

## Purpose

To depict the relationship between experience/age and psychological empowerment and to illustrate the importance of continued leadership development to strengthen leader PE.

## Background

- Psychological empowerment (PE) fosters a proactive approach to life, knowledge about how to achieve goals, and an understanding of how to cope in the sociopolitical environment. (Zimmerman, 1995).
- A PE person “believes that he or she has the capability to influence a given context (interpersonal component), understands how the system works in that context (interactional component), and engages in behaviors to exert control in the context (behavioral component)” (Zimmerman, 1995, p. 590).
- PE can be considered a motivational construct reflecting an active orientation toward one’s work that included four aspects: meaning, competence, self-determination (autonomy) and impact (Meng, Jin, & Guo, 2016; Spreitzer, 1995). Meaning refers to the association between work goals, beliefs and values. Competence relates to beliefs about work effectiveness based on acquired skills. Autonomy or self-determination refers to perceived control, and impact relates to the influence one thinks they have over work situations or decisions (Spreitzer, 1995).

## Methods

This study employed a descriptive cross-sectional design using an online survey.

- PE was measured using two scales, a ten item PE instrument (Hampton, 1996) that consisted of two dimensions (Cronbach’s alpha .91 for this study) and a 12 item PE instrument (Spreitzer, 1995). The 12 item PE in the workplace scale measures a motivation construct composed of four sub-dimensions: meaning, competence, self-determination, and impact.
- A literature review was done to determine the impact of leadership development education on PE.



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## Results

- Participants for this study included 170 nurses (95% female and 5% male) that were either Executive Nsg Leaders (n=62, 37%), Directors (n=65, 38%), or Nurse Managers (n=43; 25%).
- Average age of participants was 53.5 years (SD = 8.8), and the range was from 27 to 76 years.
- Nearly all participants were White/Caucasian (92%) or Black/African American (5%); the remaining 3% of nurse leaders were either Asian, Hispanic, or indicated more than one race.
- Age was positively associated with PE. The correlation between age and PE, as measured by the Spreitzer PE scale was as follows: overall PE ( $r = .27$ ,  $p = .0004$ ); competence ( $r = .29$ ,  $p < .0001$ ); meaning ( $r = .24$ ,  $p < .001$ ); self-determination ( $r = .16$ ,  $p = .04$ ); and impact ( $r = .22$ ,  $p = .004$ ). The correlation between age and PE as measured by the Hampton PE scale was .15 ( $p = .05$ ).

| Variables (n=170)  | M     | SD   | Scale Range |
|--------------------|-------|------|-------------|
| PE, Spreitzer      | 70.59 | 9.54 | 12-84       |
| Competence         | 18.05 | 2.47 | 3-21        |
| Meaning            | 18.50 | 2.43 | 3-21        |
| Self-determination | 17.22 | 3.46 | 3-21        |
| Impact.            | 16.81 | 3.25 | 3-21        |
| PE, Hampton        | 59.03 | 6.78 | 10-70       |

## Conclusion & Implications for Practice

- PE is an evolving leader strength that can change over time.
- Continual efforts to foster PE of today’s nurse leaders is critically important to enable them to be successful in the challenging healthcare landscape (Spencer & McLaren, 2016).
- Education focused on empowerment leads to increased self-reported use of empowering behaviors, the employment of empowering behaviors when working with others (MacPhee et al, 2014; MacPhee, Shelton-Green, Bouthillette, & Suryaprakash, 2012), and a more committed workforce (Dahinten et al, 2014).

## References

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