

2014

Empowerment and Engagement through Informal Learning: Exploring the Relationship Between Learning Opportunities and the Work Environment of Nurses

Linda Gfrerer

University of St. Thomas, Minnesota

Follow this and additional works at: https://ir.stthomas.edu/caps_ed_orgdev_docdiss



Part of the [Education Commons](#), and the [Organizational Behavior and Theory Commons](#)

Recommended Citation

Gfrerer, Linda, "Empowerment and Engagement through Informal Learning: Exploring the Relationship Between Learning Opportunities and the Work Environment of Nurses" (2014). *Education Doctoral Dissertations in Organization Development*. 39. https://ir.stthomas.edu/caps_ed_orgdev_docdiss/39

This Dissertation is brought to you for free and open access by the School of Education at UST Research Online. It has been accepted for inclusion in Education Doctoral Dissertations in Organization Development by an authorized administrator of UST Research Online. For more information, please contact libroadmin@stthomas.edu.

Empowerment and Engagement through Informal Learning: Exploring the Relationship
Between Learning Opportunities and the Work Environment of Nurses

A DISSERTATION

SUBMITTED TO THE FACULTY OF THE SCHOOL OF EDUCATION

OF THE UNIVERSITY OF ST. THOMAS

Minneapolis, Minnesota

By

Linda Gfrerer

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF EDUCATION

July, 2014

University of St. Thomas

We certify we have read this dissertation and approved it as adequate in scope and quality for the degree of Doctor of Education and hereby approve the dissertation.

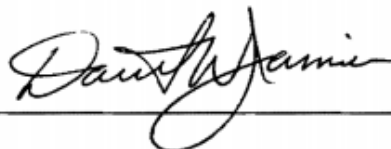
Dissertation Committee



William Brendel, Ed.D.



Susan Eklund, Ed.D.



David Jamieson, Ph.D.

7/9/14

Acknowledgements

I want to thank the nurse leaders of the pediatric specialty hospital who inspired my interest in empowerment, engagement, and informal learning. I want to thank Karen Brill, Vice President of Nursing and Patient Services, who supported the research study and Cathy Johnson, Education and Professional Development Specialist, who assisted in this study. In addition, I want to thank John Belew, Nursing Research Specialist, who assisted in the recruitment of registered nurses for the study. I want to thank the nurses of the pediatric specialty hospital who so willingly volunteered to participate in the study. I was touched by their compassion and dedication to the patients and families as well as impressed regarding their commitment to the hospital, their specific unit/department, and to the healthcare professionals with whom they work. The registered nurses who participated in the study are committed to excellence in patient and family care and are committed to lifelong learning to help the patients served to attain the best possible outcomes.

I am grateful to Dr. William Brendel, Committee Chairperson, for his willingness to guide me in the completion of the dissertation. His positive energy and spirit have made the process achievable. His prompt feedback and words of encouragement were so helpful. Thank you, also, to Dr. Susan Eklund and Dr. David Jamieson for their support and time commitment. In addition, Elizabeth Knight was very helpful in providing information and guidance.

I want to thank my colleagues at Saint Mary's University of Minnesota for their assistance and encouragement. Dr. Susan Hines provided me with assistance, insights, encouragement, and support. Jane Littlefield was extremely helpful in locating resources

for this study. Cheryl Prentice was very helpful with her expertise regarding writing, word processing, formatting, and APA. Dr. Thomas Stinson was very helpful providing me with resources and encouragement to complete the dissertation. In addition, Alex Urquhart was a great resource and provided assistance with APA formatting. Finally, Dr. Janet Webster was very encouraging and supportive.

Lastly, I want to thank my family and friends for their support and encouragement in the long process of completing the dissertation. My life partner, John, and children, Laura and Andrew, have provided me with support, encouragement, humor, and diversion. My two grandchildren, Cullen, and Avery, provided me with joy and happiness. Finally, thank you to my friends: Candice, Diane, Mary, and Roger who always showed an interest in my progress and gave me support along the journey to complete the dissertation.

Dedication

This dissertation is dedicated to my parents, Lucy and Dan Sheridan, who were supportive of my decision to become a nurse from the beginning. I continue to feel their support and know they are pleased about the completion of the dissertation.

Abstract

The purpose of this exploratory case study was to understand how informal learning phenomena influence nurses' perceived levels of empowerment and engagement in the work environment. Four registered nurses employed at a pediatric specialty hospital, located in a large metropolitan city in the Midwest, participated in the study. Face to face semi-structured interviews of the participants were the primary source of data. In addition to the interview, the participants were asked to answer a question in writing regarding a conflict situation in the work environment. Data analysis was completed within each case and across cases. The findings resulted in narrative that described numerous examples of the relationship of empowerment and engagement to informal learning. Another finding was the study participants gave numerous examples of conditions that enabled informal learning. There were no examples of barriers to informal learning in the work environment identified by the study participants.

The study is significant in that the importance of informal learning was explained in detail by the study participants in their responses to the interview questions. Such detailed explanations may be utilized by hospital leaders, nurse leaders, nurse educators, and nurses themselves to improve the work environment to support elements of informal learning that provide a palpable sense of empowerment and engagement. In addition, the detailed explanations by the study participants explaining informal learning may serve as resource material for Organization Development professionals in working with healthcare organizations to help develop and further test the significance of informal learning in the workplace.

Table of Contents

Chapter One: Introduction	1
Problem Statement	4
Purpose Statement.....	5
Research Questions.....	5
Definitions of Key Terms	6
Chapter Two: Literature Review	9
Empowerment.....	10
Engagement.....	13
Job Satisfaction	17
Satisfaction among Registered Nurses in California	17
Organizational Characteristics	19
Magnet Recognition.....	21
Healthy Work Environment.....	23
Leadership.....	23
Components of a Healthy Work Environment.....	25
Informal Learning	26
Conclusion	32
Chapter Three: Research Methodology	34
Exploratory Case Study Design	34
Institutional Review Board Approval	36
Role of Researcher	36
Face to Face Semi-structured Interview	37

Data Analysis	41
Validity.....	41
Chapter Four: Findings	43
Case I: Nurse F.....	45
Empowerment and Informal Learning.....	45
Engagement and Informal Learning	47
Informal Learning	48
Free Write	50
Case II: Nurse S	50
Empowerment and Informal Learning.....	50
Engagement and Informal Learning	52
Informal Learning	52
Free Write	54
Case III: Nurse T.....	55
Empowerment and Informal Learning.....	56
Engagement and Informal Learning	57
Informal Learning	58
Free Write	60
Case IV: Nurse L	61
Empowerment and Informal Learning.....	61
Engagement and Informal Learning	62
Informal Learning	62
Free Write	63

Chapter V: Discussion	65
Themes from Semi-structured Interviews.....	67
Key Findings.....	69
Research Questions.....	71
Conclusions.....	74
Limitations.....	76
Implications for Nurse Leaders.....	76
Recommendations for Future Research.....	78
Role of the Organization Development Consultant.....	80
Personal Reflections.....	80
References.....	82
Appendix A Non-Gillette Investigator Agreement.....	87
Appendix B Investigational Review Board Approval letter.....	89
Appendix C Agency Consent Form.....	91
Appendix D Letter to Potential Participants	94
Appendix E Informed Consent Process	95
Appendix F Consent Form.....	97
Appendix G Participant Information	99
Appendix H Lay Summary	101
Appendix I Interview Questions	103
Appendix J Questions and Data Sources	104

List of Tables

Table 1. Literature Review	9
Table 2. Data Sources, Purpose, and Rationale for the Interview Questions	40
Table 3. Tests to Establish the Quality of Social Research	42
Table 4. Alignment of Research Findings with the Research Questions.....	44
Table 5. Themes from the Semi-structured Interviews.....	67
Table 6. Key Words Indicating Empowerment and Informal Learning	69
Table 7. Key Words Indicating Engagement and Informal Learning.....	70
Table 8. Key Words Indicating Aspects of Environment Enabling Informal Learning	70

List of Figures

Figure 1. Re-Conceptualized Informal and Incidental Learning Model (1999)	28
---	----

CHAPTER 1: INTRODUCTION

The employment of registered nurses in the United States is projected to grow 19% from 2012 to 2022 (Bureau of Labor Statistics, 2014). Buerhaus, Auerbach, and Staiger (2009, as cited in Fasoli, 2010) stated that by 2025 the demand for nurses will exceed the supply at a level not experienced since adoption of Medicaid and Medicare in the 1960s. The increase in registered nurse positions will occur because of an increased emphasis on preventive care, the increasing rates of chronic conditions, and the demand for healthcare services for the baby boomer population (Bureau of Labor Statistics, 2014).

Healthy work environments are empowering work environments and have been correlated with employee engagement and commitment to the organization (Kupperschmidt, Kientz, Ward, & Reinholz, 2010). Healthy work environments are defined as “supportive of the whole human being, are patient focused, and are joyful workplaces” (Shirey, 2006, p. 258).

The necessary components of a healthy work environment, according to Shirey (2006, as cited in Kupperschmidt et al., 2010) are the following: the presence of effective leadership; open communication among nurses, physicians, allied health professionals, patients, families, and management; the opportunity for nurses to participate in the decision making process regarding patient care and the delivery of nursing care; adequate staffing; recognition of the efforts of the staff; collaboration; and the ability to compromise.

In a healthy work environment nurses are able to meet the needs of patients and family members as well as meet the goals of their work unit and organization

(Kupperschmidt et al., 2010). According to Shirey (2006, as cited in Kupperschmidt et al., 2010) healthy work environments are characterized by a high level of trust between management and employees, by employees who treat each other with respect, by a culture that supports skilled communication and collaboration, and by a culture in which employees feel emotionally and physically safe.

Because of the projected increase in the need for registered nurses, a healthy work environment is critical for the successful recruitment and retention of well educated, qualified, competent registered nurses (Kupperschmidt et al., 2010). Aiken, Clarke, Sloane, Lake, and Cheney (2008, as cited in Sherman & Pross, 2010) and Shamian and El-Jardali (2007, as cited in Sherman & Pross, 2010) found evidence that a healthy work environment has a positive impact on staff satisfaction, retention of staff, improved patient outcomes, and organizational performance. A healthy work environment is also critical for the delivery of quality, safe patient care as well as for the health and satisfaction of the nursing staff (Kupperschmidt et al., 2010).

The case study methodology used in this research study was designed to examine the unique aspects of the work environment of registered nurses employed at a pediatric specialty hospital in an urban city in the Midwest. This study focused on three specific factors that contribute to the work environment: empowerment, engagement, and informal learning.

Empowerment is discussed as both structural and psychological empowerment. Structural empowerment focuses on the caregiver's access to an empowering structure which means that an employee has greater access to support, resources, information and learning opportunities (Engstrom, Wadensten, & Haggstrom, 2009). Quinn and Spreitzer

(2001, as cited in Knol & von Linge, 2009) concluded that psychological empowerment exists because of the personal convictions that employees have about their role in the organization. There are four cognitive dimensions influencing whether people feel empowered:

- *Meaning*, the level and feeling that people have about their work;
- *Competence*, defined as the level of confidence people have about their work;
- *Self-determination*, referring to the level of freedom people have in deciding how to do their work;
- *Impact*, the level at which people can leave their mark on the workplace.

(Knol & von Linge, 2009)

The second factor studied in this research was engagement. Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002, as cited in Simpson, 2009) defined *engagement* as a positive work-related state of mind comprised of three elements: vigor, dedication, and absorption. *Vigor* refers to high levels of energy and mental resilience, a willingness to invest effort, and persistence while at work. *Dedication* is defined as strong involvement in one's work by experiencing feelings of significance, enthusiasm, inspiration, pride and challenge. *Absorption* is defined as full concentration, immersion, and engrossment in one's work (Simpson, 2009).

The third factor studied in this research was workplace phenomena that influence informal learning. Eraut (2004, as cited in Berg & Chyung, 2008) described informal learning as that which takes place through daily social interactions by participation in group activities, working with others, taking on challenging assignments, and working with clients.

Problem Statement

A hospital with an unhealthy work environment will have challenges attracting and recruiting new and experienced nurses. The retention of nurses will also be challenging. In the 1980s the American Academy of Nursing began to recognize that specific hospitals were able to retain highly qualified nurses in spite of a nursing shortage (Upenieks, 2003). A study revealed that specific hospitals were more successful at attracting, recruiting, and retaining nurses when compared with similar hospitals in the same geographic area (Upenieks, 2003). The commonalities identified among those successful hospitals by Upenieks (2003) were:

- The nurse executive was a formal member of the highest decision-making body in the hospital and therefore was considered a member of the executive administrative team, which signified the priority hospital administration placed on nursing,
- Nursing services were organized in a flat organizational structure with minimal levels between staff nurses and the nurse executive to facilitate two-way communication between nurses and management.
- Nursing services facilitated open, participatory management. Decision making was decentralized at the patient care unit level using a shared governance model, which gave the nurses on the patient care unit the opportunity to have input regarding patient care.
- The administrative structures supported nurses' decisions about patient care. (Upenieks, 2003)

As a result of the commonalities that emerged, the American Nurses Association developed a recognition program to credential hospitals as so-called "magnet" hospitals in the 1990's (Kelly, McHugh, & Aiken, 2011). A study reported in 2011 compared nurse outcomes in magnet and non-magnet hospitals. Magnet hospitals had significantly better work environments and employed more highly educated nurses. In addition, the nurses employed in magnet hospitals reported less dissatisfaction with their jobs and less burnout (Kelly et al., 2011).

Purpose Statement

The purpose of the study was to understand how informal learning phenomena influence nurses' perceived levels of empowerment and engagement in a healthy work environment.

The study is significant in that it provided recommendations to the pediatric specialty hospital and the nurse leaders regarding ways in which informal learning may be leveraged to foster a healthy work environment. A healthy work environment is composed of empowered and engaged nurses. Secondly, the study was significant because it validated the premise that healthy work environments for nurses are empowering work environments correlated with employee engagement and commitment to the organization (Kupperschmidt et al., 2010).

Research Questions

1. How are nurses' perceived levels of empowerment related to aspects of informal learning in the work environment?
2. How are nurses' perceived levels of engagement facilitated by aspects of informal learning in the work environment?

3. What conditions enable or create obstacles for informal learning in the work environment?

Definitions of Key Terms

The following definitions of the key terms used in the research study are the following.

1. Collaborative governance – *Collaborative governance* is an organizational structure based on shared decision making and team accountability which empowers nurses to contribute to the decision making process through participation on teams and committees.
2. Commitment – *Commitment* is the state of mind in which an employee has respect for and allegiance to the organization in which she/he works and to the specific unit or department in which she/he works.
3. Empowerment – *Empowerment* is the state of mind in which an employee is able to express herself/himself, take action, and/or become involved in the organization, specific department or unit in which she/he works.
4. Engagement – *Engagement* is the state of mind in which an employee is totally committed to the organization in which she/he works and is totally committed to the specific department or unit in which she/he works.
5. Healthy work environment – *Healthy work environment* is the environment in an organization or a specific department or unit in which a nurse works which has the following components: effective leadership, open communication, true collaboration, teamwork, shared decision making, appropriate staff, and

meaningful recognition, and education and professional development opportunities.

6. Informal Learning – *Informal learning* is learning that occurs when individuals are actively engaged in the responsibilities of their work; it is a result of work experiences they encounter working with patients, coaching, mentoring, collaboration, and teaching from healthcare colleagues; and it is driven by an individual's desire to learn.
7. Job satisfaction – *Job satisfaction* refers to the feelings an employee has about her/his job. The feelings can be about the job in general or the feelings can be related to various aspects of the job.
8. Magnet designated hospital – A *Magnet designated hospital* is a healthcare organization that meets American Nurses Credentialing Center standards for quality patient care, nursing excellence, and innovations in nursing practice.
9. Preceptor – *Preceptor* is a registered nurse who has been selected to orient new employees to the pediatric specialty hospital who are new graduate registered nurses or registered nurses with past work experience.
10. Registered nurse – A *registered nurse* is an individual who has completed the nursing program from a college or university and has passed a national licensing examination, NCLEX-RN, to obtain a nursing license.
11. Unhealthy work environment – *An unhealthy work environment* is the environment in an organization or a specific department or unit in which a nurse works which does not have the components of the healthy work environment which are: effective leadership, open communication, true

collaboration, teamwork, shared decision making, appropriate staff, meaningful recognition, and education and professional development opportunities.

12. Work Environment – *Work environment* is the specific department or unit in which a nurse works.

CHAPTER II: LITERATURE REVIEW

Table 1 lists the topics, sources, and key words for the literature review.

