ORGANIZATIONAL CULTURE AND STUDENT EMPOWERMENT
IN BACCALAUREATE NURSING PROGRAMS

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ABSTRACT

Bosley, Cheryl L. M., Ph. D. December 2005 NURSING

ORGANIZATIONAL CULTURE AND STUDENT EMPOWERMENT IN BACCALAUREATE NURSING PROGRAMS

Dissertation Co-Chairs: Diana L. Biordi and Harriet V. Coeling

A critical goal of nursing education is to prepare a future generation of practitioners who can influence outcomes in a complex and changing health care environment. The empowerment of nurses has been associated with positive organizational and health care outcomes. Educational culture, as a major socializing control, has the potential to affect the empowerment of nursing students and their future nursing practice. The purpose of this study was to examine relationships between students’ perceptions of organizational culture in their baccalaureate nursing program and the students’ self- perceived empowerment. The sample consisted of 231 senior baccalaureate nursing students from 4 public institutions in Northeast Ohio. The Organization Culture Inventory (Cooke & Lafferty, 1983, 1986, 1987, 1989) and the Short Vincenz Empowerment Scale (Vincenz, 1990) were used to measure organizational culture and empowerment, respectively. Findings indicate that, overall, students perceived their baccalaureate nursing program as having a moderately high constructive culture and a moderately low defensive culture. Students also described themselves as having moderately high empowerment. A weak positive relationship was found between students’ perception of a constructive organizational culture of their baccalaureate nursing program and their empowerment. A weak inverse relationship was found between students’ perception of a defensive culture in their baccalaureate nursing program and their empowerment. Together, the two organizational culture variables explained 7.7% of the variance in student empowerment. An
important measurement finding of this study was that two organizational culture concepts, passive-defensive and aggressive-defensive cultures, could not be differentiated in this sample. Although factors other than culture may account more for student empowerment in baccalaureate nursing programs, this study provides support for the existence of an emerging new generation of empowered nurses who have the potential to make a positive impact on the nursing profession and patient care.
CHAPTER I
INTRODUCTION

Overview of the Study and Statement of the Problem

A critical goal of nursing education is to prepare a future generation of practitioners who can influence outcomes in a complex and changing health care environment. Empowerment is a personal characteristic that will help new graduates thrive in this challenging health care environment, and it can be conceptualized as an outcome of their education. Empowerment, in this study, refers specifically to a set of concepts described by Kieffer (1984) and later elaborated by Vincenz (1990). In their respective conceptualizations, empowerment is defined as a sense of personal power and control in one’s life and the ability to interact effectively with the environment to affect personal and social change (Kieffer, 1984; Vincenz, 1990).

One of the premises of this study is that nurse educators are increasingly obligated to strengthen each student’s level of empowerment. Since organizational culture has been hypothesized as influencing empowerment, they must consider those organizational cultural factors within their nursing program that enhance or hinder the empowerment of nursing students. Organizational culture, in this study, refers to Cooke and Lafferty’s idea that organizational culture includes assumptions, values, and beliefs that members of an organization have about the accepted and expected ways of doing things (Cooke & Lafferty, 1983, 1986, 1987, 1989).
A second premise of this study is that students can identify, within the confines of an established measure, the characteristics of a school culture that may enhance or detract from their empowerment. In this research, only students were asked to give their perception of their educational organizational culture and describe their level of empowerment. Their perception of their educational organizational culture was measured using a well established instrument, the Organizational Culture Inventory (Cooke & Lafferty, 1983, 1986, 1987, 1989). Their level of empowerment was measured using the Short Vincenz Empowerment Scale (Vincenz, 1990) which captures the definition and dimensions of empowerment offered by Vincenz (1990) and Kieffer (1984). Students’ perception of their organizational culture was correlated with the perception of their own empowerment. Students’ empowerment was the dependent variable and the types of organizational culture were the independent variables.

A model of proposed relationships between students’ perception of organizational culture of their nursing program and their empowerment is depicted below in Figure 1.

![Diagram of Organizational Culture and Empowerment Relationships]

*Figure 1. Proposed Relationships between Study Variables*

In Chapter 2, the Review of Literature, a more robust description of major theorists in the field of organizational culture and empowerment is provided. The instruments used in this study are described more fully in Chapter 3, the Methods section of this dissertation.
Empowered Nurses: Characteristics and Availability

Today’s graduates in nursing are faced with challenges unlike any before. Nurses must be prepared for an aging client population, greater patient acuity, cost containment and downsizing, increasingly demanding workloads, rapid technological advances, sensitive ethical issues, and major environmental concerns. Health care reform and access to health care for marginalized and underserved populations are other key issues that practicing nurses face. Patient care, when recognized as a political activity, underscores the need for empowered nurses who have the requisite socio-political sensitivity, knowledge, and skills for engaging in 21st century nursing practice. Nurses are called upon to serve as patient advocates, environmental activists, community leaders, political role-models, and agents for health care change, despite reports of feelings of nurses’ powerlessness (Corkhill, 2000; Fulton, 1997; Hedin & Donovan, 1989; Jewell, 1994; Kelly, 1991; Moores, 1993; Raatikainen, 1994; Roberts, 1983; 2000).

The literature suggests that empowered nurses possess the various social and political skills needed to meet the challenges of practice within a changing patient care arena that demands greater nurse decision making and responsibility (Becker, 1994; Carlson-Catalano, 1988, 1994; Chavasse, 1992; Duncan, 1996; Espeland & Shanta, 2001; Kuokkanen & Leino-Kilpi, 2001). At least one definition of empowerment, which is used in this study, indicates that empowerment involves a sense of control in one’s life and the ability to interact effectively within an interpersonal, social, economic, political, and spiritual environment (Vincenz, 1990). Other studies have examined characteristics, processes, and/or outcomes of empowerment, which have contributed ideas about the necessary characteristics of empowered nurses.

Empowered nurses have been described as being more able to make decisions, take action, act flexibly under pressure, and solve problems (Kuokkanen & Leino-Kilpi, 2001).
Raatikainen (1994) found that nurses who were empowered believed they could accomplish their goals and improve practice. Better patient care outcomes, patient satisfaction, and staff satisfaction have also been associated with empowered nurses (Stratton, 1990; Swanson, 1992).

Empowerment is a desired outcome of nursing education (Chally, 1992; Hokanson Hawks, 1992; Klakovich, 1995b). An “authoritarian atmosphere of nursing education” is thought to be a factor contributing to a shortage of nurses (Duke, 1988, p. 3). A conscious effort in education towards the development of empowerment in students could provide a possible solution to the current shortage by promoting recruitment and retention in nursing and eventual job satisfaction (Becker, 1994; Campbell, 2003; George, 1994). Roberts and Chandler (1996) emphasize the significance of empowerment in the educational process when they stress that “Clearly, the task of empowering nursing students also has to do with the empowerment of all nurses. The issues of practice and its relationship to academia becomes vital to this task” (p. 238).

Despite the need for empowered nurses, the nursing literature describes nurses’ sense of powerlessness, defined especially as nursing’s responsibility for, but lack of authority in, patient care (Blanchfield & Biordi, 1996). As late as the late 1990s, nurses still reported feelings of powerlessness in their workplaces despite the increasing erosion of physician authority and the ascendance of greater control over nursing patient management and prescriptive authority. Academic nursing, in studying nursing power or its lack, has analogized nursing’s powerlessness to a sociological description of oppressed group behavior (Freire, 1970, 2004; Hedin, 1986, Jewell, 1994; Roberts, 1983, 2000). While outcomes of oppressed group behavior in nursing have been described and compared to other groups, only within the last decade of the 1990s have
more empirical studies been conducted to assess nurses’ empowerment (Blanchfield & Biordi, 1996).

The argument could be made, however, that the nursing profession has been more powerful than its practice literature might suggest, particularly in the political and research arenas. For example, the National Institute for Nursing Research (NINR) was established within the U.S. National Institutes of Health in a period of feminism and congressional awareness of the value of nursing (Hinshaw, 1999; Polit & Beck, 2006). Since 2002, the American Nurses Association (ANA) has made inroads in the establishment of parameters of nurse staffing for patient safety (see http://www.ana.org). Hospital administrators have acknowledged the importance of empowered nursing practice in their quest for Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation and their desire for Magnet status (McClure & Hinshaw, 2002; see also http://www.ana.org and http://www.jcaho.org).

Because nursing has shown these and other signs of empowerment, it is important that a more balanced picture of nursing power begin to be described. Although speculation and empirical studies of nursing power have concentrated on the actual practice arenas of nurses, little examination has been made of the basis of good practice, namely one’s educational preparation in nursing. Because education so profoundly affects the socialization of its students into practice and possibly, the student’s own empowerment, this dissertation examines the relationship between nursing students’ level of empowerment and their perception of the organizational culture of the program in which the student is being educated as a nurse.
This section addresses oppression in nursing and nursing education. Oppressed group behavior and oppressed group behavior in nursing are presented followed by a discussion of oppression in education, including nursing education.

*Oppressed Behavior*

Oppression, according to Freire (2004), occurs in “Any situation in which ‘A’ objectively exploits ‘B’ or hinders his and her pursuit of self-affirmation as a responsible person” (p. 55) or the hegemony of one group over another, often with the subservient group having their choices confined without their consent. Roberts (1983), in one of the most cited articles on oppression in nursing, remarks that those who are oppressed are controlled and exploited by others who are more powerful or more prestigious. Oppression reinforces the status quo of the power distribution within a group. Typical behaviors, as described in the literature, include identification with the oppressor by the oppressed along with simultaneous loss of the personal or group identity of the oppressed, the development of low self-esteem or self-hatred in the oppressed, and misdirected aggression among the oppressed individuals rather than against the oppressor (Hedin, 1986; Jewell, 1994; Roberts, 1983, 2000). Furthermore, the anger and loss of group or self-identity and confidence in oppressed persons result in the actual maintenance of the oppression, which the dominant group institutionalizes through societal controls, such as education (Jewell, 1994). One way to change such oppression, according to Jewell, is to change a major nursing control, nursing education.

*Oppressed Behavior in Nursing*

For at least two decades, nurses have been characterized as an oppressed group who feel powerless and lack control and autonomy in their professional practice (Clifford, 1992; Corkhill,
2000; Fulton, 1997; Hedin, 1986; Jewell, 1994; Moores, 1993; Raatikainen, 1994; Reverby, 1987; Roberts, 1983, 2000). The point is reinforced by authors, such as Benner (2001), who noted that nurses occupy lower status in their hierarchies of work, which is further exacerbated by their being part of a feminine occupation subject to the consequence of oppressive gender discrimination (Borman & Biordi, 1992). Most studies describing nurses as an oppressed group have been conducted in the practice setting. Few have empirically examined oppression in educational settings.

Educational Goals: Oppression or Empowerment

The publication of Carl Rogers’s *Freedom to Learn* in 1969 and Paulo Freire’s *Pedagogy of the Oppressed* in 1970 first brought attention to the oppressive nature of education. In their powerful and influential works, Freire, in particular, identified education as an institutionalized reinforcement of the societal distribution of labor. He argued that education, never neutral, has the potential to serve two opposing purposes. In this view, education either results in the promotion and reward of compliance to societal values or the creative and critical transformation of one’s world. Those who value compliance and conformity engage in methods of power and control over each other and over students. On the other hand, those who value creative and critical transformation may be viewed as nonconformist or deviant, or one who has refused to accept the status quo.

Nursing Education as Oppressive or Empowering

Nursing education, as a derivative of larger educational forces, may be viewed similarly as either oppressive or empowering. For the past 35 years, most analysts have focused on the nature and description of nursing education as oppressive. Evidence of faculty control comes
from students who continue to describe feelings of powerlessness, conflicting values, and a strong need to conform to rules and traditions within the bureaucratic systems in which they find themselves (Kelly, 1991; Wilson & Startup, 1991). A summary of research reported by Clare (1993a) reveals students’ perceptions of the conformity and control in the nursing classrooms and clinical environments and illustrates how organizational cultures become established through reinforcement. Many have questioned whether nursing education is preparing a future generation of empowered professionals or rather reinforcing the status quo, specifically, a tradition of compliance, conformity, control, and oppression in nursing (Allen, 1990; Clare, 1993a, 1993b; Corkhill, 2000; Holloway & Penson, 1987; Spence, 1994).

Yet others are optimistic that nursing education can become a more empowering experience. Nelms (1991) voiced concern that “As nursing educators, we must come to know how we are oppressed as nurses, as women, as blacks, and as other ethnic minorities, and we must come to know how we have participated in our own oppression and the oppression of others” (p. 7). Other power analysts add that the need to challenge oppression and speak to the emancipation of education requires that the oppressed seek and become more empowered (Freire, 1970, 1973, 1985, 2004; Jewell, 1994). Empowering education in nursing has been identified as possible, based on the work of Freire, feminist theory, and critical social theory. Hedin and Donovan (1989) outline characteristics of an empowering nursing education, that is, dialogic and egalitarian and involving connectedness to others. In short, the empowering nursing education is integrative and open, makes values explicit, and is attentive to process as well as outcomes. Nursing education as liberation also involves trust in the students and respect for the students’ knowledge (Jewell, 1994).
Relationship between Empowerment and Organizational Culture

Organizations with cultures which attend to such liberating values as described by Hedin and Donovan (1989) are characterized by open communication, respect, and supportiveness among its members. These cultures are conceptualized in the literature as constructive organizational cultures (Cooke & Lafferty, 1983, 1986, 1987, 1989; Cooke & Szumal, 2000). On the other hand, an organizational culture conceptualized as defensive is one where obedience, conformity, and dependence are the accepted norms (Cooke & Lafferty, 1983, 1986, 1987, 1989). In Cooke and Lafferty’s view, defensive cultures can be subtly or overtly oppressive, and the oppression can be accepted as part of the culture. Organizational cultures, whether constructive or defensive, is proposed to be one factor either enhancing or restricting empowerment in baccalaureate nursing students.

Purpose and Significance of the Study

This study examined relationships between students’ perceptions of the organizational culture of their baccalaureate nursing program and their level of empowerment. Study findings contribute to a greater awareness and better understanding of the potential influence the academic organizational culture may have on nursing students’ empowerment. Determining a relationship between organizational culture and student empowerment provides empirical support for possible systematic educational approaches or organizational changes that can foster empowerment in baccalaureate nursing students. Findings from this research provide a foundation for future study of organizational culture and empowerment in nursing education.
Definition of Terms

The terms used in this study are defined below. A more detailed discussion of these terms follows in the Review of Literature and the operational definitions are presented in the Methods section.

*Empowerment:* A sense of personal power and control in one’s life and the ability to interact effectively with the environment to affect personal and social change (Kieffer, 1984; Vincenz, 1990).

*Nursing student:* A student enrolled in the senior-level of a baccalaureate nursing program.

*Nursing program:* A four-year nursing program leading to a bachelor of science in nursing (BSN) degree.

*Organizational culture:* Shared assumptions, values, and beliefs that members of an organization have about the accepted and expected ways of doing things (Cooke & Lafferty, 1983, 1986, 1987, 1989).

Summary

Empowerment has been described as a desirable personal characteristic that will help new graduates meet the challenges of nursing practice. Student empowerment has been viewed as an important outcome of nursing education; the academic organizational culture is hypothesized as an influencing factor. No prior research has specifically considered both organizational culture and empowerment of students in baccalaureate nursing programs. The purpose of this study was to examine relationships between students’ perceptions of organizational culture in their baccalaureate nursing program and their empowerment. Study findings contribute to an increased awareness of behaviors that influence the organizational culture of a nursing program and foster
a better understanding of the effect these behaviors may have on the development of student empowerment.

The following chapter provides an overview of the conceptual framework guiding this study, a review of relevant research, and a list of hypotheses that were tested.
CHAPTER II
REVIEW OF LITERATURE

Organizational culture and empowerment theories provide the theoretical underpinnings for this study of the relationship between baccalaureate nursing students’ perceptions of the organizational culture of their nursing program and their perceptions of their own empowerment. The relevant literature related to theory and research about organizational culture and empowerment are described in this section. The literature is presented, first, as it generally applies to organizations, and then, as it applies to nursing practice and nursing education. This dissertation’s model and research hypotheses derived from the theoretical underpinnings and extant research in these areas are indicated at the end of the chapter.

Organizational Culture

This section will provide history and a broad overview of the more commonly held theoretical perspectives and definitions associated with organizational culture. A more detailed presentation of the theoretical perspective of Cooke and several of his colleagues (Cooke & Lafferty, 1983, 1986, 1987, 1989; Cooke & Rousseau, 1988; Cooke & Szmual, 2000) is also presented. Their theory and research were primarily used to guide this study’s examination of the independent variable, organizational culture.
History and Characteristics of Organizational Culture

History Associated with Organizational Culture

Organizational culture theory is grounded in the fields of cultural anthropology, organizational management, psychology, and sociology (O’Reilly, Chatman, & Caldwell, 1991; Thomas, Chorba, & Kumiega, 1990). Anthropology first conceptualized culture as a broad, unique, and powerful pattern of cognitions and behaviors that influence a group (Coeling & Simms, 1996). This concept has been carried into the workplace to examine work groups, corporate culture, context, and the effects of context on results and became known as organizational culture (Deal & Kennedy, 1982; Peters & Waterman, 1982; Van Maanen & Barley, 1985).

The study of organizational culture began in the decade of the 1980s, partly as a reaction to the strongly positivist study of organizations resulting from the influence of the then dominant “scientific” or functionalist paradigm and its associated quantification and management orientation (Dennison, 1996; Payne, 2000). Since the 1980s several integrative reviews of the literature related to organizational culture have been presented (Ott, 1989; Trice & Beyer, 1992). Two comprehensive and probing reviews, in particular, are those by Dennison (1996) and Payne (2000). These reviews concentrate on organizational culture, the now dominant paradigm in the examination of organizational context at different levels of organizations. This dissertation belongs in the literature of organizational culture.

As part of the reaction to earlier organizational studies, the original studies of organizational culture focused on the social or subjective side of an organization. Organizational culture researchers used a contrasting methodology to earlier quantitative methods, that is, qualitative or ethnographic studies. Today, quantification and triangulation, as well as qualitative
methods, are used in cultural studies, and several major theorists have devised quantifiable organizational assessment tools for measuring organizational culture. Chief among these instruments is one developed by Cooke and Lafferty (1983, 1986, 1987, 1989). The Cooke and Lafferty instrument was selected for use in this dissertation because it reflects the conceptualization of organizational culture as it is presented in this study and because of its psychometric properties.

**Characteristics of Organizational Culture**

Organizational culture researchers, in contrast to scholars who studied earlier paradigms of organizational life, focus on the context and the negotiated social order of actors and their sets of interactions. Drawing on the earlier studies of Mead (1934) and social interactionists, culture researchers have examined the meanings of work, focused on underlying philosophies and norms, and the actors (members of the organization), and noted the evolution of organizational practices (Dalton, 1959; Dennison, 1996; Kunda, 1992; Schein, 1990; Whyte 1949).

