Content and factor validation of the Sieloff-King-Friend Assessment of Group Empowerment within Educational Organizations

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ABSTRACT

Background and Purpose: Nursing education programs have responsibilities to their stakeholders to prepare graduates who can provide safe, effective patient centered care while leading health care changes. Empowered nurses have been associated with low nurse turnover and higher patient satisfaction; however, less is currently known about group empowerment in nursing education. In order to examine group empowerment in schools of nursing, the Sieloff-King Assessment of Group Empowerment in Organizations (SKAGEO©) was adapted and tested for content validity and confirmatory factor analysis.
Methods/Results: The adapted instrument, the Sieloff-King-Friend Assessment of Group Empowerment within Educational Organizations (SKFAGEEO) was first reviewed by nurse experts who provided quantitative and qualitative data regarding each item. A total of 320 nurse deans and faculty comprised the final sample for the second order confirmatory 8 factor analysis. Findings revealed factor loadings ranging from .455 to .960.The overall fit of the propose model was Chi Square = 1383. 24, df = 566, p < .001; GFI = .786, RMSEA = 0.69.
Conclusions: The study results indicated that the SKFAGEEO has acceptable psychometric properties.

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1. Introduction

There are few published studies examining faculty and administrator group empowerment and associated leadership competencies in baccalaureate nurse educators. Although nursing scholars have described a positive relationship between relationship-focused leadership and empowerment, nursing job satisfaction, intent to stay and positive patient outcomes (Murphy, 2005; Purdy et al., 2010; Cowden et al., 2011), less is currently known about nurse faculty empowerment. In efforts to acquire discipline-specific knowledge regarding group empowerment in baccalaureate nursing education, the Original Instrument (OI) was revised to measure faculty and administrator group empowerment in 79 American Association of Colleges of Nursing (AACN) member schools with baccalaureate and higher programs within the United States. The purpose of this paper is to report the results of content validity and confirmatory factor analysis for the Revised Instrument (RI) in a national study. (See Fig. 1.) (See Tables 1–6.)

2. Background

2.1. Organizational Empowerment and Nursing Education Using Non-nursing Frameworks

Organizational empowerment and nursing education has been primarily described within non-nursing theoretical frameworks of research completed by Kanter (1977, 1993) and Spreitzer (1995). For example, Brancato (2007) examined the use of empowering teaching behaviors of baccalaureate nursing faculty, their psychological empowerment, and the relationships among their use of empowering teaching behaviors, their psychological empowerment, and selected demographic characteristics using Spreitzer's Psychological Empowerment Scale (1995). Baker et al. (2011) examined associate degree in nursing (ADN) educators' perceptions of empowerment, job satisfaction and relationships between them. These authors used Spreitzer's (1995) Psychological Empowerment Scale and the Conditions of Work.

Effectiveness II (Laschinger et al., 2001) based on Kanter's theory of structural empowerment (1977, 1993). Likewise, Hebenstreit (2012) utilized Kanter's (1977, 1993) theory to examine relationships between structural empowerment and innovative behaviors in baccalaureate faculty. The conviction that nursing knowledge should be based upon discipline specific theory reinforced employing a mid-level nursing theory as the conceptual framework for the study.