Table 1

List of Topics, Sources, and Key Words for the Literature Review

Topics	Sources	Key Words
Nursing Healthy Work Environment Informal Learning	<p><u>Books:</u></p> <ul style="list-style-type: none"> • <i>Case Study Research</i> • <i>Qualitative Inquiry and Research Design</i> <p><u>Databases:</u></p> <ul style="list-style-type: none"> • CINAHL • EBSCO HOST, Health Source: Nursing/Academic Edition; • ERIC • PsycINFO <p><u>Journals:</u></p> <ul style="list-style-type: none"> • <i>Advances in Developing Human Resources</i> • <i>American Journal of Critical Care</i> • <i>Creative Nursing</i> • <i>Critical Care Nurse</i> • <i>Health Care Manager</i> • <i>International Journal of Nursing Studies</i> • <i>Journal of Advanced Nursing</i> • <i>Journal of Clinical Nursing</i> • <i>Journal of Nursing Administration</i> • <i>Journal of Nursing Management</i> • <i>Journal of Nursing Scholarship</i> • <i>Journal of Research in Nursing</i> • <i>Journal of Workplace Learning</i> • <i>Nursing Administration Quarterly</i> • <i>Nursing Economics</i> • <i>Nurse Education Today</i> • <i>Nursing Forum</i> • <i>Nursing Management</i> • <i>The Online Journal of Issues in Nursing</i> • <i>Western Journal of Nursing Practice</i> 	<p>Clinical Learning Engagement Empowerment Informal Learning Job Satisfaction Magnet Recognition Work Environment Workplace Learning</p>

Empowerment

The purpose of a study described by Upenieks (2003) was to examine whether hospitals with magnet designation were able to impact increased levels of empowerment and job satisfaction among nurses when compared with hospitals that do not have magnet designation. The study consisted of a quantitative portion as well as a qualitative portion (Upenieks, 2003). The quantitative measurement tool, the revised *Conditions of Work Effectiveness Questionnaire*, was used to assess the empowerment, power, and opportunity components of Kanter's structural theory of organizational behavior (Upenieks, 2003). Kanter's theory (1993, as cited in Upenieks, 2003) stated that organizational factors such as organizational characteristics, culture, and the hospital setting are more useful than personality factors to understand the attitudes of nurses and effectiveness on the job. The qualitative portion of the study by Upenieks (2003) consisted of interviews of nurse leaders focused on how the leaders are being effective and how they are supporting professional nursing practice. Hatcher and Laschinger (1996, as cited by Upenieks, 2003) stated that the level of empowerment is directly related to circumstances experienced by employees in the work setting. The study demonstrated that nurses employed in magnet hospitals experienced higher levels of empowerment when compared with nurses employed at non-magnet hospitals (Upenieks, 2003). In addition, nurses employed at magnet hospitals had greater access to work empowerment structures (Upenieks, 2003). The empowerment structures at magnet hospitals were found to be professional autonomy, professional nursing practice, and open communication between the nursing staff and nursing leaders (Upenieks, 2003). A key outcome of the study validates the importance for hospital and nurse leaders to create a work environment for nurses that provides access to supportive infrastructures in order

for nurses to be empowered and have job satisfaction (Upenieks, 2003). Decision making and shared governance models are designed to increase nurses' control over their work environment, support autonomy, and empower nurses (Upenieks, 2003). In addition, access to opportunities, information, and resources has great potential to empower nurses (Upenieks, 2003). Lastly, giving access to opportunity structures—made possible by job advancement, a clinical ladder, or providing opportunities for nurses—results in empowerment and job satisfaction (Upenieks, 2003).

In addition, Kanter (1993, as cited in Manojlovich, 2007) stated that power for nurses is acquired through the process of empowerment. Empowerment arises from social structures in the workplace that facilitate job satisfaction and the effectiveness of the nurse. The power of nurses may arise from three components: a workplace with structures that facilitate empowerment, a psychological belief in one's ability to be empowered, and the acknowledgment that there is power in the relationships and caring that nurses provide (Manojlovich, 2007). Research has demonstrated the relationship between a workplace with structure that facilitates empowerment and the psychological belief in one's ability to be empowered, but further research is needed to examine the power of relationships (Manojlovich, 2007). Finally, according to Manojlovich (2007), thorough understanding of the three components of power would help nurses to use their power to deliver quality patient care.

In a study measuring structural empowerment and psychological empowerment by Faulkner & Laschinger (2008) hypothesized that staff nurses' perceptions of structural and psychological empowerment are positively related to respect. The authors found that hospital nurses who perceive themselves to be structural and psychologically

empowered are more likely to be respected in the workplace. Their findings support Kanter's theory of workplace empowerment (1993) which asserts that empowering work conditions have positive effects on the attitudes and behaviors of the registered nurses (Faulkner & Laschinger, 2008).

Furthermore, the purpose of a systematic review of data bases by Wagner et al. (2010) was to assess the studies reporting a relationship between structural empowerment and psychological empowerment. Their review of data bases revealed that structural empowerment leads to psychological empowerment that culminates in measurable positive outcomes such as

- increased job satisfaction for both registered nurses and managers,
- increased perceptions of respect and commitment for the registered nurses,
- increased organizational commitment of the registered nurses,
- increased registered nurse innovation,
- reduced effort-reward balance for registered nurses, and
- reduced burnout for the registered nurses (Wagner et al., 2010).

Finally, the concept of empowerment, according to Bartunek and Spreitzer (2006, as cited in Rao, 2012), originated in religion in the 1960s; empowerment then moved into psychology, sociology, and social work in the 1970s. In the 1980s empowerment entered the management literature and evolved into literature on nursing stated by Bartunek and Spreitzer (2006, as cited in Rao, 2012). Rao (2012) stated, "Nurse empowerment is defined as a state in which an individual nurse has assumed control over his or her practice, enabling him or her to fulfill professional nursing responsibilities within an organization successfully" (p. 399).

In summary, there is evidence that nurses employed in magnet designated hospitals have greater access to and experience greater levels of empowerment such as professional autonomy, professional nursing practice, and open communication between the nursing staff and nursing leaders when compared to nurses employed in non-magnet designated hospitals (Upenieks, 2003). Nurses possess empowerment because of the social structures in the workplace which facilitate job satisfaction and an empowered nurse assumes power over her or his nursing practice and is able to fulfill the nursing responsibilities within the organization (Manojlovich, 2007). Staff nurses' perceptions of empowerment are positively related to respect (Faulkner & Laschinger, 2008). Finally, structural empowerment leads to psychological empowerment and the results are positive (Faulkner & Laschinger, 2008; Wagner et al., 2010)

Engagement

To identify factors that either facilitate or acts as barriers to nurse engagement, Freaney and Tiernan (2009) conducted an explorative, qualitative design study, in Ireland, on nurses' experiences at work. The authors used semi-structured focus groups, which identified six themes of organizational life (Freaney & Tiernan, 2009). The six themes that emerged were workload, control over one's work, reward and recognition, a sense of community, and agreement with the values of the organization (Freaney & Tiernan, 2009). Barriers to nurse engagement identified were work overload, lack of autonomy, and staffing shortages (Freaney & Tiernan, 2009). A recommendation that emerged in the study was that future research should focus on fostering engagement, targeted at the six themes of organizational life (Freaney & Tiernan, 2009). According to

the authors, there is little evidence in the literature regarding intervention strategies to foster the engagement of nurses (Freeney & Tiernan, 2009).

Also, a link between empowerment and engagement was found in a study described by Laschinger, Wilk, Cho, and Greco (2009). The study, a secondary analysis of survey data from two studies, compared differences of relationships among two groups: One group was nurses two years post-graduation, and the second group was nurses with greater than two years of work experience (Laschinger et al., 2009). The results suggested that, regardless of a nurses' work experience, empowerment has a strong effect on work engagement, which ultimately affects work effectiveness (Laschinger et al., 2009). Therefore, work engagement is a mediating mechanism through which empowerment influences the effectiveness of a nurse's work (Laschinger et al., 2009).

Furthermore, a descriptive cross-sectional study by Simpson (2009) examined the relationship of job satisfaction, thoughts regarding changing jobs, job search behavior, and nurse demographics to work engagement among a sample of 167 registered nurses employed in six hospitals. Results of the study showed that registered nurses with lower job satisfaction, higher levels of thoughts regarding changing jobs, and higher levels of job search behavior were found to have lower work engagement (Simpson, 2009). In addition, the study showed there was no difference in the work engagement of the participating registered nurses regarding their shift of work, length of work shift, or their years of experience as a nurse (Simpson, 2009). Finally, the study results suggested that nursing and hospital leaders should focus on strategies to enhance the nurses'

professional status and interactions at work to improve the nurses' level of engagement in their work (Simpson, 2009)

Maslach (1997, as cited in Fasoli, 2010, p. 19) defined *engagement* as “an employee’s psychological commitment to one’s job and workplace” and stated that engagement occurs as a result of a match between individuals and their work setting and is evidenced by the individual’s energy, involvement, and positive efficacy. Manion (2009, as cited in Fasoli, 2010) further described positive work environments as including mature relationships, personal responsibility for performance, knowledge and skill development, career progression and high morale resulting in an organization with employees with greater organizational commitment and lower employee turnover (Fasoli, 2010).

Finally, a study in the Netherlands consisted of the distribution of a questionnaire to registered nurses in a general hospital (Tomic & Tomic, 2010). The work engagement component of the questionnaire was measured by the *Utrecht Work Engagement Scale*, which, according to Schaufeli, Bakker, and Salanova (2002, as cited in Tomic & Tomic, 2010), is a valid and reliable self-report questionnaire. Study results suggested that existential fulfillment and work load are determinants of work engagement (Tomic & Tomic, 2010). Furthermore, in order to facilitate work engagement, hospital and nursing leaders need to focus on challenging work in order to maintain the quality of healthcare delivered in their organizations (Tomic & Tomic, 2010).

To further explain the impact of engagement, Bakker, Schaufeli, Leiter, and Taris (2008, as cited in Lawrence, 2011) suggested that engaged employees experience happiness, joy, and enthusiasm, better physical and psychological health, improved job

performance, increased ability to create job and personal resources, and the ability to transfer their feelings of engagement to peers. To gain understanding of the work of a nurse, Lawrence (2011) undertook a study of factors that influence the degree of engagement of nurses. The study, a non-experimental, descriptive, correlational, mixed methods approach was designed to examine how the educational level of registered nurses, moral distress, and critical reflective practice relate to work engagement (Lawrence, 2011). *Critical reflective practice* is defined as “being mindful of self within or after professional practice situations, i.e., processing the cognitive, behavioral, moral (ethical), socio-political, and affective components of professional practice situations, so as to continually grow, learn, and develop, personally, professionally, and politically” (Lawrence, 2011, p. 258). There were two significant findings of the study: Critical reflective practice and work engagement are positively related, and moral distress and work engagement are negatively related (Lawrence, 2011). Future research needs to develop strategies to promote critical reflective practice and to decrease moral distress (Lawrence, 2011).

In summary, the research study by Freaney and Tiernan (2009) recommended that further research focus on strategies to foster engagement of nurses. The additional studies reviewed also recommended further research on strategies to foster and improve nurse engagement to enhance the nurses’ professional status and interactions at work (Simpson, 2009), and to maintain the quality of patient care delivered in their organization (Tomic & Tomic, 2010). Finally, Maslach (1997, as cited by Fasoli, 2010) stated that engagement occurs as a result of a match between individuals and the work setting and is evidenced by the individual’s energy, involvement, and positive efficacy.

Job Satisfaction

A systematic review of one hundred papers relating to job satisfaction, covering Chinese and English publications from 1966-2001, revealed that there are varying levels of job satisfaction among nurses employed in hospitals (Lu, Barriball, Zhang, & While, 2012). The review also revealed that the sources and effects of job satisfaction were found to be similar (Lu et al., 2012). Zangaro and Soeken (2007, as cited in Lu et al., 2012) found that job satisfaction was most strongly correlated with job stress, followed by nurse-physician collaboration, and autonomy. Other factors that contributed to lower job satisfaction were the working conditions, reward packages, workplace staffing shortages, and workplace relationships (Lu et al., 2012). Lower job satisfaction may be the result of the unfulfilled expectations of the nursing staff regarding nursing work (Lu et al., 2012). The review suggested that models of job satisfaction and further research are needed to identify the significance of certain factors on job satisfaction (Lu et al., 2012).

Satisfaction among Registered Nurses in California

Improving nurse satisfaction is an important strategy for nurse managers/nurse leaders because it can predict staff turnover and positively impact quality of patient care and patient outcomes and (Spetz & Herrera, 2010). In 1999 the state of California passed the first state law, Assembly Bill 394, implemented in 2004 to establish minimum nurse to patient staffing ratios for hospitals (Tellez, 2012). California is the only state that has passed a law mandating that hospitals meet specific minimum nurse to patient staffing ratios in acute care hospitals and passed a law banning mandatory overtime (Spetz & Herrera, 2010).

One study that focused on the satisfaction of nurses in California as reported by Spetz and Herrera (2010) examined whether job satisfaction increased among registered nurses in California between the years 2004 and 2008. Surveys were sent to a random sample of nurses in 2004 (Spetz & Herrera, 2010). In 2006 surveys were sent to a stratified random sample of nurses and in 2008 as well (Spetz & Herrera, 2010). The survey consisted of questions regarding employment, education, and demographics (Spetz & Herrera, 2010). The results demonstrated that nurses employed in California between the years 2004 and 2008 became considerably satisfied with numerous aspects of their work (Spetz & Herrera, 2010). In 2008 substantial satisfaction was validated as due to changes in staffing, allocation of work, adequacy of the number of staff, amount of clerical support, the amount of paperwork, and the amount of time for patient education (Spetz & Herrera, 2010). Additional aspects of work improvements included workplace culture improvements, greater involvement in decisions, better relations with agency nurses, and support from other nurses (Spetz & Herrera, 2010).

The second study was a secondary data analysis of cross-sectional survey from the California Board of Nursing surveys from 1997, prior to the mandated nurse to patient ratios, 2004, the time of implementation of the mandated nurse to patient ratios, 2006, mid-implementation of the mandated nurse to patient ratios, and 2008 (Tellez, 2012). The purpose of the study was to evaluate the impact of the California law and to compare the responses of the satisfied and dissatisfied nurses following the implementation of the mandatory nurse to patient ratios (Tellez, 2012). The results showed that registered nurses in California are more satisfied with the nurse to patient staffing ratios than before the implementation of the ratios in 2004 (Tellez, 2012). The

results also showed that 18.5 % of the nurses have job satisfaction scores neutral or worse despite the mandatory nurse to patient ratios (Tellez, 2012). The article stressed that target populations for research in the future regarding job satisfaction need to be nurses employed in acute care, older nurses, and nurses with less education and factors causing dissatisfaction need to be explored and identified (Tellez, 2012).

In summary, the purpose of the research study by Spetz and Herrera (2010) was to examine whether satisfaction increased among nurses in hospitals in California in the years between 2004 and 2008. Efforts to increase nurse staffing likely contributed to an increase in the nurses' overall job satisfaction as well as quality improvement initiatives such as advancement of registered nurse skills and teamwork (Spetz & Herrera, 2010). The purpose of the research study by Tellez (2012) was two-fold: (a) to evaluate the effect of the nurse to patient ratio law on nurse satisfaction and (b) to compare California nurses who were satisfied with those California nurses who were not satisfied (Tellez, 2012). Because both studies assessed numerous components of job satisfaction, the studies contribute to the body of knowledge regarding the numerous factors which impact job satisfaction

Organizational Characteristics

A study that surveyed a convenience sample of nurses employed in a large healthcare system in the mid-Atlantic section of the United States revealed that job satisfaction varies with the practice setting of the nurse, the type of nursing position, and the age of the nurse (Wade et al., 2008). Regarding the nurses' perception of caring managers, the nurses valued the power the nurse manager can exert within the organization to promote professional nursing practice more than the caring relationship

the nurse manager has with the nursing staff (Wade et al., 2008) The study also revealed that there are multiple variables associated with job satisfaction (Wade et al., 2008). Future studies should use the assumption that organizational cultures are humanistic and bureaucratic (Wade et al., 2008). When the humanistic and bureaucratic factors are defined, healthcare organizations will be able to balance the intrinsic nature of nurses to maintain a humanistic model of care with the forces of a bureaucratic environment (Wade et al., 2008). To advance nursing research, qualitative research methods are needed to address the uniqueness of job satisfaction for nurses in the various practice settings and in various nursing roles (Wade et al., 2008)

In addition, key findings of a study done in the Midwest revealed discrepancies in the perceptions of the work environment between nurse managers and staff nurses regarding unit decision making, participative governance, nursing management, and job enjoyment (Gormley, 2010). The study findings suggested that issues related to professional growth and engagement in the workplace are of utmost importance to nurses (Gormley, 2010). Identifying what nurses perceive as important aspects of the work environment and focusing on the strategies to improve the factors are essential to the job satisfaction of registered nurses and essential in delivering and improving the quality of care delivered to patients in a hospital (Gormley, 2010).

Furthermore, Kalisch, Lee, and Rochman (2010) explained the influence of the characteristics of the unit where nurses work, the staff characteristics, and teamwork on job satisfaction. Study participants completed the *Nursing Teamwork Survey*, a survey designed for team members of inpatient hospital units (Kalisch et al., 2010). The results of the study revealed that higher levels of teamwork and perceptions of higher levels of

staffing leads to greater job satisfaction with a nurses' current position and with the job (Kalisch et al., 2010). The results of the study suggested that efforts to improve teamwork on inpatient units in hospitals would positively impact job satisfaction (Kalisch et al., 2010). According to Hayes, O'Brien-Pallas, and Buffied (2006, as cited in Kalisch et al., 2010), if nursing staff are not satisfied with their position, they are more likely to leave the position and to have lower productivity. The challenge for nurse leaders is to enhance teamwork on patient care units by developing and implementing interventions to improve job satisfaction (Kalisch et al., 2010).

In summary, there are numerous factors that influence job satisfaction for nurses. Research studies specific to the state of California revealed that an increase in job satisfaction was attributed to changes in staff, the adequacy of staff, allocation of work, and, to a lesser degree, improvements in the work culture and *greater* involvement in decisions. In addition, a study by Kalisch et al. (2010) revealed that the characteristics of the work environment, staff characteristics, and teamwork impact job satisfaction for nurses, and a study by Wade et al. (2008) revealed that job satisfaction depends on the practice setting, position of the nurse, and age of the nurse. Finally, a study by Gormley (2010) revealed discrepancies between nurse managers and staff nurses related to factors of job satisfaction.

Magnet Recognition

An online questionnaire focusing on questions on communication, collaboration, decision making, staffing, recognition, and leadership was sent to nurses working on critical care units in magnet-designated hospitals that had received the American Association of Critical Care Nurses Beacon Award for critical care excellence (Ulrich et

al., 2007). The results validated that the nurses in critical care units with the Beacon Award and nurses working in magnet-designated hospitals report healthier work environments and higher job satisfaction, which contributes to better outcomes for patients (Ulrich et al., 2007).

In addition, a study based on the Rochdale Infirmary, the first magnet hospital in the United Kingdom and the first hospital outside the United States to receive magnet recognition, consisted of cross-sectional surveys of the nurses employed at the infirmary (Aiken, Buchan, Ball, & Rafferty, 2008). The study was aimed at assessing changes in the nurses' work environment during the time that the infirmary was preparing for and then achieved magnet designation (Aiken et al., 2008). Findings of the study suggested that the implementation of the magnet standards was associated with positive changes in the nursing practice environment. Also, the findings suggested that magnet designation is not only a form of recognition for excellence in nursing, but is a transformative process that creates an environment supportive of professional nursing practice (Aiken et al., 2008). Additional findings of the research study were a significant decrease in nurse job dissatisfaction and intention to leave the organization. Also, the quality of patient care improved following the implementation of magnet standards (Aiken et al., 2008).

