participants to cover perspectives that have not been mentioned by the first five participants. As a result, a total of seven faculty members at site 1 and eight at site two participated in the study. Secondly, the researcher evaluated the content of the interview transcriptions of the participants. The researcher transcribed the 20-hours audio recording of all the interviews conducted. Most of the interviews lasted an average of 65 minutes, with only one 35 minute interview and a 90-minute interview from the participants of Site 2. The transcriptions of the 17 interviews generated a total of 151 pages of transcribed data. From these transcriptions, the researcher reviewed the textural information word-by-word and line-by-line to ensure that all required data in this study are coded and considered in the thematic analysis. Upon thorough review of the codes generated from the transcribed interviews of the faculty members and administrators, no new information was revealed. An acceptable number of participants from each two sites offered confirmation for each of the codes identified during the data analysis. The subsequent section presents the emerging themes and elements of the themes per research questions.

**Q1.** Three interview questions were posed to capture empirical answers for Research Question 1. These interview questions were: (a) As a faculty member, can you describe for me what forms of structural empowerment have you experienced in your current academic setting?; (b) How do you perceive your access to resources such as time, finances, support, and opportunity for your faculty role in this academic environment?; and (c) What formal or informal power structure influences your role as faculty within the academic nursing environment? The responses of the participants to these three interview questions generated two themes. These themes are: (a) Indicative structural empowerment in the academic nursing environment, and (b) General policies in the nursing department limit classroom leadership practice.

***Theme 1: Indicative forms of structural empowerment (SE) in the academic nursing environment.*** Five elements constituted the first theme. These elements are: (a) autonomy in classroom teaching, (b) opportunities to participate in the decision-making process, (c) availability of teams for collaborative work, (d) opportunities for professional and career development, and (e) provision of capability-building activities. These elements emerged from the transcripts of the seven participants in site 1. Table 2 shows the resulting elements for theme 1.

Table 7

*Theme 1: Indicative Forms of Structural Empowerment in the Academic Nursing Environment*

| Elements | # of occurrence | % of occurrence |
|---|---|---|
| Autonomy in classroom teaching | 12 | 80% |
| Creation of school committees | 12 | 80% |
| Opportunities for professional and career development | 12 | 80% |
| Opportunities to participate in the decision-making process | 12 | 80% |
| Availability of teams for collaborative work | 12 | 80% |
| Provision of capacity-building (e.g., mentoring) | 10 | 67% |

The first element, *autonomy in classroom setting*, suggested that 80% nursing educators or 12 participants were allowed to teach the learning materials that they considered beneficial to students' positive learning outcomes.  S1E1 described this level of autonomy as:

I think they do a good job in providing us with autonomy in our teaching which allows me to direct the education that I think that the students need.  There is a lot of autonomy within the curriculum to teach what we want to.

Majority (6 out of 8) of the participants with high number years of experience at site 2 described this autonomy with accountability.  Participant S2E6 said, "They do allow you autonomy as far as how you meet your outcomes…they do give you a certain amount of accountability as far as your formal power goes." S2E5 shared that her supervisor gave the faculty the high level of autonomy.  S2E5 described the working relationship as, "we would discuss what the goals needed to be and then would say, go forth and do, report back to let me know when you have problems." S2E5 stressed that the leader was not

doing micromanaging. Instead, site 2 chair, as described by S2E5, gave the faculty the opportunity to participate, and set and implement the goals at their own work pace, but only if they met their goals. Note that the concept of accountability emerged among tenured faculty members and that faculties who taught for less than 6 years viewed that autonomy in classroom teaching is a policy set forth to meet the accreditation requirement.

The second element, *creation of work committees*, suggested that leaders in these schools are not micromanaging the nursing program. A majority, or 12 participants, shared that the leaders designated the work responsibilities, particularly work that required team effort. S2E3 shared that with the creation of the committee; the decision-making process was shared and owned by the group. S2E1 said that the faculty members "have the opportunity to serve on committees, self-select for committees that they are interested in participating on." S2E3 described that while faculty "do not feel that they were consulted at all times," S2E3 emphasized that decisions were conceptualized based from faculty input. S2E3 recalled that joining the committee provided her with the "chance to give nursing a voice. When in the past we may have been viewed as large but annoying, and I have the chance to say hey I am educated, I have my PhD just like you do." S2E1 added that with the designated work responsibilities in the committee, informal and formal power existed. S2E1 stated that this power was particularly observable during the evaluation and curriculum development.

The third element, *opportunities for professional and career development*, emerged after a majority of the participants, or 12 of the participants, shared that the administration assigned leadership positions to the nursing faculty. Note that the formal

leadership positions allow the nursing faculty to access the funding meant to directly

support the college while indirectly helping these nursing faculties earned professional

advancement. Taking leadership positions in the nursing program allowed these faculty

members to experience either formal or informal leadership positions after their term of

office. For instance, S1E3 shared:

> I have had the opportunity to be a mentor, student coordinator, kind of a
> leadership position. And that kind of branched out to readmission committee and
> things like that. Had an opportunity to have leadership within the nursing
> program.

> SIE1 shared that the school provided her with opportunities to build her capacity

in leadership and technical skills. She said that there was "lot more money for continuing

education; I feel like they have more resources." She further stressed, "I would not get

the same opportunities there that I have had here, I have not felt that way." She

highlighted that the school sent her to "national conference on obstetrics last summer and

got to national nurse educator's conference in our state this summer." She said, "There

are professional development on campus every single week 1 hour sessions that we can

attend." Furthermore, S1E1 stressed that the nursing program implemented mentorship

program for novice nurse educator. S1E1 said that with the help of the mentor, novice

nurses conduct their research and applied the result in their classroom. S1E1 said, "Mine

is implementing homework assignments to try and get them more engaged in reading

their textbooks and to see if that shows more in class engagement or in classroom activity

engagement and also improved test results."

The fourth element, *opportunities to participate in the decision-making process*,

captures the idea that the nursing program administrators provided a working environment where academic stakeholders or 12 participants were heard and consulted concerning issues in the academic setting. Both of these institutions encouraged their faculties to join in professional organizations and attend conferences to participate in matters that affect teaching and their roles in nursing leadership. S2E8 shared "we always get the encouragement to participant in professional organizations." She said that joining these organizations gave them the opportunity to take leadership roles. SIE1 described that their leaders are all visible in the campus. S1E1 said, "Visible leadership, our dean, vice president, nursing director very available as well as student services person, are available to us and we have a relationship, not just when we have issues that we see them." SIE1 further identified that weekly faculty meetings is "a structural empowerment which allows us to have a voice in decision making."

The fifth element, *availability of teams for collaborative work*, emerged after 12 of the participants shared that they have been supportive toward their colleagues. S1S2 used the term "teamwork" to describe how he approached other master teachers every time he encountered issues in teaching. S1E2 said:

> We work well as a team. Within psych or med surge whatever there are experts in certain area that I can go to and that is allowed and that is encouraged to mingle like that and to get information from the expert so to speak.

Site 2 participants noted that collaborative undertaking was encouraged at their institution. S2E4 shared her experiences in working with course projects with her colleagues. She said:

And we worked through the box, the technology (a shared network) of the box, where people could communicate, people could put things there, even our tests we worked in a collaborative way, so they have a strong validation and they have a high reliability score because of everybody working and that was my favorite part because we turned out such an awesome project and awesome course.

The sixth element, *provision of capacity-building programs*, emerged after 10 of the participants narrated that the institutions implemented programs that allowed faculty in junior leadership positions to be mentored by senior leaders.  Mentoring for S2E7 meant working their best to help other colleagues.  S2E7 said that presence of empowerment could be observed when "there is more of camaraderie that you see at a lot of faculty."  She added that an empowered faculty is helpful in resolving teachers' teaching difficulties.  She said, "So people will generally run in to help you if you are having a lot of problems if you are willing to take help and support you."

S2E6 shared that she was mentored by her former nursing director.  She said, "Though nursing director has been really good, I have come up and talked to the nursing director a couple of times, and she has given me some direction and I have been given some formal direction from."  She said that there were a couple of times that she received mentoring from mentors who were she found difficult to deal with.  S2E6 narrated that those mentors gave her the capacity to mentor other new junior colleagues.  She offered an experience where her former mentors were amazed at her suggestion in developing an effective mentoring program.  She said:

Well when I presented it to them their eyes got very big, wide open and one of them says that is exactly what we need for our mentoring for our next

accreditation visit which is coming in the fall. So I got just the opposite reaction

of what I was coached of what I would get.

S2E8 emphasized that while there is mentoring program in the institution, she said that

there is "a need for more pressure put on new faculty and mid-career faculty to step in."

### Theme 2: General policies in the nursing department limit classroom leadership

*practice.* The second theme emerged from the responses of the participants concerning

the formal or informal power structures that influenced their roles as faculty within the

academic nursing environment. Theme 2 suggested that the general policies set by the

administrators hindered the participants from practicing leadership in their classroom.

Two elements were found, namely (a) limited autonomy and access of using other

teaching strategies, and (b) barred creative classroom teaching.

Table 8

*Theme 2: General Policies in the Nursing Department Limit Classroom Leadership Practice*

| Elements | # of occurrence | % of occurrence |
|---|---|---|
| Barred creative classroom teaching | 7 | 47% |
| Limited autonomy and access of using other teaching strategies | 6 | 40% |

The first element, *limited autonomy and access of using other teaching strategies*,

suggested that although the faculty members were provided with the autonomy to teach

materials necessary for the student, six of the participants remained less empowered in

several things. S1E1 said:

I have a lot of college educators in my family and that surprised me of how little

autonomy I had in making decisions about my class. I can decide how I want to

teach it, but cannot decide how to access it at al. That is hard for me, because I have a lot of things that I would rather do but cannot do, I do not know if that is informal power or formal power, policies the nursing department has decided to implement, do not give any points for anything except exam questions. We cannot do in class activities, or papers or other assessment techniques and use those for assessments so that is an example of the limitations in having that autonomy.

