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The Relationship of Work Stressors and Perceived Organizational Support on Nurse Manager Work Engagement in Geriatric Care

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THE RELATIONSHIP OF WORK STRESSORS AND PERCEIVED ORGANIZATIONAL SUPPORT ON NURSE MANAGER WORK ENGAGEMENT IN GERIATRIC CARE

by
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Abstract

This study examined the relationship of work stressors and perceived organizational support on work engagement for nurse managers in geriatric care practice settings. A non-experimental descriptive, cross sectional design examined the relationship in nurse managers working for member organizations of two Minnesota aging services trade associations: LeadingAge and Care Providers. Four instruments measured work engagement, work stressors, and perceived organizational support. Study instruments were: (1) the Utrecht Work Engagement Scale (UWES); (2) the Challenge-Hindrance Stressor Scale (CHSS); (3) the Survey of Perceived Organizational Support (SPOS); and (4) the Practice Environment Scale – Nursing Work Index (PES-NWI) developed by Kramer and Hafner (1989). The study sample included 185 nurse managers working in geriatric care. Statistically significant findings include: 1) a negative correlation between work stressors and work engagement; 2) older (chronological age) nurse managers reported higher work engagement, and 3) nurse managers in geriatric care settings report less stress than nurse managers working in acute care settings. This study is the first to compare and demonstrate diversity in nurse manager preceptions unique to care setting and generational cohort.

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*"Is the LORD's arm too short? Now you will see whether or not what I say will come true for you" (*Numbers 11:23).

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List of Abbreviations

ADLs	Activities of Daily Living
CHSS	Challenge Hindrance Stressor Scale
EBSCO	Online library search engine.
ERIC	Online library of education research and information, sponsored by the Institute of Education Sciences (IES) of the U.S. Department of Education.
HRRP	Hospital Readmission Reduction Program
$H_{(n)}$	Hypothesis
JD-R	Job Demands Resources Model
LPN	Licensed Practical Nurse
PES-NWI	Practice Environment Scale & Nursing Work Index
POS	Perceived Organizational Support
RN	Registered Nurse
SPOS	Survey of Perceived Organizational Support
SPSS	Software package for statistical analysis.
UWES	Ultrecht Work Engagement Survey
WE	Work Engagement
WS	Work Stressors

List of Symbols

ANOVA	Analysis of variance.
b	Value of raw (unstandardized) regression coefficients.
m	Sample mean, arithmetic average.
n	Number of cases (generally a subsample).
N	Total number of cases.
r	Estimate of the Pearson product-moment correlation coefficient.
SD	Standard deviation.
SEb	Standard of error.
t	Student's t distribution.
β	In statistical hypothesis testing, the probability of making a Type II error (1- β denotes statistical power): population values of regression coefficients (with appropriate subscripts as needed).

Chapter One: Introduction

Introduction

An urgent need exists for healthcare administrators to intervene effectively to successfully recruit and retain nurse managers. A severe shortage of nurses will occur for the next several decades (Report on the International Council of Nurses, 2016). Additionally, an anticipated 60,000 Minnesotans will turn 65 annually from 2016 - 2030 (FaceAgingMN.org, 2016). A disproportionate number of workers are retiring compared to the number of young people entering the workforce (FaceAgingMN, 2016). The shortage of nurses and an aging population have resulted in open positions in nursing homes increasing from 1,500 in 2013 to almost 2,500 in 2014. Total caregiver vacancies spiked at 12%, with Registered Nurse (RN) vacancies highest in the Twin Cities metropolitan area in Minnesota peaking at 13.8% (Long Term Care Imperative, 2015).

Recent studies have also identified that work stressors and nurses' perception of organizational support significantly affect retention (Simmons, 2013; Rich, 2010; Schaufeli, Bakker, & Bakker, & Salanova, 2006, 2006; Vance, 2006). These studies, conducted in acute care and home care settings, suggest that potential administrative interventions can curb nurse manager turnover and improve quality of care. This study replicates Simmons' (2013) work in the geriatric care practice setting to discern the degree to which the same or different interventions may prove effective in nurse manager retention. Three scales used in Simmon's report are included in this research study to extend the question to residential geriatric care including nursing homes and assisted living. In addition to Simmon's study, the present research employed a new scale endorsed by key quality organizations (National Quality Forum, Joint Commission, and National Center for Nursing Quality). The nursing practice environment measure is the 31-item Practice Environment Scale & Nursing Work Index (PES-NWI; Lake, 2002).

Additional variables included in the analysis were the chronological age of the nurse manager, practice setting, and career aspirations. "Schaufeli, Bakker, and Salanova (2006) re-analyzed 27 studies conducted between 1999 and 2003, concluding that age is positively, but weakly, related to engagement. Simpson (2009) found higher levels of work engagement among older nurses" (Simmons, 2013, p. 10). Simmons was unable to find a significant relationship between nurse age and work engagement, however, she stated that the homogeneity of age was a limitation of her study (2013).

Statement of the Problem

The role of the nurse manager is demanding and critical for providing a positive work environment for direct care staff to ensure the best care possible. A nurse manager must plan, implement, evaluate, delegate, and collaborate effectively. Moreover, the nurse manager must be able to think critically and prioritize when balancing multiple responsibilities. Kramer et al. (2007) described the nurse manager as one of the most difficult roles in healthcare delivery because of its many responsibilities. The nurse manager is the primary facilitator of communications for the nursing unit with physicians, families, other staff and management. A fully engaged nurse manager ensures consistency necessary for smooth operations and quality care.

Disengagement or turnover of nurse managers is often the cause of serious disruption in the delivery of geriatric care. Communication breakdowns between providers, staff, and family, often lead to system failures and result in substandard care. The medical complexities of geriatric care contribute to both the difficulty and pivotal nature of the nurse manager role (Bogaert, et al., 2014).

Senior leaders in geriatric care must understand how to affect a positive work environment that will encourage full engagement and retention of nurse managers. Previous research on work engagement and perceived organizational support of nurse managers focused

on acute care or community-based nurse practice settings. This study fills a vital gap by including the geriatric care nurse practice setting.

Purpose

The purpose of this study was to gain a better understanding of the work engagement of nurse managers within the geriatric care practice setting. The investigation explored the relationship among work stressors, perceived organization support, age, nursing practice setting, career advancement aspirations, and work engagement of the nurse manager, and tested whether perceived organizational support moderates the relationship between work stressors and work engagement.

Leadership turnover results in a decline in organizational performance, increased costs associated with recruitment and onboarding of new staff, the loss of tacit knowledge, and ultimately, decreased institutional ability to provide the best care possible (Siegel, Young, Mitchell & Shannon, 2008; Tummers, et al., 2013; Warshawsky & Havens, 2014). Vacancy rates for licensed practical nurse (LPN) and registered nurse (RN) positions in post-acute care have ramped up significantly in recent years with the retirement of the baby boomers and with fewer Millennials entering the workforce (Long Term Care Imperative, 2015). Direct care nurse managers play a pivotal role directly influencing quality of care and the work environment in the geriatric setting. This study suggests that the greatest advantage point for senior leadership to ensure the best geriatric care possible is the recruitment, retention, and full engagement of the front-line nurse manager.

Earlier research has shown a weak positive correlation between older age and work engagement (Simpson, 2009; Schaufeli, Bakker, & Salanova, 2006). Simmons' (2013) study failed to show a significant correlation with age and engagement; however, Simmons noted a limitation in the demographic homogeneity with the age of respondents clustering around 47. A 2014 study on the aging workforce found that younger nurses are replacing Baby Boomers

(Aitken, et al., 2012). This study in the geriatric practice setting offered a more robust sample of millennial participants for a statistically significant measure.

S. Kim, Um, H. Kim, and Y. Kim (2016) suggest positive nurse engagement when a perceived opportunity for career growth and promotion exists. Cziraki, McKey, Peachey, Baxter, and Flaherty (2014) found that nurse managers are attracted to positions that promise career growth. This study included career aspirations as an important variable of inquiry based on the changing age demographic of the nurse manager workforce, especially as it now includes a greater number of Millennials.

Research Questions and Hypothesis

This research into nurse managers in geriatric care settings sought to enable executive staff to maximize the work engagement and retention of nurse managers. The following research questions were explored in the study:

1. What is the relationship of work stressors and perceived organizational support to work engagement for the nurse manager working in geriatric care?
2. What is the relationship between age and career aspirations of nurse managers working in geriatric care with work engagement?