Furthermore, a secondary analysis of survey responses limited to pediatric nurses was done to determine whether there are differences in nurses' perceptions of organizational support, workload, the intent to stay at the job, and overall satisfaction in magnet and non-magnet hospitals and whether there were differences in nurses' responses as their years of experience increased (Lacey, Teasley, & Cox, 2009). The results indicated that nurses working in magnet-designated hospitals perceive a better

work environment than do nurses from non-magnet hospitals (Lacey et al., 2009). In addition, the results revealed that there were no significant differences in the nurses' responses regarding the work environment as the years of nursing experience increased (Lacey et al., 2009).

Finally, a secondary analysis of data from a four state survey of nurses in 567 acute care hospitals was done to determine whether work environments, staff, and nurse outcomes differ between magnet and non-magnet hospitals (Kelly, McHugh, & Aiken, 2011). The study provided evidence that magnet hospitals have better work environments as well as better nurse outcomes (Kelly et al., 2011). In addition, better work environments at magnet hospitals are associated with lower nurse job dissatisfaction and attract a nursing workforce with higher education (Kelly et al., 2011).

In summary, the studies demonstrated that magnet hospitals have a better work environment when compared to non-magnet hospitals, better patient outcomes, lower job dissatisfaction, and attract nurses with a higher education.

Healthy Work Environment

Leadership

In 2005 the American Association of Critical Care Nurses (Shirey, 2006) released a publication with six standards necessary to establish and sustain healthy work environments in healthcare. The six standards are skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (Shirey, 2006).

George (2002, as cited in Shirey, 2006) described an authentic leader as an individual in a position of responsibility and is genuine, trustworthy, reliable, and

believable. Shirey (2006) stated the description of authentic leaders by George and the definition of the American Association of Critical Care Nurses that authentic leaders speak the truth and are worth of trust, reliance, or belief are consistent. Shirey (2006) reviewed the literature on healthy work environments, written in English between 1990 and 2005, which included both anecdotal and empirical sources, and answered questions relating to the definition of a healthy work environment. Despite the fact that the importance of authentic leadership is endorsed, the empirical and theoretical base to support the link between authentic leadership and healthy work environments needs further research (Shirey, 2006).

In addition, Shirey and Fisher (2008) completed a secondary analysis of the *American Association of Critical Care Nurses National Survey* for the purpose of determining the implications for hospital and nursing leaders. The themes relevant to nursing administration practice were leadership, practice environment, staffing, professional advancement, and recognition (Shirey & Fisher, 2008). The analysis revealed recommendations for nurse leaders to begin to address, with the goal of a healthy work environment (Shirey & Fisher, 2008).

Finally, nurse managers and a random sample of the nurses under the supervision of the nurse managers participated in a descriptive study (Zori, Nosek, & Musil, 2010). Critical thinking of the nurse managers was measured by the *California Critical Thinking Disposition Inventory* (Zori et al., 2010). Staff nurse perceptions of work were measured by the *Practice Environment Scale* (Zori et al., 2010). Results of the study validated that the nurse managers with stronger critical thinking disposition may be better able to create a positive work environment (Zori et al., 2010). Positive work environments in which

nurses have a positive relationship with the nurse manager support greater job satisfaction and greater nurse retention (Zori et al., 2010). Additionally, nurses' working in a positive work environment may be better able to deliver high quality patient care (Zori et al., 2010).

Components of a Healthy Work Environment

A secondary analysis that examined differences between rural and urban hospitals included measures of hospital characteristics, nursing unit characteristics, the nurse work environment, and nurse outcomes (Baernholdt & Mark, 2009). A significant finding was that nurses' higher commitment to care and more autonomy in their practice were associated with increased job satisfaction (Baernholdt & Mark, 2009). The study, also, revealed that there were no differences between rural and urban nursing units in availability of support services and work complexity, the two unit characteristics linked to nurse job satisfaction and turnover rates. (Baernholdt & Mark, 2009) In conclusion, in both rural and urban hospitals it is critical to examine the work environment as part of a plan to improve nursing outcomes (Baernholdt & Mark, 2009). Creating better support services for nurses, a work flow with less complexity and a nursing environment that supports autonomy should be implemented to recruit and retain nurses in the future (Baernholdt & Mark, 2009).

In addition, in 2008 three organizations conducted a follow-up to the 2006 survey conducted by Gannett Healthcare Group, Bernard Hodes Group, and the American Association of Critical Care Nurses (Ulrich et al., 2009). The purpose of the follow-up study was to evaluate the status of the work environments two years after the original study and four years after the release of the *AACN Standards for Establishing and*

Sustaining Healthy Work Environments (Ulrich et al., 2009). The 2008 survey's findings did not change significantly from the original survey in 2006 (Ulrich et al., 2009). The findings were that (a) the majority of critical care nurses reported satisfaction with nursing as a career, (b) the work environment can impede the quality of care and safety for patients, (c) the work unit is rated higher than the organization, and (d) abusive and disruptive behavior as well as discrimination is present in critical care environments (Ulrich et al., 2009).

In summary, "Authentic leadership, not just any leadership, is the glue that holds a healthy work environment together" (Shirey, 2006, p. 257). Baernholdt and Mark (2009) found that nurses' higher commitment to care and autonomy in their nursing practice is connected to greater job satisfaction. In addition, positive work environments in which nurses have a positive relationship with the nurse manager have greater job satisfaction and greater nurse retention (Zori et al., 2010).

Informal Learning

In 1990 Marsick and Watkins began work on a model of informal and incidental learning (Marsick, Volpe, & Watkins, 1999). The purpose of their work was to show the dynamics of learning and to explain how organizations could facilitate informal and incidental learning (Marsick et al., 1999). The model developed by Marsick and Watkins was based on the action science work of Argyris and Schon published in 1978 (Marsick et al., 1999). The work of Argyris and Schon incorporated Kurt Lewin's understanding (1935) of the interactions between individuals and the environment and John Dewey's theory (1938) of learning from experience (Marsick et al., 1999).

In 1990 Marsick and Watkins (as cited in Marsick, Watkins, Callahan, & Volpe, 2006) defined informal and incidental learning by contrast with formal learning:

Formal learning is typically institutionally-sponsored, classroom based, and highly structured. Informal learning, a category that includes incidental learning, may occur in institutions, but is not typically classroom based or highly structured, and control of learning rests primarily in the hands of the learner.

Incidental learning . . . is defined by Watkins as a byproduct of some other activity, such as task accomplishment, interpersonal interaction, sensing the organizational culture, trial-and-error experimentation, or even formal learning.

Informal learning can be deliberately encouraged by an organization or it can take place despite an environment not highly conducive to learning. Incidental learning, on the other hand, almost always takes place although people are not always conscious of it (p. 795).

The model by Marsick and Watkins is based on the premise that people learn from their experiences when faced with a new challenge or problem. The new challenge or problem triggers a look at the situation, a search for alternative responses, action to rectify the situation, and an evaluation of the results (Marsick et al., 1999). The initial model by Marsick and Watkins specified a simple type of learning from experience and was explained as learning to change tactics when faced with a mismatch between intentions and outcomes (Marsick et al., 1999). The level of informal learning called for reflection on tactics; it did not call for a deeper level of reflection focusing on underlying values, beliefs, and assumptions. Such deeper reflection helps avoid the reinforcement of erroneous thinking (Marsick et al., 1999). Based on the logic regarding the simple type

of learning from the initial model, Marsick and Watkins refined their model, which they used as a starting point for further thinking about continuous learning in a learning organization (Marsick et al., 1999). Collaboration with a doctoral student, M. Cseh, from the University of Georgia in Athens, led Marsick and Watkins to refine their Informal and Incidental Learning Model further (Marsick et al., 2006) as seen in Figure 1. Cseh (1998, as cited in Marsick et al., 1999) found that context permeates every phase of the learning process, from how the learner understands a situation to what is learned, what solutions are available, and what resources will be. In addition, Cseh (1998, as cited in Marsick et al., 1999) found the previous language used in models too abstract or not sufficient to describe the experience of the participants.

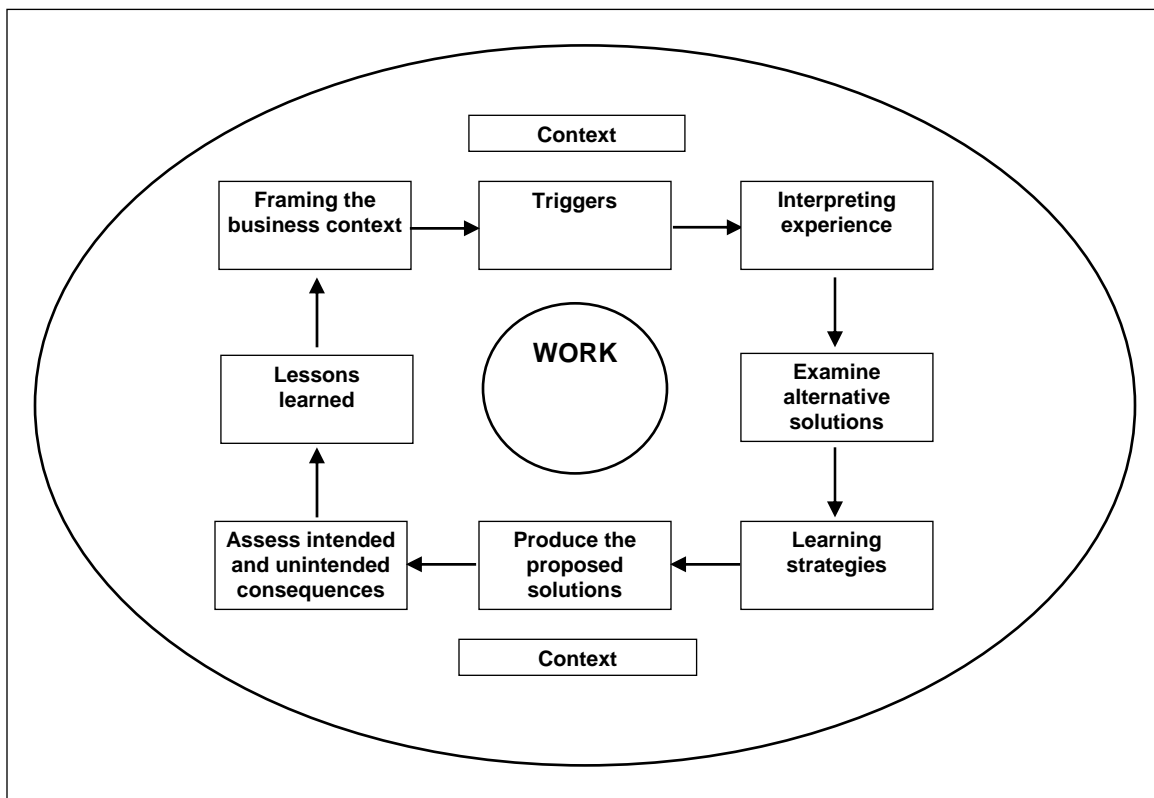


Figure 1. Re-Conceptualized informal and incidental learning model (1999). Adapted from "Informal and Incidental Learning in the Workplace," Proceedings of the Annual Conference of the Academy of Human Resource Development, p. 795, by M. Cseh, K. E. Watkins, and V. J. Marsick, 1998, p. 795.

The circle in the center represents the belief that learning is a result of encounters while working (Marsick & Watkins, 2003). A new experience may offer a challenge, a problem to be resolved, or a vision of a future state (Marsick & Watkins, 2003). The outer circle represents the context within which the experience occurs: the personal, social, business, and cultural context for learning (Marsick & Watkins, 2003). The specific context plays a role in influencing the way in which individuals interpret the situation, the choices they have, the actions they take, and the learning that is affected (Marsick & Watkins, 2003). Although arranged in a circle, the model is not linear or sequential (Marsick & Watkins, 2003). The incidental learning process is integrated in the model as the theorists think the learning process is always occurring with or without the conscious awareness of the individual (Marsick & Watkins, 2003).

According to Marsick and Watkins (2003) learning begins with a trigger, an internal or external stimulus that signals dissatisfaction with current thinking or the current state. Individuals compare the new situation with prior challenges or experiences, identify similarities, and use their interpretation to make sense of the challenge (Marsick & Watkins, 2003). The diagnosis of the challenge or problem is refined depending on the interpretation of the context which might involve one individual or be complex involving many (Marsick & Watkins, 2003). Interpretation of the context impacts the choices for action and the choices are guided by past solutions and by other models for action (Marsick & Watkins, 2003). If the solution calls for new skills, the person/persons involved need to acquire the new skills (Marsick & Watkins, 2003). The contextual factors that influence the ability of those involved to learn the new skills are the availability of appropriate resources (time, financial support, people qualified to teach,

available knowledge), a willingness and motivation to learn, and the emotional capacity to take on new capabilities in the middle of what could be a stressful challenge (Marsick & Watkins, 2003).

Following the action, the individual can assess the outcomes and decide if they match the intended results (Marsick & Watkins, 2003). Judging the results assists the individual in determining “lessons learned,” and the information gained helps in planning future actions (Marsick & Watkins, 2003). The new information would be used when encountering a new situation which is the beginning of the model (Marsick & Watkins, 2003).

In addition to the work by Marsick and Watkins, a study focusing on informal learning was constructed by Lohman (2005) to measure three aspects of informal learning: types of informal learning activities, environmental inhibitors to informal learning, and personal characteristics enhancing informal learning and was distributed to public school teachers and human resource development professionals. The study has implications for facilitating informal learning in the workplace for nurses (Lohman, 2005). The first implication is that work areas need to be strategically designed to allow employees to be located near colleagues (Lohman, 2005). This implication is of critical importance for novice nurses in order for them to have access to co-workers for collaboration. Secondly, a greater amount of unencumbered time should be built into a professional’s day to facilitate informal learning (Lohman, 2005). Lastly, ensuring adequate access to resources, computer technology and the Internet is of vital importance for employees (Lohman, 2005).

Again informal learning was found to be present in the workplace through colleagues; the sharing of nursing literature, group discussions, and through electronic means and was reported in an exploratory study by Bahn (2007). Letters were sent to randomly selected individuals and their voluntary participation was official by the return of the informed consent form. The participants expressed that talking to other professionals who they perceived knew more than they about a certain aspect of patient care was helpful. Also, as a group they collect information about nursing care, place it in a file on the nursing unit, and do “mini” teaching sessions as a group (Bahn, 2007).

Furthermore, informal learning as described by Eraut (2004, as cited in Berg & Chung, 2008), as taking place during social interactions in the workplace such as working alongside others, taking care of clients, tackling challenging tasks, and participating in group activities, is dependent on the quality of human relationships in the workplace. In a research study by Berg and Chyung (2008), one of three research questions addressed the factors that influence informal learning in the workplace. The survey respondents rated ten factors with “Interest in current field” as receiving the highest rating and “Monetary rewards” receiving the lowest ranking (Berg & Chyung, 2008).

Finally, the purpose of a study conducted in Norway by Bjork, Toien, and Sorensen (2013) was to explore the opportunities for informal learning among nurses working on a hospital ward. The methods to conduct the field study were participant observation, ad hoc conversations, and formal interviews (Bjork et al., 2013). Results of the field study indicated that opportunities for informal learning were not only dependent on the initiative of the learner and response of the colleagues, but also on the areas where the nurses met, communicated, and worked together. In addition, results showed that

younger nurses learned by being allowed to increase their responsibility successively and that younger nurses learned by being guided in complex nursing situations by more experienced nurses (Bjork et al., 2013).

Conclusion

The United States is projected to have a nursing shortage that is expected to intensify as baby boomers age and their need for health care increases. It is critical for hospital and nurse leaders to strategize improvements in the work environment of nurses in order to recruit and retain nurses. The research studies included in the literature review contributed to the body of knowledge on the components of a healthy work environment for nurses. The literature validated the significance of empowerment and engagement for nurses as key components of job satisfaction for nurses. The articles on job satisfaction explained what needs to be in place in the work setting to facilitate job satisfaction. The articles on work environment provided information on a significant event in nursing which was the state of California passing a law regarding minimum nurse to patient staffing ratios and the banning of mandatory overtime and on the American Association of Critical Care Nurses standards for establishing and maintaining a healthy work environment. The articles on magnet hospitals contributed to the body of knowledge regarding the specifics of a magnet-designated hospital and how the work environment differs from a non-magnet-designated hospital. Finally, because informal learning in the workplace is one way those individuals develop their knowledge and skills, it is imperative for healthcare leaders to identify strategies to enhance informal learning.

There was evidence in the literature that nurses employed in magnet hospitals have greater access to empowerment structures (Upenieks, 2003). In addition, there was

evidence in the literature that nurse empowerment arises from the social structures in the workplace (Manojlovich, 2007) and that structural empowerment leads to psychological empowerment (Faulkner & Laschinger, 2008; Wagner et al., 2010). Though the findings on empowerment are important, the articles did not address how a nurse's perceived level of empowerment is facilitated by aspects of informal learning in the work environment.

Regarding engagement, Maslach (2007, as cited in Fasoli, 2010) it occurs as a result of the match between individuals and the work setting and is evidenced by the individual's energy, involvement, and positive efficacy. Additional articles recommended further research focus on strategies to foster nurse engagement (Freeney & Tiernan, 2009) and to improve nurse engagement to enhance nurses' professional status and interactions at work (Simpson, 2009) as well as to maintain the quality of patient care delivered in their organization (Tomic & Tomic, 2010). Although the recommendations in the articles for further research on strategies to foster and improve nurse engagement are helpful, the articles did not address the question of how a nurse's perceived level of engagement is facilitated by aspects of informal learning in the work environment.

CHAPTER III: RESEARCH METHODOLOGY

Exploratory Case Study Design

This chapter presents the research design and methodology for this study. An exploratory case study design was used because the study met the three conditions for the case study method: the form of the research questions in the study, the fact that there was no control of the behavioral events, and the fact that the study focuses on contemporary events (Yin, 2009). An exploratory case study design was also chosen because the research questions are “how” questions geared at how a nurse’s perceptions of empowerment and engagement are facilitated by informal learning in the work environment. In addition, the research included “what” questions to determine (a) the conditions that either aid aspects of informal learning or that create obstacles to informal learning in the work environment and to determine and (b) what types of informal learning are the most predominant/significant in the work environment. Finally, an exploratory case study design was used because a case study allows for an in-depth analysis of a single case and for the collection of data from multiple sources, and because analysis of the data provides a description, themes, and assertions (Creswell, 1998).

