The background is a dark blue gradient with abstract white and light blue geometric patterns. On the left side, there are several concentric circles and a large circular scale with degree markings from 140 to 260. Faint circular arrows and dashed lines are scattered across the background, creating a sense of motion and measurement.

THE THEORY OF PSYCHOLOGICAL OWNERSHIP: MEASUREMENT AND USES IN NURSE WORK ENVIRONMENT RESEARCH

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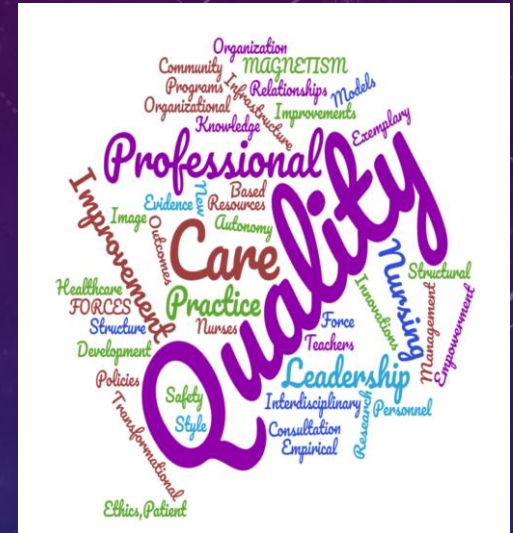
SCHOOL OF NURSING

LEARNING OBJECTIVES

- Discuss gaps in the nursing work environment research literature
- Describe key constructs in the Theory of Psychological Ownership
- Discuss the use of an expanded measure of psychological ownership in a nursing population
- Discuss how psychological ownership could be employed in nursing work environment research as a mechanism to improved and patient outcomes

NURSE WORK ENVIRONMENT RESEARCH

- Magnet work
- Magnet measures
 - NWI (Kramer & Hafner, 1989) NWI-R (Aiken & Patrician, 1994)
 - PES-NWI (Lake, 2002)
 - EOM I & II (Kramer & Schmalenberg, 2004/5)
- 14 Magnet characteristics/ 5 components
 - Transformational Leadership
 - Structural Empowerment
 - Exemplary Professional Practice
 - New Knowledge, Innovation, and Improvements
 - Empirical Quality Results
- IOM Keeping Patients Safe: Transforming the Work Environment of Nurses



Turnover Job Stress Burnout
Job Satisfaction

Adverse Events Mortality
Patient Safety

OUTCOMES ARE INCONSISTENT

- Relationship between + working conditions and patient outcomes inconclusive (Bae, 2011)
- Job satisfaction is related to working conditions, but further research is needed (Lu, et al, 2011)
- It is not possible to conclude Magnet® status has effects on nurse and patient outcomes (Dariel & Regnaud, 2015)

Journal of Nursing Management, 2011, 19, 700–713

Assessing the relationships between nurse working conditions and patient outcomes: systematic literature review

SUNG-HEUI BAE PhD, MPH, RN

Buffalo,

International Journal of Nursing Studies 49 (2012) 1017–1038

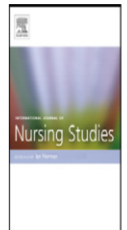


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Review

Job satisfaction among hospital nurses revisited: A systematic review[☆]

Hong Lu^a, K. Louise Barriball^b, Xian Zhang^a, Alison E. While^{b,*}

Do Magnet®-accredited hospitals show improvements in nurse and patient outcomes compared to non-Magnet hospitals: a systematic review.