The following hypothesis were explored as part of this study:

H_1: Nurse managers with increased work stressors will have lower work engagement.

H_2: Nurse managers with increased perceived organizational support will have higher work engagement.

H_3: Perceived organizational support will moderate the relationship between work stressors and work engagement. Specifically, higher perceived organizational support buffers the

effect of work stressors on work engagement.

H_4: Older (chronological age) nurse managers will report higher engagement.

H_5: Nurse managers working in geriatric care will report more significant workplace stress than nurse managers working in acute care by comparing this study's results to the previous literature.

H_6: Nurse managers with career aspirations for promotion will report higher engagement.

Nature of the Study

This study is based on the framework of Kahn's (1990) engagement theory and subsequent work by Simmons (2013) examining work engagement in nurse managers in the acute care practice setting. As outlined by Kahn (1990), engagement is the level of physical, mental, and emotional energy an individual brings to their work. Kahn (1990) suggests that individuals can tap-in to stores of energy within and when more energy is brought into the work setting through "personally, engaging behaviors" and the "channeling of personal energies into physical, cognitive, and emotional labors" (p.322). Nurse managers who are not engaged are less committed and more likely to seek other employment (Park et al., 2012; Keys, 2014).

With this premise in mind, Schaufeli, Salanova, González-Romá, and Bakker (2004) expanded on the concept of psychological presence and engagement to include feelings of vigor, dedication, and absorption. Each feeling classification provides further understanding of the cognitive energy. For example, "*vigor* refers to high energy . . . resilience ... and [a] willingness to invest energy" (Schaufeli, 2011, pp. 40-41). *Dedication* refers to attitudes directed toward the work itself. Dedication is not the same as the familiar terms, *job-satisfaction* or *commitment*, which instead refer to the overall feelings about one's job versus the work itself. Finally, *absorption* refers to a clear focus and concentration on the work itself (Bakker, 2014). This study dealt with the concept of work engagement and how it relates to the following variables:

work stressors (WS); perceived organizational support (POS); older age; geriatric care setting, practice environment (PES-NWI), and career aspirations.

Background

The nurse manager position is one of the most challenging roles in healthcare because of its broad range of responsibilities (Kramer et al., 2007). Supervision of unlicensed direct care personnel is one of the most challenging duties of the nurse manager in the geriatric care setting (Siegel, Young, Mitchell, & Shannon, 2008). Nursing shortages often result in a weakened ability for nurse managers to deliver the consistent quality of care and adequate supervision of staff at the point of care. Inadequate succession planning, low workforce incentives and the departure of nurse managers through disengagement and retirement contribute to the challenges (Strichler, 2008; & Simmons, 2013). The following paragraphs explore more specific challenges of the nurse manager role.

Scope of practice. Nurse managers supervise the implementation of daily care practices by effectively organizing and operationalizing care delivery at the point of care (Simmons, 2013). This study examined the role of the nurse managers in the geriatric care setting. The typical geriatric patient is medically complex, often suffering multiple comorbidities, cognitive deficits, and high levels of dependence on others for support in activities of daily living (ADLs). Frequent comorbid disorders include hypertension, arthritis, and hyperlipidemia (Buttaro, Mahan & Barba, 2012).

Turnover. Nurse manger turnover results in a decline in organizational performance. Workforce shortages in licensed staff create a highly competitive market, resulting in many opportunities for nurse mangers to seek promotion, higher compensation, or transfer for a variety of reasons. Increased costs associated with recruitment and hiring of new staff and the loss of tacit knowledge jeopardizes a provider's ability to provide the best care possible (Siegel, et al., 2008; Tummers, et al., 2013; Warshawsky & Havens, 2014).

Work engagement. Simmons (2013) suggests that organizational support and work stressors influence nurse managers' work engagement. Prior to Simmons' study, Kahn (1990) conceptualized the idea of work engagement as the degree to which workers are "psychologically present" while performing work roles (p. 692). Kahn later extrapolated further on the concept of work engagement, and described the "stores of energy" that workers may or may not bring to the work processes at hand (1992, p. 321). Work engagement is a predictor of performance and employee well-being (Costa, Passos, & Baker, 2014).

Work stressors. Research has demonstrated that stressors influence work engagement (Schaufeli, Bakker, & Salanova, 2006; Vance, 2006; Rich, 2010; & Simmons, 2013). Bogaert, Adriaenssens, Dilles, Martens, Van Rompaey, & Timmermans (2014) summarized stressors in the nursing practice environment as the following: "job complexity, role ambiguity, high responsibility, mental and physical workload, lack of job control, span of control and workload, lack of opportunities for intellectual and professional growth, inadequate leadership, deficient social support by supervisor and/or colleagues, difficult nurse-doctor collaboration, and effort-reward imbalance" (p. 2623). The impact of stressors on nurse managers is often expressed by them as an intent to leave the organization (Warshawsky & Havens, 2014). In a sample of 291 acute care nurse managers, 62% planned to leave their position over the next five years. Nurse managers with intentions to leave included 30% citing burnout, 27% retirement, and 15% promotion (p. 36). A 2014 study of nurse managers in Taiwan, found that study participants perceiving higher levels of work stress also indicated higher intentions to leave (Kuo, Lin, & Li, 2013). However, a significant amount of previous research limited its focus on nurse managers in acute care settings. This study sought to bridge this gap in the literature by examining the experiences of nurse managers in geriatric care, either in the context of short-term rehabilitation or extended care in another setting.

Perceived organizational support (POS). A positive POS occurs when individuals feel that an organization cares about their well-being and the value of their personal contributions to the organization's objectives (Gouldner, 1960; Blau, 1964; Eisenberger, Huntington, Hutchinson, & Sowa, 1986; Rhoades & Eisenberger, 2002). POS is a strong predictor of employee engagement (Simmons, 2013; Alvi, Abbasi, & Haider, 2014). The role of the nurse manager is to provide supervision for a clinical unit as an inpatient nurse manager, supervisor, administrator, or clinical nurse leader. This study examined the balance of work stressors (WS) and POS, and how these variables relate to work engagement in nurse managers in the geriatric setting. The Long-Term Care Imperative (2015) estimates that the turnover of nurse managers in geriatric care may be as high as 50%. The study aims to identify practice-setting changes related to job demands, organizational support, and other workplace environmental factors to positively impact engagement and to reduce turnover.

Work Engagement and the Job Demands-Resources Model

The job demands resources (JD-R) model has been used by investigators to frame working conditions into two broad categories: job demands and job resources (Demerouti, Bakker, Janssen & Schaufeli, 2001; Demerouti, Bakkar, Nachreiner, & Schaufeli, 2001; Bakker et al., 2005; Hakanen et al., 2006; Mauno, Kinnunen & Ruokolainen, 2007; Demerouti, Bakker, & Gevers, 2015; Woerkom, Bakker, & Nishii, 2015; Baker, Rodriguez-Munoz, & Vergel, 2016; Shahpouri, Namdari, & Abedi, 2016). Job demands are "physical, social, or organizational" energies that are required in the work context to complete work objectives (Simmons, 2013, p. 12). Job resources, on the other hand, refer to the input aspects of the job that enable achievement of work goals, moderate job demands, and "associated psychological and physical costs," and "stimulate personal growth and development" (Simmons, 2013, p. 12). When the work environment includes these positive inputs, a positive relationship can be found with

employee engagement. Conversely, when organizations do not provide these resources, employees withdraw and disengage (Demerouti et al., 2001; Bakker, Dem& Schaufeli, 2003).

Relationship of Study Variables

The following diagram illustrates the relationship of the study variables (See Figure 1: Relationship of study variables). Career aspirations and geriatric setting added to address a gap in Simmons' 2013 research undertaken in the context of the acute care setting.