This exploratory case study, with multiple data sources, focused on nurses employed in a pediatric specialty hospital. It captured the unique characteristics of the culture of the organization and the work environment that impacts the perceived level of empowerment and engagement of the nurses. This study examined the levels of empowerment and engagement of the nurses who participated in the study. This study identified the personal challenges of the nurses in becoming empowered and engaged in their work as well the instances where informal learning facilitated her or his level of

empowerment and engagement. Also, the study distinguished the conditions present in the work environment that aid or create obstacles to informal learning. Lastly, the study identified the types of informal learning that are most significant in the work environment of the pediatric specialty hospital.

Institutional Review Board Approval

This study followed the protocols of the University of St. Thomas Institutional Review Board. I submitted my application, research proposal, consent forms, and other documentary materials to the University of St. Thomas Institutional Review Board. Following approval for an Expedited Review from the Institutional Review Board, I began the data collection.

Four registered nurses, employed at a pediatric specialty hospital, volunteered to participate in the study. The Nursing Research Specialist at the pediatric specialty hospital sent an email to the staff of inpatient registered nurses. The email sent was as follows:

To All Inpatient Nurses,

You are invited to participate in a research study. A nurse (who is a student and not an employee of the pediatric specialty hospital) will be conducting interviews with nurses as part of a student research project. The name of the project is - "Empowerment and Engagement Through Informal Learning: Exploring the Learning Opportunities and the Work Environment of Nurses". There will be two interviews – the first will take an hour and the second would take about fifteen minutes. The student will arrange to meet with you at a time of your convenience and a location of your choice. If you are interested in participating, please contact me. Thanks, the Nursing Research Specialist.

All participants were given a cover letter and the consent form, which included background information about the study, the purpose of the study, the procedures, the risks and benefits, a confidentiality statement, a statement about the voluntary nature of

the study, and contact information. In order to ensure confidentiality, the study participants were not identified by name, but rather assigned a letter in place of a name (e.g., *Nurse F*) for data analysis and reporting.

Role of Researcher

Yin (2009) described the role of the researcher in qualitative studies using interviews as the method of data collection. The researcher is to speak in modest amounts. The key is for the researcher to speak much less than the interview participants. One way to keep the interview going with a minimum of the researcher's input is to master the use of probes and follow-up questions. Yin (2009) said that the researcher should be cautious to not overuse probes. The researcher must be an active and intelligent conversant, and be as nondirective as possible. The goal is to allow the interview participants the opportunity to verbalize their own priorities as part of the way they describe their experiences as they perceive them. If the interview participant follows a sequence different from the researcher's plan, the researcher should allow the participant to follow her or his own sequence because later analyses may reveal an important part of the participants' perspectives. According to Yin (2009) the third goal of the researcher is to remain neutral. Staying neutral is part of being nondirective and also serves as a reminder that the presentation of the researcher during the interview needs to be in a neutral manner. The presentation of the researcher includes not only words, but also includes body language and expressions. The content and mannerisms of the researcher's responses to the interview participant's answers should not convey the researcher's biases and preferences, which might affect the participant's further answers. The fourth goal of the researcher, according to Yin (2009) is to maintain rapport. The

researcher has the responsibility to maintain good rapport with the interview participant and avoid any comments that might cause the interview participant to be uncomfortable.

Face to Face Semi-Structured Interviews

The first component of the exploratory research design study is the study's questions (Yin, 2009). The interview questions were generated based on the following definitions of empowerment, engagement, and informal learning. Empowerment is discussed as both structural and psychological empowerment. Structural empowerment focuses on the caregiver's access to the structure (Engstrom et al., 2009). Psychological empowerment as concluded by Quinn and Spreitzer (2001, as cited in Knol & von Linge, 2009) exists because of the personal convictions that employees have about their role in the organization. Schaufeli, Salanova, Gonzalez-Roma, and Bakker defined engagement (2002, as cited in Simpson, 2009) as a positive work-related state of mind comprised of three elements: vigor: dedication: and absorption. Vigor refers to high levels of energy and mental resilience, a willingness to invest effort, and persistence while at work. Dedication is defined as strong involvement in one's work by experiencing feelings of significance, enthusiasm, inspiration, pride and challenge. Absorption is defined as full - concentration, immersion, and engrossment in one's work (Simpson, 2009). Eraut (2004, as cited in Berg & Chyung, 2008) describes informal learning as taking place through daily social interactions by participation in group activities, working with others, taking on challenging assignments, and working with clients,.

The following were the questions of the face to face semi-structured interview with the study participants:

1. How long have you worked at _____ as a nurse?

Did you have experience as a nurse prior to this position?

2. Take me back to when you joined the organization. Tell me about the classroom training you received as a new employee.
3. Tell me about the orientation on your unit.
4. How did you feel following the classroom training and unit orientation?
5. How did you learn technical skills required for your position?
6. How did you handle complex situations?
7. Tell me about a situation that need to be solved. How did you handle the situation?
8. Thinking about the term empowerment, has the informal learning you have received at _____ facilitated your feeling of empowerment?
9. Also, thinking about the term engagement, has the informal learning you received at _____ facilitated your feelings of engagement?
10. How do you develop relationships with co-workers here at _____?
11. Do you have any further comments?

The free-write prompt was this: "I would like you to write for a few minutes (10-15) about a conflict you have faced at work. How did you handle the situation? Looking back at the conflict would you have handled it differently?" The purpose of the free-write was to allow the study participants the freedom to introduce additional information about a topic, a conflict they experienced at work, which they might not have mentioned in the interview questions and about which they feel is important.

I met with the study participants for approximately an hour. The face to face semi-structured interview provided a framework to interview the study participants. The

questions focused the study participant on the topics to be explored and allowed me the opportunity to hone in on the responses of the study participant by asking deeper and clarifying questions.

Following writing responses to the questions, the study participants were asked to write a narrative regarding a conflict at work, how she or he handled the conflict, and looking back, how would she or he might have handled it differently. The rationale for choosing conflict as the topic for the free-write is based on the premise that formal training is not possible on ways to handle conflict in the workplace. Ways to handle conflict occurring in the workplace requires informal learning and the informal learning speaks to empowerment and engagement.

Direct observation of the interview participants throughout the interview gave me insight into their personalities, their values, their depth of feeling about nursing, and the depth of compassion about their work as registered nurses employed at a pediatric specialty hospital. During the interviews I maintained field notes describing the interview participants' verbal and non-verbal behaviors. Observing the interview participants' verbal and non-verbal behaviors gave me an indication of the importance they placed on an experience, a situation, or an opportunity at their place of employment.

Two weeks following the semi-structured initial interview I met briefly with the study participants to review her/his responses to the questions and to review the free-write. The follow-up facilitated the review of the participants' responses to the initial interview questions and allowed the participant to review the free-write.

The second component of an exploratory case study design is to define the purpose (Yin, 2009). The purpose of the study was to explore the topics of

empowerment and engagement and how they are related to aspects of informal learning or facilitated by aspects of informal learning. Table 2 illustrates the sources of data, the purpose, and the rationale for the interview questions.

Table 2

Data Sources, Purpose and Rationale for the Interview Questions

Data Collection	Purpose	Rationale
Interview	The purpose of the interview was to: identify the relationship of empowerment and engagement to aspects of informal learning in the work environment and to identify the conditions that enable or create obstacles for informal learning.	The initial interview provided information regarding the unique aspects of the culture and work environment, the formal and informal learning opportunities she/he has received, information regarding complex situations she/he has encountered and how the situations were handled, and information about her/his relationships with co-workers.
Free-Write	The purpose of the free-write was to provide the study participant the opportunity to share a conflict she/he has experienced at work without probing questions by the researcher. The free-write complemented the interview as it was in greater detail.	The opportunity to free-write provided the participant freedom to express her/him.
Follow-up	The purpose of the follow-up was to validate the answers to the questions of the interview as well validate the free-write. Also, the follow-up provided an opportunity for the researcher to ask clarifying questions.	Providing the participant the opportunity to review her/his answers to the interview questions facilitated the validity of the questions and free-write.

The unit of analysis is the third component of the exploratory case study design (Yin, 2009). The cases being studied, investigating each nurse's experience and interpretation of the experience, were the units of analysis. Units of analysis included *meaning units*, words or phrases that may represent common patterns or divergent

perspectives within and between cases, stemming from the interview and free write. The fourth component is linking data to the purpose of the study. Developing criteria for the interpretation of a study's findings is the fifth component of the exploratory case design (Yin, 2009).

Data Analysis

According to Miles and Huberman (1994, as cited in Yin, 2009) the starting points with data are the following:

- Putting information in different arrays,
- Making a matrix of categories and placing the evidence within such categories,
- Creating data displays for examining the data,
- Tabulating the frequency of different events,
- Examining the complexity of such tabulations and their relationships by calculating second- order numbers,
- Putting information in chronological order or using some other temporal scheme. (p. 129)

After completing the tasks above, I used the analytic techniques of pattern matching and explanation building.

Validity

Table 3 identifies four tests that were developed to establish the quality of social research. The recommended case study tactics as well as a cross reference to the phase of research when the tactic is used is included.

Table 3

Tests to Establish the Quality of Social Research

Test	Case Study Tactic	Adaption to This Study
Construct Validity	<ul style="list-style-type: none"> • Use multiple sources of evidence • Establish chain of evidence 	<ul style="list-style-type: none"> • Interview, free-write, Follow-up • Analyze meaning units, common themes
Internal Validity	<ul style="list-style-type: none"> • Do pattern matching • Address rival explanations • Use logic models 	<ul style="list-style-type: none"> • Data analysis: informal learning, empowerment, engagement • Ask if there is any other reason they felt empowered, engaged? Any other source of learning? • Data analysis
External Validity	<ul style="list-style-type: none"> • Use replication logic in multiple-case studies 	<ul style="list-style-type: none"> • Standardize questions
Reliability	<ul style="list-style-type: none"> • Use case study protocol • Develop case study database 	<ul style="list-style-type: none"> • Compare themes across studies

Note: Adapted from *Case Study Research*. By R. K. Yin, 2009, p. 41. Thousand Oaks, CA: Sage.

Chapter IV: FINDINGS

The purpose of the study was to understand how informal learning phenomena influence nurses' perceived levels of empowerment and engagement in the hospital setting. Through the qualitative research process, data for the research study were collected from four face to face semi-structured interviews composed of ten questions and free-write written responses. The raw data from the interviews and the written responses were transcribed using a word processor program.

As stated in Chapter 1, the research questions of the study were the following:

1. How are nurses' perceived levels of empowerment related to aspects of informal learning in the work environment?
2. How are nurses' perceived levels of engagement facilitated by aspects of informal learning in the work environment?
3. What conditions enable or create obstacles for informal learning in the work environment?

Table 4 shows the alignment of the research questions with the interview questions.

Table 4

Alignment of Research Findings with the Research Questions

Research Questions	Case Findings
Question 1. How are nurses' perceived levels of empowerment related to aspects of informal learning in the work environment?	<p>Analyze the nurses' responses to the following questions:</p> <p>3. Tell me about the orientation you received on your unit.</p> <p>4. How did you feel following the classroom training and the unit orientation?</p> <p>7. Tell me about a situation that needed to be solved. How did you handle the situation?</p> <p>8. Thinking about empowerment, has the informal learning you have received at the hospital facilitated your feelings of empowerment?</p> <p>Free write – Write for a few minutes about a conflict you have experienced at work. How did you handle the situation? Looking back at the situation would you have handled it differently? In the future would you handle it differently?</p>
Question 2. How are nurses' perceived levels of engagement facilitated by aspects of informal learning in the work environment?	<p>Analyze the nurses' responses to the following questions:</p> <p>3. Tell me about the orientation you received on your unit?</p> <p>4. How did you feel following the classroom training and the unit orientation?</p> <p>9. Also, thinking about the term engagement, has the informal learning you received at the hospital facilitated your feelings of engagement?</p>
Question 3. What conditions enable or create obstacles for informal learning in the work environment?	<p>Identify the conditions that enable informal learning in the work environment and identify the conditions that create obstacles for informal learning in the work environment in the following questions:</p> <p>3. Tell me about the orientation you received on your unit.</p> <p>4. How did you feel following the classroom training and the unit orientation?</p> <p>5. How did you learn the technical skills required for your position?</p> <p>6. How did you learn to handle complex situations?</p> <p>7. Tell me about a situation that needed to be solved.</p> <p>10. How do you develop relationships with co-workers here at the hospital?</p> <p>Free write – Write for a few minutes about a conflict you have experienced at work. How did you handle the situation? Looking back at the situation would you have handled it differently? In the future how would you handle the situation?</p>

One of the nurses was categorized as “novice” based on her/his work experience of one to two years. Two of the nurses were categorized as “intermediate” based on three-to five-years of work experience. Finally, one of the nurses was categorized as “veteran” based on six-to-ten years of work experience. All the nurses who participated in the study have a Bachelor of Science in Nursing. The three levels of work experience, “novice,” “intermediate,” and “veteran,” were chosen because they reflect the work force of the pediatric specialty hospital. The work force of the pediatric specialty hospital in the Midwest, where the research was conducted, correlates with the work force of pediatric hospitals in the United States.

Case I: Nurse F

While completing the Bachelor of Science degree in nursing at a large public university, Nurse F worked as a nursing assistant on a pediatric cardiology unit at a children’s hospital. Following completion of her nursing degree, Nurse F worked in the pediatric intensive care unit at the same children’s hospital for four years. At the time of the interview Nurse F had been employed at the pediatric specialty hospital in the perianesthesia unit for five years and works part-time.

Empowerment and Informal Learning

Collaborative governance is a component of the nursing practice work environment of the pediatric specialty hospital. Collaborative governance empowers the nurses to contribute to the decision making process through committee and teams. In addition, collaborative governance helps nurses practice the highest quality patient care, advance the professional practice model, and continually improve the work environment. Each unit or department of the hospital has a council that includes staff representing the

key roles on the unit or in the department. At the time of the interview Nurse F was the chair of the council. According to Haggstrom (2009), structural empowerment focuses on the caregiver's access to the structure. The opportunity for staff members to email the department council members with an issue or concern illustrates structural empowerment. The council members are empowered to assess the issue or concern and decide on a solution. The council members are required to explain the issue or concern to the manager, but Nurse F expressed that "that there is a lot of empowerment in making changes within the unit." The statements below illustrate Nurse F's perceived level of empowerment of the work environment.

So we have a Unit Council for our unit, which means people can email the department council with an issue or concern that they might have. So, that empowers us because we – our council of six or seven people, take an issue and then come up with the solution. We do have to run that solution by our manager to get the approval, but there is a lot of empowerment in making changes within the unit. (Interview, 08/15/2013)

The following quote illustrates that if an individual wants something to change, that individual must take personal responsibility to present sound reasons for the change. Nurse F also mentioned that if there are good reasons for the change, someone will listen. The comment about being listened to is a quality of the leadership team of the pediatric specialty hospital.

Within our department there are a lot of areas where if you wanted to have something changed and it's a concern, you are able to do that . . . as long as you have a few good reasons to why you want something to change, someone will listen to you. (Interview, 08/15/2013)

In addition to collaborative governance, the nursing practice work environment at the pediatric specialty hospital includes a clinical ladder that supports career development. The statements below illustrate aspects of the nursing practice work

environment that give Nurse F feelings of empowerment. Conversations with colleagues about career goals and the fact that the manager is supportive of career advancement and involvement in governance facilitate the feelings of empowerment.

By the following statement, Nurse F indicated that she feels empowered from talking with co-workers about nursing goals: “And also coworkers just talking about like what your goals might be in nursing or things like that, I felt empowered.” Nurse F also shared a key quality of the manager of the unit by the comment “the manager is there for you”. According to Nurse F, the manager encourages and supports the staff to pursue different professional activities within the hospital or to pursue specialized training. Also, she expressed that empowerment is part of the work environment and serves as a support system.

And I feel like the manager is there for you if you want to pursue different things in Gillette as well, so I guess you could feel empowered in your nursing career to do different things in your organization, or if you want to get different certifications. Empowerment I guess it's just there – it's kind of like a little support system. It's like a little community of nurses. (Interview, 08/15/2013)

Engagement and Informal Learning

Nurse F offered a helpful example regarding engagement and informal learning which illustrates the depth of perceived engagement in the nursing practice environment at the pediatric specialty hospital. A co-worker of Nurse F was researching a device to monitor patients' oxygen level, a device that provides a more accurate assessment of the patients' oxygenation level. The co-worker was passionate about getting colleagues “on board” with the equipment, so an in-service was presented to the staff. Nurse F expressed engagement when she agreed with a proposed change.

I would say yes, because if a co-worker mentions something that I agree with or is something I would like to see changed or something I would like to see bettered, I am

more likely to want to engage in the process of fixing it. So, it is like someone giving an idea and excited about it, and then other people are like, oh, I like that idea, too. So then you work together to see that change and people are always working on things, I mean, always. (Interview 08/15/2013)

Informal Learning

In the interview Nurse F expressed the following statements regarding how she felt following the classroom and unit orientation. It was important to her that the orientation was individualized, based on what she needed to know in the area of perianesthesia, and based on the fact that she had four years of pediatric intensive care experience.

I felt well prepared. So, they really geared it to what you needed, which was quite nice, so I was able to move quickly through areas that I didn't need the extra time and take a little more time on the areas that I needed. I do feel they were constantly were asking "Do you feel like you need more time?" or "How are you feeling?" (Interview, 08/15/2013)

The competence of the individuals orienting Nurse F was very important in Nurse F's orientation to the unit and to the informal learning she experienced. The following comments about feedback forms and the lists of items which needed to be completed by the end of the orientation describe the thoroughness of the orientation.