In the case of site 2, the participants shared that limitations were inherent in the programs and policies of the nursing department. S2E8 shared that while their institution had resources to finance professional development programs, "There is certainly a limit to what is available to faculty in terms of resources... there is methods and mechanisms because there is many opportunities for money here at this university. However, new faculties find these opportunities 'daunting' to avail."

The second element, *barred creative classroom teaching*, emerged from seven of the participants suggested that with the implementation of policies governing classroom curriculum that they were barred from using innovative teaching strategies. S1E1 said:

I think that it creates limitations in teaching strategies. Students do not value for what they do not get points for. So how do you be creative in the classroom when all that you do is give them tests. That kind is a challenge for me, but course this is the challenge for nursing school, because it is so NCLEX focused. It is a balance I guess.

In the case of site 2, "innovative teaching methods" were encouraged. S2E5 shared:

We have a lot of campus departments that support us in our teaching, teaching

learning forum, we have our organization's on line team that is always bringing new technology, that we can use in the on line classroom and even within the regular face-to-face classrooms.

These innovations are evaluated annually in the form of peer review, to determine effectiveness.  S2E5 said, "We do get feedback we have our annual performance reviews that are done by our immediate directors."

**Q2.**  Four interview questions were posed to capture empirical answers for Research Question 2.  These interview questions were: (a) What forms of structural empowerment do you perceive currently exist in this academic environment?; (b) How do perceive your nursing program structure or processes empower you to be a nurse leader in your role as nurse administrator?; (c) What organizational structures or process do you perceive to have created barriers to your leadership practices in your role as nurse administrator?; and (d) What forms of structural empowerment do you perceive as most influencing to your leadership practices? The participants' responses to these four interview questions generated five themes.

***Theme 3: Empower subordinates in leadership position.***  S1A1 shared that as a leader, she wanted her subordinates to "rise to leadership." She shared how her faculty coordinator took active roles in leadership.  She described her working relationship and how they managed their tasks:

> We hire together, I pull off their applications, but the faculty coordinator really scrutinizes applications and focuses on and would this be a good fit for our group? Interview together, and she has all the say would this be a good person us.  She has a lot of formal power.

Empowerment in the case of administrator 2 can be seen in the structured programs in the nursing department.  S2A2 said that compared to the previous years, financial resources to finance faculty development were scarce.  S2A2 narrated that "I can use funds to send faculty almost anywhere they want to go throughout the year, maybe limited to two times a year." She also said that external funding was helping the university in financing the professional development of their tenured faculty.  Concerning informal means of empowering their faculty, S2A2 shared that her management styles allowed subordinates to participate in the administrative functions.  She said that she allowed her subordinates to do more than what was required in their jobs.  She further stressed that faculties were rewarded in the form of promotion.  She said, "I like them to go forward just do their job and come back to me and report.  This provides opportunity for those that want to move up.in the organization, for those who want more responsibility."

S2A2 further shared that empowerment of subordinates could also be seen in the participation of the faculty in terms of improving the programs and policies of the department.  S2A2 shared that the faculty were tapped to modify the policies appropriate to the needs of the educational stakeholders.  S2A2 said that, "we're constantly modifying those as you find out that they may not be as clear as you expect them to be." These program and policies include "faculty manual, orientation…mentoring we do with new faculty." These new policies are now implemented and awaiting evaluation.  S2A2 concluded that, "I think that that is part of the empowerment that faculty has enjoyed. They have been able to create.  It's their creation."

***Theme 4: Access to resources and other information opportunities.***  The

administrator of Site 1 claimed that the college ensured that all staff members were provided with the necessary resources they needed to function. S1A1 stated that a simulation laboratory had provided them with the opportunity to interact with state-of-the art facilities. S1A1 said:

> We are fortunate to have the lab where we can look on the video and see what is happening, and discuss things with students and so I think that the college has provided us with funds for that and so that structure has been helpful.

The administrator of Site 2 shared that opening a program of nurse practitioners allowed their staff to "move forward with an increasing level of education." S2A2 posited that people working in their college have informal power that can be tapped for professional opportunity. S2A2 further shared how she earned additional professional knowledge while working in the department. She noted that structural empowerment was also evident in the funding opportunities the institution received from various sources. She articulated that these opportunities brought formal and informal powers. From these opportunities, faculties have "the opportunity to go to school…for instance I didn't pay a dime for my doctorate it was covered by the grant and the school of nursing."

***Theme 5: Chain of command.*** S1A1 claimed that all administrative procedures and resolutions of college issues followed a hierarchical flow of command. She cited an example: "Student coordinator has to meet with the students, and then meet with the program director, then to the dean to follow a chain of command. What the student coordinator really does is directs, her power comes from really directing students to resources."

While S2A2 also shared the chain of command observed in the institution, she

emphasized the participation of the faculties in the overall conceptualization and implementation of the program. She articulated that committees were organized to help the administration improved the program and policies. Inputs from various committees are then evaluated by the director and other peer review bodies.

   *Theme 6: Power and positions are structures that provide formal power.* When asked about the formal structure or processes that empowered her role as administrator, S1A1 identified her formal position as an influencing factor driving her to lead. She said:

   I think the structure and the things that we have in place give me the freedom to

   actually do the behind the scenes things like right up the reports, and um do

   classroom visitations. We have a new um policy, policy I guess is the right word.

   S2A2 shared that holding fulltime admin had been "extremely helpful" in the management of a large organization. S2A2 said, "I need a lot of help from different directors in the program. I have support from our dean to grow, to come up with new ideas, implement them ….almost without question." Her position gave her the opportunity to impose innovate ideas in improving program policies.

   *Theme 7: Pay system affects motivation of nurses.* When asked about the organizational structures that hindered leadership practices, only S1A1 considered the pay system as a factor that affected faculty nurses' motivation. She said that "pay system that is one thing that has been a frustration for the entire whole system." She claimed that the current pay system was not sufficient for the demand of work. S2A2 did not indicate issues concerning the pay system. For S2A2, all funding due to the faculty were allocated and provided.

   **Q3.** Six interview questions were posed to capture empirical answers for

Research Question 3. These interview questions were: (a) What opportunities have you experienced where you have utilized your leadership knowledge, skills, or experience to serve as a leader in the academic environment?; (b) What types of opportunity have you experienced as a nurse faculty to develop new leadership practices?; (c) What specific information do you receive about the effectiveness of leadership practices?; (d) How do you perceive your nursing program's structure or processes empowering you to be a nurse leader in your role as faculty?; (e) How do you perceive the organizational structures and process have constrained your leadership practices?; and (f) What form of structural empowerment do you perceive as most influencing to your leadership practices? The analysis of these interview questions generated two themes. These themes are: (a) opportunities in taking the leadership role and (b) factors affecting the development of leadership role.

> **Theme 8: Leadership practices that enhance structural empowerment.** Theme 8 emerged from the three elements identified in the study. These elements are: (a) tapping of innovate ideas through consultation, (b) faculty networking, and (c) strengthening of policies and programs on empowerment.

Table 9

*Theme 8: Leadership Practices that Enhance Structural Empowerment*

| Elements | # of occurrence | % of occurrence |
|---|---|---|
| Tapping of innovate ideas through consultation | 13 | 87% |
| Faculty networking | 12 | 80% |
| Strengthening of policies and programs on empowerment | 10 | 67% |

The first category, *tapping of innovative ideas through consultation*, emerged from the responses of 13 participants. This category suggested that knowledge, skills,

and nursing experience have been used to take proactive role in guiding the learning outcome in class. S1E1 identified that this degree of freedom could be experienced in the classroom. She shared that she was able to share the teaching strategies with other colleagues. She said, "I co-teach this class with two other instructors and I am the one who does that in this class and I am trying to lead by example to change their lecture."

S1E4 shared feeling that he took the leadership role when he introduced and practiced simulation in the classroom. He said, "I was a big implementer of our simulation here…coming up with new scenarios, um, trying to implement more simulation all together, throughout the program, realizing its worth to the students."

Site 2 participants indicated a structured system where faculty consultation was practiced. S2E1 shared that she had been bestowed with opportunities to share her ideas and plans with her colleagues. She described the system with flexible policies and programs that could be modified according to students' needs. S2E1 described her leadership experiences in the following manner:

> But where there is flexibility in terms of how we get things done, how we create a model for an excellent program, how we build programs. And so just listening in terms of deadlines, what faculty need but what I need in from a program, and to come together as flexible as possible in terms of innovation and creating a really um, overview of. So for example, I just created a strategic plan for the next 5 year. And it is an innovative in terms of how to grow the MSN program, how the meet community needs as well as student's needs. But I am taking it back to the faculty, and my hope is that it will be a faculty, the final decision will be faculty driven.

The second category, *faculty networking,* emerged after 12 participants said that leadership in the academe was experienced when colleagues outside and inside the campus were consulted concerning topics within the field of expertise. S1E2 shared that she consulted other faculty in topics that were beyond her specialization. S1E2 said:

> I kind for mentioned I before that if I am teaching a topic that I am not so strong on I ask someone else and in the same respect, I am the ER nurse I have this emergency nurse kind of thing that would be my role that this what they are talking about and what they should be doing. A leader in everybody's specialty area. People come to me with psych questions.