Most of the original culture researchers (Dennison, 1996; Schein, 1992) approached their work as sensitizing an audience to in-depth understandings of the workplace. Because these earlier researchers used a case method and case-by-case analysis, their findings are not likely to be generalizable to other organizations. However, their use of qualitative methodologies enabled them to reach at least one of two important goals of such methods: sensitization to a situation and important variables, and, the generation of theory. In the past decade, organizational culture researchers have developed, and extensively used, quantitative data and associated designs and analyses which have provided opportunity for between-organizations comparisons and generalizability.
Organizational culture researchers viewed organizations as having at least three characteristic levels of depth and abstraction. The first level, the essence of culture, is the deeply rooted underlying assumptions of the members; the second level relates to the values and beliefs of an organization’s members; and the third most superficial level describes the artifacts or visible structures and processes of the organization which can include anything from buildings to language and rituals.

These levels of order, as well as member interactions, establish shared meanings for particular sets of groups whose members are socialized into the meanings, that is, they learn over time what is considered important by their group members in their workplace or role (Dennison, 1996; Payne, 2000; Schein, 1992). After a while, these shared meanings are taken for granted and become part of the deep assumptions of a culture group. Thus, members who have been associated with an organization longer are more likely to be socialized into the organization than newcomers. Because of the nature of the group interaction, it is less clear that managers can manipulate their workers or make cultural changes, although Schein would argue that the processes of culture creation and leadership are “two sides of the same coin” (Schein, 1992, p. 1).

The study of culture, then, as a reaction to earlier, organizationally oriented, quantified data, has become a study of the human side of an organization (Kilmann, Saxton, & Serpa, 1986), methodologically differentiated by the heavy use of qualitative and triangulated data, but increasingly, of late, using quantitative data as well. Drawing on earlier paradigms, the encompassing values, beliefs and behaviors of an organization and its members has become known as the culture of the organization. An organization’s culture is the shared social context within an organizational environment that develops over time (Schein, 1992). Not management,
but common history, characterized by shared meanings, hidden assumptions, and unwritten rules which guide an organization, determine an organization’s effectiveness and make it unique (Kilmann et al., 1986). Culture researchers, then, assert that an organization’s evolved and complex context and shared and deeply held assumptions and values make an organization resistant to manipulation by powerful management or persons.

*Theories in Organizational Culture*

The field of organizational culture has a number of theorists, each of which have focused on subsets of perspectives or variables related to organizations. For example, some have re-examined the premises of organizational culture (Alvesson, 1989; Czarniawska-Joerges, 1992), while others have explored various characteristics or dimensions of culture (Coeling, 1997, 2000; Coeling & Simms, 1993a; Kilmann et al., 1986). Schein (1992) and Cooke and his colleagues (Cooke & Lafferty, 1983, 1986, 1987, 1989; Cooke & Rousseau, 1988; Cooke & Szumal, 1993, 2000) are well known for their studies of many organizations’ cultures, and Schein, in particular, is regarded as a leading expert in studying the complexity of organizational relationships.

Major theorists whose work is most relevant to this organizational study are listed in Table 1. These theorists are Schein, Van Maanen and Barley, Kilmman, Saxton and Serpa, Cooke and his colleagues, Rosseau and Szumal, Tierney, and, in nursing, Coeling and Simms. As shown in Table 1, these culture theorists view culture as a shared understanding of a central core of important values or assumptions. In some cases, the abstraction moves to the level of practices or solutions which implies an underlying fundament of values or philosophies. Interestingly, all are clear that the goal of the culture is to keep viable the organization or group or to have, at least, survival strategies, presumably to maintain the work of the group.
When examining their definitions, the theorists all address the idea of taken-for-granted behaviors and assumptions, so powerful and pervasive that members are not consciously aware that they hold them or are guided by them. Schein (1992) and Kilmman et al. (1986), as well as Cooke and Lafferty (1983, 1986, 1987, 1989), address the actual practices, the third level of abstraction, when they speak to the behaviors that can be evidence for core underlying values. Both Kilmann et al. (1986) and Coeling and Simms (1993a) describe other characteristics or dimensions important to group formation, such as the need for and type of communication patterns and the power of the groups and its effect on group cohesiveness. Kilmann and Saxton (1983, 1991) describe organizational dimensions of task support, task innovation, social relation, and personal freedom. All of the culture theorists presented here acknowledges that cultural patterns develop and change over time through group interaction. Where such patterns are held strongly or broadly, the culture may be difficult to change.

Major Theorists and Theoretical Perspectives in Organizational Culture

The cultural perspectives of specific theorists are noted in this section. According to Schein (1992), *organizational culture* is defined as “a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems” (p. 12). Schein, in his several writings, but particularly in his book, *Organizational Culture and Leadership* (1885, 1992), addresses the deepest dimensions of culture, such as reality, truth, time, space, human nature, relationships, socialization, ethics, and leadership in the creation and maintenance of cultures. He eschews morality labels and speaks to a worker’s match to an organization’s culture: thus, someone is not lazy, but rather, there is a lack of fit, or cultural understandings, or
communication within an organization. In his latest book (1992), Schein particularly addresses information technology and its fit and impact within an organization’s culture. He seeks to develop “a much deeper understanding of what goes on, why it goes on, and what, if anything we can do about it” (p. xiv).

Van Maanen and Barley (1985) define organizational culture as a collection of solutions used to solve problems that the group has encountered over time. These solutions are promulgated to new group members as the best and accepted way to think or act in a situation. That is, the solutions are believed to be the best survival strategies for the group and so are reinforced among group members. This idea of group survivability is also advanced by Schein (1992).

Kilmman et al. (1986), similar to the other organizational culture researchers, define organizational culture as the “shared philosophies, ideologies, values, assumptions, beliefs, expectations, attitudes, and norms that knit a community together” (p. 89). These aspects of culture interrelate and convey how decisions are made, problems are handled, and “the way things are done around here” (p. 89). Behavior norms are at a more superficial level of culture while assumptions and human nature are much deeper. The impact that culture has on organizational effectiveness is associated with three interrelated characteristics of the culture: directions taken, pervasiveness of the culture among group members, and strength or pressure felt by group members as a result of organizational culture. Four dimensions of culture can be measured: task support, task innovation, social relationships (and group norms), and personal freedom (of expression) (Kilmann & Saxton, 1991, pp. 4, 22-23). Kilman and his associates (1986) are noted for their work on organizational effectiveness and cultural gaps. One of the few
researchers of culture gaps, Kilmann and Saxton (1983, 1991) define culture gap as the difference between the desired norms and actual norms operating in an organization.

Applying organizational theory to colleges and universities has been the theoretical and research purview of Tierney (1988), in which he describes how culture influences decision making in higher education. Tierney’s identification of a group goal is similar to others cited, that is, the prevention of or solutions to administrative problems through an understanding of the impact of organizational culture. Similar to Schein (1985, 1992), Tierney describes the power and subtlety of underlying assumptions and values held by an organization’s members, as “reflected in what is done, how it is done, and who is involved in doing it” (p. 3). An examination of culture’s influence on decision making and communications in higher education includes an understanding of the institution’s environment, issues related to the organization’s mission, socialization processes, information sharing, decision-making strategies, and formal and informal leadership (Tierney, 1988, p. 8).
Table 1

Comparison of Major Organizational Culture Theorists: Definitions and Dimensions of Culture

<table>
<thead>
<tr>
<th>Theorist</th>
<th>Definition of Organizational Culture</th>
<th>Major Dimensions</th>
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</thead>
<tbody>
<tr>
<td>Cooke &amp; Rousseau (1988)</td>
<td>Common assumptions, values, and beliefs shared by members in an organization that become the accepted and expected ways of doing things.</td>
<td>Core Concepts: Shared values, assumptions; Guides behavior; Over time</td>
</tr>
<tr>
<td>Cooke &amp; Szumal (1993, 2000)</td>
<td>“…pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration….” (p. 12).</td>
<td>Goals: Problem solving; adaptation; Over time</td>
</tr>
<tr>
<td>Schein (1992)</td>
<td>A collection of solutions used to solve problems that the group has encountered over time.</td>
<td>Time: Over time</td>
</tr>
<tr>
<td>Van Maanen &amp; Barley (1985)</td>
<td>“…shared philosophies, ideologies, values, assumptions, beliefs, expectations, attitudes, and norms that knit a community together” (p. 89).</td>
<td></td>
</tr>
<tr>
<td>Kilmann et al. (1986)</td>
<td>Group identity that is unique, dynamic, holistic and reinforced pattern of assumptions and behaviors.</td>
<td></td>
</tr>
<tr>
<td>Coeling and Simms (1993a, 1997)</td>
<td>Dimensions include: breadth, subtlety, powerfulness, and pattern.</td>
<td></td>
</tr>
<tr>
<td>Tierney (1988)</td>
<td>Strong internal force with roots in history of the organization; derives from values, processes, and goals; “… reflected in what is done, how it is done, and who is involved in doing it” (p. 3).</td>
<td></td>
</tr>
</tbody>
</table>
Over the last several decades, Cooke and his colleagues have developed a theoretical perspective of organizational culture in which organizational culture is described as encompassing common assumptions, values, and beliefs shared by its members, which guide how individuals think and behave in a particular organizational setting (Cooke & Lafferty, 1983, 1986, 1987, 1989; Cooke & Rousseau, 1988; Cooke & Szumal, 1993, 2000). In their research, Cooke and Lafferty developed an empirically grounded and useful description of the behavioral expectations within an organization, referred to as behavioral norms, which can be organized into three clusters representing general organizational styles.

These three general clusters or styles of organizational culture have been identified and labeled as follows: constructive, passive-defensive, and aggressive-defensive. Each cluster consists of four sets of similar behavioral norms that define the cluster. These organizational culture styles and their associated behavioral norms can be examined using the Organizational Culture Inventory (Cooke and Lafferty, 1983, 1986, 1987, 1989). Table 2 provides a description of the three general organizational culture styles and the associated sets of behavioral norms for each. The instrument itself is discussed more fully in the following section on instruments and in the Methods section of this dissertation.

Coeling and Simms (1993a, p. 47), like the other organizational culture theorists, note that organizational culture is unique, powerful, subtle, and promotes group survival and work effectiveness. In their widely cited research, Coeling, Simms, and Price (1993) found several dimensions of nursing organizational culture, identifying at least ten cultural behavior patterns as important. Leading the ten cultural behaviors of nurses were:
following orders, growing professionally, valuing technical skills, and using professional judgment.

Thus, the leading organizational culture theorists outside and within nursing who most influenced this dissertation were the following: Schein by his definition, research, and writings in the area of organizational culture, Cooke and Lafferty by their work and instrumentation in the field, and Coeling and Simms by their application of the concepts of culture and work norms to nursing and nursing work units and the outcomes of their work as influenced by their organizational culture.

Organizational Culture Instruments

Several culture theorists have examined organizations on a case-by-case basis, using a variety of qualitative methods. However, throughout the 1990s a number of quantitative instruments were developed for use in the assessment of organizational culture or its gaps. The most commonly used instruments include the Survey of Organizational Culture (Tucker, McCoy & Evans, 1990), Organizational Culture Profile (O’Reilly et al., 1991), the Kilmann & Saxton Culture-Gap Survey (Kilmann & Saxton, 1983, 1991), and the Organizational Culture Instrument (Cameron & Quinn, 1999).

Cooke and Lafferty (1983, 1986, 1987, 1989) are noted for the development and refinement of the Organizational Culture Inventory (OCI), which has now been used in thousands of organizations by over several million individuals (Cooke & Szmual, 2000; Human Synergisitcs, Inc).

In the field of health care and organizational culture, Cooke and Lafferty (1983, 1986, 1987, 1989) and Coeling and Simms (1993a) are frequently cited for their instrument development and its use. In nursing academic settings, instruments which
have been used to examine faculty perceptions of organizational culture were those cited by Hokanson Hawks (1993) who used the *Survey of Organizational Culture* (Tucker et al., 1990), and Johnson (2001) who used the *Organizational Culture Assessment* (Cameron & Quinn, 1999). The Coeling and Simms’ instrument (1993a), the *Nursing Unit Cultural Assessment Tool*, has been used frequently in nursing clinical settings.

The most widely used measure of organizational culture is the OCI distributed by Human Synergistics (2000). In nursing research, the OCI has been used in populations of staff nurses as well as managers (Klakovich, 1995b; McDaniel, 1995; McDaniel & Stumpf, 1993; Thomas et al., 1990; Wooten & Crane, 2003). Because of its widespread use, the possibility of identifying several cultural configurations (especially those in which nursing educational programs might fit) and because of its psychometric refinements, the Cooke and Lafferty’s instrument, the OCI, was determined as most useful and relevant to this dissertation. The cultural dimensions and the associated behavior norms on the OCI are noted in Table 2.

In addition to the table describing each of the general culture styles and behavioral norms, Cooke and Lafferty (1983, 1986, 1987, 1989) provide a visual conceptualization of organizational culture that is depicted on a Circumplex (Human Synergistics, Inc) and shown in Figure 2. This circular diagram allows for easy comparison to other sample populations or to a perceived ideal culture when results from the OCI are recorded (Cooke & Rousseau, 1988; Cooke & Szumal, 2000; Thomas et al., 1990). As shown in Figure 2, the Circumplex portrays each of the four sets of behavioral norms associated with the three general organizational culture clusters. Two opposing orientations and needs are noted in three general cultural styles. The oppositional
orientations and three styles are characterized as either *people-oriented* (constructive and passive-defensive styles) or *task-oriented* (aggressive-defensive style). These styles are also characterized as either meeting the *satisfaction needs* (constructive styles) or *security needs* (passive-defensive and aggressive-defensive) of organizational members. Both defensive styles promote *self-protective* behaviors of organization members (Cooke & Lafferty, 1983, 1986, 1987, 1989).
### Table 2

**General Organizational Culture Styles and 12 Behavioral Norms**

<table>
<thead>
<tr>
<th>Organizational Culture Styles</th>
<th>Behavioral Norms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Constructive Cluster</strong></td>
<td></td>
</tr>
<tr>
<td>Consists of norms that promote <em>higher-order</em> satisfaction needs of members.</td>
<td><em>Achievement</em></td>
</tr>
<tr>
<td></td>
<td>Members expected to set challenging but realistic goals, establish plans to reach those goals, and pursue them with enthusiasm.</td>
</tr>
<tr>
<td></td>
<td><em>Self-Actualizing</em></td>
</tr>
<tr>
<td></td>
<td><em>Humanistic-Encouraging</em></td>
</tr>
<tr>
<td></td>
<td><em>Affiliative</em></td>
</tr>
<tr>
<td><strong>Passive-Defensive Cluster</strong></td>
<td></td>
</tr>
<tr>
<td>Consists of norms that promote <em>self-protective behavior</em> in interactions with people.</td>
<td><em>Approval</em></td>
</tr>
<tr>
<td></td>
<td>Members expected to agree, gain the approval of and be liked by others.</td>
</tr>
<tr>
<td></td>
<td><em>Conventional</em></td>
</tr>
<tr>
<td></td>
<td><em>Dependent</em></td>
</tr>
<tr>
<td></td>
<td><em>Avoidance</em></td>
</tr>
<tr>
<td><strong>Aggressive-Defensive Cluster</strong></td>
<td></td>
</tr>
<tr>
<td>Consists of norms that promote <em>self-protective behavior</em> with respect to the way that members approach tasks.</td>
<td><em>Oppositional</em></td>
</tr>
<tr>
<td></td>
<td>Members expected to be critical, oppose the ideas of others, and make safe (but ineffectual) decisions.</td>
</tr>
<tr>
<td></td>
<td><em>Power</em></td>
</tr>
<tr>
<td></td>
<td><em>Competitive</em></td>
</tr>
<tr>
<td></td>
<td><em>Perfectionistic</em></td>
</tr>
</tbody>
</table>

Figure 2. The OCI Circumplex

Note. Copyright 1989 by Human Synergistics, Inc. Reproduced by permission.
General Organizational Culture Styles

A more detailed description of the three general clusters and the behavioral norms which define each cluster is described in the following section.

Constructive Organizational Cultures

Constructive organizational cultures are seen as ideal in many organizations in the United States (Cooke & Szumal, 2000). Organizational cultures described as constructive are people-oriented and promote satisfaction needs for achievement and affiliation. They value creativity and interpersonal relationships and are supportive, humanistic, challenging, and participative. Positive outcomes from individual and organizational performance, such as motivation, higher levels of performance, teamwork, better work relations, decreased stress and social loafing, organizational commitment, and job satisfaction, have been associated with constructive organizational cultures (Cooke & Rousseau, 1988; Cooke & Szumal, 2000).

Defensive Organizational Cultures


Passive-defensive organizational cultures are traditional and bureaucratic. Successes are not rewarded and mistakes are punished. Organizational cultures described as passive-defensive, although people-oriented, promote security needs of acceptance and avoiding failure. Individuals seek to avoid conflict, feel controlled by their organization, and are expected to conform and follow rules.

Aggressive-defensive organizational cultures are confrontational, task-oriented, and promote security needs of power. Members are controlling of others while
simultaneously being controlled by their superiors. In aggressive-defensive cultures, individuals promote competition, value winning, avoid mistakes, are pressured to work hard, and are negatively critical of one another.

A model and specific hypotheses for this dissertation are presented following a discussion of the dependent variable, *empowerment*.

**Empowerment**

The study of *empowerment* and its related concept, *power*, has been a topic in the literature for many decades, particularly in the area of political science. Its relevance for this dissertation lies in the nursing literature, however, where it has been a topic of interest for only two to three decades. In this section, a brief history of the concept will be presented, as well as a number of differing definitions and uses of the term *empowerment*. Because empowerment relates to power itself, a brief synopsis of the origins of power is offered first to situate the relationship of power and empowerment. Following that discussion will be the fuller history, definitions and description of the concept, *empowerment*.

*Power and Empowerment*

*Power* and how it operates is central to understanding *empowerment*, its closely related concept (Gilbert, 1995; Kuokkanen & Leino-Kilpi, 2000; Rodwell, 1996; Ryles, 1999; Zimmerman, 1995). One of the most cited references to power bases is that of French and Raven (1959) who identified five power bases: (a) coercive power, based on the fear of punishment; (b) expert power, based on expertise and skill; (c) legitimate power, associated with office or position; (d) referent power, based on respect and admiration; and (e) reward power associated with potential rewards. Raven and
Kruglanski (1975) later added a sixth power base, information power, associated with access to desired information. A seventh power base, connection power, is described by Hersey, Blanchard, and Natemeyer (1979). In connection power, power accrues through association with powerful others.

In examining power bases and the three organizational culture styles explicated by Cooke and Lafferty (1983, 1986, 1987, 1989), coercive, legitimate, and reward power (organizational bases of power) were found to be positively associated with defensive organizational culture style norms. Expert and referent power (personal bases of power) were positively associated with constructive organizational culture norms (Cooke & Szumal, 2000).

While power is often conceived as a means to an end, that is “power to” accomplish something, its use and abuse have been noted in the literature, particularly the feminist literature, as “power over” someone or something. “Power over” is used to influence or control others in order to achieve obedience or conformity. Negative connotations such as coercion, control, dependence, and domination, authoritarian, forcefulness, hierarchies, competitiveness, and manipulation, are often associated with power or “power over” (Hokanson Hawks, 1991; Kuokkanen & Leino-Kilpi, 2000; Rodwell, 1996). Patriarchal use of power to dominate one group over another, that is, a traditional male authority over a female work group, have been a point of discussion in the feminist, and in feminist nursing, literature (Ashley, 1976; Hokanson Hawks, 1991).

