

Mentoring, Empowerment, and Organizational Commitment in Nurse Leaders

Meghan M. Weese, PhD, RN, CPN, NEA-BC, NPD-BC



LEARNER OBJECTIVES

1. Describe the results of a study exploring the relationships among mentoring, empowerment, and organizational commitment in nurse leaders.

2. Learn the value of mentoring as a strategy to promote an empowering and engaging work environment for nurse leaders.

Background and Problem

- **Need Engaged and Empowered Nurse Leaders**
- The reasons why nurse leaders stay or leave an organization is an area with little research
- Organizational commitment important variable in understanding work behavior and associated with improving retention
- Factors promoting organizational commitment valuable to inform nurse leader retention
- Support important factor in empowerment and commitment
- **Providing support through mentoring may increase empowerment and organizational commitment**
- Limited empirical evidence of relationships between and among mentoring, empowerment, and commitment among nurse leaders

(Fleig-Palmer & Rathert, 2015; Greene & Puetzer, 2002; Payne & Huffman, 2005; Race & Skees, 2010; Tourigny & Pulich, 2005; Vran & Temel, 2016; Meng et al., 2010)

Significance

- Turnover - 12% for nurse managers/directors
- Cost to replace a nurse manager/director is 75-125% annual salary (\$75-126K/\$132-228K)
- Organizations that identify and develop internal human capital can decrease nurse leader turnover rates and replacement costs
- Retaining talent and decreasing turnover 1 of top 5 priorities of nurse executives
- >80% organizations identify retention as key strategic imperative, but <40% formal retention strategy



(Branden & Sharts-Hopko, 2017; Bureau of Labor Statistics, 2020; Griffith, 2012; NSI, 2022; Pedaline et al., 2017; Sherman et al., 2007; Sherman et al., 2014; Smiley et al., 2018; The Center for Health Affairs, 2016; Vitale, 2018)

Purpose and Research Questions

Purpose: Examine relationships among mentoring (practices and benefits), empowerment (structural and psychological), and organizational commitment (affective, continuance, and normative) in nurse leaders

Research Questions:

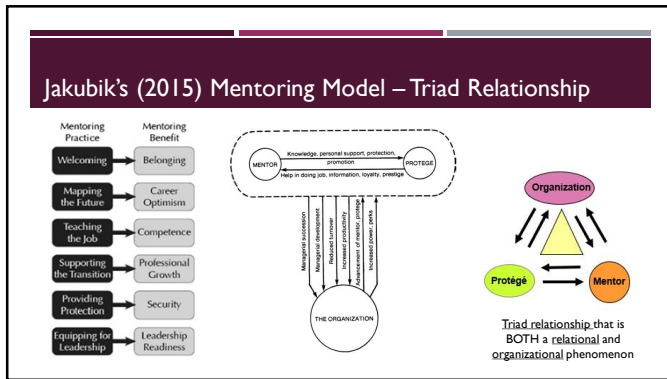
1. What are the relationships among the three domains of organizational commitment?
2. What are the relationships among structural empowerment, psychological empowerment, mentoring practices, and mentoring benefits?
3. What are the relationships of structural empowerment, psychological empowerment, mentoring practices, and mentoring benefits with organizational commitment?

Conceptual Frameworks

Laschinger et al.'s (2001) Model of Empowerment expansion of Kanter's (1993) Organizational Empowerment Theory

Jakubik's (2015) Mentoring Model modified from Zey's (1991) Mutual Benefits Model

Meyer and Allen's (1997) Three Component Model (TCM) of Organizational Commitment



- ### Study Design, Setting, and Sample
- Exploratory descriptive cross-sectional correlational design using survey methodology
 - Convenience sample (n=167) of nurse leaders recruited from membership of Ohio Organization for Nursing Leadership (OONL) (total membership = 1,105, sample 15% of target population)
 - Inclusion criteria: nurse leader in a healthcare organization, member in OONL nursing leadership professional organization
 - Exclusion criteria: not mentored as a nurse leader

- ### Procedure
- Online survey distributed to OONL membership via email link
 - SurveyMonkey® browser-based, electronic data collection software
 - 3 contacts over 1 month to achieve highest response rate in alignment with "Tailored Design Method" (Dillman et al., 2014)
 - Consent to participate implied by completion of survey
 - Small incentive for completion: chance to win 1 of 15 \$20 Amazon gift cards

Analysis (Descriptive and Inferential)

- Shapiro-Wilks test of normality, scatterplots for monotonic relationship
- Descriptive statistics for continuous demographic data and instrument total scores as well as domain scores (n, median, interquartile range, minimum and maximum for non-normally distributed data). Categorical demographic data described using frequencies and percentages.
- Spearman Correlation Coefficients (non-parametric testing due to assumption of normality violated) quantified the magnitude of the relationship between the interval level variables
- Statistical analyses completed using SAS 9.4 /14.2®. All testing two-tailed and evaluated at the Type I Error Rate of alpha=0.05 level of statistical significance