S2E7 described this type of academic environment as "I think that there is cohesion within the faculty, they are friendly to each other, people stop by offices and talk to each other."

S2E8 shared that her educational organization encouraged the faculty to consult in professional governing bodies. She said, "The job also allows me to pursue outside leadership and so I consult on accreditation."

The third category, *strengthening of policies and programs on empowerment,* emerged from 10 of the participants' responses that suggested the need to consistently improve the programs and policies concerning empowerment. This was done based on regular consultations with the faculty as well as evaluation of the implementation of these policies and programs. S2E5 described this initiative by stating: "There is a document now that just needs to be signed that says if you are doing, any paid work outside, whether it be consulting or clinical practice outside of or during the hours of your job." S2E5 further described the process by which the organization strengthened their policies

and programs that involved teachers and students' empowerment.  She said:

> We also have the evaluations that our students um, do and those then we find out
>
> if there is an area that we need to improve in then resources are given to us may
>
> go to a conference, or some suggestions I don't know if the teaching is low, go
>
> and watch somebody else teach or work with this individual, and then the support
>
> is provided, depending upon what it is.  Um, we now have a peer review process
>
> that is more tied to our recent curriculum revision.  Um, where we are evaluating
>
> how we are doing teaching our new concept based curriculum.

***Theme 9: Factors affecting the development of leadership role.***  Theme 9
emerged from the six elements of SE identified in the study.  These categories are: (a)
availability of professional development programs, (b) faculty evaluation and informal
feedback, (c) organizational structure, and (d) autonomy in work.

The first category, *availability of professional development programs*, emerged
after 100% or 15 of the participants suggested that activities building the capacity of the
individual in leadership are influential in the development of leadership practices in the
academe.  S1E2 shared:

> I had the opportunity to attend nurse attorney conference a few weeks ago that
>
> was very helpful to issues that the nurses run into that I can then share with the
>
> students, guess what you are about to be nurses and this is what you are going to
>
> run into.  Through the nursing simulation center, I learned so much about
>
> simulation that I would not have gotten here.  Having gotten this experience I was
>
> able to be beef-up the simulations that I run here run them better.  Somewhat of a
>
> leader in simulation here in this department.  Nurse educator's conference, we go

up there and learn different ways to teach, it is helpful. Not just what I have done

most of the faculty go.

Site 2 participants emphasized that professional development programs were

conceptualized by faculty through the faculty development committee. S2E6 stated that

the system encouraged non-tenured faculty to lead the committee. S2E6 shared that she

was invited to lead the committee after two of her colleagues denied the invitation. She

said:

> Now they did come to me last spring and a colleague asked me if I would chair
>
> the development committee and it is kind of like when you are not tenured, it is
>
> like well do I have the opportunity to say no, well I said yes and she kind of got a
>
> surprised look on her face and later she told me that I was the third person that she
>
> had asked.

S2E1 described the role of this committee on faculty development and mentoring as a

group with informal power concerning the direction and allocation of funding for the

faculty professional development. She said that, with funding, these programs were not a

problem in the institution. She said, "In terms of faculty development and mentoring I

think that it provides them with some informal power as well. Resources, there is just

excellent funding here in the school of nursing in terms of resources."

The second category, *faculty evaluation and feedback,* suggested that regular

assessment could develop leadership as noted by 100 % or 15 of the participants. This

category is essential to be incorporated in the mentoring program. S1E2 shared:

> We have faculty evaluations. The beginning of the semester we make our plan
>
> and midyear evaluation and the end of the 9 month contract we do it again. As

well I get feedback from my mentor, we co-teach our class and so we will talk

about our evaluations of the class and how we can improve, so more of an

informal feedback. The Nursing Director also sits in once a semester or once a

year and watches our lecture as well as the dean. Another thing that we have is an

instructional coach. They can come to your class and it is completely confidential

non-punitive assessment. Come and observe your class and can give you

feedback on techniques.

Site 2 participants considered giving and receiving feedback as part of mentoring.

S2E4 shared that her mentor regularly provided her both positive and negative feedbacks

as ways of helping her in the improvement of her teaching. S2E2 described that feedback

had been a tool in "keeping track" with the job expectations and the necessary learning

each faculty must develop.

For S2E3, feedback was a structured empowerment practice in the institution.

She said that feedback was commonly given during most activities. S2E3 described this

practice as, "They sit on our board, they provide that feedback…I mean support we have

a peer review committee going on." She said that she liked the type of relationship the

institution practiced with the faculty, staff, and students.

The third element, *organizational structure,* suggested that organizations with

muddled structures were ineffective in setting the directions of the organization. The

participants (12 of 15) in the two sites posited that while creation of committees

strengthened the participation of the faculty in the improvement of the policies and

programs of the institution, relevant organizational plans requiring formal power from the

administrators may no longer be as effective with the plans conceptualized by the faculty.

S2E5 observed this instance in the development of the organizational strategic plan. S2E5 said, "We have never been good at developing a strategic plan. I just felt like we needed to have a plan in place so that when all of these new opportunities came to us." S2E1 implied that an organizational structure that recognized the importance of skills and talents of an individual could provide professional development opportunities to non-tenured and tenured faculties.

The fourth element, *autonomy in work,* emerged from nine of the participants suggested that while faculty members were allowed independent teaching and to innovation, they were still subjected to review and evaluation of administrators and senior faculty. Site 2 participants claimed that work autonomy was accompanied by responsibilities. S2E6 shared that a committee oversees the monitoring as well as the evaluation of the teaching and other related job performances of the faculty. As such, S2E6 shared that maintaining autonomy could only be done through membership of the professional organization.

Table 10

*Theme 9: Factors Affecting the Development of Leadership Role*

| Elements | # of occurrence | % of occurrence |
|---|---|---|
| Availability of professional development programs | 15 | 100% |
| Faculty evaluation and informal feedback | 15 | 100% |
| Organizational structure | 12 | 80% |
| Autonomy in work | 9 | 60% |

**Q4.** Only one theme emerged in the analysis of the five interview questions set for the administrators in the two nursing schools. These questions were: (a) Can you describe an example of faculty leadership in this academic environment?; (b) What empowering structures or processes in the academic environment enhance that leadership

practices?; (c) What organizational-nursing program structures or processes would you suggest are needed to enhance leadership practices in this academic environment?; (d) What current organizational structures constrain leadership practices?; and (e) What organizational-nursing program structures or processes would you suggest are needed to facilitate nurse faculty members to achieve program outcomes? The theme, *improvement and strengthening of structures that enhances leadership practices*, emerged in the analysis.

***Theme 10: Improvement and strengthening of structures that enhances leadership practices.*** While two administrators shared several experiences in the institutions that enhanced their leadership practices, these practices were continuously reviewed for improvement. For instance, S2A2 shared that they modified several programs that encourage faculty participation and networking with other institution. S2A2 stated, "Phases are modified it is a work in progress I think that is part of the empowerment that faculty has enjoyed." S2A2 further justified that policies and procedures constrained the practice of leadership. These constraints were addressed through modifications.

Among the programs that site 2 implemented were the formation of committees to oversee the professional faculty development programs, faculty networking, and program evaluation. S2A2 said that modification of these programs was meant to provide the faculty with clear expectations. S2A2 said, "The purpose is to provide clear expectations of faculty and their position. Every year we come up with why we haven't seen that in the past."

In the case of site 1, S1A1 claimed that academic freedom assured that

empowerment would be bestowed upon educational stakeholders. S1A1 said, "I guess that was just lucky to have um academic freedom." S1A1 shared that the institution had simulation laboratories that allowed them to "look on the video and see what is happening, and discuss things with students and so I think that the college has provided us with funds for that and so that structure has been helpful."

**Q5.** The answers to this research question were taken from the manual documents and working guidelines set forth by the administrators to the nursing faculty. These documents include faculty job description, nursing promotion and tenure documents, and nursing program's vision and mission. Site 1 nursing job descriptions stipulated five main job responsibilities, namely (a) teaching effectiveness, (b) service to the college, (c) professional development, (d) service to the community, and (e) others (as cited from Procedural Manual- Appendix A-2 Job Description, 2003). The review of site 2 faculty job descriptions revealed that while teaching was a primary function of the faculty, each fulltime faculty member (regardless of tenure) assumes a leadership role in all collegial activities (as cited from Procedural Manual-Job Description, 2013). Site 2 guidelines specified that fulltime faculty's sole responsibility was to ensure the effectiveness of their teaching and service responsibilities. The service to the community function included services outside the academe.

The nursing job descriptions at Site 2 prioritized six main nursing job functions, namely (a) teaching, (b) advisement, (c) program support, (d) professional service, (e) professional development, and (f) clinical teaching (as cited from Procedural Manual-Job Description, 2013). Site 2 emphasized the role of the nursing school committees, where each faculty member is mandated to participate in all nursing program activities. The

review of site 2 procedural manual emphasized the role of faculty in the review and further improvement of the policies and procedures.