And then they also have these feedback forms that you would each have in a three ring binder, and in it would be a list of the things that you need to have completed before you complete orientation, and then every day you would sit down with the person who oriented you and talk about your goals for the next day, and then what you specifically accomplished that day. And then also at the beginning of each shift the preceptor would take you and look at the surgery schedules and you would put your name next to the different patients that were going to come out of the OR to make sure you got all the experiences you need. So I felt like I got all the experience that I needed to be successful. (Interview, 08/15/2013)

The following statement by Nurse F validates that caring for patients provides informal learning and specifically provided informal learning on the stages of anesthesia.

The thing that I learned the most was the stages of anesthesia. The way I did it was by taking more and more patients. (Interview, 08/15/2013)

Throughout the interview Nurse F expressed the importance of the team members of the Perianesthesia Department. The following statements illustrate the collegial aspects of the nursing practice work environment.

And I work with a group of people where we're constantly asking each other questions all the time – I mean, daily I'm asking a question and so are other people. So, it's a pretty non-judgmental department. Oh, yes, collegial. And when a patient comes out of the OR, I'm going to take that patient – there's one, if not two nurses at the bedside helping if they're available. So, it's totally a whole teamwork effect downstairs. Sometimes, I mean, we are all taking care of the patient together. It's really nice. (08/15/2013)

The following statement explains that Nurse F is working with nurses in her current position that she worked with in her previous position. She expressed that her work experience in a pediatric intensive care unit provided a strong base for working in the perianesthesia department. Nurse F is working with a number of individuals with whom she worked at her previous place of employment and working with them is helpful in handling complex situations. The additional statements validate the open communication she feels with all members of the healthcare team. In addition, she expressed that staff on all levels are committed to the care of the children and their family members.

I guess that was helpful that I work with a large majority of people I used to work with really complex situations, so it's just easy to handle complex situations because it is that whole teamwork approach where we always moving around the unit throughout the day wherever the need is, so you just never feel alone. We work so closely with the anesthesiologists and the surgeons that, for the most part, there's pretty open communication . . . but I will say that it seems like the kids are totally at the forefront of the vision of the pediatric specialty hospital and family centered care, and you really feel that from all levels. If you bring something up, and people are like, oh yes, that is for the better good of the patient. (Interview, 08/15/2013)

Free Write

When asked to respond in writing to a conflict which happened at work, Nurse F wrote about feedback she received from a peer which was included in her performance evaluation delivered by the nurse manger of the unit.

I was irritated at the person for a very long time because I was 99% sure I knew who had written the comment. I never confronted her and I knew she was wrong. Looking back I would have asked her if she had written the comment and I would have discussed our differing opinion on what had happened at work in this instance. (08/15/2013)

Nurse F also commented when reflecting on the situation which took place a few years in the past.

I also would have told my manger that if people are going to write areas of improvement on a peer review they should have to say that they talked with the individual about the situation beforehand. As a result of this situation, I will talk with co-workers if I have an issue to see if I can resolve it before it getting management involved. (Interview, 08/15/2013)

Nurse F's written comments demonstrate the significant impact that the feedback from a peer has had. In addition, her written comments illustrate the open communication she feels is necessary with co-workers.

Case II: Nurse S

Nurse S had been employed at the pediatric specialty hospital for three years at the time of the interview. The first year, Nurse S was a patient care technician while completing her Bachelor of Science in Nursing degree. For the past two years Nurse S has been working nine tenths time as a nurse in pediatric intensive care unit.

Empowerment and Informal Learning

Nurse S expressed the following about her feelings of empowerment.

So, I feel extremely empowered coming to work. I talk to nurses I graduated with or friends who are nurses and we kind of compare how happy we are at our job

and how empowered we feel and I feel like hands down, I've got them by mountains. (Interview, 08/20/2013)

Nurse S expressed the following statements, which give insights about the nursing practice environment and the relationships among staff members within the unit and with staff members in other units within the hospital. The statements regarding the support system built by the hospital and the unit support system are important to the research study because the presence of a support system facilitates the staff members' feelings of empowerment.

I think just support from our staff and from even other staff in other units, everybody gets along great and is willing to help out across units that we are all good at empowering each other. I feel the support system built by hospital and unit makes everybody feel empowered. (Interview, 08/20/2013)

At the time of the interview Nurse S was chair of the unit council and editor of *The Pulse*, the newsletter for the unit. Each unit of the pediatric specialty hospital has a unit council which is composed of registered nurses who represent the various shifts of work and depending on the type of unit individuals representing disciplines other than nursing may be members. By participating on the unit council, the nurses experience structural empowerment, as described by Engstrom et al. (2009), by having access to the structure of the organization. One of the responsibilities of the unit council is to write the newsletter that facilitates informal learning.

We have a newsletter called *The Pulse* – it's a good way to keep everybody informed of what's new and what's changing. Things can be so hectic in our unit by that, I mean, learning opportunities can be missed if you're busy or you might not be able to make it to something you really needed to go to. (Interview, 08/20/2013)

Engagement and Informal Learning

Nurse S expressed the following statements regarding her feelings of engagement. The statements illustrate a positive state of mind, which Simpson (2009) states is comprised of vigor, dedication, and absorption.

From the moment I step into the hospital I'm engaged. You see everybody enough that you feel engaged with kind of the hospital in general and then when you step into our unit, everybody's always so friendly and gets along so well and works together so well. I just feel like I'm engaged whether I'm the charge nurse or bedside nurse, or even if I'm just the person on call waiting at home. (Interview, 08/20/2013)

Nurse S expressed positive comments regarding the nursing practice environment. In the following statement Nurse S states strongly that she feels empowered and engaged about her position: "So I feel like – I feel like engaged and empowered and actually they are the two strongest words I could use to show how I feel about my job."

Informal Learning

Nurse S expressed in numerous statements conditions that enabled informal learning in the nursing practice environment. Nurse S felt the unit orientation was "fantastic."

I thought the unit orientation was fantastic. But as far as being an employee at the pediatric specialty hospital and having my, you know, orientation after that three months, I couldn't ask for anything better. Any questions I had were answered. Any skills I felt I wasn't competent in, we made sure to cover and review until I felt comfortable. If there's something that we don't see frequently, there's always somebody you could ask, or some way to look it up or a doctor to ask and see if you're comfortable so you feel like the orientation is three months long and the support is ongoing. (Interview, 08/20/2013)

In addition, regarding the unit orientation, Nurse S expressed the fact that if the new nurse did not feel comfortable following the three months of orientation they were allowed to extend the unit orientation with the following statement: "So if after three

months we didn't feel comfortable we were able to extend our orientation until we felt comfortable on our own or our manager felt comfortable with us on our own."

Nurse S gave examples validating the fact that there is continuous ongoing informal learning at the pediatric specialty hospital. The following statement illustrates the ongoing informal learning which takes place in the organization.

I think a lot of that is just from the nature of everybody that I work with, I mean, they're so great about teaching you about what you need to know, or pulling you aside for this little tidbit of information. Everybody is always feeling like they have to be on their A game and sharpen skills and sharpen their knowledge about meds and IVs and that kind of stuff so informally we're always quizzing each other. (Interview, 08/20/2013)

In addition, the environment of the pediatric specialty hospital is one that provides ongoing informal learning with available resources.

So it's like any time there's a situation, skill, scenario one person unfamiliar with, there's a resource available to learn about it. A lot of times in our break room we'll have big research articles, or new packets, learning packets posted on white board for anybody to grab just for some self-learning. I feel like I am learning; our environment kind of fosters continuous learning. (Interview, 08/20/2013)

In addition, the environment of the pediatric specialty hospital consists of healthcare professionals who are eager and willing to provide information to co-workers. So there's always someone on your shift that you can listen in to whether they're talking about their patient, or they're talking about their charge report, or they're taking about biopsies or tubes, and you can always pick up on who might know more in this area, who might know more in that area and if you just, I mean, listen to anybody in our unit, you're going to learn something. (Interview, 08/20/2013)

Nurse S also expressed the following statement about the informal learning.

So I feel like we do a lot of informal learning with doctors and then also with our nurses on the weekends. Everybody's pretty willing to refresh and go over and I feel like the informal learning in our unit is constant. So it's like any time there's a situation, skill, scenario one person unfamiliar with, there's a resource available to learn about it. (Interview, 08/20/2013)

Nurse S gave an example of the support given by the team members in the following statement.

I'm thankful to have a great, great team of nurses and doctors that I work with that constantly support each other in stressful situations like this, that no matter where you are in that day or who you're working with, you have somebody to turn for support. Because we kind of all work with our patients together, depending on how critical they are. So everybody usually has a good idea of what patients are on the floor, the nurse who is taking care of them, what they might need help with, and so on. (Interview, 08/20/2013)

Nurse S gave a specific example of a strategy facilitated by the leaders which allows the team members to reflect on difficult situations which have occurred involving patient care. Having debriefing sessions for the team members involved in a difficult patient situation demonstrates the commitment and caring of the pediatric specialty hospital to the employees as well as a commitment to the ongoing informal learning of the employees.

We also do debriefing after any hard situation, so whether it's somebody that's passed away or a big trauma that didn't go the way we wanted it to, or just a hard family or hard patient that might have been in that unit for a while, our social work and chaplain set up a debriefing usually for the following week where anybody who took care of the patient or was involved in the situation is invited to attend. It's usually between an hour and two hours, depending on who's talking, who has stuff to bring to the table, and just kind of a way to get your thoughts out, whether they're good or bad, it's all confidential so whatever stays in that room – or whatever is said in that room stays in that room. And it just, it just, it just kind of like an open, an open room to come say your peace if there's something you can't get off your mind about what happened or whatnot. I'd say 90% of the time it's worked. But the majority of it, just the support of everybody I work with makes it a lot easier to get through stuff. (Interview, 08/20/2013)

Free Write

Nurse S responded to a critical incident in a clinic within the pediatric specialty hospital while working as the charge nurse in the pediatric intensive care unit. The physician assigned to the pediatric intensive care unit, called an *intensivist*, and a patient

care technician also responded. In addition, according to Nurse S, “someone from every nursing unit arrived, crowded the situation, and made it difficult for us to get in and assess the patient.” The physician gave the directive to Nurse S that the patient needed to be moved from the clinic to the pediatric intensive care unit. Nurse S then “yelled out whoever doesn’t have a role here needs to leave and get out of the way.” Nurse S stated, “Nobody moved, so we had to push our ways to the patient, resuscitate her, and transport her to the pediatric intensive care unit.” Five nurses from other units followed the patient and healthcare professionals as the patient was transported. In reflecting on this incident, Nurse S stated that “I should have designated someone for crowd control”. Nurse S also stated the following:

My job was to be the lead nurse, not to spend my time worrying about excess people. I would have designated our Patient Care Technician or another Pediatric Care Intensive Care nurse to handle everyone so I could focus on the patient.
(Interview, 8/20/2013)

Nurse S’s written statements in the Free Write illustrate that she is a reflective practitioner. Following the incident she reflected on the course of events and came to the conclusion a better way to have handled the situation would have been to designate an individual to manage the crowd control. By controlling the number of individuals responding to a critical incident, those responsible for addressing the patient’s needs would have unencumbered access to the patient.

Case III: Nurse T

Nurse T had worked in the business world and had taken business and general education courses at both a private and public university prior to beginning the educational journey to become a nurse. Following the completion of an Associate Degree in Nursing, Nurse T continued her education by completing an online R.N. to

B.S. in Nursing degree completion program. Prior to working at the pediatric specialty hospital, Nurse T worked for one year at an acute care hospital taking care of adults hospitalized on a burn and cardiac/renal unit. At the time of the interview Nurse T, who works full time, had been working in the perianesthesia unit of the pediatric specialty hospital for one and half years. Perianesthesia nurses care for patients before and immediately following surgery and following tests that involve anesthesia. At the time of the interview Nurse T was enrolled in an online Master of Science in Nursing Informatics program. Nurse T is unsure of her future career plans.

Empowerment and Informal Learning

During the interview, when asked to tell about a situation that needed to be solved and how it was handled, Nurse T reflected on a situation involving a pediatric patient in need of a specific type of medical equipment. The situation involving Nurse T's actions demonstrates the significance and impact of the informal learning she received and how the informal learning received in the work environment facilitates empowerment. The parent of a child had called various departments in the hospital numerous times within a two week period and had not received a return telephone call from any of the departments of the hospital. Nurse T received a call from the parent two weeks after the initial call. The following statement by Nurse T guided her actions: "In the department I work in, you learn to work and think critically and say to yourself-- who do I contact that is going to help this family?" After making several telephone calls about the special equipment, Nurse T followed up with the child's parent to verify that the mother had received a telephone call and was given information regarding resolution of the situation. Nurse T

expressed the following statement in regard to feelings of empowerment when making decisions:

Yes, the informal learning that I've received at the pediatric specialty hospital and working with the other staff that I work with have definitely facilitated feelings of engagement – and feelings of empowerment and allow me to make decisions when necessary and having this, you know, the leadership behind you, knowing that you've made a fact-based decision, they know that you're doing what you can based on the information that you have, that you're making the right decision for the patient, for that family, at that time. (Interview, 08/20/2013)

In the quote above Nurse T suggests that the informal learning she received and the work performance of the staff with whom she works have facilitated feelings of engagement and empowerment. Nurse T is able to make fact based decisions when necessary. In addition, Nurse T expressed that the leadership of the pediatric specialty hospital will support decisions of the staff because the staff is making decisions based on information available to them at the time of the situation and based on what they determine is the right decision for the patient and family.

Nurse T's actions illustrate *psychological empowerment* as defined by Knol and Lange (2009) as empowerment that exists because of personal convictions employees have regarding their role. Nurse T's feelings and actions of empowerment are based on her personal convictions about her role as a nurse committed to providing excellent care and service to the patient and families.

Engagement and Informal Learning

Simpson (2009) defined engagement as a positive work-related state of mind comprised of vigor, dedication, and absorption. Vigor is explained as high energy and mental resilience. Nurse T expressed that “you're engaged with the activities that are taking place,” thus demonstrating vigor. Nurse T expressed several times that “everyone

is here for the patients and families,” thus demonstrating *dedication*, explained as strong involvement in work. *Absorption* is explained as full concentration and immersion in one’s work and is demonstrated by Nurse T’s statement: “Everyone works together as a team so as soon as you have a question you ask for help, there’s always help.”

The elements of the culture of the pediatric specialty hospital described by such statements as “everyone’s here for the patients,” “you always feel as though you’re engaged,” and “the whole team I, believe, is engaged in what is best for the patient” illustrate the fact that the informal learning environment of the hospital facilitates the perceived levels of engagement of the nurses. The following comments are important to the research study because they give examples of engagement:

The informal learning in like, once again, the team that we work with is very much an engaged team. Everyone’s here for the patients and families, and you always feel as though you’re engaged with the activities that are taking place and the plan of care for the patient. (Interview, 8/20/2013)

In addition, Nurse T expressed the fact that the nursing staff work closely with the various types of physicians and she feels the team members are engaged in what is best for the patient by the following statement: “We work close with our physicians, our surgeons, our anesthesiologists; the whole team I believe is engaged in what is best for that patient”. (Interview, 08/20/2013).

Informal Learning

Nurse T’s statements are important because they explain conditions that facilitate informal learning, and the statements are important in describing the work environment of the pediatric specialty hospital.

Following the unit orientation, Nurse T felt there was ongoing support going forward from the preceptor. Work experience following orientation facilitated Nurse T’s

ability to think critically, how to assess patients, and how to work with team members.

The perception that “everyone works as a team so as soon as you have a question you ask for help, there’s always help” illustrates a healthy work condition that enables informal learning.

The statements below demonstrate that Nurse T felt comfortable after the classroom training and unit orientation.

For me personally, the pre-op role I felt very comfortable with following the unit orientation and classroom training. I felt that I was well prepared and as well as one can be in the pre-op role because there are so many idiosyncrasies to that role that every day it changes. PACU and same-day surgery I feel also training was very well done.

(Interview, 8/20/2013)

Nurse T expressed that the staff of the unit sought experiences for her in all the areas of the perinanesthesia unit. She also stated that the staff was focused on her learning needs and level of comfort by the following comments.

They are very good at helping you get experience in all areas to make sure you’re comfortable and willing to work with you through questions or anything that you may feel may need more work on or want more exposure to. (Interview, 08/20/2013)

Following the unit orientation, Nurse T felt there was ongoing support going forward from the preceptor by the following comment: “After the first two months, then I was on my own and still had the resource that I needed in regards to who my preceptor was.” In addition, Nurse T explained the resource manual available to guide staff in the perinanesthesia unit.

We also had a book that detailed different things in regards to what to do in situations, or what to do with certain documentation and how to manage it, requirements based on anesthesia, and different healthcare issues with patients so we would utilize that if there were questions that came up or anything in regards to the patients. (Interview, 08/20/2013)

Nurse T expressed the statement about work experience which facilitated her ability to think critically, how to assess patients, and how to work with team members.

From past work experience you learned to think critically, and you learned from different situations how to read patients and how to work with your team members. (Interview, 08/20/2013)

Free Write

Nurse T was involved in a family situation in which the step-father of a child, listed on the electronic health record as “father”, called and stated the child’s surgery was to be cancelled. The step-father stated the surgery was to be cancelled without the knowledge or permission of the child’s mother. Nurse T did cancel the surgery scheduled for the following day as the step-father had requested. When the mother and child arrived at the hospital, the mother was very upset. Nurse T called the surgeon’s office to inquire about rescheduling the surgery, but the surgery could not be rescheduled for that day. Nurse T’s written response was: “As the nurse who took the call and canceled the surgical procedure, I felt terrible”. A further written response by Nurse T is this:

I immediately questioned how I handled the situation initially. What could I have done differently? Should I have confirmed the cancellation with the mom? How could this have been avoided? A conflict like this one is sometimes out of our control when we are not aware of all the details involved. In the future I will make a point of calling mom in these situations to just confirm for my own peace of mind. (Interview, 08/20/2013)

The responses that Nurse T documented in the free-write demonstrate those of a reflective practitioner committed to improving her nursing practice. Informal learning occurred as a result of the situation evidenced by this statement: “A conflict like this one is out of our control when we are not aware of all the details involved.” In the future, Nurse T will seek all the details in situations involving multiple family members.