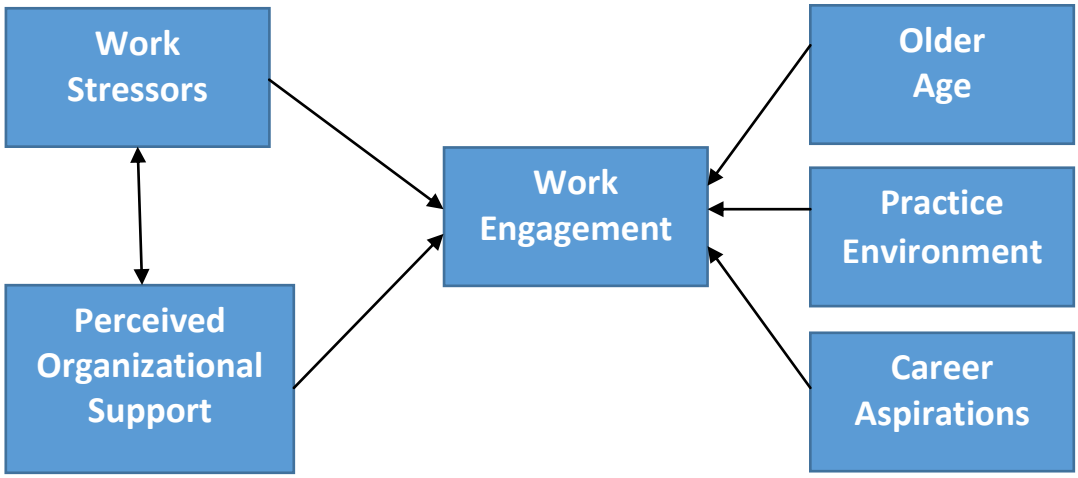

Figure 1. This figure illustrates the relationship of study variables.

Nurse managers must balance the concentration of stressors in the nursing practice environment referred to earlier in this study, namely:

> "Job complexity, role ambiguity, high responsibility, mental and physical workload, lack of job control, span of control and workload, lack of opportunities for intellectual and professional growth, inadequate leadership, deficient social support by supervisor and/or colleagues, difficult nurse-doctor collaboration, and effort-reward imbalance" (Bogaert, Adriaenssens, Dilles, Martens, Van Rompaey & Timmermans 2014, p. 2623).

Contributing to the challenge is the potential for role conflict for the nurse manager, especially as the role of the nurse manager is sandwiched between front line workers at the point of care (directly working with residents) and interacting with senior executives. Simmons describes an additional stressor in that nurse managers must strike a balance between what are sometimes "unrealistic" expectations from different constituents (Simmons, 2013, p. 13). This study supposed that increased perceptions of organizational support would favorably influence nurse manager engagement, and by extension, their retention.

The commitment of administrators and other leaders to encourage the growth and support of nurse managers will carry through the organization to the point-of-care. This study provides insights that will be useful for enhancing the performance and commitment of nurse managers in the geriatric care setting.

Definition of Terms

The following terms used in this study have been conceptually and operationally defined to foster a better understanding among readers.

Work stressor refers to stress as experienced by nurse managers.

Perceived organizational support (POS) is the degree to which nurse managers perceive the organization is supporting them.

Age refers to how old the nurse manager is and the potential differences in generational cohorts.

Care Setting refers to the specific work environment in the care continuum (e.g., home and community-based service, assisted living, traditional nursing home, hospital step-down, acute care, etc.)

Career aspiration refers to nurse managers who desire to advance in their careers, compared to nurse managers who are not focused on career advancement.

Organization of the Study

Chapter One presents the introduction, statement of the problem, research questions, significance of the study, definition of terms, and limitations of the study. Chapter Two contains a review of related literature and research related to the problem for investigation, specifically, the history of work engagement, theoretical considerations, emerging trends, and recent findings. The methodology and procedures used to gather data for the study are presented in Chapter Three. The results of the analyses and findings from the study are discussed in Chapter Four. Chapter Five contains a summary of the study and findings, conclusions drawn from the findings, a discussion, and recommendations for further study.

Chapter Two: Literature Review

Work engagement, work stressors, perceived organizational support, age, practice setting, and career aspirations are the ideas of interest for the study. Key words related to the concepts of the study were used to search peer-reviewed journals beginning with the concept of front-line-nurse-manager-turnover. A preliminary review led to a refined focus on the included study variables, specifically, work engagement (WE), work stressors (WS), perceived organizational support (POS), age, practice setting (PES-NWI), and career aspirations.

History of the Subject

Several studies suggest that organizational support and work stressors influence front-line-nurse-manager work engagement (Kahn, 1990; Simmons, 2013; Costa, Passos, and Baker, 2014). Moreover, the nurse manager's perception of organizational support mediates engagement and intentions to stay with an organization. This study focused on nurse managers in the geriatric care setting. Preliminary findings indicated inclusion of career aspirations as an additional variable of interest.

The literature review process began with a search of computerized databases through the Bethel University Library. Databases used in the search included ERIC, EBSCO, ProQuest, Google Scholar, and Sociofile. Articles related to the research topic emerged from an initial inquiry and at first included articles from as early as Kahn's 1990 work on the concept of work engagement. Well over 100 journal articles were retrieved through Bethel Library and through interlibrary loan. A subsequent search focused on more current materials from 2013 to 2016. Search terms included work engagement, front-line-nurse-managers, perceived organizational support, stressors, leadership, work environment, post-acute-care, transitional-care, age, intentions to leave, geriatric care, practice setting, and career aspirations. Considerable literature focused on employee engagement centered in the acute

care environment or from a broader community health perspective. Focus on nurse managers in a geriatric care setting as it relates to engagement is sparse and inconclusive.

Work Engagement

Work engagement has been studied significantly in business and service settings (Shaufeli, 2011; Trepanier, Fernet, Austin, Forest, & Vallerand 2013; Bakker, 2014; Sohrabizadeh, Sayfouri, 2014; Van Bogaert, Van Heusden, Timmermans, & Franck, 2014; Demerouti, Bakker, & Gevers, 2015; Bakker, Rodriguez-Munoz, & Vergel 2016; Moore, Sublett, & Leahy 2016). Woerkom, Bakker, and Nishii (2016) determined that competing organizations faced with workforce shortages may become "magnets" for highly "qualified" and "committed" (engaged) nurse managers by enacting "psychological empowerment" measures to "mediate between" the "nurse practice environment and work engagement" (p. 288). Shaufeli, Bakker, and Salanova (2006) used a shortened version of the UWES questionnaire to measure work engagement. The study included an analysis of 27 studies using the 17-item UWES to measure work engagement as part of broader employee satisfaction instruments. UWES was developed to measure three attributes of work engagement: vigor, dedication, and absorption. Shaufeli et al. (2003, p. 703) found that a shortened 9-item instrument provided a statistically valid alternative to the longer 17-item questionnaire. Van Bogaert, Van Heusden, Timmermans, and Franck, (2014) investigated work engagement in a sample of 365 nurse unit managers in acute care settings. Van Bogaert et al. found one in three nurse managers had "high" to "very high" self-perceived levels of work engagement (2014, p. 2627). Limited investigations expanded on earlier research to include front-line-nurse-managers in acute care and various other settings along the care continuum (Simmons, 2013; Demerouti, Bakker, & Gevers, 2015; Breevaart, Bakker, & Demerouti, 2014). A significant gap in the literature occurs in the transition between the acute care (hospital) setting and the home and community-based setting. While studies have been conducted at both ends of the continuum, a gap occurs in the institutional transitional care setting. The advent of the Affordable Care Act (2010) focuses considerable attention on smooth

and sustainable discharges from hospital to transitional care settings. Several scholars have suggested that work stressors, perceived organizational support, and job demands and resources are important arbiters of work engagement (Schaufeli, Bakker, & Salanova, 2006; Vance, 2006; Rich, 2010; Simmons, 2013). A better understanding of nurse manager work engagement in the geriatric care setting may provide for more sustainable discharges from a hospital to the community.

Theoretical Considerations

The degree to which people can engage or disengage themselves impacts individual and team performance in workplace roles. Kahn's (1990, 1992) engagement theory concluded that people who come to work with "stores of energy" might direct a greater "flow of energy" towards achievement of workplace objectives (1990, p.321). In Kahn's investigation, "psychological presence" was defined as the degree to which individuals "access" stores of energies in the form of "thoughts, feelings, and beliefs" in the context of role performance (p. 322). Kahn concludes that "bringing presence" into the work setting provides the best condition for "growth, learning, change, and productivity" (1992, p. 322).