*Theme 11: Collegial interaction enhances leadership behavior.* While both sites observed hierarchal organizational structures, the organizational procedures emphasized interactions between the administration and faculty (Procedural Manual Site 1, 2014; Procedural Manual Site 2, 2013). These interactions are observable in the creation of committees where fulltime faculty members are obligated to take the lead. This role is specifically identified in the faculty job descriptions of both school sites. All sites emphasized four levels of interactions. The faculty interacts with administrators, co-faculty or colleagues, students, and outside community stakeholders (Procedural Manual Site 1, 2014; Procedural Manual Site 2, 2013). However, the participation of faculty in all school activities differed as presented in the faculty job descriptions. For instance, site 1 used the terms "serves in college committees/taskforce" and "collaborates with colleagues for instructional improvement," (Procedural Manual Site 1, 2014, p. 56) whereas site 2 utilized the terms "actively participates" in all collegial activities, including evaluation of program policies and procedures (Procedural Manual Site 2, 2013, p. 2).

*Theme 12: Leadership roles and expectations should be measurable.* While both of the sites encouraged faculty participation in collegial leadership, each of these sites had different means of implementing this policy. Site 2 incorporated the leadership functions in their processes and procedures in the performance evaluation for tenured faculty members (Procedural Manual-Tenured Document Site 2, 2014). These are illustrated in the point system performance evaluation of Site 2. Site 1, on the other hand,

obligated but did not stipulate its implications in the faculty performance evaluation
(Procedural Manual-Provisional Status Site 1, 2014).

**Triangulations**

In this study, three sources of information were collected to seek answers to the
five research questions.  These sources of information were: (a) faculty interview, (b)
administrator interview, and (c) public document of the college and the department
particularly faculty job description, nursing promotion and tenure documents, nursing
program's vision and mission.  While the design of the instruments captured all
information required to answer the research questions, a general limitation of these
instrument was that interview questions were specific for each group of participants.  For
instance, theme 1 or indicative structural empowerment in the academic nursing
environment emerged from the interview questions specific for nursing faculty.  Theme
10 or improvement and strengthening of structures that enhances leadership practices, on
the other hand, emerged from the responses of the interview questions set for
administrators.  Themes 11 and 12 also emerged from the analysis of the public
documents handed to the researcher for review.

Following the limitation in the design of the data collection instrument, the
researcher triangulated the information based from emerging themes identified in the
study.  Under the research questions 1 and 2 that intend to collect the nursing faculty and
administrators' perceptions of forms of structural empowerment currently exist in the
academic nursing environment, both faculty and administrators recognized that policies
and programs in the nursing department determined the degree of empowerment in terms
of information, resources, opportunity, support, informal power, and formal power.  For

instance, the creation of committees, programs for professional development, and

provision of mentoring session cited by the faculty were fully supported with the themes

emerging from the transcripts of the administrators.  The administrators of the two sites

recognized that subordinates were given the opportunity to hone their leadership skills by

allowing them to participate in decision-making activities and to co-finance their

professional development needs.

Table 11

*Comparative Summary Table of Themes and Participants' Responses for Questions 1 and 2*

| Research Questions | Faculty | Administrator | Document |
|---|---|---|---|
| Q1 and Q2: Forms of structural empowerment | Theme 1: Indicative Forms of SE<br>• Autonomy in classroom teaching<br>• Creation of school committees<br>• Opportunities for professional and career development<br>• Opportunities to participate in the decision-making process<br>• Availability of teams for collaborative work<br>• Provision of capacity-building (e.g., mentoring)<br>Theme 2: General Policies in the Nursing Department Limit Classroom Leadership Practice<br>• Barred creative classroom teaching<br>• Limited autonomy and access of using other teaching strategies | Theme 3: Empower subordinates in leadership position<br>Theme 4: Access to resources and other information opportunities.<br>Theme 5: Chain of command.<br>Theme 6: Power and positions are structures that provide formal power<br><br><br>Theme 7: Pay system affects motivation of nurse | No information |

In terms of the hindering factors that affect the empowerment of the nursing

faculties, the administrators and the faculties have opposing views.  For the

administrators, they viewed that the remuneration offers to the faculty is not substantial or equal to the amount of service rendered. The salary scheme, however, has not been identified as factor that affects their empowerment. For faculty, the general policies in the delivery of classroom instruction have been the cited limiting factor of their autonomy in class and consequently their empowerment in the academic environment.

In terms of questions three and four, which concern on finding additional forms of structural empowerment that could enhance leadership practices, both the administrators and the faculty cited that improvement in the policies and programs could enhance both the structural empowerment and leadership practices. Of particular importance, the faculty identified the necessary improvement in the areas of professional development programs, faculty evaluation, organizational structure, and availability in work.

In seeking answers to research question five, the source of information were taken from the reviewed public documents. The question identified the forms of structural empowerment within the academic nursing environment that may or may not enhance the leadership practices. Two themes emerged in the analysis. These are (a) collegial interaction enhances leadership behavior, and (b) leadership roles and expectations should be measurable. While the first theme supports the themes emerging from the responses of the faculty and administrators, the second theme implicated a new and define direction. The theme implies that while the faculty responses require the improvement of faculty evaluation system, the theme culled from the public document review specified measurable indicators in evaluating the faculty. Table 7 shows the summary of the data from the three sources of information.

Table 12

*Comparative Summary Table of Themes and Participants' Responses for Questions 3 and 4*

| Research Questions | Faculty | Administrator | Document |
|---|---|---|---|
| Q3 and Q4: Current and additional forms of structural empowerment could enhance leadership practices in the academic nursing environment | Theme 8: Leadership practices that enhance structural empowerment.<br><br>Theme 9: Factors affecting the development of leadership role.<br>• Availability of professional development programs<br>• Faculty evaluation and informal feedback<br>• Organizational Structure<br>• Availability in work | Theme 10: Improvement and strengthening of structures that enhances leadership practices. | |
| Q5. Forms of structural empowerment that are present in the academic nursing environment that might enhance or constrain leadership practices | | | Theme 11: Collegial interaction enhances leadership behavior.<br>Theme 12: Leadership roles and expectations should be measurable |

**Evaluation of Findings**

In this study, the structural empowerment model of Kanter (1977) was used in examining the perceptions of nursing faculty members and administrators regarding what constituted full structural empowerment for nursing faculty members. Five research questions were posed to shed light in exploring the presence of structural empowerment based from the six forms of opportunity, support, information, resources, formal power,

and informal power.  Twelve themes emerged from the analysis of the participants'
interview transcripts, namely: (a) indicative structural empowerment in the academic
nursing environment; (b) general policies in the nursing department limit classroom
leadership practice; (c) empower subordinates in leadership position; (d) access to
resources and other information opportunities; (e) chain of command; (f) power and
positions are structures that provide formal power; (g) pay system affects motivation of
nurses; (h) leadership practices that enhance structural empowerment; (i) factors affecting
the development of leadership role; (j) improvement and strengthening of structures that
enhances leadership practices; (k) collegial interaction enhances leadership behavior; and
(l) leadership roles and expectations should be measurable.

Consistent with Kanter's (1977) model of structural empowerment, the results of
the study implied that achievement of all forms of empowerment (opportunity, support,
information, e-resources, formal power, and informal power) were dependent on the
organizational structure, policies, and procedures.  The results of the study suggested that
participation of the faculty in program planning and evaluation was dependent on the
policies of the academic setting.  For instance, both sites encouraged the participation of
the faculty in all collegial activities; however, only site 2 emphasized faculty's role in
program planning, implementation, and evaluation of all nursing programs, policies, and
procedures in faculty job descriptions.  These expectations were further illustrated in the
performance evaluation rubric for all faculties.  The rubric motivated the faculty
particularly those who intend to apply for tenured faculty positions to take lead in the
creation of college/nursing committees.

Although taking chairmanship in a committee was recognized as an element

under the formal power of the structural empowerment model, achievement of informal

power was also observable among faculties who have not taken any formal leadership

role but is actively participating in all collegial activities.  For instance, it was noted that

information and relevant resources necessary to function effectively in the academic

setting was attainable with the aid of the informal powers from the institutions' faculty

committees.  In cross examining this finding to that of the demographic characteristics of

the participants, those faculties who held tenured positions and have been serving the

college for more than 10 years have more access in structural empowerment.  Several

instances were reported wherein faculty members were able to share their expertise inside

and outside the campus and were able to tap resources and scholarship for professional

advancement and improvement of the schools' programs and services.  This can be

observed on how these senior faculty members shared the respect they received from

novice faculty even without holding any formal leadership position.  From these

accounts, it can be concluded that years of experience can be associated with higher

access to structural empowerment.  The results of the study further implied that formal

leadership designation was not entirely necessary to acquire power, resources,

information, opportunity, and support.

A theme, *general policies in the nursing department limit classroom leadership*

*practice*, emerged in the analysis.  This finding is essential in this study because policies

are supposed to encourage leadership practices.  This finding emerged mostly from

faculties in site 1 where majority (5 out of 7) of the faculties served more than six years.

The faculty who postulated this claim shared that innovations in teaching require further

evaluation and studies before the adoption in the classroom setting.  This result implied

that while senior faculties identified the implication of the policies in classroom leadership, they are aware that these are requirements in the nursing accreditation and state-wide system mandated curriculum.

While the researcher assumed that there is an expected misuse of structural empowerment for faculties who may not be exposed or aware of the concept, the present study negated this assumption. The findings of the study show that even without knowledge concerning the importance of power, resources, information, opportunity, and support, majority (12 out of 15 faculties) of the participants knew that these are essential in their respective professional advancement and achievement of the nursing program. As such, while elements of structural empowerment are not well-used in the context of nursing leadership, the nursing stakeholders claimed that empowerment of nursing professionals in general is an indicative element in a successful nursing program. While this result disconfirms the researcher's assumption, these do not necessarily invalidate main results. These results will be further discussed in the subsequent chapter.