Case IV: Nurse L

Nurse L had been employed at the pediatric specialty hospital for eleven years at the time of the interview. She first worked as a licensed practical nurse in the clinic and has since worked in the neurosciences unit and pediatric intensive care unit. She is currently working eight tenths time in the pediatric intensive care unit. Prior to pursuing a nursing education, Nurse L obtained a degree in economics. Nurse L worked in the health insurance industry and described the role as “processing, processing claims, and processing complaints.” The idea of being a nurse was a thought following high school, but the advice from a relative was “never become a nurse or a teacher”.

Empowerment and Informal Learning

Nurse L expressed the following statements regarding empowerment.

I feel like_____ has done a lot to make us feel empowered. They’ve given us the skills, the equipment, and the knowledge. They’re willing to offer us teaching, outside learning as well as inside the facility. (Interview, 08/26/2013)

Nurse L expressed the following statement about opportunities available to the employees at the pediatric specialty hospital.

And if you choose to get involved in various things outside of your nursing unit, you can. You have a lot of opportunities. And there are I can’t remember how many committees. Each one has a specific goal that they need to reach and, you know, if you want to be part of that, you can. And the last to give – you get to know both pediatric specialty hospital itself and the people within it that can help you and how you can help them feel like we’re, as a facility, we’re very – we want to help each other and improve our cares. (Interview, 08/26/2013)

Nurse L explained a complex situation in which she felt empowered. There was conflict regarding the plan of care between a patient’s family and the recommendations of the patient’s physician. In the "charge nurse" position, Nurse L contacted the team of healthcare professionals to meet with the patient’s family to discuss the plan of care. The

team of professionals included the patient's physician, the nursing supervisor, the patient's nurse, and Nurse L in the charge nurse role.

The empowerment I feel like as a Charge Nurse when I was in the role of that challenging issue, I could contact anyone I needed to get help, which, you know, and I didn't feel any barriers to making telephone calls. (Interview, 08/26/2013)

Engagement and Informal Learning

Nurse L expressed statements validating that engagement is facilitated by informal learning as a result of learning that takes place through participation in group activities as defined by Berg and Chyung in 2008.

And then with engagement, obviously, working with other staff, being part of committees and governance itself, I also belong to the Inpatient Pain Committee. (Interview, 08/26/2013)

Informal Learning

Nurse L expressed positive comments about the unit orientations she received.

My unit orientations were always the best experiences. They would - the ward nurses would often just hand you the issue and you had to learn—you worked with it, so doing a head to toe assessment in the ICU, the nurses would stand by me and ask me questions about how I should be thinking about it. That was very helpful. I'm much better at hands on learning versus being told. (Interview, 08/26/2013)

Additional comments by Nurse L regarding learning technical skills were the following.

But I've learned so much by my coworkers, from my coworkers. My technical skills, you learn it all on the job. You learn your technical skills right from your coworkers or from representatives from the companies, although, I must admit they don't necessarily see the pitfalls that can happen. Sometimes it is a matter of trial and error. And when somebody figures out a good way of handling equipment, you always pick up from them. (Interview. 08/26/2013)

Nurse L expressed additional comments regarding the informal learning from coworkers:

I always ask for advice if I don't know and I feel like I can go to any of our staff whether they are new or older. I feel we can all ask each other questions and not be treated with any kind of disrespect for asking those questions. (Interview, 08/26/2013)

Free Write

Nurse L further explained in writing the situation previously mentioned in *Empowerment and Informal Learning*. The family of a patient in the pediatric intensive care unit did not agree with the physician's recommendation of a treatment ordered to be given to the patient every six hours. The family wanted the treatment to be given to the patient every three hours. The family was informed of the change in the frequency of the treatment with an interpreter and a representative from an outside agency that was sponsoring the patient's hospitalization in the United States. Although the family acknowledged the physician's recommendation, they insisted on speaking with the doctor when Nurse L was in the role of charge nurse. Nurse L contacted the healthcare professionals involved in the care of the patient, and a meeting with the family was held. The family insisted on speaking with the pediatric specialist, who was not present at the meeting. Following a conference with the pediatric specialist, the group met with the family. The vice president of patient services then met with the family. The family was not pleased with the outcome of the meetings because the plan of care regarding the frequency of the treatments remained at every six hours. Nurse L stated that the staff felt they achieved the results necessary for the patient and made efforts to present the plan of care to the family. Nurse L also stated that the administration of the pediatric specialty hospital was very supportive of the staff's efforts and responded promptly to the staff and family.

We continue to have issues with this family regarding care. It is extremely important to have families present, knowledgeable, and participating in the care of their child. They are the people who will continue to care for the patient long after they leave our facility. The questions that remain are: At what point do we as healthcare providers do what we know to be medically necessary? Is there ever a point at which we say no? (Interview, 08/26/2013)

Nurse L's final thought in writing was the following.

Thank you for this opportunity to re-evaluate the situation. Once I achieved what we needed for that day I have not really thought about it and I will now follow up with our Ethics Committee about the situation. (Interview, 08/26/2013)

Nurse L's written comments illustrate a reflective practitioner. She stated she was going to follow up with the ethics committee of the hospital. She will also consider consulting with the ethics committee of the pediatric specialty hospital in the future because of the experience with the family mentioned with the conflict regarding a medical treatment.

CHAPTER V: DISCUSSION

My interest in understanding the relationship between learning opportunities and the work environment of nurses is a result of my years as a nurse in various roles in various healthcare environments. I have also had an interest in the empowerment and engagement of nurses and the impact of empowerment and engagement on informal learning. As a member of a nursing organization for leaders, I have had the opportunity to meet nurses affiliated with the pediatric specialty hospital. The associations with the nurses from the pediatric specialty hospital further enhanced my interest in seeking to understand the relationship between learning opportunities and the work environment and how levels of empowerment and levels of engagement are related to and facilitated by aspects of informal learning in the work environment. Lastly, I have had an interest in exploring what conditions enable or create obstacles for informal learning in the work environment.

The purpose of the study was to understand how informal learning phenomena influence nurses' perceived levels of empowerment and engagement in the hospital setting.

The study was significant in that it provides recommendations to pediatric specialty hospital and nurse leaders regarding ways in which informal learning may be leveraged to foster a healthy work environment. A healthy work environment would be composed of empowered and engaged nurses. The study was also significant because it validated the premise that healthy work environments for nurses are empowering work environments correlated with employee engagement and commitment to the organization (Kupperschmidt et al., 2010).

The following were the research questions:

1. How are nurses' perceived levels of empowerment related to aspects of informal learning in the work environment?
2. How are nurses' perceived levels of engagement facilitated by aspects of informal learning in the work environment?
3. What conditions enable or create obstacles for informal learning in the work environment?

To answer the research questions, I designed an exploratory case study. Four nurses employed at a pediatric specialty hospital in a metropolitan city volunteered to participate in the research study. The face to face semi-structured interviews were conducted in a quiet setting not in close proximity to the hospital. Following the face to face semi-structured interviews, each study participant was asked to respond in writing to the following: I would now like you to write for a few minutes (10-15 minutes) about a conflict you have faced at work. How did you handle the situation? Looking back at the conflict would you have handled it differently?

The semi-structured interviews were taped. The study participants were asked to review their interviews to check for reliability and validity. Based on the feedback of the study participants, minor changes were made to the transcribed interviews.

In the final chapter I analyzed the findings of the research study. Additional topics discussed are the limitations of the research study, recommendations for future research, and personal reflections. The themes identified by the responses of the four study participants are in Table 5.

Table 5

Themes from the Semi-structured Interviews

Research Questions	Nurse F	Nurse S	Nurse T	Nurse L
How are nurses' perceived levels of empowerment related to aspects of informal learning in the work environment?	<p>The work environment includes Collaborative Governance.</p> <p>Being a member of the Unit Council is an example of a participation/involvement opportunity.</p> <p>The Clinical Excellence Recognition and Advanced Program is available to the registered nurses.</p> <p>The management of the unit is supportive of the nursing staff</p>	<p>Supports from staff and support system at unit contribute to empowerment.</p> <p>Being a member of the Unit Council contributes to structural empowerment.</p>	<p>Nurses are empowered to make fact based decisions.</p> <p>Management is supportive of the nursing staff.</p> <p>Decisions are based on the patient and family.</p>	<p>The hospital provides learning opportunities for skill advancement.</p> <p>The hospital provides internal and outside education.</p> <p>There are opportunities for involvement and participation in committees in the unit and outside the unit.</p> <p>The Charge Nurse is empowered to take action on a patient/family issue.</p>
How are nurses' perceived levels of engagement facilitated by aspects of informal learning in the work environment?	<p>Changes are supported by co-workers.</p>	<p>The nurse feels empowered and engaged in her position as a nurse.</p>	<p>The entire team of health professionals is "there for the patient and family".</p> <p>The entire team of health professionals is engaged RE what is best for the patient.</p>	<p>There are opportunities for involvement and participation in committees in the unit and outside the unit.</p>

Research Questions	Nurse F	Nurse S	Nurse T	Nurse L
What conditions enable or create obstacles for informal learning in the work environment?	<p>Informal learning is enabled by</p> <ul style="list-style-type: none"> • unit orientation, • a collegial work environment, and • open communication. 	<p>Informal learning is enabled by</p> <ul style="list-style-type: none"> • individualized orientation, • continuous ongoing informal learning from co-workers, • resources, • debriefing sessions. 	<p>Informal learning is enabled by</p> <ul style="list-style-type: none"> • individualized unit orientation, • the Preceptor, • learning from experience, and • Co-workers. 	<p>Informal learning is enabled by</p> <ul style="list-style-type: none"> • individualized unit orientation, • the Preceptor, • co-workers, and • freedom to ask questions.
Free-write	In the future Nurse F will approach co-workers when an issue arises.	The nurse reflected that she should have delegated crowd control to a colleague in order to decrease the number of individuals at a critical incident involving a patient.	In the future Nurse T will gather all details RE patients who will be having surgery.	In the event of an ethical patient/family situation in the future Nurse L, will consult with the Ethics Committee.

Key Findings

The following key words and phrases and the frequency, the number of times the key words or phrases were mentioned by the study participants, were derived from the face-to-face semi-structured interviews of the four Registered Nurses employed at the pediatric specialty hospital.

Table 6 lists participants' key words and phrases indicating the empowerment that supported informal learning.

Table 6

Key Words Indicating Empowerment and Informal Learning

Key words/phrases	Frequency (number of times mentioned in the interview by the study participants)
Collaborative governance (e.g. participation on committees, opportunity for staff to communicate with unit council members RE issues or concerns and unit council members empowered to asses and decide on a solution	3 (Nurse F, Nurse S, Nurse T)
Leadership opportunities (e.g. chair of unit council, editor of unit newspaper, charge nurse)	3 (Nurse F, Nurse S, Nurse L)
Freedom to make decisions facilitated empowerment	2 (Nurse F, Nurse T)
Supportive listening environment	1 (Nurse F)
Leadership support	2 (Nurse F, Nurse T)
Professional development opportunities (e.g. career advancement, clinical ladder, specialized training)	1 (Nurse F)
Receives feelings of empowerment from co-workers	3 (Nurse F, Nurse S, Nurse L)
Receives feelings of empowerment from unit support system and hospital support system	1 (Nurse S)
Informal learning facilitated feelings of empowerment	2 (Nurse F, Nurse T,
Hospital provided knowledge, skills, and equipment facilitating feelings of empowerment	1 (Nurse L)

Table 7 lists participants' key words and phrases indicating the engagement that supported informal learning.

Table 7

Key Words Indicating Engagement and Informal Learning

Key words/phrases	Frequency (number of times mentioned in the interview by the study participants)
Receives feelings of engagement when feels positive about a proposed change	1 (Nurse F)
Receives feelings of engagement from co-workers	3 (Nurse S, Nurse T, Nurse L)
Receives feelings of engagement through participation on committees (e.g. inpatient pain committee)	1 (Nurse L)

Table 8 lists participants' key words and phrases indicating the aspects of the work environment that enabled informal learning.

Table 8

Key Words Indicating Aspects of the Environment Enabling Informal Learning

Key words/phrases	Frequency (number of times mentioned in the interview by the study participants)
Individualized unit orientation facilitated informal learning	4 (Nurse F, Nurse S, Nurse L, Nurse T)
Open communication, freedom to ask questions	2 (Nurse F, Nurse L)
Non-judgmental work environment	1 (Nurse F)
Teamwork	2 (Nurse F, Nurse S)
Continuous and ongoing learning is present (e.g., quizzing each other, co-workers focused on learning needs of new employee, debriefing sessions following difficult situations)	3 (Nurse F, Nurse S, Nurse L)
Available resources	2 (Nurse S, Nurse T)
Ongoing support from preceptor	1 (Nurse T)
Past work experience facilitated critical thinking, assessment of patients, how to work in a team	2 (Nurse F, Nurse T)

A summary of the findings from the data collected by the interviews of the face-to-face semi-structured interviews revealed the following.

Research Questions

1. How are nurses' perceived levels of empowerment related to aspects of informal learning in the work environment?

The study participants gave examples of collaborative governance opportunities by their participation on hospital wide committees and unit councils which related to aspects of informal learning. In addition, leadership opportunities such as being the chair person of their unit council, the editor of their unit newsletter, and the opportunity to be in the role of charge nurse, the registered nurses in charge of the unit operations for an eight hour shift, were given as examples of situations in which the nurses felt empowered. Another example of a situation where the nurses felt empowered is when they are given the freedom to make decisions regarding patient care. The study participants expressed support from leadership and the perception that they work in an environment where they can express themselves and be heard. Professional development opportunities are available to the nursing staff such as the Clinical Excellence Recognition and Advancement Program. This program, a clinical ladder, creates advancement opportunities for registered nurses as they continue to develop and refine their nursing practice and recognizes professional growth, strengths, and mastery. In addition, the perception that staff nurses facilitated the learning of the interview participants was expressed several times. They felt support from co-workers and support from the management/leadership of the pediatric specialty hospital. They expressed ongoing support from the management/leadership with examples such as being given the

knowledge, skills, equipment, and opportunities to participate in unit councils and committees which facilitates feelings of empowerment.

2. How are nurses' perceived levels of engagement facilitated by aspects of informal learning in the work environment?

The interview participants expressed comments about engagement. Nurse F expressed feelings of engagement when a co-worker mentions something she agrees with or something she would like to see changed or something she would like to see improved. She is then interested in being part of the solution to fix the issue or concern. In addition, engagement was expressed as facilitated by working with co-workers, being a participant on committees, and being involved in the governance of the pediatric specialty hospital. One of the interview participants expressed that feelings of engagement were observed in all departments of the facility. All interview participants expressed the engagement of all employees as observed and expressed as "we are all here for the patients and families".

3. What conditions enable or create obstacles for informal learning in the work environment?

Throughout the four interviews, the nurses expressed numerous situations as enabling informal learning in the work environment. The individualized unit orientation was expressed by the four interview participants as key in facilitating their transition to work at the pediatric specialty hospital. Two of the nurses expressed open communication among the members of the healthcare team including physicians and those representing other disciplines and the freedom to ask questions as both contributing significantly to their informal learning. In addition, the non-judgmental learning environment was mentioned as enabling informal learning. Another key contributing

factor to enable informal learning is the aspect of teamwork, defined as the support and willingness to help. Also, the nurses asking questions of the new nurses and providing them with learning experiences on the unit such as quizzing the new employee regarding a head to toe assessment of a patient enabled informal learning. Other conditions which were expressed as enabling on-going informal learning were the simulation laboratory, in-services, resource material provided by nurse educators, debriefing sessions following critical incidents, assistance from a co-worker regarding a technical skill, resource material, and the ongoing support of the preceptor. Finally, two of interview participants who had previous experience as registered nurses expressed that their previous work experience facilitated their ability to think critically, assess patients, and how to function in a team.

Free Write

Following the interview questions the study participants were asked to write for a few minutes (10-15) about a conflict they have faced at work. They were asked to respond to two specific questions. The first question was *How did you handle the situation?* The second question was *Looking back at the conflict would you have handled it differently?*

The study participants eagerly documented a conflict which they had been involved with in the work setting. Nurse F explained how a comment on a peer review document impacted her and the fact that she frequently thinks about the comment. Nurse S felt she should have delegated the task of crowd control to a colleague because the number of individuals near a patient in crisis made it difficult for the healthcare team to attend to the patient. Nurse T acted on information received from a child's step father

regarding surgery when in actuality the step father had no authority to cancel the child's surgery. Lastly, Nurse L participated in a family conference regarding the plan of care for a child. The family did not agree with the treatment plan. The four study participants had definitely reflected on their situation multiple times and in reflecting would have chosen a different plan of action.

Conclusions

A statement by one of the study participants regarding working at the pediatric specialty hospital was the following: "I just feel like I have found the job that I'll retire in, which is kind of weird to say when you are (age), so I feel that's saying something." The pediatric specialty hospital is a healthy work environment which has the components of a health work environment. *Healthy work environment* is the environment in an organization or a specific department or unit in which a nurse works which has the following components: effective leadership, open communication, true collaboration, teamwork, shared decision making, appropriate staff, and meaningful recognition, and education and professional development opportunities.

Because the United States is projected to have a nursing shortage that is expected to intensify as baby boomers age and their need for health care increases, it is critical for hospital and nurse leaders to strategize improvements in the work environment of nurses in order to recruit and retain nurses. The research studies included in the literature review contributed to the body of knowledge on the components of a healthy work environment for nurses. The literature validated the significance of empowerment and engagement for nurses as key components of job satisfaction for nurses. The articles on job satisfaction explained what needs to be in place in the work setting to facilitate job satisfaction.

The articles on work environment provided information on a significant event in nursing which was the state of California passing a law regarding minimum nurse to patient staffing ratios and the banning of mandatory overtime and on the American Association of Critical Care Nurses standards for establishing and maintaining a healthy work environment. The articles on magnet hospitals contributed to the body of knowledge regarding the specifics of a magnet-designated hospital and how the work environment differs from a non-magnet-designated hospital. Finally, because informal learning in the workplace is one way those individuals develop their knowledge and skills, it is imperative for healthcare leaders to identify strategies to enhance informal learning.

There was evidence in the literature that nurse empowerment arises from the social structures in the workplace (Manojlovich, 2007) and that structural empowerment leads to psychological empowerment (Faulkner & Laschinger, 2008; Wagner et al., 2010). In addition, nurses employed in magnet hospitals have greater access to empowerment structures (Upenieks, 2003). Though the findings on empowerment are important, the articles did not address how a nurse's perceived level of empowerment is facilitated by aspects of informal learning in the work environment.