Early research posited that work engagement is a "persistent, pervasive, [and] affective-cognitive state" (Schaufeli, Salanova, Roma, & Bakker, 2002, as quoted by Bakker, 2014, p. 229). Several researchers argue that energy changes hour-by-hour and may fluctuate based on the task at hand (Beal, Weiss, Barros, & MacDermid, 2005; Sonnentag, 2011). Several follow-up studies on work engagement suggest an ebb and flow of psychological energy brought to work processes throughout the day by individuals (Sonnentag, 2003; Bakker, 2014; Breevaart, Bakker, & Demerouti, 2014). Breevaart et al. (2014) found through daily diary studies that work engagement "varies greatly within persons" (p. 31). The existence of positive leadership support behaviors during the workday were noted as precursors to higher within-person engagement. Self-management strategies also showed promise for increasing personal work engagement.

Breevaart et al. suggest that allowing employees the flexibility to bring to bear more job resources (e.g., skill variety, feedback, developmental opportunities) results in a higher reported engagement in work processes (2014, p. 36).

Organizational psychologist, Arnold Bakker, found "daily fluctuations in work engagement to be a function of changes of daily job and personal resources" (2014, p. 227). Employees may feel better on certain days and better recovery can be predicted. Bakker (2014) found a relationship between a worker's ability to detach from work and recover at home with the ability to re-energize and recover during the work day.

With this premise in mind, Schaufeli, Salanova, González-Romá, and Bakker (2014) expanded on the concept of psychological presence or engagement to include feelings of vigor, dedication, and absorption. Each feeling classification provides further understanding of the cognitive energy. Dedication refers to attitudes directed toward work itself. Dedication is not the same as the familiar terms, job-satisfaction or commitment, which instead refer to the overall feelings about one's job versus the work itself. Finally, absorption refers to a clear focus and concentration on the work itself (Bakker, 2014).

Simmons (2013) studied work engagement of acute care nurse managers with this premise in mind. Simmons hypothesized that increased workplace stress (WS) would cause nurse managers to disengage from the work. Moreover, Simmons expected that higher perceived organizational support would increase work engagement. Simmons further suspected that perceived organizational support would act as a moderator to reduce the negative impact of work stressors and thus positively affect work engagement (2013). Simmons theorized that older nurses would report higher work engagement, though the researcher was not aware of empirical evidence to confirm this theory. One investigator (Stanley, 2010) concluded that nurse managers of different generations are motivated differently, providing additional insight into the concept of age and engagement. Cziraki, Mckey, Peachey, Baxter, and Flaherty (2014) postulate that length

in the nurse manager position may be more important than age as a factor in work engagement. Age was was not found to be a predictor of engagement in Simmon's 2013 study. In their study of engagement in generational cohorts, Havens, Warshawsky, and Vasey (2013) confirmed Simmons' (2013) findings on age.

A foundation for the study of team work engagement was initiated by researchers, Costa, Passos, and Baker (2014). Following up on a decade of studies, which established work engagement as important for employee performance and well-being, Costa et al. (2014) suggested that team work engagement (TME) is a composite of the work engagement of two or more individuals. Building on existing knowledge of team behavior and processes, the researchers propose a theoretical model to explain work engagement in the context of teams. A work team is described as "two or more people who interact dynamically, independently, and adaptively towards a common and valued goal/objective/mission (Costa, et al., 2014, p. 416). Team work engagement contrasts with individual work engagement as it involves the complex addition of team member interactions, roles, and behaviors. The overall premise of the model is that individual team member experiences will converge to reflect an overall team work engagement. The concept of team work engagement reveals the potential for behaviors and perceptions of cohort nurse managers to act as contagions for individual self-reports of perceived organizational support and work engagement.

Work engagement and jobs demands –resources (JD –R) model. Some investigators have used the job demands-resources (JD-R) model to frame working conditions into two broad categories: *job demands* and *job resources* (Demerouti, Bakker, Janssen & Schaufeli, 2001; Demerouti, Bakkar, Nachreiner, & Schaufeli, 2001; Bakker et al., 2005; Hakanen et al., 2006, Mauno, Kinnunen & Ruokolainen, 2007; Demerouti, Bakker, & Gevers, 2015; Woerkom, Bakker, & Nishii, 2015; Baker, Rodriguez-Munoz, & Vergel, 2016; Shahpouri, Namdari, & Abedi, 2016). The JD-R model assumes that burnout develops when job demands outweigh job

resources resulting in a "negative work environment" (Demerouti et al., 2001). In the human services environment, disengagement can result in "depersonalization characterized by a detached and cynical response to the recipients of one's service or care" (Maslach, Jackson, & Lieter, 1996, as quoted by Demerouti et al., p. 499). The JD-R model provides a framework for analysis of related work environment characteristics that moderate work engagement. Demerouti et al. (2001) argue that dissonance may result from conflicting job demands having a negative impact on work engagement. Role conflict can be exacerbating for employees and result in outcomes that are undesirable for the patient and service provider (e.g., absenteeism). A practical implication of this study is that employers may work to create a balance between job demands and resources that positively impacts absenteeism.

"Job crafting" is a concept investigated in a 2015 study, to examine the concept of designing a job to balance demands and resources most effectively for positive work outcomes (Demerouti, Bakker, & Gevers, 2015, p. 87). Demerouti et al. (2001) suggest that a "top-down" or "one-size-fits-all" approach is not nearly as effective as creating a work environment that is flexible enough to allow for top down and bottom up leadership (p. 87). In the geriatric nurse manager practice setting, job crafting would occur when a nurse manager is empowered to proactively mobilize the inputs and interventions needed to do the job well; as a result, they will more positively engage in the work. "Job crafting" occurs when employees modify the boundaries of a job (rewrite a job description), both in terms of process and relationship with others in the workplace (Wrzesniewski & Dutton, 2001, p. 89).

With the job-crafting premise in mind, Bakker, Munoz, and Vergel (2016) followed 206 employees (103 dyads) to determine if "proactively changing one's work environment" positively impacts the individual and their ability to influence other's work engagement. Bakker et al. (2016) found that job crafting related positively with work engagement, while decreasing "hindrance job demands" was not related (p.89). A conceptual framework provided in an earlier

study determined four dimensions of job crafting for analysis: (1) increasing structural job resources, (2) increasing social job resources, (3) increasing challenge job demands, and (4) decreasing hindrance job demands (Tim, Bakker, Derks, & Van Rhenen (2013). Bakker et al. (2016) conducted a study among employees from seven different companies in Poland. Volunteers were randomly assigned into dyads by the researchers and the anonymity of the participants was retained to not bias the results. An online survey tool was used and 206 valid returns were included in the results. The researchers found that employees emulate the job crafting behaviors of others and "indirectly influenced each other's work engagement" (Bakker et al., 2016, p. 181). The findings concur with Bandura's (1997) social cognitive theory and JD-R theory (Bakker & Demerouti, 2008, 2014.) The report findings support the use of the JD-R theory for the study of work engagement and POS in nurse managers working in the post-acute care environment.

Research referring to the JD-R model analyzed the effect of job resources and personal resources on turnover intention with the mediator role of work engagement among female nurses at Isfahan Alzahra Hospital (Shahpouri, S., Namdari, K., & Abedi, A. 2016). Female nurses (n = 208) selected by a systematic random sampling completed a 64-item questionnaire (Shapouri, et al., 2016). The 17-item Utrecht Work Engagement scale developed by Schaufeli, et al. (2002) was used to measure work engagement. Additional scales were used to measure personal resources, job resources, and an employee's intention to quit. Shahpouri et al. (2002) concluded that personal and/or job resources do not change an employee's intentions to quit, however, a lack of resources and low work engagement could lead to turnover intent.

Simmons (2013) studied the relationship between perceived organizational support, work stressors, and work engagement of front-line-nurse-managers (nurse managers) in the acute care setting. Simmons found that nurse managers who enjoy a "balance" of work engagement and organizational support can promote a culture of patient care excellence. Simmons found a

significant positive relationship between self-reported perceptions of organizational support and work engagement in a sample of 97 nurse managers in acute care practice settings (2013, p. 84).