Results and Interpretation



Demographics Summary

- Middle aged (median 52 years; IQR 46-59)
- Caucasian/white (93.48%)
- Females (95.65%)
- Master's level education or above (72.06%)
- Middle management (66.66%)
- Service as a nurse 27 years (IQR 18-35), in current leadership role 3 years (IQR 2-7), total years in leadership roles 15 years (IQR 10-23)
- Length of employment by current organization 15 years (IQR 7-25)
- Certified as nurse executive/nurse leader (46.72%)
- Worked at a Magnet designated organization (48.55%)

Mentoring Experience

- Mentored nurse leaders also serve as mentor (84.43%), mentoring strongly influenced decision to become a mentor (median = 4.0, IQR = 4.0-5.0)
 - Mentoring an intensifying force to produce more mentoring
- Majority (75%) mentoring relationships informal, self-selected pairings, yet workplace MP very high and moderate to substantial positive relationships with individual MP, MB, SE, PE, AOC and NOC
- Organizations should focus on creating work environments that support mentoring relationships to develop through natural pairings rather than mentoring programs with formal matching
- Consistent with previous studies of staff nurses (Jakubik, 2008; Jakubik, 2012; Jakubik et al., 2011; Weese et al., 2015)

Length Of Stay

- Mentored nurse leaders committed to both position and employer
- Majority reported intent to stay 5+ years in current position (59%) and organization (91%)
- Contrast to other studies of nurse leaders examining intent to stay/leave
- 72% nurse managers planned to leave their positions in the next 5 years (Warshawsky & Havens, 2014)
- Reasons why nurse leaders stay or leave an organization is area of little research
- Important finding! Mentoring positively impacts nurse leader intent to stay and may be an important retention strategy

RQ1: What are the Relationships among Affective, Normative, and Continuance Organizational Commitment?

	1	2	3
1. Affective Organizational Commitment		-0.32*	
2. Continuance Organizational Commitment			-0.09
3. Normative Organizational Commitment	0.51*		

*p < 0.001

Note: Correlation interpretations are based on guidelines in Plichta et al. (2013): Weak (0.10-0.29); Moderate (0.30-0.49); Substantial (≥ 0.50).

Organizational Commitment Subscales

- In this sample of mentored nurse leaders, as emotional (affective) connection with workplace increased, cost-based (continuance) need to stay with the organization decreased
- In previous studies, as affective increased, continuance also increased (Meyer et al., 2002- systematic review of 155 independent samples involving >50,000 employees)
- Mentored nurse leaders may have personal characteristics and workplace experiences through mentoring relationships that influence them to overlook alternative employment opportunities, even if offered a higher salary

RQ2: What are the Relationships among Structural Empowerment, Psychological Empowerment, Mentoring Practices, and Mentoring Benefits?

	1	2	3	4	5
1. Structural Empowerment					
2. Psychological Empowerment	0.62*				
3. Individual Mentoring Practices	0.35*	0.40*			
4. Workplace Mentoring Practices	0.64*	0.42*	0.33*		
5. Mentoring Benefits	0.51*	0.50*	0.80*	0.57*	

*p < 0.0001

Note: Correlation interpretations are based on guidelines in Plichta et al. (2013): Weak (0.10-0.29); Moderate (0.30-0.49); Substantial (≥ 0.50).

Mentoring Benefits and Mentoring Practices

- Substantial positive correlations of MB with individual and workplace MP
- Moderate positive correlation between individual MP and workplace MP
- Consistent with previous research of staff nurses (Eliades et al., 2018; Weese et al., 2015)
- New knowledge: Extends support of Jakubik's (2015) Mentoring Model to nurse leader population
- Mentoring is as beneficial for nurse leaders as it is for staff

Mentoring and Empowerment

- Moderate-substantial correlations between MP, MB, SE and PE
- Previously relationship between mentoring and empowerment suggested but not widely tested (Latham et al., 2008; Lee, 2000)
- New knowledge: 1st known study to demonstrate positive connection among mentoring and empowerment in nurse leaders
- New and exciting patterns suggest mentoring promotes an empowering work environment

Structural and Psychological Empowerment

- Substantial positive correlation between SE and PE
- Consistent with existing literature and supports theoretical framework presented in multiple studies of staff nurses, most notably the work of Laschinger and colleagues
- Relationship between SE and PE not tested as widely among nurse leaders (Wagner et al, 2010; Zhang et al., 2018), focus on leaders' role in creating workplace empowerment

RQ3: What are the Relationships of Structural Empowerment, Psychological Empowerment, Mentoring Practices, and Mentoring Benefits with Organizational Commitment?