Regarding engagement, Maslach (2007, as cited in Fasoli, 2010) it occurs as a result of the match between individuals and the work setting and is evidenced by the individual's energy, involvement, and positive efficacy. Additional articles recommended further research focus on strategies to foster nurse engagement (Freney & Tiernan, 2009) and to improve nurse engagement to enhance nurses' professional status and interactions at work (Simpson, 2009) as well as to maintain the quality of patient care delivered in their organization (Tomic & Tomic, 2010). Although the recommendations

in the articles for further research on strategies to foster and improve nurse engagement are helpful, the articles did not address the question of how a nurse's perceived level of engagement is facilitated by aspects of informal learning in the work environment.

Limitations

A limitation of the research study was that the number of study participants was limited to four and the four participants were the same gender and generally the same age. In addition, the work environments where the nurses work within the pediatric specialty hospital were limited to two areas, the Pediatric Intensive Care Unit and the Perianesthesia Unit. Because of the low number of participants representing two clinical areas, the findings of the study cannot be generalized to represent the entire staff of nurses employed at the hospital or to represent the work environment of the entire pediatric specialty hospital.

Implications for Nurse Leaders

The implications for nurse leaders are extremely important because of the significant role of the registered nurse in healthcare. The role of nurse leaders as advocates and facilitators of high quality patient and family centered care is to assess the work environment for nurses. Assessing the work environment of the nurses will identify the current characteristics of the healthcare facility and identify areas where there is a gap in between the present and the characteristics of a healthy work environment. In addition, by assessing the work environment, nurse leaders can create the right conditions to strengthen nurses' perceptions of empowerment, engagement, and the factors that enable informal learning in the work environment. If a nurse leader is not competent regarding the assessment of the work environment or not cognizant of the components of

a healthy work environment, the implications could be significant impacting nurse satisfaction, retention of qualified staff, patient outcomes, and the performance of the organization. The work environment needs to meet the expectations of the respective age group of the nurses employed in the specific unit/department. The establishment of work groups such as the unit councils at the pediatric specialty hospital serves as ways for nurses to collaborate across work units and allow open communication. In addition, nurse leaders need to advocate for the nursing staff with the Human Resources Department for innovative human resource practices that reflect the changing times in healthcare. Also, creating adequate support services for the nursing staff, an assessment of the work flow to decrease complexity, a work environment that promotes professional nursing practice, and provides recognition and professional advancement for nurses are responsibilities of nurse leaders. Finally, nurse leaders need to recognize the importance of informal learning and support the informal learning opportunities which are critical to the nursing staff perceptions of empowerment and engagement.

Ways to enhance informal learning in the workplace is another responsibility of the nurse leaders of a healthcare organization. Orientation individualized for the new employee is critical to the success of the new employee. The unit/department orientation needs to be based on a an assessment of the nurses' experience. The role of the individual orienting, called a preceptor, the nurse on the unit/department is key. The process to become a preceptor needs to include an application, an interview with questions focused on patient care situations, and education. The initial education for a preceptor should include an inventory of the preceptor's learning style and information

on adult learning principles. The opportunity for a new preceptor to meet with other preceptors would be helpful as well as semi-annual educational offerings.

Recommendations for Future Research

The study focused on the responses of four nurses employed at a pediatric specialty hospital. As a group of four, the diversity of the group was limited. All of the participants were of the same gender and generally the same age. The educational journey of two of the study participants, Nurse F and Nurse S, was the same as they both earned a Bachelor of Science in Nursing in four years following high school. The third study participant, Nurse T, worked in the business world and took general education courses prior to earning the Associate Degree in Nursing. The fourth study participant, Nurse L, earned a bachelor's degree with a major in economics before beginning the educational journey to become a nurse.

Additional studies with a larger sample of study participants would be helpful in identifying how nurses' perceived levels of empowerment and engagement are related to and facilitated by aspects of informal learning in the work environment for nurses. In addition, studies at a hospital serving all age groups of patient would be helpful in identifying the type of informal learning taking place in a non-specialty hospital. A survey focusing on the learning needs of the staff nurses is another type of study to consider based on research suggesting that informal learning is a powerful tool for nurse retention, job satisfaction, empowerment and engagement.

Recommendations for future research which were documented in the journal articles of the literature review are the following. Research has demonstrated the relationship between a workplace with structure that facilitates empowerment and the

psychological belief in one's ability to be empowered, but further research is needed to examine the power of relationships (Manojlovich, 2007). According to Manojlovich (2007), a thorough understanding of the three components of power, a workplace with structures that facilitate empowerment, a psychological belief in one's ability to be empowered, and the acknowledgement that there is power in relationships and caring that nurses provide, would help nurses to use their power to deliver quality patient care.

In addition, regarding engagement, a recommendation that emerged in the study was that future research should focus on fostering engagement, targeted at the six themes of organizational life (Freeney & Tiernan, 2009). According to the authors, there is little evidence in the literature regarding intervention strategies to foster the engagement of nurses (Freeney & Tiernan, 2009). Also, future research needs to develop strategies to promote critical reflective practice and to decrease moral distress (Lawrence, 2011). Finally, the study results suggested that nursing and hospital leaders should focus on strategies to enhance the nurses' professional status and interactions at work to improve the nurses' level of engagement in their work (Simpson, 2009).

Regarding job satisfaction, the literature review suggested that models of job satisfaction and further research are needed to identify the significance of certain factors on job satisfaction (Lu et al., 2012). Also, an article stressed that target populations for research in the future regarding job satisfaction need to be nurses employed in acute care, older nurses, and nurses with less education and factors causing dissatisfaction need to be explored and identified (Tellez, 2012).

For research on healthy work environments despite the fact that the importance of authentic leadership is endorsed, the empirical and theoretical base to support the link

between authentic leadership and healthy work environments needs further research (Shirey, 2006).

In addition, creating better support services for nurses, a work flow with less complexity and a nursing environment that supports autonomy should be implemented to recruit and retain nurses in the future (Baernholdt & Mark, 2009).

Finally, the first implication is that work areas need to be strategically designed to allow employees to be located near colleagues (Lohman, 2005). This implication is of critical importance for novice nurses in order for the novice nurses to have access to co-workers for collaboration. Secondly, a greater amount of unencumbered time should be built into a professional's day to facilitate informal learning (Lohman, 2005). Lastly, ensuring adequate access to resources, computer technology and the Internet is of vital importance for employees (Lohman, 2005).

Role of Organization Development Consultant

The role of the organization development consultant is to consult with clients such as healthcare organizations and help them diagnose their current environment, identify areas where improvement is necessary, help with the design of systems and processes to assist the organization in quality improvement through planned interventions. Area of focus for quality improvement may include the following: team building, management leadership development, participatory management, organizational restructuring, job redesign, and a reward and recognition program.

Personal Reflections

I am grateful that I had the opportunity to meet, network with, and participate with the nurse leaders of the pediatric specialty hospital in a professional nursing

organization. These nurse leaders inspired my interest in studying the impact of empowerment and engagement on informal learning in the workplace. The nurse leaders as well as the nurse participants in the study demonstrate compassion for the patients and families served by the hospital and a strong commitment to the hospital, their specific unit/department, and to the healthcare professionals with whom they work.

The nurses who participated in the study demonstrated a commitment to providing excellent care to the patients and families. Their focus is that the patients and families have an excellent experience receiving care at the hospital. They demonstrated respect for each patient and their family and strive to meet the unique needs of the patients and families. In addition, the nurses feel a strong sense of accountability for their nursing practice and demonstrate integrity. My hope is that this study has illustrated the positive impact of strong empowerment and strong engagement on the informal learning that enhances the work environment for nurses.

References

- Aiken, L. H., Buchan, J., Ball, J., & Rafferty, A. M.. (2008). Transformative impact of designation: England case study. *Journal of Clinical Nursing, 17*, 3330-3337.
- Baernholdt, M., & Mark, B. (2009). The nurse work environment, job satisfaction and turnover rates in rural and urban nursing units. *Journal of Nursing Management, 17*, 994-1001.
- Bahn, D. (2007). Orientation of nurses towards formal and informal learning: Motives and perceptions. *Nurse Education Today, 27*, 723-730.
- Berg, S. A., & Chyung, S. Y. (2008). Factors that influence informal learning in the workplace. *Journal of Workplace Learning, 20*(4), 229-244.
- Bjork, I. T., Toien, M., Sorensen, A. L. (2013). Exploring informal learning among hospital nurses. *Journal of Workplace Learning, 25*(7), 426-440.
- Bureau of Labor Statistics, U.S. Department of Labor. (2014, January 8). Registered Nurses. In *Occupational Outlook Handbook* Retrieved from <http://www.bls.gov/ooh/healthcare/registered-nurses.htm>
- Creswell, J.W. (1998). *Qualitative inquiry and research design*. Thousand Oaks, CA: Sage.
- Engstrom, M., Wadensten, B., & Hagstrom, E. (2010). Caregivers' job satisfaction and empowerment before and after an intervention focused on caregiver empowerment. *Journal of Nursing Management, 18*(1), 14-23.
doi:10.1111/j.1365-2834.2009.01047.
- Fasoli, D. R. (2010). The culture of nursing engagement. *Nursing Administration Quarterly, 34*(1), 18-29.

- Faulkner, J., & Laschinger, H. (2008). The effects of structural and psychological empowerment on perceived respect in acute care nurses. *Journal of Nursing Management, 16*, 214-221.
- Freeneey, Y. M., & Tiernan, J. (2009). Exploration of the facilitators of and barriers to work engagement. *International Journal of Nursing Studies, 46*, 1557-1565.
- Gormley, D. K. (2011). Are we on the same page? Staff nurse and manager perceptions of work environment, quality of care and anticipated nurse turnover. *Journal of Nursing Management, 19*(1), 33-40. doi:10.1111/j.1365-2834.2010.01163.x
- Kalisch, B. J., & Lee, H., Rochman, M. (2010). Nursing staff teamwork and job satisfaction. *Journal of Nursing Management, 18*(8), 938-947.
doi:10.1111/j.1365-2834.2010.01153.x
- Kelly, L. A., McHugh, M. D., & Aiken, L. H. (2011). Nurse outcomes in Magnet® and non-Magnet hospitals. *Journal of Nursing Administration, 41*(10), 428-433.
- Knol, J., & Von Linge, R. (2009). Innovative behavior: the effect of structural and psychological empowerment on nurses. *Journal of Advanced Nursing, 65*(2), 359-370.
- Kupperschmidt, B., Kientz, E., Ward, J., & Reinholz, B. (2010). A healthy work environment: It begins with you. *The Online Journal of Issues in Nursing, 15*(1), 1-12.
- Lacey, S. R., Teasley, S. L., & Cox, K. S. (2009). Differences between pediatric registered nurses' perception of organizational support, intent to stay, workload, and overall satisfaction, and years employed as a nurse in magnet and non-magnet pediatric hospitals. *Nursing Administration Quarterly, 33*(1), 6-13.

- Laschinger, H. K. S., Wilk, P., Cho, J., & Greco, P. (2009). Empowerment, engagement, and perceived effectiveness in nursing work environments: Does experience matter? *Journal of Nursing Management*, *17*(5), 636-646. doi:10.1111/j.1365-2834.2008.00907.x
- Lawrence, L.A. (2011). Work engagement, moral distress, education level, and critical reflective practice in intensive care nurses. *Nursing Forum*, *46*(4), 256-268.
- Lohman, M.C. (2005). *A survey of personal and environmental factors influencing the engagement of two professional groups in informal workplace learning activities*. Retrieved from ERIC database. (ED492239)
- Lu, H., Barriball, K. L., Zhang, X., & White, A. E. (2012) Job satisfaction among hospital nurses revisited: A systematic review. *International Journal of Nursing Studies*, *49*, 1017-1038.
- Manojlovich, M. (2007). Power and empowerment in nursing: Looking backward to inform the future. *The Online Journal of Issues in Nursing*, *12*(1), 1-12.
- Marsick, V. J., Volpe, M., & Watkins, K. E. (1999). Theory and practice of informal learning in the knowledge era. *Advances in Developing Human Resources*, *1*, 80-95.
- Marsick, V. J., & Watkins, K. E. (2003). Demonstrating the value of an organization's learning culture: The dimensions of the Learning Organization Questionnaire. *Advances in Developing Human Resources*, *5*(2), 132-151.
- Marsick, V. J., Watkins, K.E., Callahan, M.W., & Volpe, M. (2006). *Reviewing theory and research on informal and formal learning*. Retrieved from ERIC database. (ED492754)

- Rao, A., (2012). The contemporary construction of nurse empowerment. *Journal of Nursing Scholarship*, 44(4), 396-402.
- Sherman, R. & Pross, W. E. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. *The Online Journal of Issues in Nursing*, 15(1), 1-12.
- Simpson, M.R. (2009). Predictors of work engagement among medical-surgical registered nurses. *Western Journal of Nursing Research*. 31(1), 44-65.
- Shirey, M. R. (2006). Authentic leaders creating healthy work environments for nursing practice. *American Journal of Critical Care*, 15(3), 256-267.
- Shirey, M. R. & Fisher, M.L. (2008). Leadership agenda for change toward healthy work environments in acute and critical care. *Critical Care Nurse*, 28(5), 66-78.
- Spetz, J. & Herrera, C. (2010). Changes in nurse satisfaction in California, 2004 to 2008. *Journal of Nursing Management*, 18, 564-572.
- Tellez, M. (2012). Work satisfaction among California registered nurses: a longitudinal comparative analysis. *Nursing Economics*, 30(2), 73-81.
- Tomic, M. & Tomic, E. (2010). Existential fulfillment, workload and work engagement among nurses. *Journal of Research in Nursing*, 16(5), 468-479.
- Ulrich, B.T., Lavandero, R., Hart, K.A., Woods, D., Leggett, J., Friedman, D. & Edwards, S. J. (2009). Critical care nurses' work environments 2008: A follow-up report. *Critical Care Nurse*, 29(2), 93-102.
- Ulrich, B. T., Woods, D., Hart, K.A., Lavandero, R., Leggett, J. & Taylor, D. (2007). Critical care nurses' work environments value of excellence in beacon units and magnet organizations. *Critical Care Nurse*, 27(3), 68-77.

- Upenieks, V. V. (2003). The interrelationship of organizational characteristics of magnet hospitals, nursing leadership, and nursing job satisfaction. *Health Care Manager, 22*(2), 83-98.
- Wade, G.H., Osgood, B., Avino, K., Bucher, G., Bucher, L., Foraker, T., & Sirkowski, C. (2008). Influence of organizational characteristics and caring attributes of managers on nurses' job enjoyment. *Journal of Advanced Nursing, 64*(4), 344-353.
- Wagner, J.I.J., Cummings, G., Smith, D.L., Olson, J. Anderson, L. & Warren, S. (2010). The relationship between structural empowerment for nurses: A systematic review. *Journal of Nursing Management, 18*, 448-462.
- Yin, R. K. (2009). *Case Study Research*. Thousand Oaks, CA: Sage.
- Zori, S., Nosek, L.J., Musil, C.M. (2010). Critical thinking of nurse managers related to staff RNs' perceptions of the practice environment. *Journal of Nursing Scholarship, 42*(3), 305-313.

Appendix A

Non-Gillette Investigator Agreement

Name of Institution with the Federal Wide Assurance (FWA): Gillette Children's Specialty Healthcare (Institution): The Institutional Review Board (IRB) of record for research conducted at Institution is the IRB located at the University of Minnesota (Research Subjects' Protection Program).

Applicable FWA #: 00004003

Individual Investigator's Name: Linda Gfrerer, John Belew
 ("Investigator" includes: Principal Investigators, Co-Investigators and Research Staff)

Specify Research Covered by this Agreement:

All research involving human subjects conducted at any of the Institution facilities cited in the above- referenced FWA and/or use of those Institution facilities' non-public information for the purpose of identifying or contacting human research subjects of prospective subjects.

- (1) The above-named Individual Investigator has reviewed: 1) *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (or other internationally recognized equivalent; see section B.1. of the Terms of the Federal Wide Assurance (FWA) for International (Non-U.S.) Institutions); 2) the U.S. Department of Health and Human Services (HHS) regulations for the protection of human subjects at 45 CFR part 46 (or other procedural standards; see section B.3. of the Terms of the FWA for International (Non-U.S.) Institutions); 3) the FWA and applicable Terms of the FWA for the institution referenced above; and 4) the relevant institutional policies and procedures for the protection of human subjects.
- (2) The Investigator understands and hereby accepts the responsibility to comply with the standards and requirements stipulated in the above documents and to protect the rights and welfare of human subjects involved in research conducted under this Agreement.
- (3) The Investigator will comply with all other applicable federal, international, state, and local laws, regulations, and policies that may provide additional protection for human subjects participating in research conducted under this agreement.
- (4) The Investigator will abide by all determinations of the over seeing Institutional Review Board (IRB) (this is the University of Minnesota IRB) designated under the above FWA and will accept the final authority and decisions of the IRB, including but not limited to directives to terminate participation in designated research activities.
- (5) The Investigator will complete any educational training required by the Institution and/or the IRB prior to initiating research covered under this Agreement.
- (6) The Investigator will report promptly to the IRB any proposed changes in the research conducted under this Agreement. The investigator will not initiate

changes in the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to subjects.

- (7) The Investigator will report immediately to the IRB any unanticipated problems involving risks to subjects or others in research covered under this Agreement.
- (8) The Investigator, when responsible for enrolling subjects, will obtain, document, and maintain records of informed consent for each such subject or each subject's legally authorized representative as required under HHS regulations at 45 CFR part 46 (or any other international or national procedural standards selected on the FWA for the institution referenced above) and stipulated by the IRB.
- (9) The Investigator acknowledges and agrees to cooperate with the IRB's requirement for initial and continuing review, record keeping, reporting, and certification for the research referenced above. The Investigator will provide all information requested by the IRB in a timely fashion.
- (10) The Investigator will not enroll subjects in research under this Agreement prior to its review and approval by the IRB.
- (11) This Agreement does not preclude the Investigator from taking part in research not covered by this Agreement.
- (12) Each Investigator acknowledges that he/she is responsible for safeguarding the rights and welfare of each research subject, and that the subject's rights and welfare must take precedence over the goals and requirements of the research.
- (13) Any publications or presentations regarding information collected at Institution will give credit to the institution for this purpose.
- (14) The Investigator must follow all Institution policies and procedures related to the conduct of research and include at least one co-investigator who is an employee of or under contract with Gillette Children's Specialty Healthcare on all IRB applications.