**Summary**

This chapter presented the results of the qualitative multiple-case study concerning the perceptions of nursing faculty members and administrators pertaining to what constitutes as full structural empowerment for nursing faculty members. Five research questions were raised. Results of the analysis revealed twelve themes, namely (a) indicative structural empowerment in the academic nursing environment; (b) general policies in the nursing department limit classroom leadership practice; (c) empower subordinates in leadership position; (d) access to resources and other information opportunities; (e) chain of command; (f) power and positions are structures that provide

formal power; (g) pay system affects motivation of nurses; (h) leadership practices that enhance structural empowerment; (i) factors affecting the development of leadership role; (j) improvement and strengthening of structures that enhances leadership practices; (k) collegial interaction enhances leadership behavior; and (l) leadership roles and expectations should be measurable. These themes will be further discussed in Chapter 5.

## Chapter 5: Discussion, Implications, Recommendations

**Introduction**

Chapter 5 summarizes the entire dissertation and discusses its findings to understand whether the participants agree that structural empowerment strategies are implemented in the current nursing academic environment. Suggestions on how to effectively introduce these strategies into the current nursing program were also received. The results of the research may reveal the need to incorporate certain structural empowerment strategies in nursing faculty professional development programs in order to increase the expertise of qualified nurse educators and administrators in nursing programs. The chapter begins by presenting a short overview of the study and then restates the purpose and significance of the topic. Next, the chapter enumerates the five research questions then moves to present the twelve themes from the responses of the 15 nursing faculty and two nursing administrators to the semi-structured interviews. These themes are then discussed in relation to each research question and to current research. Certain implications of the results on practice are then illustrated before the researcher offers recommendations for further research and finally makes a conclusion

**Overview of the Study**

The U.S. has experienced a lack qualified academic nursing faculty for nursing programs as present leaders retire and replacements are becoming hard to find (CCNE, 2012; McDermid et al., 2012; Roughton, 2013). Low salaries and heavy workload demands also contribute to difficult working conditions that have decreased job satisfaction and increased nurse burnout that cause many nurses to leave the profession (McDermid et al., 2012; Roughton, 2013). Bittner and O'Connor (2012) further added

that barriers to job satisfaction have been identified in areas of sense of accomplishment, role autonomy, provision for professional progression, connection with colleagues, and atmosphere of academic freedom. Given this backdrop, it becomes important for nurse faculty members to serve in a leadership role in order to have the responsibility for the development and education of the next generation of nurses (Benner et al., 2010). Being equipped with the knowledge of positive leadership practices may help promote the development of leadership competencies for future nurses (Huston, 2008). One such leadership practice that may be employed is structural empowerment which is an organizational structure that provides access to resources, information, opportunity, and support in the employment site (Kanter, 1977, 1993; Laschinger et al., 2009; Patrick et al., 2011).

Authors such as McNamara (2009) and Roughton (2013) argued that many nursing education programs lack the effective structural empowerment strategies for nursing leadership. This study investigated SE from the point of view of nursing faculty themselves. Results directly address the question of whether certain structural empowerment strategies are currently being implemented and whether nursing faculty and administrators may incorporate these strategies in the nursing academic environment as opposed to the nursing clinical practice. The results may indicate whether structural empowerment strategies may enhance or hinder the development of nurse faculty leadership. Additionally, if the effects are perceived to be positive, these strategies may be implemented on a wider scale to improve the quality of nursing leadership in academic nursing programs. In order to achieve these outcomes, the study sought to answer five research questions:

1. According to the perceptions of full-time nursing faculty members, what forms of structural empowerment (information, resources, opportunity, support, informal power, and formal power) currently exist in the academic nursing environment?

2. According to the perceptions of nurse administrators, what forms of structural empowerment (information, resources, opportunity, support, informal power, and formal power) currently exist in the academic nursing environment?

3. According to the perceptions of full-time nursing faculty members, what current and additional forms of structural empowerment could enhance leadership practices in the academic nursing environment?

4. According to the perceptions of nurse administrators, what current and additional forms of structural empowerment could enhance leadership practices in the academic nursing environment?

5. What forms of structural empowerment are present in the academic nursing environment that might enhance or constrain leadership practices, as indicated in organizational public documents?

The study was grounded on Kanter's theory of structural empowerment (Kanter, 1993; Laschinger et al., 2011). Through a qualitative multiple-case study, this research explored the perceptions of nursing faculty members and administrators on what constitutes full structural empowerment for nursing faculty members. The participants in the interviews consisted of 15 nursing faculty and two administrators selected through a non-probability purposeful sampling technique from two nursing program sites from the Mountain West region of the U.S. The data was collected through open-ended, semi-structured interviews as well as a document review and then subsequently coded and

analyzed using the NVivo qualitative analysis software.

**Summary of the Results**

The responses of the participants to the five research questions generated 12 themes that were used to answer the five research questions. Two themes were identified as relevant to the first research question, or the perceptions of full-time faculty members on the current state of the academic nursing environment. The first theme, or the indicative structural empowerment in the academic nursing environment, constituted five elements. These elements included autonomy in the classroom, creation of work committees, opportunities for career and leadership development, participation in the leadership process, and collaborative work. The second theme revealed the general policies in the nursing department that limited classroom leadership practice by limiting the ability to use or access other innovative teaching methods and procedures.

The second research question sought to identify the perceptions of the nursing administrators on the present academic nursing environment. Five themes emerged from the responses, namely, empowering subordinates in leadership positions, providing access to resources and other information, opportunities, following a chain of command, recognizing that power and position are structures that provide formal power, and realizing that the pay system affects the motivation of nurses.

In the view of the full-time faculty, leadership practices could be improved through enhancing structural empowerment and developing the leadership role, or the eighth and ninth theme, respectively. The eighth theme could be achieved by tapping innovative ideas through consultation, faculty networking, and strengthening policies and programs on empowerment. Meanwhile the factors behind the ninth theme included the

availability of professional development programs, faculty evaluation and feedback, creation of an organization structure, and autonomy at work. Concurrently, the perceptions of the nursing administrators resulted in the tenth theme concerning the improvement and strengthening of structures that enhance leadership practices.

The last research question was answered by two themes that were identified from the manuals and working guidelines set forth by the administrators on the nursing faculty. The themes aimed to determine the current state of academic nursing leadership based on the ideals written by the faculty and would reveal whether the ideals are being implemented. The similarities in these documents showed that collegial interaction enhances leadership behavior and that various leadership roles and expectations should be measureable.

**Discussion of the Results in Relation to Literature**

The perceptions of the participants revealed interesting insights into the application of structural empowerment strategies in the nursing educational setting. This section shall discuss how each of the twelve themes answers the five research questions and how the themes agree, contradict, or supplement additional knowledge to existing literature. Research questions one and three shall be grouped together since both pertain to the responses of nursing faculty. Similarly, research questions two and four shall be jointly analyzed since both were responses by nursing administrators. The answers to each research question shall then be synthesized to better understand how structural empowerment strategies are able to improve the leadership practices of nursing faculty and administrators. The participants were also segregated based on years of experience. Those with at least 10 years of work experience may have a different view on the

organizational structure. Slight deviations from the main themes based on the years of experience, if present, shall also be explored.

The themes answering the first research question, or the indicative structural empowerment in the nursing academic environment and general policies in the nursing department that limit classroom leadership practice, generally imply that nursing faculty members are clamoring for more inclusion in the leadership and decision-making process in the way the faculty teach their students. Although certain strategies already exist to foster inclusion such as varying degrees of autonomy, the creation of work committees, and various opportunities to delegate leadership positions to nursing faculties, educators would still want to have the freedom to implement innovative teaching strategies as they deem best to serve their students. These views about leadership practice imply that the present organizational procedures possibly discourage educator innovation despite providing greater access to dialogue between faculty and administrators. However, businesses and organizations have implemented certain types of empowerment strategies that may lead to an empowered workforce such as tapping of innovate ideas through consultation, faculty networking, and strengthening of policies and programs on empowerment (Seibert et al., 2011).

In terms of enhancing current leadership practices, the faculty members at the university and community college setting discussed establishing an academic environment that is conducive to tapping innovative teaching strategies and networking and collaborating amongst fellow faculty members. The faculty members envision that the current policies and programs on empowerment should be strengthened in order to achieve the desired academic environment, suggesting that organizational structures do

play a role in influencing the leadership characteristics of nursing faculty. These type of

organizational structures described entails giving greater autonomy with accountability,

making more professional development programs available and creating a mechanism for

faculty feedback. The suggestions of the faculty members are aligned with the realization

that the faculty wants more inclusion in the leadership development and decision-making

process in the nursing academic environment. Similar to the recommendations of the

nursing faculty, Laschinger et al. (2001) and Livsey (2009) stated that empowerment is

achieved when individuals are given greater opportunity to create choices and exert a

certain level of influence on their professional practice. Development programs was also

desired by faculty members and administrators since the preferred qualifications and

competencies of nursing educators varied with organizational mission, culture, and

national nursing accreditation of the nursing education program (Poindexter, 2008)

In contrast to faculty, the faculty administrators argued that the current

organizational structure is allowing more access to leadership positions for the nursing

faculty. Participants suggested that activities building the capacity of the individual in

leadership are influential in the development of leadership practices in the academe.