	Organizational Commitment		
	Affective	Continuance	Normative
Structural Empowerment	0.48**	-0.31**	0.36**
Psychological Empowerment	0.33**	-0.29*	0.32**
Individual Mentoring Practices	0.18*	-0.07	0.30**
Workplace Mentoring Practices	0.45**	-0.21*	0.48**
Mentoring Benefits	0.30**	-0.14	0.37**

* $p < 0.05$, ** $p < 0.001$

Note: Correlation interpretations are based on guidelines in Plichta et al. (2013): Weak (0.10-0.29); Moderate (0.30-0.49); Substantial (≥ 0.50).

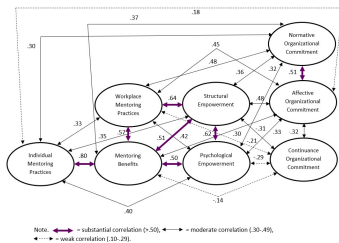
Empowerment and Organizational Commitment

- In multiple previous studies SE and PE positively linked to OC among staff nurses (DiCicco, Lachinger, & Kerr; 2006; Laschinger & Finegan, 2005; Laschinger et al., 2000; Smith et al., 2010)
- Few studies among nurse leaders
- New knowledge: moderate positive correlations among SE and PE and AOC and NOC, supports theoretical framework expanded to nurse leaders
- Empowerment useful framework to examine work environment factors influencing how nurse leaders respond to work experiences and help them to be more engaged and committed in their work

Mentoring and Organizational Commitment

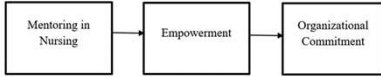
- Existing evidence of positive correlation between mentoring and organizational commitment among nurses limited:
 - 2 descriptive studies of staff nurses (Fleig-Palmer & Rathert, 2015; Weng et al., 2010)
 - 3 studies outside of nursing (Korean business, information technology and U.S. Army officers) (Chun et al., 2012; Craig et al., 2012; Payne & Huffman, 2005)
- New knowledge: 1st known study among nurse leaders to demonstrate positive correlations among MP and MB and AOC and NOC
- Mentoring helps employees personally identify with organization, fosters commitment through professional development, social networking, and positive role modeling

Summary of Study Variable Relationships



- 7 substantial positive, 13 moderate positive, 2 moderate negative relationships
- MP and MB substantial/moderate positive relationships to SE and PE in all areas
- Workplace MP substantial positive relationship with SE and MB, and high moderate positive relationships with PE, AOC, and NOC
- MB strongly correlated with individual and workplace MP, SE and PE and moderately correlated with AOC and NOC

Key Findings and Takeaways



- Mentoring is positively and significantly related to empowerment and organizational commitment of nurse leaders
- Interplay of 20 moderate or substantial positive and significant relationships among variables in proposed study model support propositions of 3 theoretical frameworks
- Intent to stay in position and in organization significantly stronger among mentored nurse leaders
- New knowledge of organizational benefits of mentoring may help with challenge of nurse leader turnover

Implications

- Empirically demonstrate value of mentoring
 - not only for individual nurse leaders, but also for organizations
- May influence organizations to invest in creating a culture of mentoring and empowerment
 - cost effective solution to support leadership development & retention



LEADERS BECOME GREAT NOT BECAUSE OF THEIR POWER, BUT BECAUSE OF THEIR ABILITY TO EMPOWER OTHERS.

Future Research

- Beginning of a program of research
- Secondary analysis
 - Quantile (median) regression
 - Explore differences in empowerment and organizational commitment between mentored and non-mentored nurse leaders
 - Identify differences in mentoring, empowerment and organizational commitment in nurse leaders working in Magnet versus non-Magnet designated organizations
 - Explore subscale relationships
- Develop and test predictive model
- Establish mentoring intervention



Acknowledgements

- My committee members- Dr. Marlene Huff (chair), and Drs. Sheau-Huey Chui, Aris Eliades, Christine Graor, Judith Juvancic-Heltzel, and Linda Shanks
- Sigma Theta Tau International, Delta Omega Chapter- this project was supported by a grant from the chapter
- Neil McNinch, Biostatistician, Akron Children's Hospital's Research Institute, and Nursing Research Department
- My mentors, Drs. Aris Eliades and Louise Jakubik
- My first advisor, Dr. Ann-Marie Brown
- My family, especially my husband, Tom, and 2 sons, Tommy and Kyle



Questions?

All the flowers of all tomorrows are in the seeds of today
-American Proverb