“Power to” is associated with terms such as growth and development, self-efficacy, self-awareness, self-control, social justice, individual rights, freedom of choice, and personal satisfaction and denotes empowerment as a positive concept relative to
power (Gibson, 1991; Kieffer, 1984; Rodwell, 1996; Vincenz, 1990). “Power to” in relationship with others is associated with the ability to achieve something, which involves cooperation, respect of others, and shared decision making (Hokanson Hawks, 1991).

**History and Characteristics of Empowerment**

*History Associated with Empowerment*

The term, *empowerment*, originated during the social movements of the 1960s and 1970s and is often associated with oppressed individuals’ struggles for human rights. Groups such as women, homosexuals, African Americans, and others were viewed as oppressed and some of their attributes carried over into the study of professions, such as the feminine professions of teaching, social work, and librarians. Empowerment was introduced in the field of community psychology in the early 1980s (Kieffer, 1981, 1984; Rappaport, 1981, 1984) and later branched out in other disciplines like organizational management, anthropology, health care, education, and nursing. In nursing, the term has come to include the empowerment of nurses, patients, teachers, and students (Ellis-Stoll & Popkess-Vawter, 1988; Gibson, 1991; Gilbert, 1995; Hokanson Hawks, 1992; Rodwell, 1996; Ryles, 1999; Skelton, 1994).

*Characteristics of Empowerment*

Empowerment is an abstract, multi-dimensional, and multi-level concept that can be both a process and outcome (Fulton, 1997; Gibson, 1991; Perkins & Zimmerman, 1995; Vincenz, 1990; Zimmerman, 1995). The term, *empowerment*, often differs in use among disciplines and within the same discipline (Skelton, 1994). Organizational theorists refer to empowerment as the transfer or sharing of authority or power, thus
relating it to processes of groups or persons. In fields such as health promotion, mental
health, and social work, empowerment is used to refer to strategies that enable an
individual to take action on their own behalf. In the field of psychology, empowerment is
viewed as a process of developing the necessary strategies or as possessing the necessary
ability (e.g., motivation or independence) to interact effectively within the environment.
Thus, empowerment is both a process (developing strategies) and an outcome (persons’
ability to act on their own).

Empowerment is often better understood by examining the effects of its absence
(Fulton, 1997; Kieffer, 1984). A group of 16 nurses participating in focus groups to
examine their views on empowerment did not feel empowered and were better able to
describe empowerment in terms of what they felt they lacked and needed (Fulton, 1997).
Terms used to describe the absence of empowerment include “powerlessness,
helplessness, hopelessness, alienation, victimization, subordination, oppression,
paternalism, loss of control over one’s life and dependency” (Gibson, 1991, p. 3).

Kuokkanen and Leino-Kilpi (2000) explored the use of the term empowerment,
specifically related to nurses’ professional growth and development, by reviewing 46
articles from nursing and related disciplines. These authors found empowerment to be
helpful in describing nurses’ growth and development but found that the broad use of the
term limited its value. They stressed the importance of defining the concept and proposed
a classification of empowerment based on theoretical perspectives that narrow the use of
the concept in research and practice. This classification is discussed in the following
section.
Theoretical Perspectives of Empowerment

Kuokkanen and Leino-Kilpi (2000) used a classification that organized empowerment literature into three major categories based on theoretical orientations associated with the concept – critical social theory, organizational theory, and social psychological theory. While all three of these theoretical perspectives have relevance in the study of baccalaureate nursing student empowerment, social psychological theory (Kieffer, 1981, 1984; Vincenz, 1990), in particular, was used to guide this dissertation. Critical social theory and organizational theory perspectives will be addressed briefly along with a more in-depth discussion of some of the social psychological theories in order to provide a general overview of perspectives and to then place this dissertation in the realm of social psychological perspectives.

The empowerment literature in nursing categorized by critical social theories focuses on emancipatory and feminist theory, or on “improving the living conditions of oppressed groups such as racial minorities, women, and health care patients” (p. 236). The nursing critical social theories were often grounded in the work of individuals like Habermas (1971, 1979, 1991) and Freire (1970, 1973, 1985, 2004).

In the category of organizational theories, empowerment involves power and its delegation in hierarchical workplace settings, such as academic nursing programs and health care organizations. Most of the literature in this area focuses on the sharing or transfer of power from an individual with a more powerful status to another within an empowering environment. Within organizational theory literature, Kanter’s (1993) theory of organizational behavior is often used as a framework for nursing research on staff
empowerment in hospital settings. In this theory, power is defined as having access to essential resources for successfully performing one’s job.

The third category, social psychological empowerment literature, centers on the individual’s experience of empowerment. Within this category nursing literature uses theory from psychology and community psychology as its framework, for example, the work of Kieffer (1981, 1984), Rappaport (1981, 1984), and Zimmerman (1995).

Within the social psychological literature falls the work of Vincenz (1990), who describes empowerment as a construct that involves an individual’s “sense of being in charge of one’s life” and effectively interacting with one’s environment (p. 29). Environment includes interpersonal, social, economic, political, and spiritual aspects. Vincenz further describes six dimensions of empowerment (pp. 28-29): potency, independence, relatedness, motivation, values, and joy of life. These dimensions reflect an individual’s sense of “power or powerlessness” (Power Dimension), feelings of “independence or dependence” (Independence Dimension), sense of “engagement with others or disengagement” (Relatedness Dimension), “ability or inability to mobilize effort to achieve one’s aims” (Motivation Dimension), “principled or prejudiced approach to life” (Values Dimension), and “sense of well-being or distress” (Joy of Life Dimension).

Empowerment has been used to address an individual’s personal transformation (from one point to another, an outcome) through a process of growth and self-actualization (Connelly, Keele, Kleinbeck, Schneider, & Cobb, 1993; Kaminski, Kaufman, Graubarth, & Robins, 2000; Moores, 1993; Taylor 2001). The initiating event can be a personally significant event or threat (Kieffer, 1984; Moore, 1993), although the evidence for an initiating event is unclear (Kaminski et al., 2000). While the process of
empowerment is examined or discussed, it should be noted that if process is conceptualized as a series of logically sequential points, any point could then also be considered as an outcome flowing from the antecedent process. In fact, although studied as process in the research cited above, empowerment itself became an outcome of becoming empowered.

The literature has suggested the need for mentorship in the developmental process of empowerment (Backer, Costello-Nickitas, & Mason-Adler, 1994; Chally, 1992; Falk-Rafael, 2001; Fleury, 1991; Kieffer, 1984; Lord & Farlow, 1990; Tones, 1986). Thus, rather than being enabled or granted power by another, the individual’s own (and/or mentored) efforts at self-actualization result in the development of personal power and control, greater self-confidence, and greater competence as a social and political being (Kieffer, 1981, 1984). As more competent and empowered, the individual becomes more willing to reveal social inequities and act in the public interest (Clay, 1992; Kuokkanen & Leino-Kilpi, 2001). Empowerment, in this context, is an outcome of self-actualization.

The study of the processes of empowerment by Kieffer (1981, 1984) and others lend support to the idea that baccalaureate nursing education, a long-term process of growth and learning, may be a culturally relevant developmental social control in which student empowerment can be demonstrated as outcome, process, or both. In this study, it is hypothesized that student empowerment will be an outcome of the prevailing culture of their nursing educational program.

Empowerment, regardless of the context in which it is used, is associated with power and control. From the perspective of psychological empowerment, this can involve power and control over a variety of circumstances, for example, over one’s health care.
Personal empowerment can involve an individual only *feeling* more powerful, rather than having actual real or authoritative power (Kieffer, 1984; Lord & Farlow 1990; Zimmerman, 1995). Subjective self-perceptions and self-reports, therefore, are reasonable data for a study of personal empowerment, such as is used in this study. The use of baccalaureate senior students in this study is justified by the developmental theories of empowerment, which, if realized fully, should be most apparent in the final year of baccalaureate education.

Three levels of analysis of empowerment have been described by Schulz, Israel, Zimmerman, and Checkoway (1995). These levels are interrelated and include analysis of individual (psychological), organizational, and community empowerment. In this dissertation, the individual level of reference was used in the examination of baccalaureate nursing student empowerment.

*Individual (psychological) level of empowerment* involves “personal control, a proactive approach to life, and a critical understanding of the sociopolitical environment” (Zimmerman, 1995, p. 581). Furthermore, psychological empowerment, as Zimmerman explains it, is consistent with nursing baccalaureate education in that nursing proposes to teach its students how to be change agents, how to deal with conflict and struggle at a personal patient-client level, and how to develop self-confidence based on expertise in their nursing practice. One might speculate, therefore, that the subsequent personal and social changes that occur over time in their education would produce students and nurses with a sense of personal power and control to effect changes in their work settings.

*Organizational level of empowerment* is associated with empowering organizations where opportunities exist for individual growth and influence in decision-
making. Community level of empowerment refers to the collective efforts of individuals and organizations in the application of skills and resources. Individual empowerment influences organizational and community empowerment and is also influenced by them.

No research to date indicates that students may operate as an empowered group with group consciousness. Desiring to explore students’ perceptions of their empowerment and using an instrument that focuses on individual beliefs about personal empowerment, I chose to frame this study in the psychological (individual) perspective of empowerment. In this study, empowerment is considered an outcome variable, an outcome associated with factors such as cultural context.

The limited extant literature on student empowerment is also based on psychological empowerment. Hence, the definitions of empowerment offered by Kieffer (1984) and Vincenz (1990) have been used in this study. Specifically, in this study, empowerment is defined as a sense of personal power and control in one’s life and the ability to interact effectively with the environment to affect personal and social change.

Empowerment Instruments

Several measures of empowerment have emerged from the fields of psychology (Bramucci, 1977; Torre, 1986; Vincenz, 1990), business management (Spreitzer, 1995), social work (Frans, 1993), and nursing (Klakovich, 1995a, 1995b, 1996). The Vincenz scale and the Spreitzer scale have established reliability in a variety of samples and have generated ongoing empowerment research through use of their instruments.

In nursing and health care, the Spreitzer Empowerment Scale (Spreitzer, 1995) was used to measure empowerment in nursing faculty (Brancato, 2000; Johnson, 2001), in registered nurses (Manojlovich & Laschinger, 2002; Mok & Au-Yeung, 2002; Simoni,
Larrabee, Birkhimer, Mott, & Gladden, 2004), and in hospital employees which included nurses (Griggspall & Albrecht, 2003; Koberg, Boss, Senjem, & Goodman, 1999). While Spreitzer’s scale has been used in a variety of health work settings and groups, and has adequate reliability, it has been used primarily in organizational settings to measure worker empowerment.

Several other instruments have been used to assess empowerment in nursing: the Power and Knowing Participation in Change Tool (PKPCT) (Barrett, 1983); the Status and Promotion of Professional Nursing Practice Questionnaire (SPPNPQ) (Carlson-Catalano, 1988), and the Reciprocal Empowerment Inventory (Klakovich, 1995a, 1995b). The PKPCT was used by Hobbs (1991) to measure empowerment in senior baccalaureate nursing students and by Duke (1988) to measure student and faculty perceptions of empowerment. Hobbs acknowledged students’ difficulty associated with the abstractness of the instrument items, and Duke suggested that the PKPCT’s use in the field of nursing education was not appropriate.

The Vincenz Empowerment Scale (VES) and a shortened version, the Short Vincenz Empowerment Scale (SVES), developed by Lilli Vincenz (1990) as a measure of psychological empowerment, has been evaluated in both academic and clinical settings with individuals and groups, that is, graduate students in human development, psychology and nursing, depressed clients receiving psychotherapy, community group members, and school board members (Vincenz, 1990). The VES has also been used in samples of nurses (Clark, 1991), associate degree and baccalaureate degree nursing students (George, 1994), and teachers (Edwards, Green, & Lyons, 1998; Edwards & Newton, 1995). The VES has high reliability and has undergone extensive validity testing.
(Vincenz, 1990). The shorter SVES is half the length of the VES but retains a high reliability. Because the SVES is shorter, has high reliability, and was designed to specifically measure psychological empowerment, it was deemed the most appropriate extant tool for the measurement of personal empowerment and was selected for use in this study.

The leading empowerment theorists who most influenced this dissertation were the following: Vincenz by her definition, research, and instrumentation, and Kieffer by his developmental theory of empowerment.

**Nursing Research on Organizational Culture and Empowerment**

In the following sections, the research focusing on the independent variable, *organizational culture*, is presented as it is associated with first, nursing practice, and, second with nursing education. Then, the research focusing on the dependent variable, *empowerment*, is presented, first, as it relates to nursing practice and second, as it relates to nursing education.

As explained in the Introduction chapter, nursing practice is the focus of much of the literature because of the immediacy of its importance to nursing, health care, and funding agencies. The extrapolation of actual and possible models and variables from nursing practice to nursing education is the focus, not only of this dissertation, but of the little extant literature linking culture and empowerment in nursing education. Thus, in examining the literature on organizational culture and empowerment in nursing, it is more common to find organizational culture related to nursing practice than to nursing education.
The findings from the practice settings of nurses suggest that a parallel setting, the educational setting of students, could be a fruitful area of study for two reasons. First, as in practice, a goal of empowerment is shared by faculty, students and staff. Second, as in a practice organization, they share goals of suitable recruitment and retention, performance, goal achievement, and satisfaction of members of the educational system. Models which can explain the usefulness and relationships of culture and empowerment in the educational settings can have a powerful impact on the future of the nursing profession’s clinical practice and thus on health care.

Organizational Culture in Nursing

This section provides an overview of the research focusing on organizational contexts in nursing. First, studies relating to organizational culture and nursing practice are presented followed by studies related to organizational culture and nursing education.

Organizational Culture and Nursing Practice

In nursing services, the work setting of the practicing nurse, organizational culture has been studied as a pragmatic aid to administrators interested in understanding what could best facilitate the hiring and orienting of new staff or the adjustment of staff to work units and work norms, and aids to the innovation and implementation of new ideas (Coeling, 1990, 1992, 2000; Coeling & Simms, 1993a, 1993b, 1996; Coeling & Wilcox, 1988, 1990). Nurse administrators are also interested in providing a work environment that facilitates staff empowerment, promotes job satisfaction, and improves job performance through increasing efficiency and productivity. Organizational culture has been associated with these outcomes (Hellwig, 1995; McDaniel, 1995; McDaniel & Stumpf, 1993; Tzeng, Ketefian, & Redman, 2002; Wooten & Crane, 2003).
Several studies, using the OCI, suggest that a positive relationship between constructive organizational cultures and nurses’ job satisfaction exists (McDaniel & Stumpf, 1993; McDaniel, 1995). Other studies support a relationship between organizational culture, nurses’ job satisfaction, and patient satisfaction (Tzeng et al., 2002; Wooten & Crane, 2003). In another study using the OCI, a constructive organizational culture was found to be the ideal by 26 registered nurses in hospital settings (Thomas et al., 1990). Constructive organizational cultures were also found to be associated with empowerment in nurses (Klakovich, 1995a, 1995b, 1996) and empowerment in human service workers (Miranda, 1999).

I am hypothesizing in this research that baccalaureate nursing students’ perceptions of the organizational culture of their nursing program may be related to their self-perceived sense of empowerment for two reasons. First, nursing promotes values similar to those found in constructive organizational cultures, for example, teamwork, a holistic perspective, support and nurturance, and a strong work ethic. Second, Klakovich (1998b) found that empowerment in nurses could be explained by their perceptions of a constructive and defensive organizational culture in their work setting. A similar explanation for student empowerment may exist in academic settings.

Organizational Culture and Nursing Education

In earlier sections of this dissertation, organizational environments have been suggested to promote productivity, entry and exits from the organization, job satisfaction, and organizationally desirable outcomes. Academic nursing leaders, like leaders in other fields, are similarly interested in organizational environments that facilitate faculty, staff, and students in the achievement of organizational and personal goals, such as
productivity, job satisfaction, and success. Only a few researchers have drawn attention to the organizational environment of nursing educational programs and specific student outcomes (Lukich, 1987; McNish, 2004). Most have focused on specific organizational variables rather than culture (Donohue, 1986; Grigsby, 1991) and on faculty members rather than students (Donohue, 1986; Grigsby, 1991; Johnson, 2001).

In a quantitative study of organizational variables and the effects of an environment on students, Lukich (1987) examined student success on the National Examination for Registered Nurse Licensure Examination (NCLEX-RN), an important outcome of baccalaureate nursing programs. In this study, success on the NCLEX-RN was associated with academic environments that are perceived as warm and supportive with high standards for achievement. Similar findings were reported in a more recent study, using a case study approach, where several associate degree nursing programs known for having high success rates on the nursing licensure examination were described (McNish, 2004).

Nursing academic environments perceived to be conducive to high morale and positive relationships have been associated with greater faculty job satisfaction (Donohue, 1986). Grigsby (1991) sampled faculty members and administrators in two schools of nursing with different organizing structures and found that increased organizational structure (i.e., more bureaucratic) was positively associated with work pressure and control and negatively associated with administrative support and autonomy.

Of the few quantitative culture-related studies in nursing education found, two examined the culture associated with faculty empowerment, for example, faculty
member’s use of empowering strategies or faculty member’s empowerment (Hokanson Hawks, 1993; Johnson, 2001).

Hokanson Hawks (1993) examined organizational culture using the Survey of Organizational Culture (Tucker et al., 1990) and faculty members’ use of empowering teaching strategies using the Status and Promotion of Professional Nursing Practice Questionnaire (Carlson-Catalano, 1988). No relationship between organizational culture and faculty members’ use of empowering teaching behaviors were found. A second study sampling faculty members using the Organizational Culture Assessment (Cameron & Quinn, 1999) and the Psychological Empowerment Scale (Spreitzer, 1995) determined that organizational culture and job satisfaction explained 25% of the variance in associate degree program faculty members’ empowerment (Johnson, 2001).

Overall, findings from studies of culture and related variables and nursing education suggest that nursing programs which are less bureaucratic, more supportive, and which promote positive relationships have positive outcomes such as faculty autonomy and empowerment, administrative support, greater faculty job satisfaction, and positive student outcomes. The instruments used in organizational studies of nursing education did not always measure culture itself, although several variables were culture-like in organizational context, which in turn were associated with outcomes relating most frequently to faculty, and in some studies, to student success.

Empowerment in Nursing

In this section is a review of research related to empowerment in nursing. First, studies in the area of nursing practice are presented followed by studies in nursing education.
Empowerment and Nursing Practice

The need for more nursing power and resources has been cited in the literature for two decades or more but only recently has the need for nursing empowerment been acknowledged by hospital administrators. Hospital administrations are more aware that empowered nurses make better, stronger employees, because their strength enables better patient outcomes (McClure & Hinshaw, 2002; see also http://www.jcaho.org). This is particularly evidenced in the assignment of Magnet Status to hospitals with such quality patient outcomes and employee characteristics as are typically assigned to the “empowered nurse”. For example, Becker (1994) asserts that a lack of nurse empowerment contributes to issues related to quality care and nurse commitment to organizations, as well as to concerns about nursing professional shortages.