JBI Database of Systematic Reviews and Implementation Reports.
13(6):168-219, JUL 2015

Odessa Petit Dit Dariel; Jean-Phillipe Regnaud

DOI: 10.11124/jbisir-2015-2262

RECOMMENDATIONS FOR FURTHER RESEARCH

- Contextual and **multivariate influences** are needed (Bae, 2011)
- The absence of a **robust causal model** is undermining the research (Lu, et al., 2011)
- Need **more robust designs** that measure the impact of Magnet® status on outcomes (Dariel & Regnaud, 2015)
- Identify **causal mechanisms** and interventions to bring about change (Norman, 2013)
- Need to provide a better understanding of the **mechanisms** that link the nursing environment to patient outcomes (Kazanjian, et al., 2005)



STUDY AIMS

- Investigate measurement of Psychological Ownership in a nursing population
- Explore relationship between Psychological Ownership and Nursing Practice Environment

THEORY OF PSYCHOLOGICAL OWNERSHIP

Psychological Ownership is the state of mind that leads individuals to feel a target of ownership is “theirs”

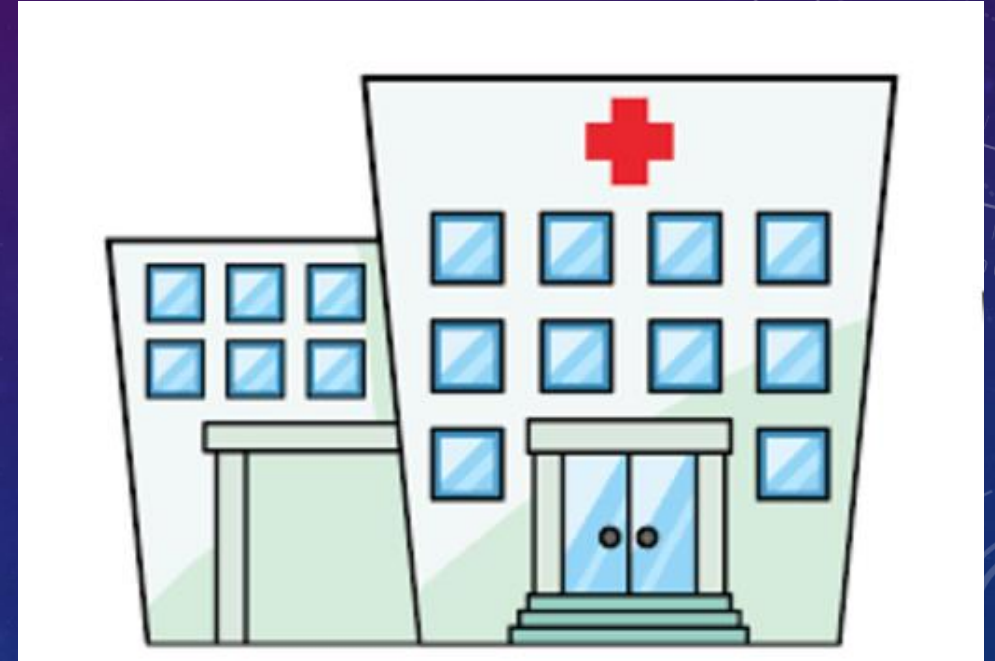
ROOTS (WHY) FOR OWNERSHIP DEVELOPMENT

- Efficacy and effectance
- Self-identity
- Having a place/Home



ROUTES (HOW) TO OWNERSHIP DEVELOPMENT

- Control
- Intimate knowledge
- Investment of self



Organizations provide opportunities for development of ownership through how work is structured

OUTCOMES OF PSYCHOLOGICAL OWNERSHIP

Control



Intimate



Knowledge



Investment



Of Self



Psychological
Ownership



Motivation
Change Acceptance
Personal Sacrifice
In-Role Performance
EXPERIENCED RESPONSIBILITY
Job Satisfaction
Commitment
Self-Esteem
Extra-Role Performance

EXPERIENCED RESPONSIBILITY FOR WORK OUTCOMES-

“The degree to which the individual feels personally accountable and responsible for the results of the work he or she does”

(Hackman & Oldham, 1976, p 256)

```
graph LR; A[Nurse Work Environment Factors] --> B[Psychological Ownership  
Control  
Intimate Knowledge  
Investment of Self]; B --> C[Improved Nurse & Patient Outcomes]
```