Summary of Work Engagement

The most influential study on the topic of work engagement (Kahn, 1990) framed the current discussion on psychological presence/work engagement in the following manner: the degree to which the nurse manager engages or disengages from work. Several subsequent studies focused on non-medical business settings. Simmons' (2013) research applied Kahn's discussions of work engagement to a nurse setting, and presented her findings based on a study of nurse managers (n = 97) in the acute care setting. Her research findings demonstrated that nurse managers in acute care are much more engaged in their work than business managers (Schaufeli & Bakker, 2004). Moreover, Simmons (2013) found that nurse managers who report higher work engagement also indicate higher levels of an intention to stay in their current workplace. A growing body of research on work engagement in healthcare indicates that leaders may influence recruitment and retention, as well as improve work environments by strategically focusing on factors that positively impact work engagement (Lake, 2002; Bogaert; Wang & Yanhui, 2013; Adriaenssens, Dilles, Martens, Van Rompaey & Timmermans, 2014; Warshawsky & Havens, 2014; Shahpouri, Namdari, & Abedi, 2015).

Work Stressors

Many stressors or work demands lead to increased job satisfaction and engagement, whereas other stressors have the opposite effect (Cavanaugh, 2001). The paradoxical conclusions on the impact of stressors led to Cavanaugh's categorization of stressors into two types of stressors: "challenge" and "hindrance" (2001, p. 765). Several researchers found that individuals perceive stressors differently and the net response to the composite of work environmental stressors may have a positive or negative "net effect," thus classifying the stressor

as a positive *challenge* or a negative *hindrance* stressor (Cavanaugh, Boswell, Roehlin, & Boudreau, 2000; Cavanough, 2001; Simmons, 2013).

LePine et al. (2005) demonstrated an inconsistent relationship among work stressors and performance. With the two-dimensional challenge-hindrance stressor model in mind, the researchers conducted an analysis of primary studies using Hunter and Schmidt's (1990) method of meta-analysis (a synthesis of several studies). A sample of articles included in 22 journals dealing with stressor-performance relationships were included in the analysis. The researchers estimated true population correlations among variables, applying formulas to correct for sampling and measurement errors. The investigators found stressors to explain six percent of the variance in motivation. The challenge-hindrance model was supported with a differentiation of positive motivation from challenge stressors and negative impact on motivation from hindrance stressors (LePine et al., 2005).

Nurse managers are susceptible to work related stress (Hayes, Bonner, & Pryor, 2010). A workplace issue for the nurse manager refers to difficulty completing a task in the context of their work environment (Kalisch, Lee, & Rochman, 2009). Furthermore, Kath, Stichler, and Ehrhard (2012) found that lack of predictability is often an indicator of a nurse manager's intention to quit. Several scholars have suggested contradictory findings on the impact of stressors with both positive and negative outcomes in job performance and work engagement (Cavanaugh et al., 2000; LePine et al., 2004; Shirey, 2006; Wallace, Edwards, Arnold, Frazier, & Finch, 2009; Rich et al., 2010; Christian, et al., 2011; Simons, 2013).

Conventional measures of stress include high workload, time pressure, job scope, and high responsibility. Most researchers in work engagement agree that a manager who decreases hindrance stressors and increases challenge stressors may see positive results in employee motivation and performance (LePine, et al., 2005; Demerouti et al., 2015). A growing body of research suggests that a work environment that allows employees the ability to self-manage or

construct work processes will maximize performance and work outcomes (Breevaart, et al., 2013; Costa, Passos, and Bakker, 2014; Bakker, Rodriguez-Munoz, and Vergel, 2016).

Perceived Organizational Support

Social exchange theory suggests that the degree to which employees feel that the employer cares about their well-being and values individual contributions has a positive effect on perceived organizational support (Gouldner, 1960; Blau, 1964; Eisenberger, Huntington, Hutchinson, & Sowa, 1986; Rhoades & Eisenberger, 2002). Several scholars have confirmed that perceived organizational support is a strong predictor of employee engagement (Simmons, 2013; Alvi, Abbasi, & Haider, 2014). Organizations are increasingly looking to leverage organizational support to compete effectively in challenging workforce markets (Kular, Gatenby, Rees, & Soan, 2008). Baumruk (2004) found that perceived organizational support was a significant predictor of employee success. People who find meaning in their work and perceive organizational support based on perceptions of discretionary employer actions become more engaged (Krishnan & Mary, 2012; Geldenhuys, Laba, Venter, 2014). The opposite is also true: when an employee perceives "that the organization places little value on one's contributions and well-being," the perceived organizational support is reduced and the employee feels "less obligated to the employer" (Eisenberger et al., 1997, pp. 812-813).

Eisenberger et al. (1997) studied 295 employees from a broad spectrum of organizations finding that workers with a higher level of discretion (ability to choose between alternatives) in performing work duties, report higher perceptions of organizational support. The scholars conclude that people acting as agents of an organization and feel connected to the work, are more apt to reciprocate and engage even "beyond explicit job responsibilities" (Robinson & Morrison, 1995; Rousseau & Parks, 1993; as cited by Eisenberger et al., 1997, pp. 812).

Positive perceptions of organizational support results in higher retention and reduced intentions to leave the organization (Armeli, Eisenberger, Fasolo, & Lynch, 1998; Rhoades &

Eisenberger, 2002; Simmons, 2013). Several researchers found that a lack of organizational support results in substandard quality of care (Anthony, Standing, & Hertz, 2001; Kayser-Jones, Schnell, Lyons, Kris, Chan, & Beard, 2003).

Age and Engagement

Lancaster and Stillman (2002) report four generations exist in the nurse manager workforce: "Veterans, Baby Boomers, Generation X, and Generation Y" (as cited by Stanley, 2010, p. 847). Veterans were born before 1945, Baby Boomers were born between 1946-1964, Generation X was born between 1965-1979, and Generation Y (Millennials) were born between 1980 and 1994 (Havens, Warshawsky & Vasey, 2013). The newest entrants to the workforce, born after 1994, are referred to as "Generation Z" or "Betas" (Merrick, 2016, p. 21). Nurse managers of different generations respond in different ways to management approaches for increasing engagement (Cziraki, Mckey, Peachey, Baxter & Flaherty, 2014).

Very few Veterans remain in the workforce due to having been born before 1945. Most believe in lifetime employment and many remain with their first employer throughout their careers. Core values for this cohort include hard work, respect for authority, dedication, and sacrifice (Calhoun & Strasser, 2005; Gursory, Maier, & Chi, 2008). The degree of Veterans' influence should not be underestimated, even though Veterans may be scarce in the workforce. Many participate on advisory boards and in volunteer capacities. Finally, the influence of the Veterans is evident in the policies, customs, and culture of the nurse manager's work (Stanley, 2010; Irvine, 2010).

Stanley characterizes the generation born after the Second World War as people who "live to work" (2010, p.848). Baby Boomers enjoyed a strong economy, secure jobs, progress, and big-picture thinking. Core values of this age cohort are "optimism, personal growth, health and wellness, and involvement" (Stanley, p. 848).

Characterized by Stanley (2010) as the "work to live" generation, Generation X (Gen X) do not enjoy the same job security as their parents. Sharing the same big picture as the generation before, Generation X nurse managers value "technology, thinking globally, balance, technological literacy, having fun, travel, independence, diversity, and informality" (Gursory et al., 2008; Weingarten, 2009). Generation X nurse managers differ from older cohorts in terms of what factors they consider to be important for their perception of organizational support, as well as what initiatives they believe to be effective to obtaining long-term organizational commitment (Keys, 2014). Keys (2014) and others have suggested that job flexibility is the most important factor sought by younger people in the workforce (Bakker, et al., 2016; Breevaart, et al., 2013; Costa, et al., 2014; Demerouti, et al., 2015). Furthermore, Keys (2014) found that opportunities for promotion, constraints on personal time, and feelings of being "stereotyped" or "undervalued" may be perceived by Gen X nurse managers as "barriers to success" (p. 97).

A love for and high proficiency with technology typify the Generation Y nurse manager. Stanley suggests this generation enjoys multi-tasking and "collaborative problem solving" (2010, p. 848). Core values for Generation Y nurse manager include "optimism, civic duty, confidence, teamwork, modesty, achievement, morality, 'street-smarts,' and diversity" (Duscher & Cowan, 2004; Calhoun & Strasser 2005, as cited by Stanley, 2010, p. 848).