Patient care and work outcomes of empowerment are of particular importance to nurses and hospital administrators. Such factors as job satisfaction, career consciousness, commitment, and effectiveness have been found to be positive outcomes of empowerment (Kuokkanen & Katajisto, 2003; Laschinger, Almost, & Tuer-Hodes, 2003; Laschinger & Finegan, 2005; Laschinger & Havens, 1996, 1997; Manojlovich & Laschinger, 2002). Stratton (1990) found greater positive client outcomes associated with empowered nurses than with non-empowered nurses. Client outcomes examined included dependency, length of stay, and complications.

Other positive outcomes of empowerment include the personal characteristics of nurses that enable them to practice in a more complex, challenging, and political patient care environment. Nurse respondents to one group of researchers identified the personal qualities that empowered nurses possess (Kuokkanen & Leino-Kilpi, 2001). These were
categorized as a) moral principles, b) personal integrity, c) expertise, d) future orientation, and e) sociability. Empowered nurses were described as respecting of others, honest, assertive and able to act under pressure. They were open-minded, competent, decisive, flexible, and autonomous. Moreover, the empowered nurses were seen as creative, future-oriented, and personally and socially responsible individuals able to solve problems, and to work for the good of the group. Empowerment was thought to be promoted by shared values, caring and respect, the support of colleagues, responsibility, evaluation, and education.

The work environment can facilitate empowerment or promote powerlessness in employees (Chandler, 1987, 1991, 1992). According to Chandler, access to information, support, supplies, and opportunities are resources needed to successfully carry out activities and develop nursing empowerment. Having opportunities for advancement is important to nurses’ empowerment (Kuokkanen & Leino-Kilpi, 2001).

In the promotion of the development of nursing empowerment, Gorman and Clark (1986) identified four strategies: mentorship and colleague support, administrative support, the application of analytic skills to solve problems, and participation in change. Indeed, Becker (1994) found that, as measured quantitatively, nurses from an institution characterized by more extensive educational programs, shared governance, and a coaching management style had higher empowerment scores than nurses from another institution without these characteristics. Relationships with physicians, colleagues and patients were also identified as important variables in the development of empowered nurses (Backer et al., 1994; Chandler, 1987, 1991, 1992).
On the other hand, powerlessness in nursing practice can occur when supportive structures and relationships are lacking. Hindrances to empowerment include conflict and controversy, authoritarian leadership, lack of trust, and lack of support and information (Kuokkanen & Katajisto, 2003; Kuokkanen & Leino-Kilpi, 2001). Major hindrances to nursing empowerment were also identified as the traditional hierarchical and bureaucratic systems functioning within a hospital (Backer et al., 1994). Unempowered nurses reported feeling unappreciated, understaffed, or powerless to challenge administrative mandates (Chandler, 1987, 1991, 1992). Some authors personalize lack of empowerment. For example, Simoni et al. (2004) suggested that nurses can enhance their own empowerment when they believe they are effective and do not focus on failing.

Klakovich (1995b) developed and tested a model of registered nurse empowerment. She examined nurses’ personal characteristics (i.e., age, education, experience, tenure, and level of responsibility), organizational culture, and connective leadership style as predictors of empowerment in 113 registered nurses on 10 nursing units. Klakovich defined organizational culture based on the conceptualization of Cooke and Lafferty (1983, 1986, 1987, 1989) as previously described. The OCI was used to measure organizational culture. Klakovich measured connective leadership using the Achieving Styles Inventory (Lipman-Blumen, 1991) and defined this concept as a type of leadership that brings others within an organization together in the achievement of common goals. The author-developed instrument, the Reciprocal Empowerment Instrument (Klakovich, 1995a, 1995b) was used to measure empowerment. Klakovich described empowerment as both a process and outcome. She viewed it as a reciprocal process between a leader and follower with the purpose of achieving both individual and
organizational goals. This process involved sharing information, power, resources, and support. Outcomes of the process included commitment, confidence and ownership.

In Klakovich’s model of registered nurse empowerment, perceptions of a constructive organizational culture made the greatest contribution to the variance in nurses’ empowerment (18%). Nurses’ perceptions of a defensive organizational culture contributed 7%, while connective leadership contributed 6% to the overall model. An additional 14% was attributed to shared variance among the predictor variables that could not be differentiated. Klakovich concluded that registered nurses with higher perceptions of a constructive organizational culture, lower perceptions of a defensive organizational culture, and a connective leadership style, tended to be more empowered.

While the Klackovich (1995b) study provided insight into a relationship between organizational culture and empowerment, several factors must be taken into consideration when interpreting the findings. The Klakovich Reciprocal Empowerment Instrument had not been used previously, other than in a pilot test. The author acknowledged an overrepresentation of nurses with higher education, particularly bachelor’s and master’s degrees, and those in leadership positions within the institution, and an under-representation of staff nurses, compared to the population from which the sample was drawn. A response rate of 46% must also be taken into account when considering the overall representativeness of the sample.

Although no research is available that describes whether the organizational culture of a nursing program is associated with the development of empowerment in students, the Klakovich study (1995b), reporting a relationship between organizational
culture in a hospital setting and staff nurse empowerment, suggests that there could be a similar link between the culture of a nursing program and student empowerment.

Most of the literature on nursing empowerment is centered in the literature of nursing practice. The research in this area suggests that through changes in the workplace environment, staff nurse empowerment can be increased, resulting in improved job effectiveness, greater job satisfaction, increased patient satisfaction, and, ultimately, improved patient outcomes. The characteristics found to describe an empowered nurse provide support for the idea that empowerment is a desirable attribute for registered nurses.

The nursing practice literature is useful for the models and variables it suggests that might be important to the study of student empowerment. Because very little research has examined student nurses’ empowerment or academic organizational culture, and because nursing education is the foundation for nursing practice, this study will focus on nursing students’ perception of their empowerment and their work cultural context, their nursing programs. With few studies in nursing education in the area of student empowerment, practice empowerment research provides support for educators who seek a new transformative, empowering paradigm for nursing education.

**Empowerment and Nursing Education**

Empowerment research in nursing education has focused on faculty members’ empowerment or faculty members’ use of empowering teaching strategies (Brancato, 2000; Carlson-Catalano, 1988, 1994; Hokanson Hawks, 1993, 1999; Hokanson Hawks & Hromek, 1992). In contrast, theory and research involving student empowerment have
not been substantively developed (Chally, 1992; Duke, 1988; George, 1994; Hobbs, 1991; Pearson, 1998).


Through a series of interviews, Pearson (1998) found that empowerment of nursing students in educational clinical settings depended on a variety of factors including students’ previous life experiences, personal and educational competencies, clinical preparation, self-efficacy, clinical environment and mentorship, and self-reflection. Although Pearson considered environmental factors that influenced student empowerment, the organizational culture per se of the educational setting and the students’ level of empowerment were not measured.

Other researchers found that, overall, nursing students perceived themselves as empowered (Duke, 1988; Hobbs, 1991; George, 1994). Using the Vincenz Empowerment Scale (Vincenz, 1990), George found the most empowered students to be senior level, older, and involved in community organizations. Student empowerment was also positively associated with self-directed learning and self-esteem (George, 1994).

Hobbs (1991) suggested that the educational environment can be manipulated to facilitate the development of nursing students. She found that empowered students identified environments that fostered their independence and assertiveness and that were most conducive to their becoming empowered. Students with low senses of
empowerment described more hindrances in their educational environment, such as limited time, limited curriculum options, highly structured policies, and faculty members unsupportive of student assertiveness. Hobbs assessed empowerment using the *Power as Knowing Participation in Change Tool* (Barrett, 1983).

One group of qualitative researchers, Chou, Tang, Teng, and Yen (2003), did not specifically study empowerment but when examining faculty members’ perceptions of humanistic teaching, found empowerment to be an essential component. Those factors found to be essential in a humanistic teaching environment were: availability, caring, authenticity, empowerment, and a transformative curriculum. A transformative curriculum involved liberation rather than domination of the nursing student and a change from "teacher as "evaluator" to "teacher as co-explorer" in learning (p. 60). This humanistic learning environment is similar to the constructive culture described by Cooke and Lafferty (1983, 1986, 1987, 1989).

Negative environments for students, described above as bureaucratic and limited in options, are similar to those described by Cooke and Lafferty (1983, 1986, 1987, 1989) as “defensive cultures” which have been negatively associated with empowerment in nurses (Klakovich, 1995a, 1995b, 1996) and in human service workers (Miranda, 1999). The emphases of a defensive culture, for example, high competition, high value on winning and avoiding mistakes, hard work, and negative criticism of one another, could be similar to some student cultures. Nursing students are in educational systems likely to promote hard work and competition (e.g., for grades, clinical sites, and other scarce resources), and which are described in some earlier anecdotal and empirical literature as authoritarian. It is possible therefore, that nursing education cultures may be defensive,
passively or aggressively. Consequently, I speculated that nursing educational (organizational) cultures may not only be constructive, but also, passive-defensive or aggressive-defensive, and that these cultures may be related to baccalaureate students’ perceptions of their personal empowerment.

Faculty often believe student empowerment can be facilitated by empowering teaching strategies, yet, it was found that faculty members under-use strategies available to them (Brancato, 2000; Carlson-Catalano, 1988, 1994; Hokanson Hawks, 1993, 1999). Though based on empowerment literature, strategies more likely to succeed in empowering students are strategies that are likely to fit into models of empowerment as a complex, multi-dimensional, long-term process of growth and development (Connelly et al., 1993; Kaminski et al., 2000; Kieffer, 1981, 1984; Lord & Farlow, 1990) rather than short-term teaching approaches or simple changes in clinical or class structure. A more enduring and persistent phenomenon within a nursing program, like organizational culture, may be influential enough to have a significant effect on the development of student empowerment over the long-term.

In general, the research studies reported above suggest student empowerment is associated with academic cultures and curricula that are authentic and facilitative. Few studies have actually measured organizational culture, despite describing an academic environment in which empowered students could be found. Studies connecting empowered students and their actual organizational culture could not be found.
Organizational Culture and Empowerment in Nursing

As can be seen, studies in nursing have been conducted examining organizational culture and empowerment separately, as independent or dependent variables. Studies in which these variables have been combined in a single study have been conducted in nursing practice settings (Klakovich, 1995b) or, if in nursing education, examining faculty empowerment (Johnson, 2001). As discussed in the preceding section, Klakovich, using the OCI and her own empowerment scale, found that organizational culture was associated with nurse empowerment in practice settings and Johnson, using different measures than Klakovich for both culture and empowerment, concluded that organizational culture in associate degree academic settings was associated with faculty empowerment.

Summary

Although nursing literature in the past two decades indicates nursing powerlessness, largely in the nursing practice arena, there are indications that this is changing. Practice administrators are keenly aware that empowered nurses have been associated with positive patient care and organizational outcomes, and hope to continue this trend. The study of nursing culture has been important to understanding the motivations and outcomes of high quality nursing practice. But, while organizational culture has been thus studied in nursing practice settings, it has less often been studied in that area fundamental to nursing practice, nursing education.

The research on organizational culture has been drawn from a variety of disciplines, chiefly organizational and business psychology, anthropology, and sociology. Organizational culture, as a reaction to earlier quantitative and management-oriented
Organizational studies, has focused on the social aspects of an organization, emphasizing actors, negotiated social interaction, shared norms and assumptions, and although with less focus on management, still focusing on organizational viability and goals. Methodologically, qualitative studies are still conducted, but organizational assessment instruments have been developed with strong psychometric properties. One such instrument, the OCI (Cooke & Lafferty, 1983, 1986, 1987, 1989), was used in this study to measure the independent variable, organizational culture.

The empowerment literature has a variety of conceptualizations and levels. The concepts are categorized by their field of origin, that is, critical social theory, organizational theory, and social psychological theory. Empowerment is also categorized by its level of analysis: the individual (psychological), organizational, or community. While empowerment can be seen as either, or both, a process or outcome, in this dissertation it is examined as an outcome.

Much of the literature focusing on the individual or psychological concept of empowerment also examines the process by which empowerment occurs. The process and its supporting infrastructures, such as organizational variables (resources, structure) or organizational culture (constructive, defensive), are related to nurses’ sense of empowerment. In this study, the psychological level of empowerment of baccalaureate senior students is an outcome variable.

The literature on culture and empowerment indicates that the concepts are, respectively, powerful drivers of studies of organizations, including some studies in nursing. In the nursing literature, the two concepts, organizational culture and empowerment, have rarely been examined together. Both general and nursing literatures
indicate a paucity of research examining nursing academic culture and the academic populations (faculty, staff, students) within it. Although some characteristics of a nursing academic environment facilitative of student empowerment could be identified, no study specifically studied organizational culture and student nurses’ empowerment. Rather, the research in nursing education on empowerment focused on faculty and/or teaching strategies and on related organizational variables but not on students’ perceptions’ of culture. No study could be found which specifically and quantitatively examined students’ perceptions of the organizational culture of their nursing program and their empowerment.

Based on Klakovich’s (1995b) finding of a relationship between organizational culture and empowerment of staff nurses, and on the general thrust of the literature on constructive culture and variables similar to constructive organizational culture, and on empowerment, this study will be the first to quantitatively examine organizational culture variables in nursing academic settings and baccalaureate student nurse empowerment.

Current research has overlooked organizational culture as a potential influencing factor on the empowerment of baccalaureate nursing students. This dissertation, using consistently reliable instruments for measuring both organizational culture and empowerment, was designed to test hypotheses examining the relationships between students’ perceptions of organizational culture and their empowerment in baccalaureate nursing programs. The model and hypotheses of this dissertation are presented next.

Model and Hypotheses

A model of proposed relationships between students’ perceptions of organizational culture of their baccalaureate nursing program and their empowerment is
presented in Figure 3, followed by several hypotheses of the proposed relationships. The model depicts a positive relationship between students’ perception of a constructive organizational and empowerment and an inverse relationship between students’ perceptions of a passive-defensive organizational culture and an aggressive-defensive organizational culture and empowerment.

![Diagram of relationships between organizational culture and student empowerment]

*Figure 3. Proposed Relationships between Study Variables*

A null hypothesis and four alternate hypotheses were derived from the literature to examine relationships between organizational culture and student empowerment in baccalaureate nursing programs. The following hypotheses were tested in this study:

**Null Hypothesis**

There is no relationship between students’ perceptions of the organizational culture of their baccalaureate nursing program and their empowerment.
Alternate Hypotheses

Hypothesis 1. There is a positive relationship between students’ perception of a constructive organizational culture of their baccalaureate nursing program and their empowerment.

Hypothesis 2. There is an inverse relationship between students’ perception of a passive-defensive organizational culture of their baccalaureate nursing program and their empowerment.

Hypothesis 3. There is an inverse relationship between students’ perception of an aggressive-defensive organizational culture of their baccalaureate nursing program and their empowerment.

Hypothesis 4. Students’ perceptions of a constructive organizational culture, a passive-defensive organizational culture, and an aggressive-defensive organizational culture of their baccalaureate nursing program will predict the variance in their empowerment.

In the next chapter, Methods, the study variables, procedures, and instrumentation are presented.
CHAPTER III

METHOD

This chapter describes the study design, setting and sample, instrumentation, procedures, and data analysis used in this dissertation.

Study Design

The purpose of this study was to determine relationships between organizational culture and empowerment in baccalaureate nursing students. A descriptive, correlational design was used to determine whether senior nursing students’ perceptions of a constructive organizational culture, a passive-defensive organizational culture, and an aggressive-defensive organizational culture of their baccalaureate nursing program were associated with their perceived level of empowerment. Demographic variables were used primarily to describe the sample but were also examined to determine if any relationships existed between them and the study variables, organizational culture and student empowerment.

Conceptual and Operational Definitions

Conceptual and operational definitions used in this study are shown in Table 3. As shown in Table 3, the independent and dependent study variables are identified and described.
### Table 3

**Conceptual and Operational Definitions for this Study**

<table>
<thead>
<tr>
<th>Study Concept/Variable</th>
<th>Conceptual Definition</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empowerment</strong></td>
<td>A sense of personal power and control in one’s life and the ability to interact effectively with the environment to affect personal and social change (Kieffer, 1984; Vincenz, 1990).</td>
<td>A numerical value (32-160) obtained from 32 items ranked on a Likert-type scale ranging from 1-5 and measured by the Short Vincenz Empowerment Scale (SVES).</td>
</tr>
<tr>
<td><strong>Nursing student</strong></td>
<td>A student enrolled in the senior-level of a baccalaureate nursing program.</td>
<td>Both self-identified by student and identified by a program contact person.</td>
</tr>
<tr>
<td><strong>Nursing program</strong></td>
<td>A four-year nursing program leading to a bachelor of science in nursing (BSN) degree.</td>
<td>Four baccalaureate nursing programs in medium to large public institutions in Ohio.</td>
</tr>
<tr>
<td><strong>Organizational Culture</strong></td>
<td>Shared assumptions, values, and beliefs that members of an organization have about the accepted and expected ways of doing things (Cooke &amp; Lafferty, 1983, 1986, 1987, 1989).</td>
<td>Three Organizational Culture Inventory (OCI) subscales of 40 items each ranked on a Likert-type scale ranging from 1-5 resulting in a numerical value (40-200) for each style type.</td>
</tr>
<tr>
<td><strong>A. Constructive Organizational Culture</strong></td>
<td>Organizational culture where members are supportive, participative, humanistic, feel challenged, and which promotes satisfaction needs for achievement and affiliation.</td>
<td></td>
</tr>
<tr>
<td><strong>B. Passive-Defensive Organizational Culture</strong></td>
<td>Organizational culture where members feel controlled, are expected to conform and follow rules, and which promotes security needs of acceptance and avoidance of failure.</td>
<td></td>
</tr>
<tr>
<td><strong>C. Aggressive-Defensive Organizational Culture</strong></td>
<td>Organizational culture where members are competitive, confrontational, controlling of and controlled by others, and which promotes security needs of power.</td>
<td></td>
</tr>
</tbody>
</table>
Setting and Sample

Setting

The sample for this study was obtained from a population of senior nursing students enrolled in four baccalaureate nursing programs in public institutions in Ohio. A baccalaureate nursing programs was defined as a four-year nursing program leading to a bachelor of science in nursing (BSN) degree. Twelve programs were identified in Ohio as being within a state college or university and having a baccalaureate program. Two of these were eliminated as potential sites because they were joint programs associated with more than one institution. Four additional programs were eliminated as potential sites because they provided only a BSN completion program option for students who were already registered nurses and did not have a basic or generic four-year nursing program. The remaining six programs were selected as potential sites to obtain a sample of senior nursing students. These programs were rank-ordered based on geographical proximity to the researcher and data collection was conducted in that order until an adequate sample size was reached. Initially, four of these programs’ deans were asked for their participation. All four deans’ agreed to participate. An adequate sample size was obtained after data collection was completed at these four initial sites. Therefore, these four programs provided the final sample of baccalaureate senior nursing students for this study.