Nurse Work
Environment
Factors

**Psychological
Ownership**

Control
Intimate Knowledge
Investment of Self

Improved
Nurse &
Patient
Outcomes

STUDY DESIGN

- Cross-sectional survey design
- Electronic survey of Florida APRNs working in hospitals
- Inclusion criteria: working in an APRN role in a Florida Hospital
 - Nurse Practitioners, Nurse Anesthetists, Nurse Midwives, Clinical Nurse Specialists
- Exclusion criteria: not working in an APRN role, not working in a hospital setting, not working in Florida
- 18,411 survey were sent/ 542 usable surveys returned
 - unknown how many APRNs work in hospitals
- Approved through University of Miami IRB

APRN Characteristics				*Florida	
Age (N=486)		M=48.1 (SD 10.86)	(range 26-72)	M= 47.4	
Gender (N=542)	Male	98 (18%)		15%	
	Female	444 (82%)		85%	
Race (N=542)	Hispanic	55 (10%)		11%	
	Caucasian	467 (86%)		71%	
	African American	28 (5%)		11%	
	Asian	16 (3%)		4%	
Type (N=537)	CRNA	161 (30%)		17%	
	NP	332 (61%)		59%	
	CNM	35 (7%)		4%	
	CNS	4 (<1%)		1%	
Highest Degree (in nursing) (N=536)					
		Bachelors		11%	
		Masters		79%	
		DNP		3%	
		PhD		2%	
Years as:	(N=542)	RN (prior to APRN)	M=10.22 (SD 8.01)	(range 0-46)	
	(N=539)	APRN	M=12.87 (SD 9.90)	(range 0-46)	
	(N=539)	Current Position	M= 6.42 (SD 6.42)	(range 0-35)	

MEASURE/ANALYSIS : EXPANDED PSYCHOLOGICAL OWNERSHIP QUESTIONNAIRE

- 21 items, 4 subscales: Control, Intimate Knowledge, Investment of Self, Psychological Ownership
- 4-point Likert-type scale (*strongly agree, agree, disagree, strongly disagree*)
- Analysis Plan
 - Descriptive Statistics
 - Reliability: Cronbach's alpha
 - Validity: Confirmatory Factor Analysis