Generation Z employees expect multiple role changes in their careers and are more likely to leave a job if they are not satisfied (Merrick, 2016). Like Generation Y, Generation Z expects more frequent feedback, praise, and are more apt to vocalize their feelings related to issues on the job (Merrick, 2016).

Summary of Age and Engagement

A severe shortage of nurses is projected for the next several decades (Report on the International Council of Nurses, 2016). Researchers have suggested that a caring environment for older workers helps them to engage in the workplace; they also suggest that management

interventions to improve perceived organizational support may impact older nurse retention (Bishop, 2013). Contradictory study findings relating to chronological age and work engagement. Older nurses have been shown to disengage at work to a greater degree than their younger cohorts (Ennis, Hess, & Smith, 2013). A study of 291 nurse managers working in hospitals found that two of the most common reasons for intention to leave are burnout and retirement (Warshawsky & Havens, 2014). Twenty-seven studies have found the age of the caregiver to "relate positively, but weakly to engagement" (Schaufeli, Bakker, & Salanova, 2006, as cited by Simmons, 2013, p. 36). Simmons' 2013 study of work engagement on acute care nurse managers failed to find a statistically significant relationship between age and engagement. The demand for a stable workforce necessitates understanding the values and perceptions of a multigenerational labor force. This challenge requires the healthcare administrator to know how best to leverage core values, which are key to engaging different age cohorts and maximizing the ability of each group to support the other.

Geriatric Care Setting

A preponderance of existing research on work engagement involves nurses in the acute care and home care nurse practice settings. The results of these studies and that of Simmons (2013) research did not include the nurse managers in the geriatric care setting. The typical geriatric resident is frail and suffers from multiple comorbidities, usually involving some level of cognitive or physical impairment (Choi et al., 2011). The geriatric care nurse must have expert capacity at accessing and managing chronic pain (Swafford, et al., 2014). In a 2016 German study including 308 nurse managers working at 42 geriatric care settings, one-third of the nurse managers expressed their intentions to leave their position in the subsequent year; moreover, 17% stated their intention to "leave the profession" (Rahnfeld, Wendsche, Ihle, Mùller, & Iegel, 2016, p. 159). Several studies suggest that the geriatric care setting presents higher levels of social conflict (Simon et al., 2005; Tummers et al., 2013; Nübling et al., 2010). Comparing the

geriatric nurse practice setting to the home care setting, several researchers reported a higher magnitude of physical and psychological demand (Hasson & Arnetz, 2007; Kromark et al., 2009; Tummers et al., 2013).

Career Development and Engagement

Most entrants to the nurse manager workforce are Millennials. This generation is more likely to leave the organization if they feel less vigor (energy and resilience brought into work) (Schaufeli, 2011) or otherwise find the work environment unhealthy (Park & Gursoy, 2012). Millennials are goal oriented, and do not expect to thrive in an employment situation that does not appear to provide an avenue for promotion (Bano, Vyas, & Gupta, 2015).

Generation X nurse managers (born 1965-1979), combined with the Millennials (born 1979-1994), make up the largest body of workers in the nursing profession. Nurse managers from Generation X also expect to develop in their careers, value flexibility, and are sensitive to insincerity (Keys, 2014). Generation X nurses are also cynical of the world around them (Keys, 2014). A negative relationship with engagement is expected for nurse managers who do not feel that their present organization can advance their career.

Summary

To provide the best care possible in the geriatric care setting, retention of nurse managers who are fully engaged in their work is critical. The workforce is primarily comprised of cohorts from Generation X and Millennials. While each generation views their work in distinct ways, they all must feel that the work environment is positive, rewarding, and that individual needs are met. While they expect stressors to be part of the work environment, they must be balanced so that positive stressors outweigh the negative ones. How the nurse manager perceives organizational support may determine the level of increased engagement or desire to withdraw from the workforce.

The literature review has provided an overview of the history of the subject, theoretical considerations of engagement theory and how it relates to the job demands-resources model, the challenge and hindrance stressor framework, and perceived organizational support. The engagement theory theoretical framework has yet to be applied in the nurse practice environment of the geriatric nurse manager. Finally, the age of the nurse manager has been shown in the literature review to be of greater significance with the turnover over Baby Boomers changing the age stratification of the workforce.

Chapter Three: Methodology

Introduction

Chapter Three discusses the research design, the population to be studied, and four instruments to be used. It includes a discussion of research concerns, the approach to data collection, and an explanation of data analysis. Finally, the timetable for completion of the dissertation outlined, and potential ethical issues addressed.

Purpose

The purpose of this study was to gain a better understanding of the work engagement of nurse managers within the geriatric care practice setting. The investigation explored the relationship among work stressors, perceived organization support, age, nursing practice setting, career advancement aspirations, and work engagement of the nurse manager, and tested whether perceived organizational support moderates the relationship between work stressors and work engagement.

Research Questions

This research into nurse managers in geriatric care settings seeks to enable executive staff to maximize the work engagement and retention of nurse managers. The following research questions are explored in this study:

1. What is the relationship of work stressors and perceived organizational support to work engagement for the nurse manager working in geriatric care?
2. What is the relationship between age and career aspirations of nurse managers working in geriatric care with work engagement?

The following hypothesis were explored as part of this study:

H_1: Nurse managers with increased work stressors will have lower work engagement.

H_2: Nurse managers with increased perceived organizational support will have higher work engagement.

H_3: Perceived organizational support will moderate the relationship between work stressors and work engagement. Specifically, higher perceived organizational support buffers the effect of work stressors on work engagement.

H_4: Older (chronological age) nurse managers will report higher engagement.

H_5: Nurse managers working in geriatric care will report more significant workplace stress than nurse managers working in acute care by comparing this study's results to the previous literature.

H_6: Nurse managers with career aspirations for promotion will report higher engagement.

Research Design

The study used a quantitative non-experimental design using existing survey tools to quantify the opinions of a chosen population of nurse managers working in geriatric care settings. The survey tools used were the Utrecht Work Engagement Survey (UWES); the Survey of Perceived Organizational Support (POS); the Challenge-Hindrance Stressor Scale (CHSS), and the Practice Environment Scale and Nursing Work Index (PES-NWI). These instruments were distributed using Qualtrics, a secure, online survey software. Descriptions of each instrument are included in the following subsections in this chapter. The study is cross-sectional and intended to generalize findings from the sample to the greater population of nurse managers working in geriatric care settings (Creswell, 2014). Data for this study examined the relationships between work stressors, perceived organizational support, age, practice environment, career aspirations for promotion among nurse managers, and the effect of each variable on work engagement.

Population

The study population included nurse managers working in geriatric care settings including rehabilitation or palliative services that people receive after, or instead of, a stay in an acute care hospital. The target sample population included 1,100 LeadingAge of Minnesota member organizations and 900 Care Providers member organizations, for a total of 2000 member (see Appendices A and B). The estimated population available from trade associations was = average three nurse managers x 400 geriatric member organizations facilities = 1,200. A 10% response rate would result in a sample of 120. Simmons (2013) study N=97, included 97 front-line-nurse-managers working in acute care settings in the New York tri-state area. The current study replicates Simmons work excepting for nurse practice setting.

Statistical software G*Power 3.1.9.2 (Faull, Erfelder, Lang & Buchner, 2007) was used to determine the required sample size to answer the research questions. Using a significant level of .05, power of 80%, and an estimated effect size of R2=.15, for the five independent variables for this study. Based on this analysis, the sample size for this research was a minimum of 98 participants,

Protection of Human Subjects

To protect human subjects in research, Institutional Review Board (IRB) approval from Bethel University, St. Paul, Minnesota, was obtained prior to commencement of the study (see Appendix C: IRB Approval Letter). The survey research design did not meet Level 1 or Level 2 criteria, and thus was reviewed at Level 3 by the program director. Information necessary for informed consent was included with the electronic Qualtrics survey (see Appendix E: Survey Instrument. Participants received an explanation of the study and risks and benefits associated. The use of an electronic consent form (see Appendix D: Consent Form) documented acknowledgement of participant's rights.

Before the participants engaged in the research, they were informed that the data would be maintained in a confidential secure manner. Study participants could choose not to participate and to withdraw from study participation at any time (Creswell, 2008). Participants were advised their identity would not be linked to individual responses. Confidentiality of data was maintained as declassified, and only group data is reported. Voluntary consent recognizes the fact that each person has an inherent capacity for self-determination (Creswell, 2008; Polit & Beck, 2008).