Sample

Convenience sampling was used to obtain a sample of 231 senior-level nursing students from four baccalaureate nursing programs in public institutions in Ohio. The
only inclusion criterion was senior-level enrollment status. Senior-level students were identified by a faculty contact person from each program.

Two power analyses were conducted using SamplePower1.0 (SPSS, Inc.) to determine sample size. These power analyses, designed to attain a power of .80 with an alpha set at .05, were:

1. A sample size of 190 was needed to have a .80 power of detecting a population bivariate correlation of .20.
2. A sample size of 180 was needed to have a .81 power of detecting a multiple correlation of .25 using 3 predictors.

Instrumentation

A study questionnaire comprised of three parts was used for data collection. These three parts consisted of The Organization Culture Inventory (Cooke & Lafferty, 1983, 1986, 1987, 1989) which measures students’ perceptions of organizational culture in their baccalaureate nursing program, a shortened version of the Vincenz Empowerment Scale (Vincenz, 1990) which measures students’ perceptions of empowerment, and a Demographic Questionnaire to gather information about sample characteristics.

Organizational Culture Inventory (OCI)

The OCI, developed by Drs. Robert A. Cooke and J. Clayton Lafferty (1983, 1986, 1987, 1989), is a widely used measure of organizational culture. It is easily adaptable in different types of organizational settings and has been used world-wide to gather information about culture from over two-million individuals in thousands of organizations (Cooke & Szumal, 2000). The OCI has been used as an assessment tool for organizational change programs, as well as in numerous research studies (Cooke &

The OCI contains 120 questions on a 5-point Likert-type response scale. The instrument identifies an individual’s beliefs about the behavioral expectations that operate within the organizational setting. For this research, three subscale scores, each with 40 items from the OCI, were obtained for each student that indicated their perceptions of a constructive, passive-defensive, and aggressive-defensive organizational culture of their program. Scores on each of the three subscales ranged from 40-200 after respondents ranked each of the 40 items on a Likert-type scale from 1-5. Participants’ scores from one site can be combined to determine the group’s shared beliefs about behavioral expectations operating within their own program. However, for this study, the students’ three individual subscale scores were used to determine their unique perception of the organizational culture of their nursing program.

High internal consistency, test-rest reliability, construct validity, and criterion-related validity of the OCI have been reported (Ashkanasy, Broadfoot, & Falkus, 2000; Cooke & Szumal, 1993; Xenikou & Furnham, 1996). Reliability on the OCI remained stable in numerous studies across a variety of populations including staff nurses and managers (Cooke & Rousseau, 1988; Cooke & Szumal, 1993; Klakovich, 1995b; McDaniel, 1995; McDaniel & Stumpf, 1993). Cronbach’s alphas of .95, .95, and .94 on the three OCI subscales were reported by Klakovich (1995b) in a sample of 113 staff nurses.
The OCI was determined to be the best conceptual match for measuring organizational culture in this study. Students’ perception of their nursing program, whether constructive or defensive (e.g., perceived as controlling, promoting obedience, or conformity), was of particular relevance in this study. The OCI was also selected because of its wide use and reliability. Permission to use this instrument was obtained from Human Synergistics, Inc. (see Appendix A for OCI Author Permission).

**Vincenz Empowerment Scale (VES)**

The VES was developed by Lilli M. Vincenz (1990) as a measure of psychological empowerment. The VES assesses the perception of empowerment within six dimensions: potency, independence, relatedness, motivation, values, and joy of life. The VES has been evaluated in groups of community members, school board members, depressed clients receiving psychotherapy, and graduate students in human development, psychology, and nursing (Vincenz, 1990). The VES has also been used in samples of nurses (Clark, 1991), associate degree and baccalaureate degree nursing students (George, 1994), and teachers (Edwards et al., 1998; Edwards & Newton, 1995).

The VES is a 74-item self-report scale with a 5-point Likert-type response design yielding a total score representing the degree or level of empowerment. A shortened version of the VES, the Short VES (SVES), also developed by Vincenz (1990), was used in this study and consists of 32 of the items taken from the longer version of the VES. The SVES, like the VES, is a self-report scale using a 5-point Likert-type response design. Total scores on the SVES ranged from 32 to 160 and represented the perception of empowerment for each student.
The VES has established validity and high reliability (Vincenz, 1990). Cronbach’s alphas of between .92 and .95 have been reported on the VES and between .89 and .93 on the SVES (Clark, 1991; Edwards et al., 1998; Vincenz, 1990).

The SVES taps into the personal and social aspects of empowerment and more closely aligns with the conceptualization of empowerment as it is used in this study. The SVES was also selected for use because of its high reliability and because it is simple and straightforward, and takes little time to complete. Permission to use the SVES was given by the author (see Appendix B for SVES Author Permission).

The VES was titled the Feelings about Life Scale by Vincenz for administration purposes. This title was also used for the SVES in this study during data collection. In this way, the use of the term empowerment was avoided on the questionnaire and in the participant instructions to reduce the possibility of socially desirable responding by the participants. For all purposes other than use on the questionnaire and participant instructions, the instrument was referred to as the SVES in this dissertation.

Demographic Questionnaire

A Demographic Questionnaire consisting of 11 questions was compiled to obtain descriptive sample characteristics and to determine possible relationships between the demographic variables and the primary study variables, perceptions of organizational culture and student empowerment (see Appendix C for the Demographic Questionnaire).

Information was obtained related to participants’ age, gender, racial identification, marital status, length of time in their current nursing program, highest educational degree prior to entering their current nursing program, type of nursing program, employment status, employment setting, whether the student is a member or officer in the National
Student Nursing Association or other nursing organization, and his or her involvement in community service organizations (e.g., church group, homeless shelters, American Cancer Society, American Heart Association).

Procedures

Approval to conduct this study was obtained from the Institutional Review Board (IRB) at Kent State University and Kent State University’s Nursing Research Committee (see Appendix D and E). In addition, the deans of selected nursing programs in Ohio were asked for their schools’ participation and to provide the name of a program contact person who could assist me in accessing the senior nursing students so that the study could be explained, their participation could be requested, and the questionnaires could be distributed. Written permission to access these students was obtained from each program dean prior to proceeding with the distribution of questionnaires at each institution (see Appendix F for the Sample Letter to Deans).

Data Collection

Data collection was conducted between January 1, 2005 and May 31, 2005. Arrangements to meet with the senior nursing students were made through a contact person from each participating program. At each program site, senior students were given a study packet containing a copy of an informed consent, participant instructions, and the study questionnaire. Students were given information about the purpose of the research and were asked for their voluntary participation. They were also given the opportunity to ask questions. Students were asked to read and keep a copy of the informed consent form (see Appendix G for a copy of the Informed Consent Form). The consent form also served as a cover letter to the students explaining the study, reminding them that
participation was voluntary, providing contact information for the investigator, and thanking them for their participation. Participant instructions were included that explained the study questionnaire as composed of three parts: The *Organizational Culture Inventory* with 120 questions, the *Feelings about Life Scale* with 32 questions, and a Demographic Questionnaire with 11 questions (see Appendix H for Participant Instructions). Students were informed that the study questionnaire would take about 20 minutes to complete. If they chose not to participate, they were asked to return the entire uncompleted study packet.

The OCI was explained as an instrument for assessing their perceptions of the culture of their nursing program and that they should answer the questions from that perspective. In reference to the OCI printed instructions, participants were asked to use the word *nursing program* in place of *organization* and to use the word *classmates* in place of *co-workers*. The SVES was explained as an instrument measuring aspects of *student development*. The term *empowerment* was not used in any of the instructions or on any part of the study questionnaire.

I personally distributed and collected the questionnaires at each site. A stamped, self-addressed mailing envelope was available for students who wished to participate but were unable to complete the questionnaire in the specified time. There were no students who exercised this option; all students completed the questionnaires on site. In appreciation for their participation, refreshments were provided to students returning questionnaires and a summary of study findings was sent to deans and faculty contacts from each program.
Human Subjects Protection

Anonymity of participants and the participating programs was maintained throughout the study. There were no participant or program names used on the study questionnaire. Students were not asked to sign or return the informed consent form. Students were assured that no information obtained or reported could identify an individual student, associate them with their responses, or associate them with the individual program they attend. Students were also assured that faculty members or administrators from participating programs would not have access to their personal responses on the questionnaire and that data would only be reported in aggregate form. Students were asked to read and keep the informed consent form that contained information regarding voluntary participation and protection of their anonymity. Completion and return of the questionnaires implied participants’ informed consent and willingness to participate. Each questionnaire was number-coded for the purposes of maintaining a total participant count and facilitating organization of data entry. Completed questionnaires will be stored in a locked cabinet for a period of five years at which time they will be destroyed.

Data Analysis

Descriptive statistics including frequencies, ranges, means, and standard deviations were used to describe the sample demographics, student perceptions of organizational culture, and student empowerment in baccalaureate nursing programs. Correlation analysis with the Pearson product moment correlation coefficient (Pearson $r$) was used to test relationships between perceptions of organizational culture and student empowerment. Multiple regression was used to explain the variance in student
empowerment and the unique contribution of each explanatory variable, that is, dimensions of organizational culture.

Demographic variables were analyzed to determine any relationships between them and the study variables. The Statistical Package for the Social Sciences (SPSS, Inc., Chicago, IL) was used for all statistical procedures. Level of significance was set at .05 for all relationships. See Table 4 for a summary of the Method.

Table 4
Summary of Method

<table>
<thead>
<tr>
<th>Method</th>
</tr>
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<tbody>
<tr>
<td>Design</td>
</tr>
<tr>
<td>Sample</td>
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<tr>
<td>Procedure</td>
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<tr>
<td>Variables</td>
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<tr>
<td>Instruments</td>
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<td></td>
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<tr>
<td>Data Analysis</td>
</tr>
</tbody>
</table>
Summary

Data were collected from a sample of 231 senior nursing students from four baccalaureate nursing programs at public institutions in Ohio. Data were analyzed to describe sample demographics and to determine relationships between organizational culture and student empowerment. The following chapter provides a description of the data collected and results of data analysis.
CHAPTER IV

RESULTS

The purpose of this study was to examine relationships between students’ perceptions of the organizational culture of their baccalaureate nursing program and their empowerment. It was predicted that a positive relationship would be found between students’ perception of a constructive organizational culture and their empowerment. It was also predicted that an inverse relationship would be found between students’ perception of a passive-defensive and students’ perception of an aggressive-defensive organizational culture and their empowerment. It was then proposed that, together, students’ perceptions of these three organizational cultures would explain their empowerment. Instruments used in this study were Cooke and Lafferty’s (1983, 1986, 1987, 1989) Organizational Culture Inventory (OCI), Vincenz’s (1990) Short Vincenz Empowerment Scale (SVES), and a Demographic Questionnaire. Data collection was conducted from January 1, 2005 through May 31, 2005. SPSS was used to analyze data.

The overall organization of this chapter is in five parts: data analysis preparation, psychometric analyses, description of participants, hypotheses testing, and supplemental analyses.
Data Analysis Preparation

Demographic Variables and Recoding

Demographic data were summarized to determine sample characteristics. Of the 231 participants, 227 (98%) answered all 11 items on the Demographic Questionnaire. Of the 2,541 possible demographic data entries (231 participants x 11 items), a response rate on demographic items was 98.11%. Only 4 participants did not answer any of the demographic questions and an additional 4 participants left one answer blank resulting in a total of 48 items missing from the total sample. Missing demographic items were left blank for data analysis.

Recoded RN and LPN Status

An additional variable named RN/LPN status was added for analysis. Included in this new category were students who indicated by writing on the Demographic Questionnaire that they were licensed practical nurses (LPNs) and students who were identified as registered nurses (RNs) by indicating on the questionnaire that they were in a RN/BSN completion program. RNs in a BSN completion program have an associate or diploma degree in nursing and complete coursework for their BSN.

There was not a specific question on the Demographic Questionnaire asking for information regarding LPN status, although two participants indicated “diploma” as their previous degree and wrote “LPN”. Another five students indicated “other” as their highest educational degree and wrote “LPN”. A decision was made to include these five “other” students in the diploma category so that all known LPNs (n = 7) would be represented in one category. It is not known if there were more LPNs because there was not a specific demographic question asking for that information.
Recoded Program Type

Students were asked to indicate whether they were in a generic (a basic four-year) BSN program, an accelerated (fast track) BSN program, or if they were currently a RN enrolled in a BSN completion program. A large number of students at two program sites indicated on their questionnaires that they were enrolled in a RN/BSN completion programs when, in fact, they were in a generic program. This discrepancy was confirmed by faculty members at the program sites. At the two remaining sites, this question was clarified for the students. To remedy the situation in data analysis, an additional variable was added called instructor identified program type and the program type that faculty members knew the students to be enrolled in were entered in this variable column. Entries in this new variable column for the four students who did not provide any demographic data were left blank. The previous student identified program type variable was not used in data analysis since this was known to contain inaccurate data. All further mention of program type in this study is in reference to the instructor identified program type.

Recoded Employment Setting

Students were asked about their employment status and type of employment. Because students were not specifically asked to respond with only one answer, there were 13 students who gave two responses to the question asking about employment setting. Ten of these students responded with both “hospital” and “other”, while two students answered with both “hospital” and “health care but not a hospital” and one student answered with both “health care but not a hospital” and “other”. These 13 students’ responses were entered under their first response in this category because this was the
primary information sought and of greater interest in the analysis. For example, a response of both “hospital” and “other” was entered as “hospital” because whether the student worked in a hospital setting or not was of more value to the analysis than whether they worked in an “other” setting.

Collapsed Demographic Categories

Demographic categories were collapsed for data analysis and these categories are presented in a later section (see Table 6). A more detailed description of sample demographics prior to collapsing categories is provided in Appendix I.

Study Variables

The OCI and SVES were used to gather data about students’ perceptions of organizational culture of their baccalaureate nursing program and student empowerment, respectively. An outstanding item response rate of 99.83% was observed on the two instruments. Of the 27,720 possible data entries (231 participants x 120 items), a response rate on the OCI was 99.82%. Only 50 OCI items were missing from the entire sample. Of the 7,392 possible data entries (231 participants x 32 items), a response rate on the VES items was 99.88%. Only 9 VES items were missing from the entire sample. Mean scores were obtained and substituted for missing items in all cases.

Psychometric Analyses

Multicollinearity

The passive-defensive and the aggressive-defensive organizational culture subscales were found to be strongly correlated ($r = .685, p < .001$). Thus, passive-defensive organizational culture and aggressive-defensive organizational culture share a substantial 47% of the variance. Such a high proportion of shared variance prompted
further investigation through factor analysis to determine whether these two subscales represented two distinct dimensions or only one.

Factor Analysis

Explained variance. A principal components analysis was conducted on the 80 items from the two subscales, passive-defensive and aggressive-defensive organizational cultures for the 231 study participants. Eigenvalues and explained variances are presented in Appendix J. The corresponding Scree Plot is presented in Appendix K. An examination of Appendix J and K reveals that there was one dominant factor, accounting for 21%, of the variance and three marginal factors, accounting for between 3.6% and 6.1% of the variance.

Component loadings. Appendix L presents the unrotated component loadings. An examination of Appendix L reveals that 29 of the items had a component loading of $\geq .5$ while 53 of the items had a component loading of $\geq .4$ on the first factor. The second factor had a component loading of .5 on three of the items and had a component loading of $\geq .4$ on eight of the items. Moreover, the rotated component matrix failed to converge in 25 iterations (convergence = .001) indicating that the allegedly systematic factor matrix contained random factors. Finally, the items defining the second factor did not correspond with the theoretical expectations in any way.

Component plot. Appendix M presents the component plot for these two factors. An examination of Appendix M reveals the clear definition of Factor 1 and the clear lack of definition of Factor 2. This suggested that, despite the theoretical expectation of a two factor structure, the “one factor” interpretation was an appropriate factor structure. Specifically, the first factor is interpreted to be the defensive factor, and the
differentiation between passive-defensive and aggressive-defensive organizational cultures was not confirmed in this analysis. The decision was made to combine the two independent variables, passive-defensive and aggressive-defensive organizational cultures into one new independent variable named defensive organizational culture.

This new variable, defensive organizational culture, was used in all data analysis procedures and in further reference to either passive or aggressive organizational cultures in the remainder of this study. There was no correlation found between this new variable, defensive organizational culture and constructive organizational culture ($r = -0.022$, $p = 0.744$).

**Reliability Testing**

Internal reliability estimates were computed for the constructive organizational culture consisting of 40 items on the OCI and for the new variable, defensive organizational culture, consisting of 80 OCI items. These 80 items were obtained from combining the two 40-item passive-defensive and aggressive-defensive organizational culture subscales. A Cronbach’s alpa of .94 was obtained for the constructive organizational culture subscale and .95 for the defensive organizational culture subscale. Internal reliability was also assessed for the 32-item SVES. A Cronbach’s alpha of .91 was obtained.

**Scales and Scoring**

Scales were created as follows:

- Individual student scores from the 32 items on the SVES were summed and divided by 32 to create an empowerment score. The empowerment score represented the self-reported level of empowerment for each student.
• The constructive culture scale was constructed by summing the 40 constructive items on the OCI and dividing by 40. The constructive culture score for each student represented their self-reported perception of a constructive organizational culture of their nursing program.

• The defensive culture scale was constructed by summing the 80 defensive items on the OCI and dividing by 80. The defensive culture score for each student represented the self-reported perception of a defensive organizational culture of their nursing program.

• All scale scores ranged from 1 (low) to 5 (high) for each participant.

Description of Participants

Participants were all senior-level students from four baccalaureate nursing programs in public institutions in northeast Ohio. A total of 243 students were asked to participate and 237 returned the questionnaires for a total response rate of 97.5%. Three of the four participating schools had response rates of 100%. All of the participating students completed and returned the questionnaires on site. Six participants’ questionnaires were incomplete and considered unusable leaving a total of 231 participants for final data analysis. Table 5 shows the number of participants from each school and the usable questionnaires from each school. The four participating schools are identified as Schools A, B, C, and D.
Table 5

**Total Participants and Usable Questionnaires by Schools**

<table>
<thead>
<tr>
<th>School</th>
<th>N</th>
<th>Total Usable Questionnaires</th>
<th>Usable %</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A</td>
<td>68</td>
<td>67</td>
<td>98.5</td>
</tr>
<tr>
<td>School B</td>
<td>96</td>
<td>93</td>
<td>96.9</td>
</tr>
<tr>
<td>School C</td>
<td>42</td>
<td>41</td>
<td>97.6</td>
</tr>
<tr>
<td>School D</td>
<td>31</td>
<td>30</td>
<td>96.8</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>231</td>
<td>97.5</td>
</tr>
</tbody>
</table>

Table 6 provides a summary of the sample demographics used in data analysis. As shown in Table 6, the sample was predominantly unmarried, Caucasian females enrolled in their current generic baccalaureate nursing program for three or more academic years. About two thirds of the students indicated that a high school diploma or GED was the only prior degree they had prior to entry into their current nursing program. Most of the students were employed part-time and worked in a hospital setting.