Regular assessment could develop leadership as noted by all of the participants but

should be incorporated with a mentoring program. Moreover, while creation of

committees strengthened the participation of the faculty in the improvement of the

policies and programs of the institution, relevant organizational plans requiring formal

power from the administrators may no longer be as effective with the plans

conceptualized by the faculty. The themes such as empowering subordinates to

leadership positions and giving access to resources and other information opportunities

ensures that all faculty members are accorded the proper opportunities and resources to teach effectively. However, the administrators expressed that the pay system is a major factor that affected faculty nurses' motivation suggesting that monetary benefits is still an important consideration for motivation besides providing greater leadership opportunities. Moreover, administrators also say that financial resources prevented innovation in SE resources. Interestingly, the faculty members also mentioned the pay system as a significant factor for their empowerment. Participants at university setting especially emphasized pay as a factor in SE. The participants at the university setting were specific about the opportunity for additional funds for curriculum innovations and projects, perusing advanced academic doctoral degrees, and professional development through national conferences. Knowledge of the concerns of the faculty is a clear indication that some communication has already been established between the administrators and the nursing faculty. Additionally, the administrators mentioned that each education institution follows a chain of command that gives them formal power to mandate certain changes or policies to the nursing faculty. The hierarchy in the organizational structure was viewed by both faculty and administrators as being extremely helpful in managing a large organization. This finding is contrary to a constraint of structural empowerment as discussed by MacPhee et al. (2011) where leaders are vulnerable to abuse of power and misguided imitation of leadership. Additionally, the difference between a leader and an educator may become less pronounced (Burns & By, 2011). However, the formal power of the administrators actually had a positive impact on the management of the organization. One participant noted that structural empowerment was also evident in the funding opportunities the

institution received from various sources.  She articulated that these opportunities brought formal and informal powers.  Formal powers include authority from position while informal powers are when the faculty members practice their autonomy.

The administrators only had one view in terms of enhancing the current leadership practices in nursing academic institutions, which is faculty engagement to form committees to oversee the professional faculty development programs, faculty networking, and program evaluation.  The administrators want a constant review of the current organizational practices to find ways for improvement.  The finding that administrators want constant review shows that administrators are open to the idea of possibly altering or totally changing certain practices to meet the motivational needs of the faculty, which is extremely important given that leaders provide guidance and direction to support organizational goals (Lee et al., 2010).  The current infiltration of nursing faculty members into the decision making process coupled with the openness of nursing administrators to revisit current practices may provide the perfect venue to allow freer exchange of ideas to improve the nursing academic environment.  Establishing a faculty feedback mechanism, as suggested by the faculty members, makes the exchange of ideas almost simultaneous and seamless allowing problems to be addressed as it arises. The creation of committees to oversee professional activities in the university setting is a clear indication of the intent of faculty administrators to check the effectiveness of current policies.  In addition, it serves as an additional testament to how a structure provides leadership opportunities for nursing faculty.  Ismail et al. (2011) argued that the creation of empowering practices, such as those mentioned above, can promote an environment where individuals are committed to achieving the goals of the organization.

However, there are some forms of faculty feedback that were not helpful such as informal faculty feedback. The form of feedback varies from one organization to another.

The goal of organizational leadership is to facilitate the purpose or direction of an organization and to sustain the existence of the organization (Melchar & Bosco, 2010). The methods on how to take the desired direction of the organization can be found on the organization's operational procedures. Nursing program operational procedures and policies are influenced by the governing organization in which the program reside, state regulations, and accreditation agencies (ACEN, 2013). Nurse administrators facilitate the alignment of these influencing factors to successfully provide direction for nursing program policies and decision making (Melchar & Bosco, 2010).

The last research question sought to understand how the policies and procedures set forth on each site's manuals and working guidelines establish the necessary structures to foster leadership. The analysis revealed themes that showed that collegial interaction is regarded with utmost importance for both institutions, although the level of interaction differs between the two sites. For instance, the nursing program in a university setting accords more participation opportunities for nursing faculty from idea generation to evaluation while the nursing program in a community college setting only allows collaboration and service to achieve instructional improvement. Both institutions also agreed that leadership roles and expectations should be measurable, though the degree of measurement varies. The nursing program in a university setting was very specific in including leadership functions in the processes and procedures for performance evaluation while the nursing program in a community college setting was rather vague in leadership's implications for performance evaluation. The nursing program in a

university setting even has a point system which serves as a metric to measure leadership potential. Based on the operational procedures established in the manuals and working guidelines, the nursing program in a university setting would seem to have a greater level of faculty inclusion and participation as compared to the nursing program in a community college setting. However, faculty empowerment was not directly stated in the manuals. There should be employee and institutional manuals or documents that support structural empowerment.

Kanter (1977, 1993) described structural opportunity as the perceived access to development, advancement, and the capability to enhance knowledge and expertise. The structures established in an organization contain the necessary and sufficient conditions to empower employee attitudes and behaviors within an organization. The responses of the participants pointed to the structural empowerment theory in action by highlighting the importance of making the structure allow more autonomy for the teaching faculty. Through the positive administrative actions at improving empowerment, the faculty may experience psychological empowerment as explained by Spreitzer (1995). The administrators also described how the formal power provided to them greatly aids in mandating the implementation of teaching strategies. Therefore, it could be deduced that the current nursing academic environment already has the building blocks of structural empowerment in place. Presently, both institutions already provide the resources to aid faculty in their nursing instruction. The administrator of community college claimed that the college ensured that all staff members were provided with the necessary resources they needed to function. Informal power is also established within the faculty peer group through constant communication and collaboration. One participant mentioned that

funding in nursing school helps in terms of faculty development and mentoring that provides instructors with informal power. The administrator at the university setting described additional funding sources through self-supporting programs funds and grants that were not available at other nursing program to support advanced degrees for nursing faculty. However, additional information and support is still needed such as improving the skills and abilities of faculty to perform their job expectations and establishing faculty feedback. Ideally, the application of the structural empowerment theory on nurse educators would yield to decreased levels of exhaustion and greater work fulfillment similar to the findings of Sarmiento et al. (2004). The application and importance of structural empowerment for nursing education programs is evident in the national accreditation standards that require nurse faculty to have input into the governance structures with the nursing program (ACEN, 2013; CCNE, 2013).

The faculty that had a longer tenure generally had the same insights as compared to the faculty that had 10 years or less of working experience. For example, both groups emphasized the autonomy given to them as well as how a mentorship program aids new faculty to adjust and learn from the more experienced faculty, how faculty are encouraged to join work committees to collaborate, voice out their ideas and participate in the decision making process, and how they are given the opportunity for career advancement. However, most of the suggestions to enhance the current leadership practice were obtained from the relatively less-experienced participants of community college indicating that the older generation may not be that open to changes or deviations from the current set up. There were no explicit material differences in more experienced faculty; however, one participant in the university setting mentioned that there are more

opportunities for money in that university such as other funding sources from grants, endowments, and department contracts.  There are noted differences in public salary ranges between the nursing program sites having a higher starting salary range at the university level.  This finding also corroborates the idea that participants from community college are given less participation opportunities as compared to university setting because the suggestions from the participants of community college focused on greater faculty inclusion.  The emphasis on faculty inclusion at community college maybe a supportive factor to over compensate for other forms of structural empowerment that could be lacking such as lower salaries and less opportunities for various funding sources for advanced degrees.

**Limitations**

Two limitations were presented in Chapter 1 and were considered during the analysis of the results.  These limitations reflected the difficulty in generalizing or transferring the results of this study to the broader nursing leadership population in the U.S.  The study only included one community college and one university in its sample.  It could be argued that the perceptions of the participants may not reflect the perceptions and experiences of other nurse educators or nurse administrators in other community colleges or universities within the same vicinity, the same state, or across the whole country.  However, given the intention to probe deeply into faculty perceptions rather than broadly across a large sample of faculty time given for the research more focused sample population was deemed appropriate.  Additionally, qualitative research does not necessarily require a large sample size.  I included several methodological safeguard to ensure that I was getting the true view of participants through member checking.  Then I

triangulated the data and checked the themes against the published sources in the review

of literature. Then, I also checked the themes against the theory.

A recommendation will be presented in the succeeding section that could help

address this limitation. One limitation of the study is that I sampled only 2 institutions,

which might not be representative of SE resources across U.S. Over the course of the

study, additional limitations also became apparent such as the credibility of the responses

of the participants in the interviews. It was possible that the participants had certain

biases towards some experiences or may have not been willing to answer truthfully each

question. Both these limitations may have altered the genuine experiences of the

participants. As the researcher, I addressed these two limitations by assuming that all

volunteer participants were unbiased and honest in their responses to each research

question to strengthen the integrity of the analyzed data. Additionally, I used open-ended

questions and established proper rapport to provide a venue for the participant to freely

express their sentiments on structural empowerment strategies.

**Implications for Practice**

Current nursing leadership should continuously seek to improve the present

nursing leadership model to meet the competency and skill demand of future nurses. The

results of this study provided valuable information on how the formation and

arrangement of the nursing educational organizational structure can influence the ebb and

flow of formal and informal power to spur a more empowered work environment. In the

view of the participants, the basic building blocks of establishing an empowered

workforce is already being implemented both in theory and in practice. However, several

stumbling blocks that prohibit the freedom to implement innovative teaching strategies

still exist and should be taken under consideration by current nursing leaders. Barring present faculty from devising ways to potentially have greater impact on nursing student education may become a more significant problem in the future. With this backdrop in mind, the study has revealed several implications for nursing administrators, nursing faculty, nursing students, and the transition from nursing education to clinical practice.