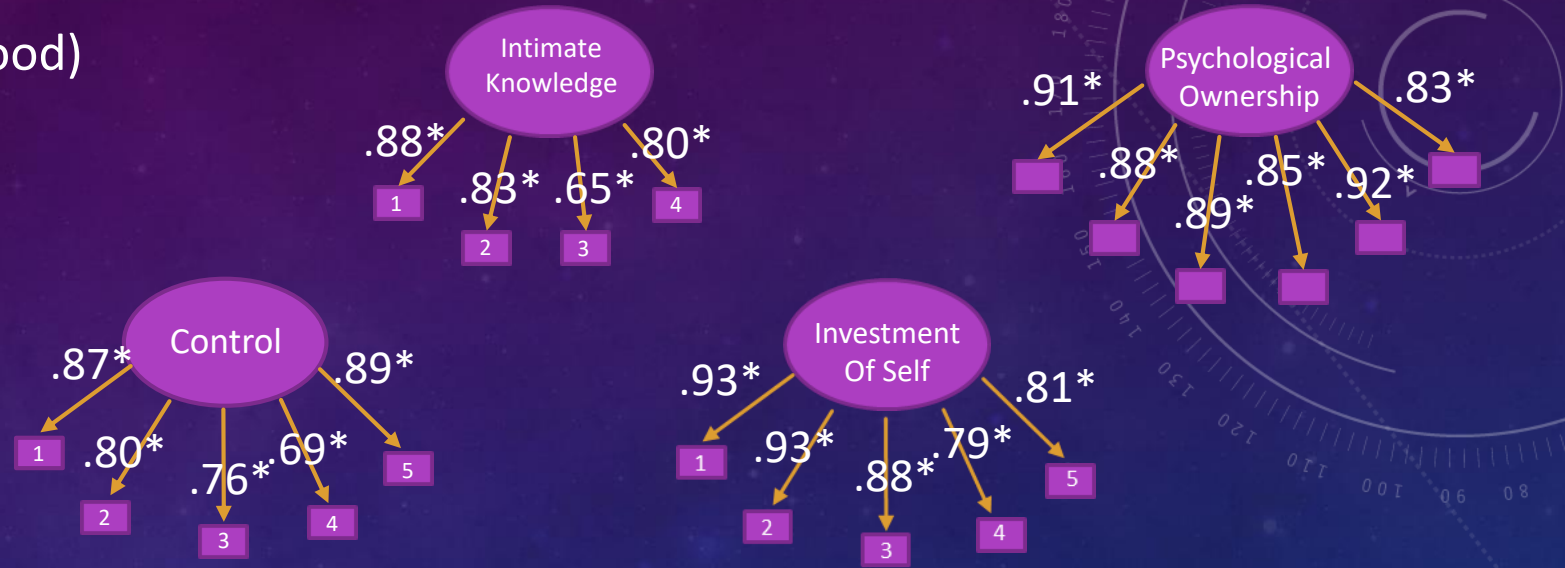
RESULTS

- Missing data 6-8% (maximum likelihood)
- Good Subscale Reliability

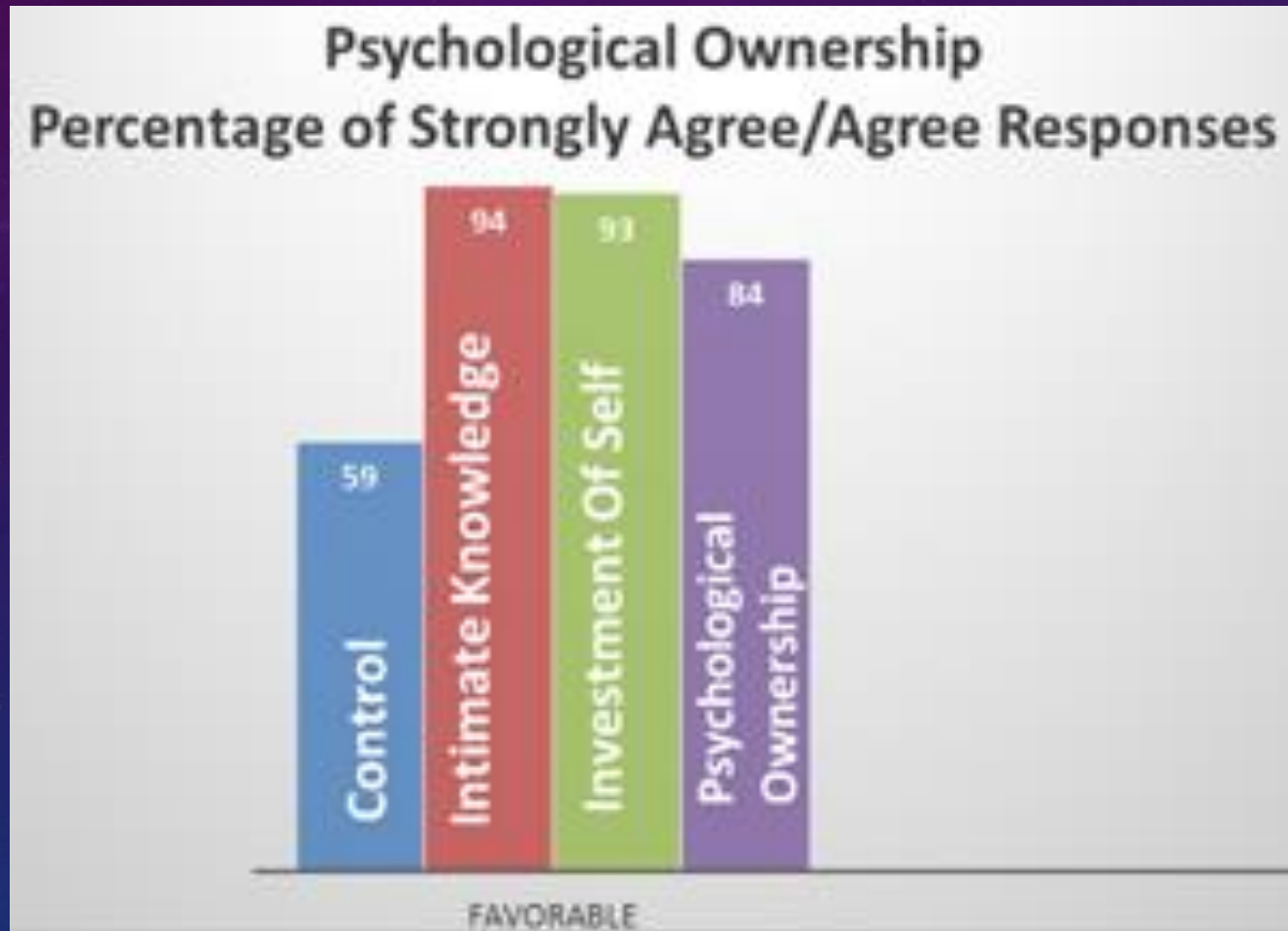
• Control	$\alpha = .88$
• Intimate Knowledge	$\alpha = .77$
• Investment of Self	$\alpha = .84$
• Psychological Ownership	$\alpha = .91$