Participants ranged in age from 21 to 56. Mean age was 26.9 years with a standard deviation of 7.7 (N = 224). Analysis of Variance (ANOVA) was done to determine if there were differences in mean age among the four participating schools. A significant difference was found between the mean ages of participants among schools ($F(3,220) = 12.037, p < .001$). A Least Significant Difference (LSD) post hoc test showed that School B (Mean = 23.47) had a lower mean age than Schools A, C, and D (Means = 29.68, 28.85, and 29.07, respectively).

Over two thirds of the students were not members of their Student Nurse Association or other nursing organization. One school (A) had a high proportion (58%) of
their senior nursing students respond that they were members only, were officers, or were on a committee in their Student Nurses Association or other nursing organization. The remaining three programs (B, C, and D) had 17%, 28%, and 17%, respectively, nursing organization involvement, as reported by the respondents. Although a large portion of the students, overall, reported no involvement in a nursing organization, many did report an affiliation with at least one community service organization. A small number of students reported an affiliation with three or more community organizations.

Demographic categories that were collapsed for data analysis are shown in Table 6. Refer to Appendix I for a detailed description of the sample demographics.
Table 6

Collapsed Demographic Categories used in Data Analyses

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>87%</td>
<td>198</td>
</tr>
<tr>
<td>Male</td>
<td>13%</td>
<td>29</td>
</tr>
<tr>
<td>Racial Identification: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>88%</td>
<td>201</td>
</tr>
<tr>
<td>Non Caucasian</td>
<td>12%</td>
<td>26</td>
</tr>
<tr>
<td>Marital Status: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not married</td>
<td>72%</td>
<td>164</td>
</tr>
<tr>
<td>Married</td>
<td>28%</td>
<td>63</td>
</tr>
<tr>
<td>Years in Current Program: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 3 years</td>
<td>16%</td>
<td>36</td>
</tr>
<tr>
<td>3 or more years</td>
<td>84%</td>
<td>191</td>
</tr>
<tr>
<td>Highest Educational Degree: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or GED</td>
<td>69%</td>
<td>157</td>
</tr>
<tr>
<td>Associates, Diploma, or Other</td>
<td>18%</td>
<td>41</td>
</tr>
<tr>
<td>Bachelor’s or higher</td>
<td>13%</td>
<td>29</td>
</tr>
<tr>
<td>RN/LPN Status: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN or LPN</td>
<td>9%</td>
<td>21</td>
</tr>
<tr>
<td>Non RN or LPN</td>
<td>91%</td>
<td>206</td>
</tr>
<tr>
<td>Program Type: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic/Basic</td>
<td>92%</td>
<td>209</td>
</tr>
<tr>
<td>Non Generic/Basic</td>
<td>8%</td>
<td>18</td>
</tr>
<tr>
<td>Employment Status: $N = 227$</td>
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<td></td>
</tr>
<tr>
<td>Part-time</td>
<td>68%</td>
<td>155</td>
</tr>
<tr>
<td>Full-time</td>
<td>16%</td>
<td>36</td>
</tr>
<tr>
<td>Not employed</td>
<td>16%</td>
<td>36</td>
</tr>
<tr>
<td>Employment Setting: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>57%</td>
<td>129</td>
</tr>
<tr>
<td>Non hospital setting</td>
<td>27%</td>
<td>62</td>
</tr>
<tr>
<td>Not employed</td>
<td>16%</td>
<td>36</td>
</tr>
<tr>
<td>Nursing Organizational Involvement: $N = 226$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No involvement</td>
<td>69%</td>
<td>157</td>
</tr>
<tr>
<td>Member and/or officer or on committee</td>
<td>31%</td>
<td>69</td>
</tr>
<tr>
<td>Community Service Affiliations: $N = 227$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-2</td>
<td>91%</td>
<td>207</td>
</tr>
<tr>
<td>3 or more</td>
<td>9%</td>
<td>20</td>
</tr>
</tbody>
</table>
Hypotheses Testing

The purpose of this study was to examine the relationships between students’ perceptions of organizational culture of their baccalaureate program and their empowerment. Grouped data and comparisons were included in this data analysis for descriptive purposes. Possible relationships between demographic variables and the study variables were also examined. Level of significance was set at $p < .05$ for all relationships.

Restated Hypotheses

Hypotheses were restated to reflect the merging of the two variables, passive-defensive organizational culture and aggressive-defensive organizational culture, into one new variable, defensive organizational culture. The restated hypotheses are as follows:

Null Hypothesis

There is no relationship between students’ perceptions of the organizational culture of their baccalaureate nursing program and their empowerment.

Alternate Hypotheses

Hypothesis 1. There is a positive relationship between students’ perception of a constructive organizational culture of their baccalaureate nursing program and their empowerment.

Hypothesis 2. There is an inverse relationship between students’ perception of a defensive organizational culture of their baccalaureate nursing program and their empowerment.
Hypothesis 3. Students’ perceptions of a constructive organizational culture and a defensive organizational culture of their baccalaureate nursing program will predict the variance in their empowerment.

Description of Main Study Variables

Students’ mean perception of a constructive organizational culture ranged from 2.10 to 4.88 with an overall mean of 3.84 and a standard deviation of 0.54. Mean defensive culture ranged from 1.46 to 4.28 with an overall mean of 2.48 and a standard deviation of 0.46. For most students (94%, \( n = 216 \)), their constructive organizational culture score was higher than their defensive culture score. Only 15 (6%) of the students had a higher defensive culture score than their constructive culture score.

Students’ mean empowerment ranged from 2.09 to 4.81 with an overall mean of 3.83 and a standard deviation of 0.50. A total of 41% of the students had high empowerment scores (> 4.0) while 52% had moderately high scores (> 3.0 but < 4.0).

Associations among Main Study Variables

Correlation and regression analyses were used to test relationships between the two independent variables, perception of a constructive organizational culture and perception of a defensive organizational culture, and the dependent variable, student empowerment. Individual and joint effects of the independent variables on the dependent variable were evaluated. The following scale was used to interpret strength of relationships: \(< .30 = \text{weak}; .30 - .50 = \text{moderate}; \text{and} > .50 = \text{strong} \). Level of significance was set at \( p < .05 \) for all relationships.

A Pearson \( r \) was used to examine the relationship between the study variables. A weak positive relationship was found between students’ perception of a constructive
organizational culture of their baccalaureate nursing program and their empowerment 
($r(229) = .249, \ p < .001$), indicating a significant linear relationship between these two 
variables. A marginally significant relationship was found between students’ perception 
of a defensive culture of their baccalaureate nursing program and their empowerment 
($r(229) = - .126, \ p = .056$).

Multiple linear regression was used to examine the variance in students’ 
empowerment that could be explained by their perceptions of a constructive 
organizational culture and a defensive organizational culture in their nursing program. 
When mean constructive culture alone was entered in the regression model, an $R^2$ of .062 
was obtained ($F(1,229) = 15.135, \ p < .001$). On entering both independent variables, 
mean constructive culture and mean defensive culture, a significant regression equation 
was also found with an $R^2$ of .077 ($F(2,228) = 9.446, \ p < .001$). This regression equation 
in both raw data and standardized form is shown in Appendix N.

Students’ perception of a constructive organizational culture in their baccalaureate 
nursing program was the primary predictor of the variance in empowerment ($\beta = .246, 
\ p < .001$) with students’ perception of a defensive organizational culture contributing 
little to the overall model ($\beta = - .121, \ p = .060$). Students’ perception of a constructive 
organizational culture of their nursing program explained 6.2% of the variance in their 
empowerment. Perception of a defensive organizational culture explained an additional 
1.5% of the variance. Together, the two independent variables, perception of a 
constructive organizational culture and perception of a defensive organizational culture 
explained 7.7% of the variance in student empowerment. See Table 7 for a summary of 
hypotheses testing findings.
Table 7

Summary of Hypotheses Testing

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Null Hypothesis:</strong> There is no relationship between students’ perceptions of the organizational culture of their baccalaureate nursing program and their empowerment.</td>
<td><em>Null hypothesis rejected.</em> Relationships were found between students’ perceptions of organizational culture and their empowerment.</td>
</tr>
<tr>
<td><strong>H1:</strong> There is a positive relationship between students’ perception of a constructive organizational culture of their baccalaureate nursing program and their empowerment.</td>
<td>There was a weak, positive, significant relationship between students’ perception of a constructive organizational culture and their empowerment.</td>
</tr>
<tr>
<td><strong>H2:</strong> There is an inverse relationship between students’ perception of a defensive organizational culture of their baccalaureate nursing program and their empowerment.</td>
<td>There was a weak, inverse, marginally significant relationship between students’ perception of a defensive organizational culture and their empowerment.</td>
</tr>
<tr>
<td><strong>H3:</strong> Students’ perceptions of a constructive organizational culture and a defensive organizational culture of their baccalaureate nursing program will predict the variance in their empowerment.</td>
<td>Students’ perceptions of a constructive and defensive organizational culture of their baccalaureate nursing program explained 7.7% of the variance in their empowerment.</td>
</tr>
</tbody>
</table>

Supplemental Analyses

Additional analyses were conducted using ANOVA to determine if there were significant differences in students’ perceptions of organizational culture of their nursing program or their empowerment when comparing groups based on demographic differences. Bivariate correlations using the Pearson $r$ were conducted to examine relationships between the main study variables and selected demographic variables. Strength of relationships was interpreted as follows: $< .30 =$ weak; $0.30 - .50 =$ moderate; and $> .50 =$ strong. Level of significance was set at $p < .05$ for all relationships.
Organizational Culture and Demographics

Analysis of Variance: Organizational Culture and Demographic Groups

ANOVA was conducted to examine differences in students’ perceptions of a constructive organizational culture score and defensive organizational culture of their baccalaureate nursing program among demographic groups. There were no significant differences found in students’ perceptions of a constructive or defensive organizational culture among groups categorized by racial identification, marital status, highest educational degree, RN or LPN status, program type, employment setting, or nursing organization involvement. However, significant differences were found in students’ perception of a constructive organizational culture among groups categorized by years in current program, employment status, and number of community service organization affiliations. Significant differences were also found in students’ perception of a defensive organizational culture when students were grouped by schools and gender.

Constructive organizational culture and years in current program. As shown in Table 8, students who were in their current program three or more years had higher perceptions of a constructive organizational culture of their nursing program than students who were in their current program for less than three years. Perceptions of a defensive organizational culture were no different when compared by years in current program.
Table 8

Comparison of Perceptions of Organizational Culture by Years in Program

<table>
<thead>
<tr>
<th>Years in Current Program</th>
<th>n</th>
<th>Constructive Culture M</th>
<th>SD</th>
<th>Defensive Culture M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>36</td>
<td>3.67 *</td>
<td>0.62</td>
<td>2.51</td>
<td>0.45</td>
</tr>
<tr>
<td>3 or More Years</td>
<td>191</td>
<td>3.88 *</td>
<td>0.52</td>
<td>2.48</td>
<td>0.46</td>
</tr>
</tbody>
</table>

\[ F(1,225) = 4.387, \quad p = .037 * \]
\[ F(1,225) = 0.184, \quad p = .669 \]

* Indicates significant finding at \( p < .05 \).

Constructive organizational culture and employment status. Table 9 shows differences in students’ perception of constructive organizational culture of their nursing program when groups were compared by employment status. Students who were employed part-time had higher perceptions of a constructive organizational culture of their nursing program than students working full-time. There were no significant differences found in perception of a defensive organizational culture associated with employment status.

Table 9

Comparison of Perceptions of Organizational Culture by Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>n</th>
<th>Constructive Culture M</th>
<th>SD</th>
<th>Defensive Culture M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not employed</td>
<td>36</td>
<td>3.80</td>
<td>0.45</td>
<td>2.57</td>
<td>0.52</td>
</tr>
<tr>
<td>Full-time</td>
<td>36</td>
<td>3.64 *</td>
<td>0.65</td>
<td>2.53</td>
<td>0.58</td>
</tr>
<tr>
<td>Part-time</td>
<td>155</td>
<td>3.90 *</td>
<td>0.52</td>
<td>2.45</td>
<td>0.41</td>
</tr>
</tbody>
</table>

\[ F(2,224) = 3.654, \quad p = .027 * \]
\[ F(2,224) = 1.296, \quad p = .276 \]

* Indicates significant finding at \( p < .05 \).
Constructive organizational culture and community service organization affiliations. Significant differences were found in students’ perception of a constructive organizational culture when comparisons were made by number of community service organization affiliations as shown in Table 10. Students having three or more community service affiliations had higher perceptions of a constructive organizational culture of their nursing program than those students who had zero to two community service affiliations. No significant differences were found in students’ perception of a defensive organizational culture between these two groups.

Table 10

Comparison of Perceptions of Organizational Culture by Community Service Affiliations

<table>
<thead>
<tr>
<th>Community Affiliations</th>
<th>n</th>
<th>Constructive Culture</th>
<th></th>
<th>Defensive Culture</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>0 – 2 affiliations</td>
<td>207</td>
<td>3.82 *</td>
<td>0.54</td>
<td>2.48</td>
<td>0.46</td>
</tr>
<tr>
<td>3 or more affiliations</td>
<td>20</td>
<td>4.11 *</td>
<td>0.43</td>
<td>2.47</td>
<td>0.46</td>
</tr>
</tbody>
</table>

F(1,225) = 5.332, p = .022 *
F(1,225) = 0.005, p = .946

Note. * Indicates significant finding at p < .05.

Schools. Although no significant differences were found among the schools in the students’ perception of a constructive organizational culture of their baccalaureate nursing program, significant difference were found among the schools in students’ perception of a defensive culture as can be seen in Table 11. And, although the overall mean defensive culture score from all schools were in the moderately low range (between 2.0 and 3.0), a post-hoc analysis using the LSD test revealed that students from School A
had higher perceptions of a defensive culture than students from School B and C. School D students had higher perceptions of a defensive culture than School C.

Table 11

*Comparison of Perceptions of Organizational Culture by Schools*

<table>
<thead>
<tr>
<th>Schools</th>
<th>n</th>
<th>Constructive Culture</th>
<th></th>
<th>Defensive Culture</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>School A</td>
<td>67</td>
<td>3.82</td>
<td>0.59</td>
<td>2.62 *</td>
<td>0.48</td>
</tr>
<tr>
<td>School B</td>
<td>93</td>
<td>3.83</td>
<td>0.52</td>
<td>2.42 *</td>
<td>0.43</td>
</tr>
<tr>
<td>School C</td>
<td>41</td>
<td>3.98</td>
<td>0.55</td>
<td>2.33 *</td>
<td>0.42</td>
</tr>
<tr>
<td>School D</td>
<td>30</td>
<td>3.70</td>
<td>0.45</td>
<td>2.55 *</td>
<td>0.50</td>
</tr>
</tbody>
</table>

\[ F(3,227) = 1.611, \ p = .188 \]
\[ F(3,227) = 4.438, \ p = .005 * \]

*Note.* * Indicates significant finding at \( p < .05.\)

Defensive organizational culture and gender. Table 12 shows that perceptions of a defensive organizational culture for both male and female students were in the moderately low range; however, males, overall, had a higher mean defensive culture score than females. There were no significant differences in students’ perceptions of a constructive organizational culture between males and females.

Table 12

*Comparison of Perceptions of Organizational Culture by Gender*

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>Constructive Culture</th>
<th></th>
<th>Defensive Culture</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Males</td>
<td>29</td>
<td>3.88</td>
<td>0.61</td>
<td>2.67 *</td>
<td>0.42</td>
</tr>
<tr>
<td>Females</td>
<td>198</td>
<td>3.84</td>
<td>0.53</td>
<td>2.45 *</td>
<td>0.46</td>
</tr>
</tbody>
</table>

\[ F(1,225) = 0.145, \ p = .704 \]
\[ F(1,225) = 5.857, \ p = .016 * \]

*Note.* * Indicates significant finding at \( p < .05.\)
Correlations: Organizational Culture and Selected Demographics

A Pearson $r$ was conducted to determine whether there were relationships between perception of a constructive organizational culture, perception of a defensive organizational culture, and selected demographic variables that included age, years in current program, nursing organization involvement, and community service affiliations. No significant relationships between perceptions of either a constructive organizational culture or a defensive organizational culture and age or nursing organization involvement were found.

A weak, positive correlation was found between years in current nursing program and students’ perception of a constructive organizational culture ($r = .138, p = .037$). A weak, positive correlation was also found between community service affiliations and students’ perception of a constructive organizational culture of their nursing program ($r = .152, p = .022$). There was no significant correlation between years in current nursing program or community service affiliations and perception of a defensive organizational culture.

Empowerment and Demographics

Analysis of Variance: Empowerment and Demographic Groups

ANOVA was conducted to examine differences in students’ empowerment among demographic groups. No significant differences were found in students’ empowerment between groups compared by school, gender, racial identification, marital status, years in current nursing program, highest educational degree, program type, employment status, employment setting, or nursing organization involvement. Significant differences,
however, were found in empowerment among groups categorized by RN and LPN status and community service organization affiliations.

*Empowerment and RN and LPN status.* Table 13 shows that when RN and LPN students were compared to non RN or LPN students, significant differences were found in empowerment. The RN and LPN group had lower levels of empowerment than the non RN or LPN students.

**Table 13**

*Comparison of Student Empowerment by RN/LPN Status*

<table>
<thead>
<tr>
<th>RN/LPN Status</th>
<th>n</th>
<th>Mean Empowerment</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs and LPNs</td>
<td>21</td>
<td>3.61 *</td>
<td>0.48</td>
</tr>
<tr>
<td>Non RNs or LPNs</td>
<td>206</td>
<td>3.86 *</td>
<td>0.49</td>
</tr>
</tbody>
</table>

*F*(1,225) = 4.994, *p* = .026 *

*Note.* * Indicates significant finding at *p* < .05.

*Empowerment and community service organization affiliations.* Significant differences were found in empowerment between two groups of students categorized by the number of community service organizations affiliations they reported being involved in. Table 14 shows that students who had three or more community service organization affiliations had greater empowerment than those who had zero to two community service organization affiliations.
Table 14

Comparison of Student Empowerment by Community Service Affiliations

<table>
<thead>
<tr>
<th>Community Affiliations</th>
<th>N</th>
<th>Mean Empowerment</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>0- 2 affiliations</td>
<td>207</td>
<td>3.81 *</td>
<td>0.49</td>
<td></td>
</tr>
<tr>
<td>3 or more affiliations</td>
<td>20</td>
<td>4.09 *</td>
<td>0.48</td>
<td></td>
</tr>
</tbody>
</table>

F(1,225) = 5.819, p = .017 *

Note. * Indicates significant finding at p < .05.

Correlations: Empowerment and Selected Demographics

A Pearson r was conducted to determine whether there were significant relationships between students’ empowerment and selected demographic variables that included age, years in current program, nursing organization involvement, and community service affiliations. A weak, positive correlation was found between community organization affiliations and students’ empowerment. No significant correlations were found between students’ empowerment and age, years in current program, or nursing organization involvement.