Developing the leadership practice in nursing academic institutions requires the collaborative effort of both nursing administrators and faculty to ensure that organizational strategies meet the requirements of achieving faculty motivation. Based on the responses of the participants, nursing administrators should not only be willing to change or alter current practices but should also provide the proper venue for the seamless exchange of ideas with the faculty. The suggested faculty feedback mechanism is a great way to improve the collaborative effort between the faculty and nursing administrators. This would allow nursing faculty to voice out the need for more autonomy in implementing innovative instructional strategies to students as well as training and development to become more acquainted with these strategies. This would also ensure that nursing administrators are able to choose the right strategies in order not to waste valuable time and resources in implementing ineffective strategies in nursing academic institutions. Additionally, as pointed out by Ganz et al. (2012), the right structure can be created to circumvent issues on moral distress, job satisfaction, retention, and burnout.

From the nursing faculty standpoint, the results gave a better appreciation of the importance of establishing the right organizational structure in fostering proper leadership. Nursing faculty members should become even more adamant in voicing out

their concerns and seeking for greater inclusion in the decision making process of education institutions by joining working committees and lobbying for a seat in faculty administrator meetings. In addition, the nursing faculty should strive for amending the current academic manuals and guidebooks to ensure that the voices of all stakeholders are heard from idea generation to project implementation evaluation. Better faculty inclusion and administrator openness would eventually lead to the establishment of organizational structures that motivate the teaching faculty. The higher quality of nurse educators may help address the shortage of knowledgeable teaching faculty in nursing education programs.

Autonomy with accountability was also found to be significant when it comes to the outcomes of the program and classroom teaching of the faculty. For teacher autonomy to work effectively there must be support from the administrators and faculty accountability for achievement of program outcomes. Teacher and student training with administrative support should also be included so that the teachers can practice their autonomy in the classroom freely. Cheon and Reeve (2013) found that there are more wide-ranging benefits from a training program that focused on teachers to have more autonomy-supportive structures. Vansteenkiste et al. (2012) examined the relationship between perceived teacher autonomy support and clear expectations. Based from a sample of high school students (N = 1036), the teaching configuration that was characterized with high perceived autonomy support and clear expectations was related to the most positive pattern of outcomes (Vansteenkiste et al., 2012). Lee, Zhang, and Song (2012) emphasized that a school-level teacher empowerment factor a significant and positive predictor of school-level means of teacher efficacy and organizational

commitment in the Chinese Mainland.

Nursing students will benefit from a more empowered and able nursing faculty. A more effective method of ensuring that teachings are retained and applied could help students transition from the academic environment to actual clinical practice. Besides continuing the legacy of nursing leadership, motivated nursing faculty could influence and equip students with the necessary skill set to make the students succeed in nursing practice. Society would eventually benefit from having a more able pool of healthcare practitioners and the higher degree of nursing care and service.

Collegial interaction in support of empowerment is important as the interviewees who had the most experience tended to have more formed opinions on structural empowerment. Kelly (2010) emphasized that collegial interaction among nursing peers form the base that supports everything needed for a healthy, efficient, and productive work environment that delivers high quality care to its patients. Laschinger and Smith (2013) suggested that structural empowerment may promote interprofessional collaborative practice in new nurses. Shanta and Eliason (2014) reviewed the complex problem of incivility in nursing education. The authors also utilized evidence in the application of an empowerment model. Moreover, they also presented strategies that go together with current evidence (Shanta & Eliason, 2014). Nurse educators and administrators should utilize these strategies in order to promote collegial interaction among the nursing faculty to strengthen structural empowerment.

Organizational documents were also found important and linked to shaping the leadership practice. As such, nursing faculty and administrators should take care of their organizational documents in order to promote leadership practices. Additional review of

organizational documents that provide clear expectations and continuous improvement will help to support a collaborative work environment.

It was surprising that the SE resources did not consistently vary with the two institutions as had previously been assumed. From the results of the study, universities have more resources. As such, SE should have been perceived as more effective. National nursing accreditation standards could be a factor supporting similar nursing program structures at both of the two nursing program sites. In meeting national accreditation requirement both nursing programs site produced similar forms of structural empowerment with different emphasis at each of the academic settings. The community college nursing program emphasis was support of collegiality and team work among faculty as the form of empowerment. The university nursing program emphasis was on creating access to opportunities through financial resources for nursing academic degree advancement and formal positions within the nursing program. The size of the nursing program may have influenced the SE resources with larger university nursing program have more access to resources. However, the impact of program size was not examined as part of this study.

Findings support the structural empowerment theory. Structural empowerment within an organization is described as access to formal and informal power through structures or processes that allow workers with the capability to activate resources to complete work outcomes via access to support, opportunity, resources, and information in the workplace setting (Kanter, 1993; Sarmiento et al., 2004). The findings showed that nursing faculty members and administrators have access to formal and informal power through different processes and structures within the institution.

**Implications for Future Research**

The scope and limitations of the study has been focused on nursing faculty and administrators from two nursing program sites from the Mountain West region of the U.S. It would be motivating for future researchers to broaden the scope of the study or consider supplementing the results with quantitative data to achieve a more robust effect of structural empowerment strategies on the quality of nursing leadership. At this point, the researcher would like to recommend the following expansions or topics:

1. Expand the scope of the study to include more nursing faculty and administrators within a wider geographical area. Since the study only considered a small number of participants in a specific geographic area, increasing the variety and number of interviewed participants could provide a better appreciation of the effects of implementing structural empowerment strategies on the quality of nursing leadership. Additionally, a wider sample set could better expose the current state of structural empowerment implementation and could reveal successful strategies and best practices that could be used to train academic nursing leaders.

2. Supplement the results with quantitative analysis to empirically test whether structural empowerment strategies are actually beneficial to nursing leadership. Several factors could be analyzed to determine the effectiveness of the program such as retention, attrition, and overall job satisfaction of nursing faculty before and after the implementation of the program. Obtaining positive results on these factors after the use of structural empowerment strategies could influence other nursing academic institutions to focus on incorporating the strategies to their respective curriculum.

3.  Obtain the views of nursing students on how structural empowerment strategies employed by their faculty are beneficial or non-beneficial to them. A desired output by nursing faculty and administrators is to be able to equip nursing students with the necessary skills and abilities for the students to exceed in the nursing practice. Therefore, as much as nursing leadership should foster good leaders among their ranks, it is equally important to be able to impart their knowledge to the students. An interesting topic would be to gather the perceptions of students on whether the dynamics between nursing faculty and administrators behind a structural empowerment strategy translates to better teaching methods. This would allow nursing leaders to adequately assess whether these strategies ultimately translate to benefits for the end audience of nursing education.

**Summary and Conclusion**

In conclusion, the study revealed the views of nursing faculty and nursing administrators on what structural empowerment practices are currently in place to motivate faculty members to become nursing leaders. Both groups gave ideas on how to further strengthen the current practice to enhance the effectiveness of the current leadership practices. The general sentiment of the nursing faculty is that the institution is on the right track in terms of providing the necessary foundation for the faculty to succeed. However, the nursing faculty still believe that they should be accorded more autonomy in their teaching methods and further inclusion in the decision making process. The nursing administrators agree with the sentiment that nursing faculty are now given a voice in the decision making process. To further enhance structural empowerment, the

administrators suggest constantly revisiting the current program, hinting that the administrators are open to change.  The results further strengthen the idea that the organizational structure is a powerful tool in influencing the leadership potential of nursing faculty.  The right mechanisms and resources should be in place to allow nursing faculty transition from nursing practice to educator to becoming leaders.

The results showed that the two sites have varying levels of faculty participation in the decision making process.  The university setting was more advanced and explicit in terms of helping faculty members become leaders.  Therefore, the drive now is for nursing faculty to continue assert for greater collaboration with nursing administrators to provide the best environment to allow the educators to excel in their instructional strategies.  A more learned and highly qualified nursing educator could lead to the overall improvement of nursing care in the U.S. Further research is recommended to expand the sample population to include more nursing faculty and administrators from a wider geographic location, provide quantitative evidence on the impact of structural empowerment strategies on nursing faculty motivation, and to obtain the views of nursing students on how a more empowered nurse educator affects the quality of education.

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Appendix A: Letters of Cooperation

Sample Letter of Cooperation
Name and Address of Nursing Program

Dear Nursing Director,

      The purpose of this letter is to request your permission to contact a small number of nursing faculty and nursing administrators in your organization in order to invite them to participate in a research project I am planning to conduct as part of my doctoral program. Your permission to contact potential participants at your organization will assist in determining the feasibility of this research study. The study will examine the forms of structural empowerment (including resources, opportunity, information, support, and formal and informal power) currently exist in the academic nursing program environments. The individuals who can best define the forms of structural empowerment needed in a nursing education environment are the faculty members and administrators themselves. An informed consent will be obtained from the selected participants before any research is conducted. A more detailed explanation about the study is provided as an enclosure. The request at this time is an acknowledgement of your permission for me to contact individuals in your program who might be willing to participate as well as your willingness to provide me with the information required in order to contact potential participants to offer them the opportunity to participate in this research.

      Thank you in advance for your cooperation and response to this letter of cooperation. Please indicate your response by placing a mark in the text below and return your marked response.

Best Regards,

*Betty Damask-Bembenek*

Betty Damask- Bembenek, MN, RN
Northcentral University Doctoral Candidate

Enc.

      _____As the nurse program director, I am interested and able to cooperate by providing the access to faculty members contact information and organizational key documents if selected to participate in the above mentioned dissertation study.

      _____As the nursing program director, I am not interested or able to cooperate in the study request at this time.

      \_\_\_\_\_ Please contact the nursing director at the time the study will be conducted for the potential participation in the dissertation study.