Instrumentation

What follows is a brief introduction to the four instruments that were used in the form of a single web-based electronic questionnaire (see Appendix E: Survey Instrument. The questionnaire took participants 15-20 minutes to complete. A link to the survey was sent individually to members on the electronic mailing lists of the two Minnesota aging services trade associations: Leading Age and Care Providers. Additionally, a link was provided on the websites of both associations.

Utrecht Work Engagement Survey (UWES-17). UWES-17 consists of 17-items on a 7-point Likert scale designed to measure self-reported well-being at work based on three dimensions defined as: *vigor* (6 items), *dedication* (5 items), and *absorption* (6 items). Work engagement is a "positive work-related state of mind characterized by vigor, dedication and absorption" (Schaufeli, et al., 2002b, p. 74). Survey scores may range from 0 to 102, with higher scores indicating higher work engagement. UWES uses a Likert format with respondents rating from "0" indicating "never" to "6" indicating "always". A single score UWES was used for this study (see Appendix F: Utrecht Work Engagement Survey).

Survey of Perceived Organizational Support (SPOS). Developed in 1986, the Survey of Perceived Organizational Support is a one-dimensional self-reported measure of organizational support. An 8-item shortened Survey of Perceived Organizational Support

(SPOS) developed by Eisenberger, Huntington, Hutchinson and Sowa (1986) uses a 6-point Likert format with respondents rating from "0" indicating "strongly disagree" to "6" indicating "strongly agree" to measure employee perception of the degree to which the organization values employee contributions and cares about their wellbeing (see Appendix G – Survey of Perceived Organizational Support). Scores range from 0 to 48, with higher scores indicating higher perceived organizational support.

Challenge-Hindrance Stressor Scale. The 11-item Challenge-Hindrance Stressor Scale (Cavanaugh et al., 2000; LePine et al., 2004) was used to measure challenge-hindrance stress levels (see Appendix H – Challenge-Hindrance Stressor Scale). Challenge stressors are word demands that support personal and organizational goals, whereas hindrance stressors are demands this hinder success. This instrument allows participants to report self-perceptions of stressful situations with associated stress reactions. Stressors range from workload, political climate, workplace expectations, to job security, bureaucracy and the future. The scale measures how the individual rates a stressor in magnitude as well as the degree to which the stressor is perceived as a hindrance or challenge. Specifically, the measure includes two subscales to differentiate a stressor as a challenge or hindrance type. Challenge and hindrance stressors are measures with an 11-item scale, including six challenge stressors and five hindrance stressor items. Participants respond to statements indicating frequency of stress on a Likert scale (1=No stress to 5 = a great deal of stress).

Practice Environment Scale and Nursing Work Index (PES-NWI). The nursing practice environment was measured with the 31-item Practice Environment Scale and Nursing Work Index (PES-NWI; Lake, 2002), endorsed by National Quality Forum (2009). The PES-NWI includes 31-items in five subscales, reflecting core attributes of professional nursing practice. The subscales and the example items are as follow: (a) staff RNs' participation in facility affairs, represented by items such as "there is opportunity for staff RNs to participate in

policy decisions" (b) foundations for quality care, represented by items such as " high standards of nursing care are expected by the administration" (c) resource adequacy, represented by sample item "enough staff to get the work done" (d) supportive manager, represented by such items as "a nurse manager who is a good manager and leader" and (e) collaborative RN–physician relationships, indicated by items including "RNs and physicians have good working relationships." Nurses will be asked to rate the extent to which they agree that each item is present in their current jobs on a 4-point scale, ranging from 1 (strongly disagree) to 4 (strongly agree). A single score PES-NWI was used for this study (see Appendix I: Practice Environment Scale and Nursing Work Index).

Data Collection Procedures

Data for the questionnaire was collected using an electronic survey created with the Qualtrics software. Links to the survey were published in Care Providers and Leading Age electronic newsletters and posted on their social media sites such as Facebook and Twitter. The initial survey questions determined eligibility (see Appendix J: Eligibility Criteria).

Nurse managers in geriatric care settings are faced with the increasing demand to balance their time between observation of direct care, supervising staff, and completing documentation that is required for care planning and reimbursement. Completing another survey is a competing time demand for a busy professional; to improve response rates, medical directors, nurse executives, and trade associations agreed to encourage nurse participation in the project for the benefit of the industry.

Invitations to participate were published via social media, electronic newsletters, and sent by e-mail through respected trade association leaders who endorse participation in the study Introductory information delineated inclusion criteria, explained the questionnaire, provided contact information, directions for completion of the survey, and participation rights.

Demographic questions were placed at the end of the survey instrument (see Appendix K: Demographic Form for Nurse Managers).

Study Replication Permission. Simmons (2013) was contacted by the researcher by telephone and e-mail correspondence to discuss the research and to request approval for a replication study (see Appendix L: Replication Study Permission).

Survey Instrument Permissions. Survey authors were contacted and permissions granted to use the Survey of Perceived Organizational Support (see Appendix M: Survey of Perceived Organizational Support). The Ultrecht Work Engagement Survey, Challenge-Hincrance Stressor Scale, and Practice Environment Scale and Nursing Work Index (PES-NWI) are available for public use and do not require permission.

Interaction with Potential Respondents. A 60-day period was established for collection of responses commencing as soon as practicable, and no later than 15-days following institutional review board approval. Reminders were provided by e-mail, social media, and through industry contacts.

Incentive to Participate. Participants were offered the opportunity to enter a raffle for a $100 debit card or to elect the same amount be donated to the Alzheimer's Association on their behalf. The survey contained an optional question for respondents to elect if they wish to participate in the raffle. If the respondent selected to participate in the raffle, they were directed to another screen to provide their name, e-mail address, and an optional mailing address for entrance into the raffle.

Data Analysis

Data analysis was conducted using Statistical Package for Social Sciences IBM (SPSS v. 23.0). Descriptive statistics are provided for work stressors, perceived organizational support, age, work engagement, practice environment, care setting, and geriatric care compared to acute

care. Nurse managers with career aspirations are compared to those who are not seeking career advancement. The question in the demographic section of the survey used to measure career aspirations follows: "Do you want to advance your career level in the future?" Answers ranged from "definitely not" to "definitely yes" Parametric statistical procedures were used. The four survey instruments included in this study were scored per the instructions provided by the instrument authors. The four survey instruments are Likert scales, providing data that is ordinal in nature. Scores were summed to represent interval data.

- Totals were tabulated for each survey instrument.
- Pearson correlation coefficients were calculated to assess the relationship between work stressors, perceived organizational support, and nurse manager work engagement.
- Descriptive statistics were used to report means, frequencies, and standard deviations.
- A correlation matrix on all data was generated using Pearson's r for each independent variable (work stressors, practice environment, age, career aspiration, and perceived organizational support) against the predictive variable (work engagement).
- Welch's t-test, which is sensitive to differences in variance, was used to compare workplace stress in acute care settings (based on the mean and standard deviation reported in Simmons, 2013), and the data collected in the current study for those working in geriatric settings.
- A multiple linear regression analysis was used to test the hypothesis for main effects and of work stressors and support as predictors of work engagement.
- A hierarchal multiple regression was used to test the interaction of work stressors and support on the work engagement.
- An additional hierarchical multiple regression was used to test the main effects of support and stress on work engagement after accounting for age, geriatric setting, and career aspirations.

Validity and Reliability

Following is a brief discussion of validity and reliability for each of the four instruments used in the study. Content, predictive, and construct validity are explored, respectively. Finally, historical use of each instrument is discussed to inform the reader on measures of internal consistency across constructs and over time (Creswell, 2014).

Utrecht Work Engagement Survey (UWES). Confirmatory factor analysis of test scores was used to evaluate the structural validity of the UWES (Schaufeli, Salanova et al., 2002). The three scale scores have good internal consistency and test-retest reliability (Schaufeli, Bakker, & Salanova, 2006). A 2009 study explored the factor structure and factorial group and time invariance, and the rank order stability of work engagement of the 17-item and 9-item versions of the UWES (Seppälä, Mauno, Feldt, Hakanen, Kinnunen, Tolvanen, & Schaufeli, 2009). A single score UWES was used for this study.