Summary of Supplemental Findings

A summary of the supplemental data analyses using ANOVA and Pearson r to examine demographic and study variables are provided in Tables 15 and 16.
Table 15

**Summary ANOVA Results: Demographics and Study Variables**

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Constructive Culture</th>
<th>Defensive Culture</th>
<th>Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$F$</td>
<td>df</td>
<td>$p$</td>
</tr>
<tr>
<td>Schools</td>
<td>1.611</td>
<td>3,27</td>
<td>.188</td>
</tr>
<tr>
<td>Gender</td>
<td>0.145</td>
<td>1,225</td>
<td>.704</td>
</tr>
<tr>
<td>Racial ID</td>
<td>0.698</td>
<td>1,225</td>
<td>.404</td>
</tr>
<tr>
<td>Marital Status</td>
<td>0.249</td>
<td>1,225</td>
<td>.618</td>
</tr>
<tr>
<td>Years in Program</td>
<td>4.387</td>
<td>1,225</td>
<td>.037 *</td>
</tr>
<tr>
<td>Highest Educational Degree</td>
<td>0.146</td>
<td>2,224</td>
<td>.864</td>
</tr>
<tr>
<td>RN/LPN Status</td>
<td>0.916</td>
<td>1,225</td>
<td>.340</td>
</tr>
<tr>
<td>Program Type</td>
<td>0.970</td>
<td>1,225</td>
<td>.326</td>
</tr>
<tr>
<td>Employment Status</td>
<td>3.654</td>
<td>2,224</td>
<td>.027 *</td>
</tr>
<tr>
<td>Employment Setting</td>
<td>1.953</td>
<td>2,224</td>
<td>.144</td>
</tr>
<tr>
<td>Nursing Organization Involvement</td>
<td>0.142</td>
<td>1,224</td>
<td>.706</td>
</tr>
<tr>
<td>Community Service Affiliations</td>
<td>5.332</td>
<td>1,225</td>
<td>.022 *</td>
</tr>
</tbody>
</table>

*Note.* * Indicates significant finding at $p < .05.$
Summary of Pearson r Results: Selected Demographics and Study Variables

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Constructive Culture r</th>
<th>p</th>
<th>Defensive Culture r</th>
<th>p</th>
<th>Empowerment r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>- .031</td>
<td>.642</td>
<td>- .011</td>
<td>.873</td>
<td>- .013</td>
<td>.842</td>
</tr>
<tr>
<td>Years in Program</td>
<td>.138</td>
<td>.037 *</td>
<td>- .029</td>
<td>.669</td>
<td>.018</td>
<td>.787</td>
</tr>
<tr>
<td>Nursing Organization Involvement</td>
<td>.025</td>
<td>.706</td>
<td>.073</td>
<td>.273</td>
<td>- .091</td>
<td>.173</td>
</tr>
<tr>
<td>Community Service Affiliations</td>
<td>.152</td>
<td>.022 *</td>
<td>- .005</td>
<td>.946</td>
<td>.159</td>
<td>.017 *</td>
</tr>
</tbody>
</table>

Note. * Indicates significant finding at p < .05.

Summary of Study Findings

The sample for this study consisted of 231 senior-level baccalaureate nursing students from four public institutions in northeast Ohio. These students were predominately unmarried, female, and Caucasian with a mean age of 26.9 years. Most participants were enrolled in generic programs, had been in their current program at least three years, and had no previous educational degree beyond high school prior to entry. Most worked part-time in a hospital setting. A large majority had no involvement in their Student Nursing Organization or other nursing organization but had at least one affiliation with a community service organization. Overall, students described themselves as having moderately high empowerment, and perceived their baccalaureate nursing program as having a moderately high constructive culture and moderately low defensive culture.
A weak positive relationship was found between students’ perception of a constructive organizational culture of their baccalaureate nursing program and their empowerment. There was a weak, inverse, marginally significant relationship between students’ perception of a defensive culture in their baccalaureate nursing program and their empowerment. Together, the two organizational culture variables explained 7.7% of the variance in student empowerment.

Students’ perception of a constructive organizational culture was higher for those who were in their current program three or more years when compared to those who were in their program for less than three years. Students who worked part-time had higher perceptions of a constructive culture than those who worked full-time, and those who were affiliated with three or more community service organizations had higher perceptions of a constructive culture than those who had zero to two affiliations. Students’ perception of a constructive organizational culture correlated positively but weakly with years in their current program and number of community service organization affiliations. No significant correlations were found between a constructive organizational culture and age or nursing organization involvement.

Although, as a group, students from all four schools perceived their programs as having a moderately high constructive culture and moderately low defensive culture, two schools’ students had higher perceptions of a defensive organizational culture in their program when compared to other schools. Students from one of the schools had a higher perception of a defensive culture than one other school, while a second school’s students had a higher perception of a defensive culture than all other schools. This latter school had a higher proportion of male students and males, overall, were found to have a higher
perception of a defensive organizational culture of their program than the female
students. No other significant differences were found in perception of a defensive
organizational culture when comparing other demographic variables that included racial
identification, marital status, years in their current program, highest educational degree,
RN/LPN status, program type, employment status, nursing organization involvement, and
community service affiliations. No significant correlations were found between students’
perception of a defensive organization culture and any of the selected demographic
variables that included age, years in their current program, nursing organization
involvement, and community service organization affiliation.

Higher empowerment was found in the non RN or LPN students when compared
to the RNs and LPNs in the baccalaureate nursing programs. Higher empowerment was
also found in students who reported three or more community service organization
affiliations when compared to those who had zero to two affiliations. No other significant
differences were found in empowerment among groups characterized by gender, racial
identification, marital status, years in their program, highest educational degree, program
type, employment status, employment setting, or nursing organization involvement. A
weak, positive correlation was found between students’ empowerment and number of
community service organizations. No other significant correlations were found between
empowerment and other selected demographic variables that included age, years in their
program, and nursing organization involvement.

These findings are discussed in the following chapter with recommendations for
future research, implications for nursing, and general conclusions.
The purpose of this study was to examine relationships between students’ perceptions of the organizational culture of their baccalaureate nursing program and their empowerment. Participants were all senior-level students from four baccalaureate nursing programs in public institutions in northeast Ohio. Data were collected between January and May, 2005. A three-part study questionnaire comprised of the following three instruments was used to gather data: (a) the Organizational Culture Inventory (Cooke & Lafferty, 1983, 1986, 1987, 1989), (b) the Short Vincenz Empowerment Scale (Vincenz, 1990), and (c), a Demographic Questionnaire. A response rate of 97.5% was obtained. This chapter provides a discussion of the findings, recommendations for further research, implications for nursing, and conclusions. Included in this section are a discussion of one major measurement finding, followed by a discussion of the main study variables and their relationships, and lastly, a discussion of the supplemental findings.

Discussion of Measurement Finding

For more than two decades, researchers have assumed that there was a theoretically meaningful differentiation between passive-defensiveness and aggressive-defensiveness (Cooke & Lafferty, 1983, 1986, 1987, 1989). This analysis draws that theoretical differentiation into question. Specifically, in this study, there is no
differentiation between these two concepts in the minds of this sample’s senior nursing students. Like Klakovich (1995b) who reported a .82 correlation between these two concepts in a sample of registered nurses, the current study provides further support that a differentiation between the passive-defensive and the aggressive-defensive organizational cultures is not warranted. This single finding raises the issue of this instrument’s ability to differentiate defensive cultures in certain disciplines and settings.

Theoretically, the norms in both passive-defensive and aggressive-defensive cultures meet the security needs of individuals and promote self-protective behaviors of members within an organization (Cooke & Szumal, 1993). Cooke and Szumal reported consistent loading of the factors representing passive-defensive and aggressive-defensive cultures. However, they also reported dual loading on certain subscales within the passive-defensive and aggressive-defensive cultures in some samples, as I found in this current sample of nursing students. Cooke and Szumal suggested that there is either a discriminant validity weakness or that the passive and aggressive cultures are related in some settings. Cooke and Szumal further suggested that those in lower-level or non management positions may have more difficulty discriminating between the passive and aggressive cultural norms. This could mean that the OCI defensive subscales are of limited use in academic settings or in certain populations, for example, nurses (Klakovich, 1995b). Further research in this area was recommended by Cooke and Szumal. Given this, future research should be directed toward a differentiation between members of cultures where this differentiation can be demonstrated and those for which it cannot. The usual standards of construct validity should be applied to this effort (Carmines & Zeller, 1979). Indeed, researchers may wish to re-examine existing data sets
to establish the veracity of this theoretical differentiation. At a minimum, this research calls into question the assumption that a theoretical differentiation between passive-defensiveness and aggressive-defensiveness is valuable.

Discussion of Main Study Variables and their Relationships

A positive relationship was predicted between students’ perception of a constructive organizational culture in their nursing program and their level of empowerment, and an inverse relationship was predicted between a students’ perception of a defensive organizational culture in their nursing program and their empowerment. It was then proposed that student perceptions of organizational culture, both constructive and defensive, of their nursing program would explain the variance in empowerment. A discussion of findings that address these hypothesized relationships follows.

Students who reported a higher perception of a constructive organizational culture of their baccalaureate nursing program tended to have higher levels of empowerment. Although there was a trend toward an inverse relationship between students’ perception of a defensive culture and their empowerment, this finding had little influence on the overall model. The direction of these relationships is consistent with Klakovich (1995b) who reported a similar relationship in groups of nurses in a hospital setting. Like the current study, she also reported that a constructive organizational culture was responsible for the greatest contribution of the variance found in empowerment with perceptions of a defensive culture playing a less significant role. Klakovich, though, found much stronger relationships between the organizational culture variables and empowerment of these nurses employed in a hospital setting than was found in the current sample of baccalaureate nursing students. Comparisons between Klakovich’s study and the current
one must be made with caution because of different instruments used to measure empowerment and different sample populations. Although Klakovich used the OCI to assess perceptions of organizational culture, she used her self-developed instrument, the Klakovich Reciprocal Empowerment Inventory, to measure empowerment. This instrument more directly assesses work empowerment in organizational settings rather than the personal and social dimensions of psychological empowerment as measured by the SVES and used in the current study.

There are several possible explanations for the finding of a weak relationship between perceptions of organizational culture and empowerment in the current population of baccalaureate nursing students. First, it could be that organizational culture is entirely independent of psychological empowerment in this population and the findings represent artifact only. Or, it could be that organizational culture is only a small contributor to students’ empowerment. There are likely other significant factors, yet to be identified, that play a role in nursing students’ empowerment. These other factors may or may not be related to organizational culture. For example, other factors influencing empowerment might include the presence of an initiating event, a mentor, or peer support as suggested by Kieffer (1981, 1984). Self-esteem and self-directed learning are additional factors that have been associated with empowerment in students (George, 1994).

Another possible explanation for the relationship which was found between a constructive organizational culture and empowerment is that students who are more empowered may have more positive perceptions of their environment. Psychological empowerment is positively associated with feelings of potency, independence,
relatedness, motivation, values, and joy of life (Vincenz, 1990). Those who are empowered may have more positive feelings about life and relationships in general, and as a result, perceive their environment more positively. Additionally, it was suggested by Hobbs (1991) that less empowered nursing students may not be as aware of opportunities available to them in the educational environment. She found that baccalaureate nursing students in a low empowerment group saw more negative factors in the environment that affected their empowerment, while the empowered students were aware of the more positive aspects in their environment that promoted their empowerment. So, in the current study, it could be that the more empowered students were more aware of the positive aspects of their environment and thus, perceived the organizational culture of their program as more positive or constructive.

Community service organization involvement could also possibly play a role in the relationship between perceptions of organizational culture and empowerment. Students who reported more community service affiliations had greater perceptions of a constructive organizational culture. And, students who had more community service affiliations were also more empowered. RN and LPN students returning to school for their BSN degrees had lower empowerment than other students and, coincidentally, none of these RN and LPN students reported high community service organization affiliations. Students who are actively involved in their church and other organizations may have more altruistic notions for choosing nursing as a career and may view their nursing program through a more positive lens. Through their community involvement, students may develop many of the personal characteristics of an empowered individual, including feelings of potency, independence, relatedness, motivation, values, and joy of life – all
dimensions of psychological empowerment as described by Vincenz (1990). It could also be through community affiliations that students develop the mentor relationships and peer support that Kieffer (1981, 1984) identifies as key components in the process of empowerment. Active community involvement, from this perspective, can be viewed as an antecedent necessary in the development of empowerment rather than an outcome of the process.

A relationship between empowerment and participation in community organizations has been supported by others (George, 1994; Kieffer, 1981, 1984; Lord & Farlow, 1990; Perkins & Zimmerman, 1995; Schulz et al., 1995; Vincenz, 1990; Zimmerman, 1995). According to Kieffer, it is through these community organizations that individuals develop the political skills and understanding as well as gain support for their actions necessary for empowerment.

In summary, organizational culture and community service organization affiliations, while they may play some role in students’ empowerment, do not appear to have a strong influence on it. It could be that the empowerment process for nursing students is enhanced, somewhat, through faculty members’ efforts to promote a constructive organizational culture and through students’ involvement in community service, but these may not be the only factors that influence empowerment.

Discussion of Supplemental Findings

Organizational Culture and Demographics

Overall, among all four participating nursing programs, students’ perceptions of a constructive organizational culture of their nursing program were moderately high and perceptions of a defensive organizational culture were moderately low. Almost all of the
students had a higher perception of a constructive culture than they did a defensive culture of their program. The overwhelmingly positive perception of a constructive culture of their baccalaureate nursing programs may be indicative of changing traditions in baccalaureate nursing education. Traditions in nursing education once described as controlling and conforming are, at last (or at least as evidenced in this study), shifting to traditions that are more constructive, humanistic, and caring. A constructive organizational culture is often viewed as ideal in organizations including nursing practice settings (Cooke & Szumal, 2000; Thomas et al., 1990) and is likewise, a welcome finding in nursing education.

Although students from all schools had higher perceptions of a constructive rather than defensive organizational culture of their program, when comparing only perceptions of a defensive culture, one school was significantly higher than all others. The school with the highest students’ perception of a defensive culture also had the highest proportion of males in its program (17%) and male students, overall, had higher perceptions of a defensive organizational culture of their program than did the female students. Overall, males in the current sample (13%) were higher than the national average of about 5% for males in nursing and 4% males in nursing in Ohio (Eveloff, 2003; Snyder, 2004). Males in nursing may perceive, or even prefer, organizational cultures of power and control (aggressive) over the more affiliative and self-actualizing styles. It could be that male students perceive their educational environment from a more defensive perspective when they are clearly a minority group surrounded by predominately female classmates and faculty members. This could have contributed to male students’ perception of a higher defensive organizational culture of their program.
than female students. The greater population of male students in one school could have accounted for the higher perception of a defensive culture in that program as compared to all other programs.

Registered nurses in Klakovich’s (1995b) study revealed similar perceptions of a constructive organizational culture but had higher defensive perceptions of their nursing units as compared to these students’ perceptions of their nursing programs. It could be that once students leave academia and enter the more bureaucratic hospital setting, perceptions of defensiveness increase as a result of the bureaucracy they encounter.

Students who were in their nursing program longer had higher perceptions of a constructive organizational culture. It could be that students who have less time in their current program (e.g., transfer students or accelerated students) have lower perceptions of a constructive organizational culture of their nursing program because they have had less time than other students to acclimate to it. Although the culture of the organization may have remained unchanged, students’ perceptions of the culture of their program may have changed over time as they come to understand the expected behavioral norms of that culture.

Students who were employed part-time had higher perceptions of a constructive organizational culture of their nursing program than students working full-time. It could be that students who work full-time have less involvement in their nursing program. And, like years associated with their current nursing program, it could be that students employed part-time have more time to acclimate to their program’s organizational culture.
Empowerment and Demographics

Overall, students perceived themselves as having moderately high empowerment. Other researchers have reported similarly high empowerment in nursing students (George, 1994; Hobbs, 1991). The fact that senior-level baccalaureate nursing students feel empowered as they are about to enter the workforce is encouraging. One group of students, the RNs and LPNs completing their baccalaureate degrees, though, had lower empowerment than their classmates. The majority of RN and LPN students were employed full-time in a hospital setting. Previous educational background for the RNs was about equally divided between an associate degree and diploma education. None of the RN and LPN students were affiliated with three or more community service organizations. It could be that RNs and LPNs, who are typically older, clinically-experienced and working full-time, have little time to engage in community service. These students may have more experiences in work settings that are oppressive and may feel less empowered when they return to the academic setting as a non-traditional student.

One school had a significantly lower mean age than the other three schools and one school had a much higher proportion of students who were involved in their Student Nursing Organization. There was a concern that these differences could result in differences in student empowerment not associated with their perceptions of organizational culture of their programs. Also, because a relationship was found between community organization involvement and empowerment, a similar relationship in nursing organization involvement was anticipated. However, the students from the four schools did not differ significantly in their empowerment. Neither age nor nursing organization involvement were found to be associated with empowerment. These findings were
unexpected given that age was a factor associated with empowerment in a sample of senior nursing students using the VES to assess empowerment (George, 1994). The finding that nursing organization involvement is not a factor in student empowerment is consistent with findings reported by George.

Finding that over two thirds of the students were not members of their Student Nurse Association or other nursing organization was unexpected. It may be that these students had little remaining time for nursing organization involvement since the majority of students worked either full or part-time and were also involved in at least one community organization while attending their nursing program.

Although George (1994) found age to be a factor in student empowerment, there are conflicting findings about this relationship in the literature related to other populations. Some researchers have reported relationships between age and empowerment in nursing faculty members and staff nurses (Brancato, 2000; George, 1994; Stratton, 1990). Others, however, found no association between age and empowerment in nursing faculty members or staff nurses (Johnson, 2001; Klakovich, 1995b). Different instruments to measure empowerment, as well as different samples and settings, may have contributed to mixed findings related to age and empowerment.

Gender differences in empowerment were not evident and this finding is consistent with others studying a variety of populations that included nurses, nursing students, nursing faculty members, and hospital employees (Carlson-Catalano, 1988; Finegan & Laschinger, 2001; George, 1994; Johnson, 2001; Koberg et al., 1999). Vincenz (1990) found women had higher scores on one VES subscale, Values, but no other gender differences were found associated with empowerment.
There were no differences found when comparing students’ empowerment among groups related to employment status or employment setting which is consistent with George (1994) who found no differences associated with employment status or years of work experience in nursing students. Vincenz (1990) also found no difference in empowerment between full-time and part-time employment but did find that part-timers had higher empowerment when compared to those not employed. Other researchers, Kuokkanen, Leino-Kilpi, and Katajisto (2002) found that length of working history and employment status (permanent or temporary) was associated with empowerment in nurses. Mixed findings associated with employment could be a reflection of a different measure of empowerment in the later study as well as different sample populations among the studies.

In summary, students’ perceptions of organizational culture and their affiliations with community service organizations are associated with their empowerment. Yet, there are likely other factors that contribute more appreciably to baccalaureate nursing students’ empowerment.

Moderately high perceptions of a constructive organizational culture and moderately low perceptions of a defensive organizational culture of their baccalaureate nursing program by the majority of students is an optimistic finding. Equally encouraging, is a finding of moderately high empowerment by graduating nursing students.