**Qualitative Case Study to Explore Effective Forms of Structural Empowerment in Nursing
Education Programs**

***What is the purpose of the study?***.  The purpose of the study is to address effective forms of structural
empowerment needed within the context of nursing education by exploring the perceptions of nursing
faculty members and administrators regarding what constitutes full structural empowerment for nursing
faculty members.  The study is interested in your ideas, perceptions, and lived experiences about the forms
of structural empowerment in your academic setting.

***What will be asked of nurse faculty and nurse administrator****?*  Five faculty members and one nurse
administrator will be selected to answer semistructured interview questions about forms of structural
empowerment and about your leadership practices in the current academic setting. It is estimated it will
take 60-90 minutes for face to face interviews conducted at your academic setting.  The nurse administrator
is requested to provide faculty email addresses that may serve as potential participants for this study.  This
researcher is requesting access to key internal document for review. These documents include job
descriptions, promotion and tenure procedures, nursing program outcomes, leadership course syllabi, and
documents related to the governance structure of the nursing program.

***Who is involved?*** The following people are involved in this research project and may be contacted at any
time: Betty Damask-Bembenek, EdD(c) researcher, Dr. Patrick McNamara Dissertation Chair NorthCentral
University

***Are there any risks****?*  Although there are no known risks in this study, you may find some questions
difficult to answer.  You can elect not to answer any question that you feel uncomfortable about providing
an answer.

***What are some benefits****?* There are no direct benefits for participating in this research. No incentives are
offered. The results will have practical application of information or interest that may eventually have
positive benefits for nursing education programs for nurse administrators, nurse faculty, and students.

***Is the study confidential/ anonymity****?* The data collected in this study are confidential. No personal
information will be linked to the data and only the researchers will have access to data collection
information.

***Can I discontinue participating the study***? You have the right to withdraw from the study at any time
without penalty. You can decline to response any questions during the interview if you do not want to
answer them.

February 28, 2014


Program Director
School of Nursing



Dear Nursing Program Director,

  The purpose of this letter is to request your permission to contact a small number of nursing faculty and nursing administrators in your organization in order to invite them to participate in a research project I am planning to conduct as part of my doctoral program. Your permission to contact potential participants at your organization will assist in determining the feasibility of this research study. The study will examine the forms of structural empowerment (including resources, opportunity, information, support, and formal and informal power) currently exist in the academic nursing program environments. The individuals who can best define the forms of structural empowerment needed in a nursing education environment are the faculty members and administrators themselves. An informed consent will be obtained from the selected participants before any research is conducted.  A more detailed explanation about the study is provided as an enclosure.  The request at this time is an acknowledgement of your permission for me to contact individuals in your program who might be willing to participate as well as your willingness to provide me with the information required in order to contact potential participants to offer them the opportunity to participate in this research.

  Thank you in advance for your cooperation and response to this letter of cooperation. Please indicate your response by placing a mark in the text below and return your marked response.

Best Regards,

*Betty Damask-Bembenek*

Betty Damask- Bembenek, MN, RN
Northcentral University Doctoral Candidate



Enc.


  __SBT___As the nurse program director, I am interested and able to cooperate by providing the access to faculty members contact information and organizational key documents if selected to participate in the above mentioned dissertation study.

  _____As the nursing program director, I am not interested or able to cooperate in the study request at this time.

  _____ Please contact the nursing director at the time the study will be conducted for the potential participation in the dissertation study.

Appendix B: Interview Introductory Script

Thank you for participating in the case study research. I would like to begin the interview by defining some key concepts that we will be discussing to foster a clearer understanding of the research terms. This interview will take estimate 60-90 minutes. This handout of definitions and examples is for your convenience as a reference.

**What is Empowerment?**

For the purpose of this interview empowerment is defined as enabling others to act by granting greater opportunity to make choices and exert influence regarding their professional practice and expectation (Livsey, 2009; Laschinger, et al., 2010).

**What is Structural Empowerment?**

For the purpose of this case study structural empowerment refers to organizational structures with the capacity to mobilize resources to accomplish work that influences perceived access to opportunity, resources, information and support in the workplace environment (Kantar, 1993; Sarmiento & Iwasiw, 2004, Laschinger et al., 2010).

There are six forms of structural empowerment that I will be discussing with you. The following items of possible examples of nurse faculty practices that could be considered to enhance or constrained nurse faculty leaders based on the forms of structural empowerment present in their academic environment. The item list is not intended to be all inclusive but to stimulate your thinking about the current structures or process that you have access to in your academic environment. You can describe any leadership practices that you perceive is present in your role as a nurse faculty leader. You can be select what form of structural empowerment best describes your current organizational structures or processes.

**Opportunity:**
- Nurse faculty partners with clinical agencies to develop evidence base nursing practices
- Nurse faculty you enable your students to develop leadership behaviors in the classroom or clinical setting through classroom assignment such as: implement or present new ideas research to improve patient outcomes in the clinical setting.
- Nurse faculty are recognized for leadership practice in various ways such as

**Formal Power:**
- Nurse faculty has formal title of authority to lead a nursing program project or course.
- Nurse faculty has an assigned leadership role in the department; simulation educator role, committee chair assignments, level coordinator.
- Leadership practices are outlined in the job description
- Nurse faculty have flexibility to determine job expectations

**Informal Power:**
- Relationships among faculty with partners are recognized, encouraged, or expected inside and outside the organization to achieve program goals
- Nurse faculty seek out others professionals to achieve department goals
- These relationships can assist nurse faculty advance in their positions

**Resources:**
- Nurse faculty receive funding or release time to conduct scholarly activities for professional advancement
- Presentations or scholarly publications
- Research practice or conduct evidence based teaching and evaluation at program level, local, state or national level
- Equipment, supplies, time or technologies needed to advance the role of nurse educator

**Support:**
- Nurse faculty is able to innovate new teaching methods or change curriculum in current nursing courses
- Nurse faculty receives funds or release time to mentor to another faculty
- As a Nurse faculty has had a mentor that role model the role of nurse faculty leader.
- Nurse faculty receive feedback from colleagues or supervisor that enhance or constrain my faculty role
- Peer review from colleagues teaching nursing courses

**Information:**
- Nurse faculty has access or collect data to drive decision-making
- Nurse faculty collect and monitor data regarding program outcomes.
- Communication about program information is accessible to all members

Appendix C: Informed Consent Document

**Qualitative Case Study**: **Perceptions of Effective Forms of Structural Empowerment Models by Nursing Faculty Members and Administrators**

***What is the purpose of the study?***.  You are invited to participate in a case study research being conducted for a dissertation at Northcentral University, Prescott, AZ.  The purpose of the study is to address the lack of effective forms of structural empowerment needed within the context of nursing education by exploring the perceptions of nursing faculty members and administrators regarding what constitutes full structural empowerment for nursing faculty members.  The researcher is interested in your ideas, perceptions, and lived experiences about the forms of structural empowerment and how these forms may enhance or constrain your leadership practices in your academic setting. You have been selected to participate because you have been employed as full-time nurse faculty member for at least one year and a nurse educator with three to twenty years of experience.

***What will be asked of nurse faculty or nurse administrator*** *?* You will be requested to answer interview questions about existing forms of structural empowerment and about your leadership practices in your current organization. You will be requested to allow 90 minutes for face to face interviews conducted at a time and place mutually agreed upon at your organization. The nurse administrator may be asked to provide key documents that include job descriptions, promotion and tenure procedures, nursing program outcomes, leadership course syllabi, and documents related to the governance structure of the nursing program that will be reviewed by the researcher.

***Who is involved?*** The following people are involved in this research project and may be contacted at any time: Betty Damask-Bembenek,  researcher, Dr. Patrick McNamara Dissertation Chair Northcentral University

***Are there any risks****?*  Although there are no known risks in this study, you may find some questions difficult to answer.  You can elect <u>not</u> to answer any question that you feel uncomfortable about providing an answer.

***What are some benefits****?* There are no direct benefits for participating in this research. No incentives are offered. The results will have practical application of information or interest that may eventually have positive benefits for nursing education programs for nurse administrators, nurse faculty, and students.

***Is the study confidential/ anonymity****?* The data collected in this study are confidential. No personal or organizational information will be linked to the data and only the researchers will

have access to data collection information. The data will be safely stored on a secured computer

data base that is password protected.

**Will I be compensated for participating in the study?**

There is no monetary or non-monetary compensation for participating in this study. You will not

receive any compensation for your participation in this study.

***Can I discontinue participating the study***? You have the right to withdraw from the study at any

time without penalty. You can decline to response any questions during the interview if you do

not want to answer them.

***What if I have questions about my rights as a research participant or complaints?***

If you have questions about your rights as a research participant, any complaints about your
participation in the research study, or any problems that occurred in the study, please contact the
researchers identified in the consent form. Or if you prefer to talk to someone outside the study
team, you can contact Northcentral University's Institutional Review Board at irb@ncu.edu or 1-
888-327-2877 ex 8014.

We would be happy to answer any question that may arise about the study. Please direct your
questions or comments to: Betty Damask-Bembenek, B.DamaskBembenek3557@email.ncu.edu
phone 303-506-4909, Dr Patrick McNamara, pmcnamara@ncu.edu or phone 888-327-
2877x6080.

**Signatures**

I have read the above description for the study: Perceptions of Effective Forms of Structural

Empowerment Models by Nursing Faculty Members and Administrators. I understand what the

study is about and what is being asked of me. My signature indicates that I agree to participate in

the study.

Participant's Name: _____ Researcher's Name: _____

Date: _____