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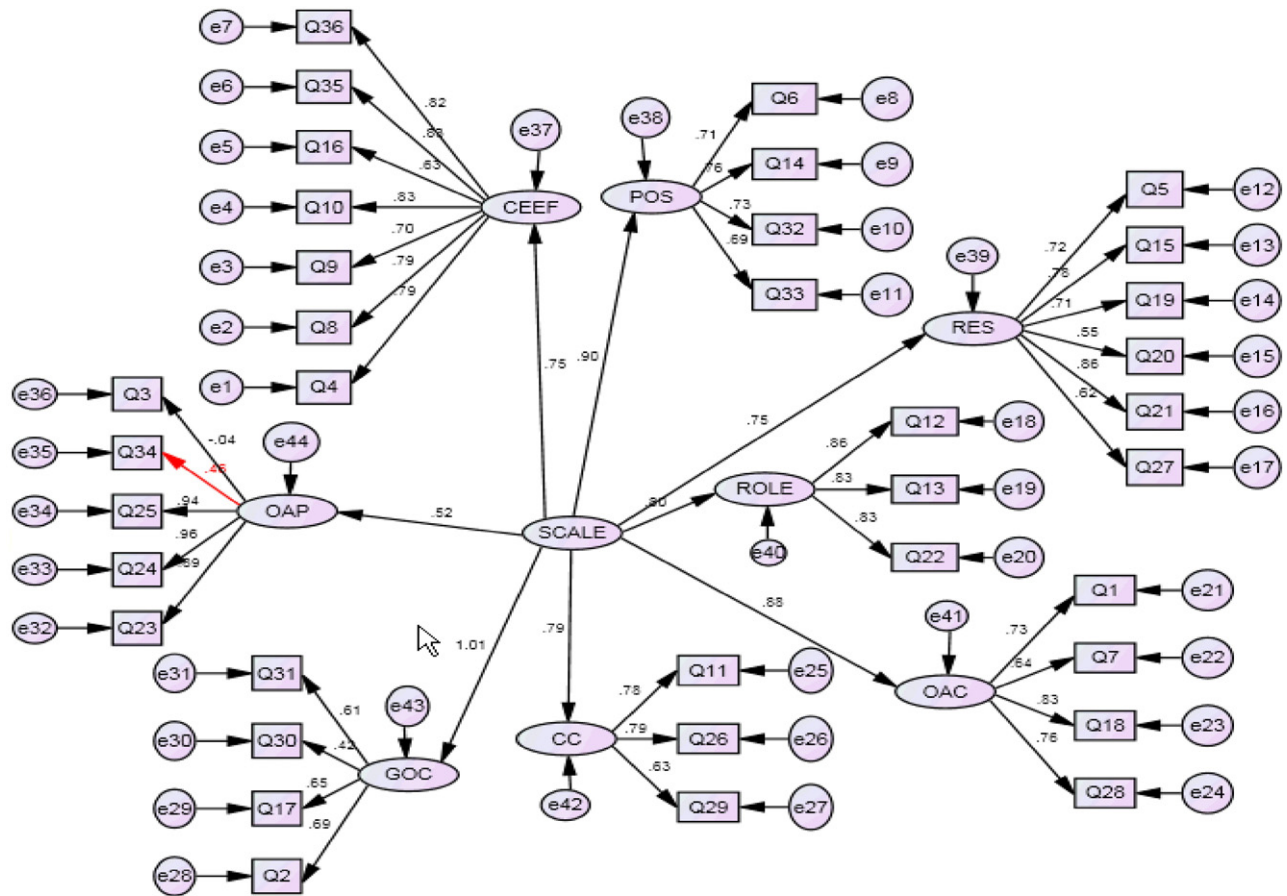
Note: These are standardized weights

Fig. 1. Confirmatory Factor Analysis path diagram for eight factor model.

2.2. Importance of Unique Nursing Knowledge Regarding Empowerment within Nursing Education

The significance of basing nursing knowledge upon conceptual frameworks of nursing has been well documented (Fawcett, 1999; Alligood and Tomey, 2010; Butts et al., 2012). A profession, by definition, has unique perspectives and subsequently, requires unique theoretical foundations in order to adequately examine their phenomena of interest (Fawcett, 1999). In order to support nursing's continuing status as a profession, unique knowledge is needed regarding faculty and administrators' empowerment in the academic setting. The theoretical foundation for this research, the theory of group empowerment within organizations (Sieloff, 2012) further fosters the development of this distinctive knowledge as this theory is a nursing theory of group empowerment, based within the nursing conceptual framework of Imogene King (1981).

Whereas the predominant level of analyses in nursing empowerment research has been at the individual level, the concept of group empowerment is valuable since nurses work as teams. Likewise, the healthcare literature is replete with research related to effective teamwork and positive patient outcomes and patient safety (Lemieux-Charles and McGuire, 2006; Manser, 2009; Mazzocco et al., 2009).

2.3. The Theory of Group Empowerment Within Organizations

The theory of group empowerment within organizations (Sieloff, 2012) was initially developed in 1995 (Sieloff, 1995) as the theory of nursing departmental power. The theory resulted from a synthesis and reformulation of King's conceptual systems framework (King, 1981) and the strategic contingencies theory of power (SCTP) (Hickson et al., 1971) to explain nursing's observed lack of influence within health care organizations (Sieloff, 1995). King defined power as the ability to achieve goals (1981) while Hickson et al. (1971) addressed group power within organizations. The SCTP theorized that organizations consisted of interdependent sub-units, thereby focusing on group power as opposed to the traditional individual level of analysis. Sieloff reconceptualized the SCTP theory to be consistent with King's systems framework in order to develop concepts of organizational power that addressed the human context of nursing (Sieloff, 1995).

Over time, selected concepts in the theory and instrument have undergone semantic revisions in response to changes in health care reorganization and nurses' negative perceptions of power. These revisions were considered to be theoretically sound (Sieloff, personal communication, October 9, 2015) and supported through a content validity study (Sieloff and Bularzik, 2011). For example, power was semantically relabeled as goal attainment as this term (goal attainment) was consistent with the theoretical framework. Goal attainment was then semantically relabeled as outcome attainment to better reflect the terminology being used within health care organizations (Sieloff, 2012).

Sieloff subsequently theorized that groups, who are able to achieve outcomes, implement power [empower themselves] to "influence or control significant events in their lives" (Nyatanga and Dann, 2002, p. 235). As a result, outcome attainment capability was semantically