Recommendations for Further Study

This study provides support for a relationship between organizational culture and empowerment in a cross-sectional sample of baccalaureate nursing students. Further
research is necessary to fully understand the development of empowerment in this population. A longitudinal study examining the development of empowerment over the course of a baccalaureate nursing program would provide insight into the developmental nature of empowerment in academic settings and would provide a basis for future prediction. Longitudinal studies can also be designed to examine psychological empowerment of senior-level nursing students with repeated measures at various time intervals following graduation and employment as registered nurses. Further research is needed to identify other possible factors that contribute more significantly to a model of nursing student empowerment. Examples of factors needing further exploration include work and community involvement, presence of an initiating event, presence of a mentor, and peer support. Investigations designed to measure more direct outcomes of organizational culture in nursing programs and outcomes of student empowerment are also needed. Further psychometric testing of the OCI subscales in academic settings is needed.

Implications for Nursing

*Nursing Education*

Examining organizational culture in baccalaureate nursing programs has the potential to contribute to greater awareness and understanding of the influence the educational environment may have on key aspects of student development such as empowerment. An understanding of organizational culture is a necessary precursor to change in faculty attitudes and subsequent change of the educational environment to one that is more constructive and more fully enhances the empowerment of nursing students.
The OCI can be a useful assessment tool in the evaluation of a group of students’ perceptions of organizational culture in an educational program. In addition, it can aid faculty members in planning strategies for program improvement. The versatility of the OCI is especially beneficial for organizational change projects. The OCI has the potential to identify the culture or subcultures within an organization and the relative intensity of the culture. Relationships between factors effecting or outcomes affected by an organization’s culture can be determined using the OCI. Likewise, the SVES can provide a useful assessment of student empowerment and serve as an outcome measure in program evaluation especially when organizational change is being planned.

*Nursing Practice*

It is encouraging that most graduating baccalaureate nursing students perceive themselves as empowered as they enter the workforce. Empowerment in nursing practice has been associated with many positive outcomes which include increased retention and organizational commitment. This could play a significant part in lessening the impact of the nursing shortage. The greatest benefit, though, will most likely be found in improved patient care outcomes through patient advocacy, community involvement, and the political activism of empowered nurses.

*Nursing Theory and Research*

The OCI and SVES are useful instruments in measuring perceptions of organizational culture and empowerment, respectively. Both instruments were highly reliable and easy to administer and score. In addition, both were easy to understand and complete which likely contributed to the high response and the low missing data rates.
The high response rate also indicates students’ willingness to participate in nursing research and share their perceptions about organizational culture and empowerment.

One of the most important methodological findings in this study of baccalaureate nursing student empowerment was the lack of differentiation between the two major OCI subscales, the passive-defensive and the aggressive-defensive organizational cultures. Future research should be directed toward examining organizational settings and samples to determine where these two defensive cultures can be differentiated and where they cannot. As indicated in this study, such differentiation is particularly true for nursing studies. Further research using diverse samples may provide insight into differences in how organizational culture is perceived and the value of making a theoretical distinction between these concepts.

The finding of a relationship between organizational culture and empowerment contributes to a beginning understanding of these concepts in baccalaureate nursing students. The fact that this finding was relatively weak indicates that more is yet to be discovered about this relationship, including identification of other factors contributing to the empowerment of nursing students.

Conclusions

Findings indicate that, overall, students perceived their baccalaureate nursing program as having a moderately high constructive culture and a moderately low defensive culture. They also described themselves as having moderately high empowerment. A weak positive relationship was found between students’ perception of a constructive organizational culture of their baccalaureate nursing program and their empowerment. A weak inverse relationship was found between students’ perception of a
defensive culture in their baccalaureate nursing program and their empowerment. Together, the two organizational culture variables explained 7.7% of the variance in student empowerment.

An important methodological finding in this study was that two organizational culture concepts, passive-defensive and aggressive-defensive cultures, could not be differentiated in this sample of baccalaureate nursing students. Further research using diverse samples may provide insight into differences in how organizational culture is perceived and the value of making a theoretical distinction between these concepts.

Culture and empowerment were correlated in this study: the study findings raise the interesting question about the sources and development of student empowerment, and its application to the clinical experience. More research is needed to identify additional factors which contribute both to a constructive organizational culture and to students’ personal empowerment, as well as the longitudinal applicability of student empowerment to their current and future nursing practice. A further area of future research is the study of organizational culture in nursing education. The impact of culture has the potential for far-reaching consequences in the recruitment and retention of students, as well as the supply of nurses for the present and projected nursing shortage. The impact of nursing education and student empowerment on clinical practice cannot be understated. Although factors other than culture may account more for student empowerment in baccalaureate nursing programs, this study is one of the first to provide support for the existence of an emerging new generation of empowered nurses. These newer graduates are nursing’s future and they have the power to make a positive impact on the nursing profession and patient care.
REFERENCES


Cameron, K., & Quinn (1999). Diagnosing and changing organizational culture: Based on the competing values framework. Reading, MA: Addison-Wesley.


Hokanson Hawks, J. (1999). Organizational culture and faculty use of empowering teaching behaviors in selected schools of nursing. *Nursing Outlook, 47*(2), 67-73.


Appendix A

OCI Author Permission

Letter of Agreement

OCI 120 Hand-Scored Version

Dear Cheryl Bosley:

Your proposal, “Organizational Culture and Empowerment in Baccalaureate Nursing Programs,” has been reviewed by Human Synergistics and I am pleased to inform you that permission is granted for the use of the Organizational Culture Inventory (OCI) in your research.

Human Synergistics will provide you with up to 250 copies of the hand-scored version of the OCI for use in your research for $1.50 per copy. Under this agreement, Human Synergistics is not responsible for any other activities or costs associated with this project (e.g., for data collection or analysis) or for providing technical advice on statistical analyses or the results obtained.

In exchange for the research discount we are extending, you agree to the conditions outlined in the OCI “Research Applications” document and summarized below:

1. You will provide Human Synergistics with two copies of all working papers, presentations, reports to sponsors, dissertations, and manuscripts to be submitted for publication which present OCI results or otherwise incorporate OCI materials;

2. You will provide Human Synergistics with a copy of the data collected through the use of the inventories as soon as such data become available. Researchers can submit either the OCI scoring sheets, a raw respondent and item-level data file (ASCII file), or an SPSS/Windows file on diskette. Human Synergistics has your permission to add the OCI data you provide to its confidential database, which is used for testing and updating the norms, reliability, and validity of the inventory.

3. Researchers may not reproduce any of the OCI items in their manuscripts or in any typewritten, typeset, computerized, or translated survey;

4. The following citation must be included in your manuscript where the OCI circumplex is displayed: Copyright 1989 by Human Synergistics, Inc. Reproduced by permission;

5. The following citation must be included in your manuscript where the OCI style descriptions are discussed or reproduced: From Organizational Culture

(6) More generally, you will use the OCI, conduct your research and report your results in a manner that is consistent with the Publication Manual of the American Psychological Association (1994) and that respects and protects Human Synergistics’ copyrights, trademarks, and proprietary data and materials.

If the terms outlined in this letter are agreeable to you, please sign where indicated below, retain a copy for your files, and return the original to me.

Please contact me if you have any questions. Best of luck with your research.

Sincerely,

[Signature]
Human Synergistics Representative

---

Note: Due to copyright rules and at the author’s request, the OCI has not been reproduced in this dissertation.
Appendix B
SVES Author Permission

Date: Fri, 09 Jan 2004 15:18:29 -0500
From: "Lilli M. Vincenzi, PhD" <PCSCOLOY@zzppp.org>
To: C1Bosley@yau.edu
Subject: VES

Dear Ms. Bosley,

Thank you for interest in the VES. I wanted to reply sooner but have been extremely busy. I am happy to have you use the instrument and will send you the scale in a few days:

Here are some materials that I could send, if you want -- although if you have a copy of my dissertation, you will have all of them:

The long form
The short form
Scoring information
Abstract
Tables for reliability, etc.
You will hear from me soon!

Sincerely,
Lilli M. Vincenzi, PhD

---

Note: Due to copyright rules and at the author's request, the SVES has not been reproduced in this dissertation.
Appendix C
Demographic Questionnaire

Responding to these questions is voluntary. Any descriptive data gathered from this questionnaire will be reported in aggregate summary form. No participant can be identified by their individual responses.

Indicate your responses to the following:

1. What is your age in years on your last birthday? ___________

2. What is your gender? 1. Male _____ 2. Female _____

3. Which best describes your racial identification?
   1 ______ African American
   2 ______ American Indian
   3 ______ Asian/Pacific Islander
   4 ______ Hispanic
   5 ______ Caucasian/Non Hispanic
   6 ______ Other (Specify): _________________

4. Which best describes your marital status?
   1 ______ Married
   2 ______ Not Married/Divorced
   3 ______ Not Married/Widowed
   4 ______ Not Married/Never Married

5. How long (academic years) have you been enrolled at this institution as a major in your current nursing program?
   1 ______ Less than 1 academic year
   2 ______ At least 1 year but not 2 academic years
   3 ______ At least 2 years but not 3 academic years
   4 ______ 3 or more academic years

6. What is your highest educational degree attained prior to entry in your current nursing program?
   1 ______ High school diploma or GED
   2 ______ Associate degree in nursing
   3 ______ Associate degree in field other than nursing
   4 ______ Diploma in nursing
   5 ______ Bachelor’s degree
   6 ______ Master’s degree
   7 ______ Doctorate degree
   8 ______ Other (Specify): _________________

7. What type of nursing program are you enrolled in?
   1 ______ Generic (General or Basic) undergraduate BSN program
   2 ______ Accelerated (Fast Track) BSN program
   3 ______ RN/BSN Completion program (currently a registered nurse)

8. What is your employment status?
   1 ______ Not employed
   2 ______ Employed full-time
   3 ______ Employed part-time

9. What type of employment setting do you work in?
   1 ______ Not employed
   2 ______ Hospital
   3 ______ Health care but not a hospital
   4 ______ Other

10. Are you a member/officer in your Student Nurse Association or other nursing organization?
    1 ______ Yes, a member and held or holding an office or committee appointment
    2 ______ Yes, a member only
    3 ______ No, not a member

11. How many community service organizations are you associated with?
    (for example, church, homeless shelters, American Cancer Society, American Heart Association)
    1 ______ None
    2 ______ 1
    3 ______ 2
    4 ______ 3 or more
Appendix D

IRB Approval

KENT STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD
APPLICATION FOR APPROVAL TO USE HUMAN RESEARCH PARTICIPANTS

Please type all information: HANDWRITTEN FORMS WILL NOT BE ACCEPTED. Move through the document using Tab or Mouse. Do not use the enter Key. To mark a box, click with the mouse.

Name: Cheryl L. Markstrom Bailey
Telephone: 330-274-3432 Address: 5960 Pancake Clarkson Rd, Niles, OH 44444 Email: cbehley@ysu.edu
Department: Nursing Faculty Rank/Student Status: Doctoral student

Project Title: Organizational Culture and Student Empowerment in Baccalaureate Nursing Programs

Type of Project: ☐ FACULTY RESEARCH ☐ External Funded (Agency: ) Include copy of proposal
☐ STUDENT DIRECTED RESEARCH (Advisor: Diana Blandi, Ph.D., R.N., FAAN)
☐ Thesis ☐ Dissertation ☐ Course Requirement (Course #: )
☐ Other (Specify: )

Duration of Project: Starting Date: 1/1/2004 (But not before approval is obtained)
Ending Date: 5/31/2005

I certify that the research procedures for this project and the method of obtaining consent (if any), as approved by the Kent State University Institutional Review Board, will be followed during the period covered by this research project. Any future changes will be submitted for Board review and approval prior to implementation.

If this project involves approval/permission from other institutions, the principal investigator (and the faculty advisor if the PI is a student) must sign below to certify the following statement: "I/we will not begin research at other institutions before having obtained their permission to do so."

Cheryl Bailey, 1/1/2004
Principal Investigator

Action Taken:
By REVIEWER:

☑ Level I, Category: ☑ Level II, Category: ☑ Level III, Category: ☐ Level III, To Full Board
☑ Project Involves: ☐ Deception ☐ Waiver of Consent

IRB Level III Action:
☑ Approved ☐ Disapproved ☐ Contingent Approval (Comments or Conditions)

Chairperson, IRB
Appendix E

Nursing Research Committee Approval

January 24, 2005

Cheryl L. Bosley
50900 Pancake-Clarkson Road
Negley, OH 44444

Dear Ms. Bosley,

On behalf of the Research Committee of the Kent State University College of Nursing, I am pleased to inform you that your proposed research, "Organizational Culture and Empowerment in Baccalaureate Nursing Programs," has been approved. Congratulations on developing a study that will contribute to nursing. We wish you success in your research and look forward to hearing the results.

Sincerely,

Wendy Lewandowski
PhD RN CS
Chair Research Committee
Kent State University
College of Nursing
Appendix F
Sample Letter to Deans

(Return Address)
(Date)

Dr. (Dean of Nursing Program)
Dean, College of Nursing
(Name of Institution)

Dear Dr. ____________

I am requesting your permission to ask senior nursing students in your program to volunteer to participate in a study, Organizational Culture and Student Empowerment in Baccalaureate Nursing Programs, which I am conducting as a doctoral student in the joint Ph.D. in Nursing Program at Kent State University and The University of Akron. I am interested in studying relationships between senior nursing students’ perception of organizational culture style in their nursing program and their empowerment. There is no prior research that has specifically examined relationships between these concepts in baccalaureate nursing programs.

This study involves the senior nursing students’ completion of a questionnaire consisting of three components: the Organizational Culture Inventory with 120 questions, the Feelings about Life Scale with 32 questions, and a demographic section with 11 questions. The questionnaire takes about 20 minutes to complete. This study has been approved by the Kent State University Institutional Review Board and the Kent State University Nursing Research Committee.

If you agree that students in your program may participate, I will request the name of a program contact person who can assist me in accessing the senior nursing students so that I can explain the study, request the students’ participation, and distribute the questionnaires. Enclosed is a copy of the informed consent form, participant instructions, and the study questionnaire for your review.

Participation is strictly voluntary. Anonymity of participants and participating programs will be maintained. There will be no participant or program names used on the questionnaire. Study findings will be provided in aggregate summary form to the Deans of the participating programs. Study findings can be expected approximately October, 2005. Refreshments will be provided to students completing the questionnaire.

Your students’ input in this study is very important to me and would be greatly appreciated. The results from this research will contribute to a better understanding of the potential influence that different organizational culture styles in nursing programs have on the empowerment of students. I hope you will consider your program’s participation.

I will contact you within the next ten days to answer any questions you may have and request your reply. If you would like to contact me, I can be reached at (330) 941-2185 or clbosley@ysu.edu. If you would like to contact my advisor, Diana L. Biordi, Ph.D., R.N., FAAN, Professor and Assistant Dean, Research and Graduate Affairs, Kent State University College of Nursing, she can be reached at (330) 672-8762 or at dbiordi@kent.edu.

Sincerely,

Cheryl L. Markuten Bosley, MSN, RN
Doctoral Student, Kent State University /The University of Akron

Enclosures (3):
1. Informed Consent Form
2. Participant Instructions
3. Questionnaire
Appendix G

Informed Consent Form

[DEPARTMENT LETTERHEAD]

Consent Form: Organizational Culture in Baccalaureate Nursing Programs

Spring 2005

I want to do research on organizational culture styles in nursing programs. I want to do this to gain a better understanding of the possible influence the educational environment may have on aspects of student development. I would like you to take part in this project. If you decide to do this, you will be asked to complete a questionnaire consisting of three parts, the Organizational Culture Inventory with 120 questions, the Feelings about Life Scale with 32 questions, and a demographic section with 11 questions. The questionnaire takes about 20 minutes to complete.

If you take part in this project, your responses on the study questionnaire will be anonymous. You will not be asked to identify your name on the questionnaire or consent form. There will be no information reported that could identify you, associate you with your responses, or associate you with your individual program. Findings from all participating schools will be reported in aggregate summary form.

If you take part in this project, your responses on this questionnaire will contribute to a better understanding of the potential influence learning environment may have on student development in baccalaureate nursing programs. Your input is very important to me and would be greatly appreciated.

Taking part in this project is entirely up to you, and no one will hold it against you if you decide not to do it. If you do take part, you may stop at any time. You do not have to answer any question on the questionnaire that makes you feel uncomfortable.

If you want to know more about this research project, please contact me at (330) 941-2185 or at clbosley@ysu.edu or you can contact my dissertation committee chairperson, Diana L. Biordi, Ph.D., R.N., FAAN, Professor and Assistant Dean, Research and Graduate Affairs, Kent State University College of Nursing at (330) 672-8762 or at dbiordi@kent.edu. This project has been approved by Kent State University. If you have questions about Kent State University’s rules for research, please call Dr. John West, Vice President and Dean, Division of Research and Graduate Studies, at (330) 672-2851.

You can keep this copy of the Informed Consent Form.

Sincerely,

Cheryl L. Markuten Bosley, MSN, RN
Doctoral Student, Kent State University/The University of Akron
If you do not wish to participate, please return the uncompleted questionnaire to Mrs. Bosley or her assistant.

If you do wish to participate, completion and return of the questionnaire is an indication that you have read the Informed Consent and agree to participate in this study.

A. Complete all three sections of the questionnaire following instructions provided with each section:
   
   Section 1 (pages 1 and 2): Complete the Organizational Culture Inventory.
   
   Section 2 (pages 3 and 4): Complete the Feelings About Life Scale.
   
   Section 3 (page 5): Answer the demographic questions.

B. Return the completed questionnaire to Mrs. Bosley or her assistant.

Your responses on this questionnaire are very important to me and your participation is greatly appreciated!
Appendix I

Detailed Description of Sample Demographics

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender: N = 227</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>87%</td>
<td>198</td>
</tr>
<tr>
<td>Male</td>
<td>13%</td>
<td>29</td>
</tr>
<tr>
<td><strong>Racial Identification: N = 227</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>88%</td>
<td>201</td>
</tr>
<tr>
<td>African American</td>
<td>7%</td>
<td>15</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2%</td>
<td>4</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>&lt;1%</td>
<td>1</td>
</tr>
<tr>
<td>Others: African, African American/Caucasian, Middle Eastern, or did not specify</td>
<td>3%</td>
<td>6</td>
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<td><strong>Years in Current Program: N = 227</strong></td>
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Appendix J

Eigenvalues and Explained Variance

Passive-Defensive and Aggressive-Defensive Subscale Items

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Appendix K

Scree Plot

Passive-Defensive and Aggressive-Defensive Subscale Items
### Appendix L

#### Component Matrix

Passive-Defensive and Aggressive-Defensive Subscale Items

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Appendix M
Component Plot
Passive-Defensive and Aggressive-Defensive Subscale Items
Appendix N

Regression Equation

Unstandardized Regression Equation

Empowerment = 3.290 + 0.225 constructive culture - 0.130 defensive culture

The predicted students’ empowerment is equal to 3.290 + 0.225 constructive culture - 0.130 defensive culture.

Students’ empowerment increased 0.225 points for each 1.0 point increase in constructive culture and decreased 0.130 points for each 1.0 point increase in defensive culture.

Standardized Regression Equation

Empowerment$_z$ = 0.246 constructive culture$_z$ - 0.121 defensive culture$_z$