- Good Construct Validity

• Model fit	
• $\chi^2(393) = 403.19, p = .351$	
• RMSEA = .007	
• CFI = .998	
• Factors loadings	
• Control	.69-.89
• Intimate Knowledge	.65-.88
• Investment of Self	.79-.93
• Psychological Ownership	.83-.92



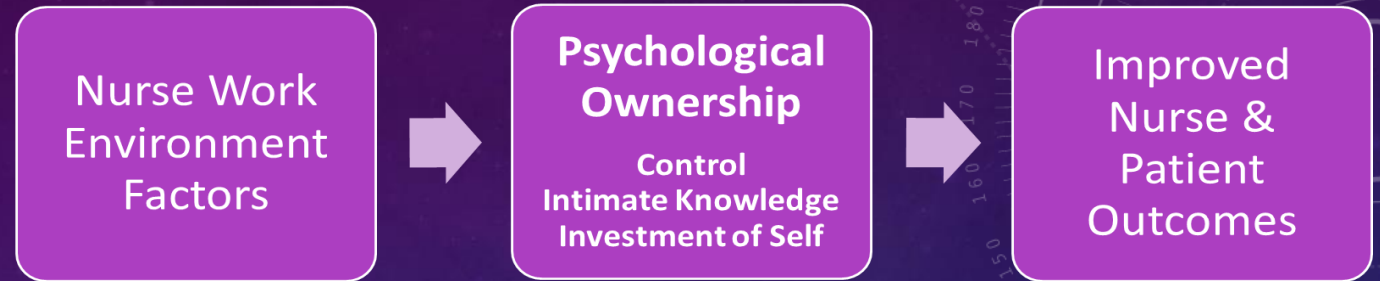
RESULTS



CONCLUSIONS

- The Expanded Psychological Ownership Questionnaire performed well in an APRN population
- Favorable responses were low in the Control subscale compared to other subscales
- APRNs perceive a high degree of Psychological Ownership for their jobs, but may derive it through Intimate Knowledge and Investment of Self
- Limitations
 - Generalizability outside of Florida APRNs
 - Oversampling of CRNAs and CNMs may bias results
 - Measurement issue: Likert type scale

FUTURE DIRECTIONS



- Psychological Ownership has applications for the nursing work environment research by offering a possible mechanism through which work environment factors influence nurse and patient outcomes.....
- Does Psychological Ownership result in positive outcomes in nursing, as found in other professions
- Does manipulation of work environment factors that impact nursing Psychological Ownership improve patient outcomes

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