The Gillette staff who is currently working on my project is: John Belew

Investigator Signature: _____ Date: December 4, 2012

Name: Gfrerer Linda L. Degree(s): BS, MS
 (Last) (First) (Middle Initial)

Address: 1345 Oakwood Drive Phone #: 763-427-9780
 Anoka Minnesota 55303
 (City) (State/Province) (Zip/Country)

FWA Institutional Official (or Designee): _____

Date _____

Appendix B

Institutional Review Board Approval Letter

Institutional Review Board - University of St.
Thomas 2115 Summit Ave. - Mail #AQU319
St. Paul, MN 55105-1078
Phone: 651-962-5341 - Email:
irb@stthomas.edu

DATE: July 23, 2013

TO: Linda Gfrerer

FROM: University of St. Thomas Institutional Review Board

PROJECT TITLE: [484717-1] Empowerment and Engagement through Informal Learning:

Exploring the Relationship between Learning Opportunities and the
Work Environment of Nurses

REFERENCE #:

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: July 23, 2013

EXPIRATION DATE: July 23, 2014

REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # [enter category, or delete line]

Thank you for your submission of New Project materials for this project. The University of St. Thomas Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of July 23, 2014.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Eleni Roulis at 651-962-5341 or e9roulis@stthomas.edu. Please include your project title and reference number in all correspondence with this committee.

Best wishes as you begin your research.

Thank you for your work.

Eleni Roulis, Ph.D. AVPAcademic Affairs/IRB Administrator

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of St. Thomas Institutional Review Board's records.

Appendix C

Agency Consent Form

Agency CONSENT FORM

Researcher: Please provide your agency with the information about your project and have your agency contact complete this form.

Agency: Please read this form and ask any questions you may have before agreeing to allow this study to take place at your agency. Please keep a copy of this form for your records.

Project Name	Empowerment and Engagement, Through Informal Learning : Exploring the Relationship between Learning Opportunities and the Work Environment of Nurses	IRB Tracking Number	474349-1
General Information Statement about the study:			
The factors that contribute to the work environment of Registered Nurses which will be studied are empowerment, engagement, and informal learning.			
Your agency is invited to participate in this research. The agency was selected as a host for this study because:			
because of the unique aspects of the work environment for Registered Nurses at Gillette Children's Specialty Healthcare.			
Study is being conducted by:	Linda Gfrerer		
Research Advisor (if applicable):	William Brendel, Ed.D.		
Department Affiliation:	Organization Development, University of St. Thomas		
Background Information			
The purpose of the study is:			
to understand how informal learning influences nurses' perceived levels of empowerment and engagement in the hospital setting.			
Procedures			
Study participants will be asked to do the following: <i>State specifically what the subjects will be doing, including if they will be performing any tasks. Include any information about assignment to study groups, length of time for participation,</i>			

<i>frequency of procedures, audio taping, etc.</i>	
to participate in a semi-structured interview for approximately forty-five minutes. Following the interview, the study participants will be asked to answer questions in writing for ten to fifteen minutes. Two weeks following the semi-structured interview, the researcher will meet with the study participants to review the responses to the interview questions and to review the written responses. The semi-structured interview and the follow-up session will be recorded on a digital recorder.	
Risks and Benefits of being in the study	
The risks involved for subjects participating in the study are:	
that the participant's identity would inadvertently be exposed or the data would be inadvertently exposed. Precautions will be taken to maintain the information securely by the use of pseudonyms. The information will be stored in a password protected hard drive.	
The direct benefits the agency will receive for allowing the study are:	
to provide recommendations to hospital and nurse leaders regarding ways in which informal learning may be leveraged to foster a more healthy work environment comprised of empowered and engaged nurses.	
Compensation	
Details of compensation (if and when disbursement will occur and conditions of compensation) include:	
Not applicable.	
Confidentiality	
The records of this study will be kept confidential. The types of records, who will have access to records and when they will be destroyed as a result of this study include:	
the interviews will be transcribed, the researcher will have access to the interviews and follow-up sessions, and the transcribed interviews and written responses will be destroyed at the completion of the study.	
Voluntary Nature	
Allowing the study to be conducted at your agency is entirely voluntary. By agreeing to allow the study, you confirm that you understand the nature of the study and who the participants will be and their roles. You understand the study methods and that the researcher will not proceed with the study until receiving approval from the UST Institutional Review Board. If this study is intended to be published, you agree to that. You understand the risks and benefits to your organization.	
Should you decide to withdraw, data collected about you	will NOT be used in the study

Contacts and Questions			
You may contact any of the resources listed below with questions or concerns about the study.			
Researcher name	Linda Gfrerer		
Researcher email	lindagfrerer@comcast.net		
Researcher phone	763.427.9780		
Research Advisor name	William Brendel, Ed.D.		
Research Advisor email	wbrendel@stthomas.edu		
Research Advisor phone	651.962.4419		
UST IRB Office	651.962.5341		
Statement of Consent			
I have read the above information. My questions have been answered to my satisfaction and I consent to allow the study to be conducted at the agency I represent. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent.			
Signature of Agency Representative <input checked="" type="checkbox"/> <i>Electronic signature</i>		Date	
Print Name of Agency Representative	John Belew, Nurse Researcher		
Signature of Researcher <input checked="" type="checkbox"/> <i>Electronic signature*</i>		Date	
Print Name of Researcher	Linda Gfrerer		

*Electronic signatures certify that:

The signatory agrees that he or she is aware of the polities on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.

- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.

Appendix D

Letter to Potential Participants

Dear Participant,

My name is Linda Gfrerer and I am a student at the University of St. Thomas in the Organization Development program under the supervision of Dr. William Brendel. You are invited to participate in a research study entitled: Empowerment and Engagement through Informal Learning: Exploring the Relationship between Learning Opportunities and the Work Environment of Nurses. The purpose of the study is to understand how informal learning influences nurses' perceived levels of empowerment and engagement in the hospital setting. The research study has been approved by the Institutional Review Board of the University of St. Thomas.

The research study will consist of an interview and an opportunity for you to answer questions in writing. The interview and writing opportunity are confidential. Participation in the research study is voluntary and you may decline the opportunity to participate. The interview, which will be recorded, will take approximately forty-five minutes and the writing opportunity ten to fifteen minutes. Two weeks following the interview I will meet with you to review your responses to the interview questions and to review the written responses. The follow-up session will also be recorded. The risk involved for participants in the study is that the participant's identity would inadvertently be exposed or the data would be inadvertently exposed. Precautions will be taken to maintain the information securely by the use of pseudonyms. The information will be stored in a password protected hard drive.

Further information regarding the research study can be obtained by contacting John Belew, Nurse Researcher at Gillette Children's Specialty Healthcare at 651.726.2621. In addition, for further information or questions, contact Linda Gfrerer, 763.427.9780 or via email, lindagfrerer@comcast.net.

Thank you for your consideration. Your participation in the research study is greatly appreciated.

Sincerely,

Linda Gfrerer

Appendix E

Informed Consent Form

INFORMED CONSENT PROCESS

Project Name	Empowerment and Engagement through Informal Learning: Exploring the Relationship between Learning Opportunities and the Work Environment of Nurses		
Researcher Name	Linda Gfrerer	IRB Tracking Number	474349-1
Informed Consent			
<ul style="list-style-type: none"> ▪ Simply giving a consent form to a subject does <u>not</u> constitute informed consent. Consent itself is a process of communication. ▪ Be sure all required consent forms are attached to your project. ▪ In addition to consent forms, assent forms are required if your subjects are children ages 10 and older. ▪ All forms are located in the document library. 			
Describe Study			
In a script, state what you will say to the prospective participant describing your study.			
I am a member of the organization, Minnesota Organization of Leaders in Nursing, and have met several nurses employed by Gillette Children's Specialty Healthcare. I have always been so impressed with their level of engagement to your organization and their commitment to the patients. For that reason I am interested in exploring how the factors of empowerment, engagement, and informal learning influence nurses' perceptions of their work environment.			
Participant Questions			
What questions will be asked to assess the participant's understanding of his/her participation in your research? Identify 3-5 open-ended questions (not "yes/no" questions) that address procedures, risks (if any), confidentiality and voluntariness.			
<ol style="list-style-type: none"> 1. After reading the Dear Participant Letter, what questions do you have regarding the semi-structured interview and the writing opportunity? 2. Are you able to explain the precautions I will be taking to insure your anonymity? 3. If you decide to withdraw from participation in the study, what will the researcher do with your responses to the semi-structured interview? 			
Obtaining Consent			
At what point in the research process will consent be obtained? Be specific.			
The consent will be obtained when I initially meet with the study participant prior to the semi-structured interview.			

Will the investigator(s) personally secure informed consent for all subjects?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If NO , identify below the individuals who will obtain consent (include job title/credentials):				

Appendix F

CONSENT FORM
UNIVERSITY OF ST. THOMAS**Empowerment and Engagement through Informal Learning: Exploring the
Relationship between Learning Opportunities and
the Work Environment of Nurses**

[474349-11]

I am conducting a study of the factors: empowerment, engagement, and informal learning and the relationship between learning opportunities and the working environment of nurses. I invite you to participate in this research. You were selected as a possible participant because you are a Registered Nurse employed at Gillette Children's Specialty Healthcare. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Linda Gfrerer, BS, MS, RN. Advisor: William Brendel, Ed.D, Organization Development, University of St. Thomas

Background Information:

The purpose of this study is to understand how informal learning influences nurses' perceived levels of empowerment and engagement in the hospital setting.

Procedures:

If you agree to be in this study, I will ask you to do the following things: to participate in a semi-structured interview for approximately forty-five minutes. Following the interview, I will ask you to answer questions in writing for ten to fifteen minutes. Two weeks following the interview, I will meet with you to review your responses to the interview questions and to review the written responses. The semi-structured interview and follow-up session will be recorded on a digital recorder.

Risks and Benefits of Being in the Study:

The study has the following risk: that the participant's identity would inadvertently be exposed or the data would be inadvertently exposed. Precautions will be taken to maintain the information securely.

The information will be stored in a password protected hard drive.

There are no direct benefits for participating in the study. Information regarding the factors of empowerment, engagement, and informal learning and the relationship between learning opportunities and the working environment of nurses will be provided to the hospital and nurse leaders of Gillette Children's Specialty Healthcare.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way by the use of pseudonyms. The types of records I will create include: digital recordings and the written responses. The researcher will have access to the recordings and the written responses on a computer with password access. The recordings and written responses will be destroyed following the completion of the study.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the follow-up session. Should you decide to withdraw, data collected about you will not be used. You are also free to skip any questions I may ask.

Contacts and Questions

My name is Linda Gfrerer. You may ask any questions you have now. If you have questions later, you may contact me at 763.427.9780. The advisor is William Brendel, Ed.D. He can be reached at 651.962.4419. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and I agree to audio recording. I am at least 18 years of age.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix G

Participant Information

PARTICIPANT INFORMATION

Project Name	Empowerment and Engagement through Informal Learning: Exploring the Relationship between Learning Opportunities and the Work Environment of Nurses		
Researcher Name	Linda Gfrerer	IRB Tracking Number	474349-1
Participant Information			
Please completely answer each question in clear, easy to read language. Reminder, it is extremely important that all information obtained from your participants be kept as confidential as possible.			
Target Population			
You described and selected your target population in your application. Provide your rationale for purposefully selecting your target population(s).			
The target population are Registered Nurses employed at Gillette Children's Specialty Healthcare. Registered Nurses were selected because of their role in healthcare delivery and predictions of a nursing shortage in the future.			
If you are purposefully excluding women or minorities in your study, explain why.			
Not applicable			
If you are conducting research on school children during class time, please answer the following two questions:			
Describe in detail the activity planned for children not participating in your research.			
Not applicable			
Who will supervise non-participants? Include this information in the consent form.			
Not applicable			
Anticipated Participants			
Explain if you anticipate in your study a sample of gender, race or ethnicity that is not proportionate to the general population.			
Not applicable			
Recruitment of Participants			
If subjects are recruited or research is conducted through an agency or institution other than UST, submit written documentation of approval and/or cooperation. This document should use the agency or institution's letterhead and contain enough information to demonstrate the			

agency or institution understands of their role in your research. Please be advised that you will need a letter of permission from any organization (printed on letterhead) where you will be recruiting. Please answer the following:				
Identify the locations where participants will be recruited (name, city and state).				
Gillette Children's Specialty Healthcare, St. Paul, Minnesota				
Who will make the initial recruitment contact (full name)?				
Linda Gfrerer				
If the principle investigator is not the recruiter, describe how contact will be made with those who will be doing the recruitment. Describe what will be said to potential recruiters.				
Not applicable				
Describe how participants will be recruited. Include a script or other recruitment materials.				
The Dear Participant letter will be posted in break rooms on the patient care units at the hospital. The Dear Participant letter includes the pertinent information regarding the study for the participants.				
Specify what measures you will take to eliminate potential coercion. <i>Be specific</i>				
The consent form states that participation in the research study is voluntary.				
Will you have access to existing records in order to recruit?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES , indicate who gave approval to use the records. Approval must be given by an individual who has the authority to release the records. Attach a signed letter of approval from that individual, preferably on letterhead from their organization. List the name of the person who has given approval to release the records.				
Not applicable				
Will the participants receive incentives before and/or rewards after the study?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES , describe these incentives and/or rewards. Include this information in your consent form.				

Appendix H

Lay Summary

LAY SUMMARY

Project Name	Empowerment and Engagement through Informal Learning: Exploring the Relationship between Learning Opportunities and the Work Environment of Nurses		
Researcher Name	Linda Gfrerer	IRB Tracking Number	474349-1
Lay Summary			
Please complete each section in clear, easy-to-read language that can be understood by a person unfamiliar with your research and your field. Written correctly, sections of this summary can be used in your consent form.			
Background			
Provide <u>ONE</u> paragraph to explain the importance of the research and how it fits with previous research in the field.			
<p>Because of the future projected increase in the need for Registered Nurses, a healthy work environment is critical for the successful recruitment and retention of well educated, qualified, competent Registered Nurses. A hospital defined as an unhealthy work environment will have a challenge attracting and recruiting new nurses as well as experienced nurses. The purpose of the research study is the following: by inviting the unique narratives of four nurses, the study seeks to understand how informal learning phenomena influence nurses' perceived levels of empowerment and engagement in the hospital setting. The significance of the study is to provide recommendations to pediatric specialty hospital and nurse leaders ways in which informal learning may be leveraged to foster a more healthy work environment comprised of empowered and engaged nurses. In addition, the study is to validate the premise that healthy work environments for nurses are empowering work environments correlated with employee engagement and commitment to the organization. The research questions are:</p> <ol style="list-style-type: none"> 1. How are nurses' perceived levels of empowerment related to aspects of informal learning in the work environment? 2. How are nurses' perceived levels of engagement facilitated by aspects of informal learning in the work environment? 3. What conditions enable or create obstacles for informal learning in the work environment? 			
Research Methods and Questions			
Specify the overall research question(s), hypothesis, methods you will use to address the research question(s).			
Be sure to attach copies of ALL materials to be used in the study to your project (such as surveys, interview questions, dependent measures, and so forth).			
The questions for the semi-structured interview are attached.			

Expectations of Participants State precisely what you will have participants do. Identify the location of data collection and the expected time commitment of participants.
The participants will participate in a semi-structured interview for approximately forty-five minutes. After the interview, the study participants will be asked to answer one to two questions in writing for ten to fifteen minutes. Two weeks following the semi-structured interview the researcher will meet with the study participants to review the responses and to review the written responses. The semi-structured interview and follow-up session will be recorded on a digital recorder.
Analysis of Existing Data If you are analyzing existing data, records or specimens, explain the source and type, as well as your means of access to them.
Not applicable

Appendix I

Interview Questions

Empowerment and Engagement through Informal Learning: Exploring the Relationship between Learning Opportunities and the Work Environment of Nurses

Interview Questions

1. How long have you worked at Gillette Children's Specialty Healthcare as a nurse?
Did you have experience as a nurse prior to this position?
2. Take me back to when you joined the organization. Tell me about the classroom training you received as a new employee.
3. Tell me about the orientation you received on your unit.
4. How did you feel following the classroom training and the unit orientation?
5. How did you learn the technical skills required for your position?
6. How did you learn to handle complex situations?
7. Tell me about a situation that needed to be solved. How did you handle the situation?
8. Thinking about the term empowerment, has the informal learning you have received at Gillette facilitated your feelings of empowerment?
9. Also, thinking about the term engagement, has the informal learning you received at Gillette facilitated your feelings of engagement?
10. How do you develop relationships with co-workers here at Gillette?
11. Do you have any further comments?

Free-Write Prompt

Now I would like you to write for a few minutes about a conflict you have experienced at work.

How did you handle the situation?

Looking back at the situation would you have handled it differently? In the future how would you handle the situation?

Appendix J

Questions and Data Sources

Questions	Initial Interview	Free-Write	Follow-up
How long have you worked at Gillette as a nurse? Did you have experience as a nurse prior to this position?	X		X
Take me back to when you joined the organization. Tell me about the classroom training you received as a new employee.	X		X
Tell me about the orientation you received on your unit.	X		X
How did you feel following both the classroom training and the unit orientation?	X		X
How did you learn the technical skills required for your position?	X		X
How did you learn how to handle complex situations?	X		X
Tell me about a situation that needed to be solved. How did you handle the situation?	X		X
Thinking about the term empowerment, has the informal learning you have received at Gillette facilitated your feelings of empowerment?	X		X
Also, thinking about the term engagement, Has the informal learning you have received at Gillette facilitated your feelings of engagement?	X		X
How do you develop relationships with co-workers?	X		X
Any further comments?	X		X
I would now like you to write for a few minutes (10-15) about a conflict you have faced at work. How did you handle the situation? Looking back at the conflict, would you have handled it differently?		X	X