Survey of Perceived Organizational Support (SPOS). A recent meta-analysis (Kurtessis, Eisenberger, Ford, Buffardi, Stewart, & Adis, 2015) demonstrated consistent relationships with perceived organizational support and predicted antecedents and consequences. More than 700 studies have been conducted using either the expanded 36-item SPOS or the shortened 8-item SPOS. Rhoades and Eisenberger (2002) reported "Because the original scale is unidimensional and has high internal reliability, the use of shorter versions does not appear problematic. Prudence nevertheless dictates that both facets of the definition of perceived organizational support (valuation of employees' contribution and care about employees' well-being) be represented in short versions of the questionnaire" (p.699). The shortened 8-items SPOS was used in this study. The reliability coefficient (Cronbach's Alpha) for the SPOS is .93 (Eisenberger & Huntington, 1986, p. 503).

Challenge-Hindrance Stressor Scale. A 2005 meta-analysis of the Challenge-Hindrance Stressor Scale utilized Hunter and Schmidt's (1990) method to estimate true

population correlations among variables by sample weighing correlations from primary studies and the use of formulas to correct for sampling and measurement error (LePine, Padsakoff, & LePine, 2005). LePine et al. (2005) concluded that the challenge-hindrance stressor framework is a valid measure for hindrance stressors that may reduce engagement, as well as challenge stressors that conversely increase employee engagement.

Practice Environment Scale and Nursing Work Index (PES-NWI). At least seventy studies in peer reviewed journals examine the use of the PES-NWI (National Quality Forum, 2012). Warshawsky and Havens (2011) conducted a meta-analysis of 37 research reports published between 2002 and 2010, finding significant associations between PES-NWI scores and a variety of patient, nurse, and organizational outcomes. Thirty-two journal articles were published between 2010-2012. Seventeen of these studies addressed validity and reliability (National Quality Forum, 2012) while 13 studies used alphas, with coefficients ranging from 0.71 – 0.96, except for one 0.67, and one 0.53 in a small sample size. For eight studies, the unit of analysis was the nurse and the sample size ranged from 46 - 98,116 nurses.

Ethical Considerations

Nurse managers asked to complete electronic surveys may have confidentiality concerns. Bogdan and Biklen (2007) suggest outlining procedures, interview techniques, and other details with human subjects to ensure "respect and cooperation" from participants (p.50).

A detailed information sheet with consent forms was provided to participants to garner a sense of shared respect, interest, and ownership in study findings. The researcher disclosed details relating to research design to inform the audience of potential delimitations of the study data (Muijs, 2011).

Timeline

Research steps and timeline follow (see Table 1: Time table).

Table 1

Time Table

Time	Activity
December 2016 – July 2017	Continue edit/refine process w/advisor Proposal meeting with readers Review board approval
August – September 2017	Conduct research
October – January 5, 2018	Create defense draft Write abstract Finalize revisions
March 5, 2018	Oral Defense
March, 2018	Submit dissertation

Chapter Four: Results

Introduction

The purpose of this study was to examine the relationship between work stressors and perceived organizational support on work engagement for nurse managers in the geriatric care setting. A non-experimental descriptive, cross-sectional design examined this relationship in nurse managers working for member organizations of two Minnesota aging services trade associations: LeadingAge and Care Providers. Four instruments measured work engagement, work stressors, and perceived organizational support. The statistical findings of this study are presented in five sections: (a) demographics, (b) sample characteristics, (c) descriptive statistics, (d) psychometric evaluation of the instruments for accuracy, and (e) primary data analysis for each hypothesis. The chapter concludes with a summary of the data analysis.

Demographics

Geriatric care nurse managers from 1,100 LeadingAge of Minnesota member organizations and 900 Care Providers member organizations were recruited to participate in this study. Three hundred and twenty-one participants responded to the online questionnaire survey. Participants were asked to complete three inclusion criteria including consent to participate, twelve demographic questions, and four separate Likert-item study instruments: (1) Ultrecht Work Engagement Scale (UWES, 17 items), (2) Survey of Perceived Organizational Support (SPOS, 8 items), (3) Challenge-Hindrance Stressor Scale Subscale (CHSS, 11 items), and Practice Environment Scale and Nursing Work Index (PES-NWI, 31 items).

Data Cleaning. The total data set included 321 geriatric nurse managers who accessed the survey. Fifty-six respondents were excluded because they did not meet the inclusion criteria (21 reported not being a nurse manager, 29 were in their positions for less than 1-year, and 6 failed on both criteria). Thirty-two additional respondents read the Informed Consent form, but

did not continue. Twenty-three participants completed the inclusion criteria and read the Informed Consent, but did not complete the survey. Fifteen participants began the survey but did not complete the questions; consequently, they were removed from the sample. Three participants completed all but the PES-NWI, and were included for analysis with the other three instruments. The total sample for the study included 185 participants meeting the inclusion criteria.

After deleting participants not meeting the inclusion criteria and instances of missing data, 185 cases were retained for analysis. The a priori power analysis G*Power 3.1.9.2 (Faul, Erfelder, Lang, & Buchner, 2007) established that there was adequate power to detect significant relationships if present in the data. Missing values were replaced with individual level mean substitution for each scale.

Frequency tables were examined prior to the analysis for accuracy of data and missing values. As noted above, three of the eligible 185 participants did not complete the NWI-PES, but were included for analysis with the three completed instruments of the four included in the study survey.

Sample Characteristics. Descriptive statistics, frequencies, and percentages for the demographic characteristics of gender, age, ethnicity, size of caseload, and number of employees managed are presented in Table 2. Most nurse managers in the sample were female (94.1%), and the average age was 44.9 (SD = 11.4) with ages ranging from 20 to 70. Respondents were predominantly White (89.7%), Non-Hispanic White (5.9%), and other ethnicities were at or less than 1.1%. Education ranged from managers with no degree (4.4%), managers with an associate's degree (64.6%), a bachelor's degree (29.8%), or a master's degree (3.3%). Most nurse managers in geriatric care hold an associate's degree (63.3%) or a bachelor's degrees (28.9%). No respondents reported a doctorate degree. Length of management experienced ranged

from zero to 64 years, with an average of 12 ½ years. Nurse managers supervised on average 25.5 full-time equivalents (FTEs) (SD = 24.61).

Characteristics of the study sample follow (see Table 2: Sample Demographic Characteristics).

Table 2

Sample Demographic Characteristics

Variable	N	Mean (SD)	Range	Percentage
Age	182	44.98	20-70	
Gender				
Female	174	1.95		
Male	10	(.23)		
Ethnicity				
Caucasian	166			89.7%
African American	1			.5%
Hispanic	0			0
Non-Hispanic White	11			11%
Asian-Pacific	1			.5%
Native American/Other	5			3%
Highest Education				
No Degree	4			2.2%
Associate's degree	117			64.6%
Bachelor's degree	54			29.8%
Master's degree	6			3.3%
Doctorate degree	0			0
Years of nursing experience	176	20.7 (11.99)	0-49	
Years of management experience	179	12.7 (10.78)	0-64	

Note. n=number of participants. SD=Standard Deviation. FTEs=Full time equivalent employees.

Geriatric nurse managers in the study sample had from zero to 49 years nursing experience with a mean of 20.7 years (see Table 3: Descriptive Statistics for Nurse Manager

Nursing Experience). Management experience for the study sample ranged from zero to 64 years with a mean of 12.7 years.

Table 3

Descriptive Statistics of Nurse Manager Nursing Experience

Items	Nursing Experience in Months Geriatric Study Sample
Mean	248.5
Standard deviation	143.97
Range	588.00
Minimum	0
Skewness	.47
Kurtosis	-.77

Variables Related to Care Setting. Mean scores, standard deviation, skewness, kurtosis, and range for work setting variables are reported in Table 4. The study sample included 185 participants from the following care settings: one hospital swing bed (.5%), 133 nursing home (71.9%), and 61 assisted living (33%). Ownership and control interests reported for the sample included 177 respondents as follows: 45 for-profit (24.3%), 125 not-for-profit (67.6%), and seven government (3.8%). Organizational affiliations represented in the sample included 89 chain-affiliate (48.1%), 74 stand-alone (40%), and 16 hospital-attached (8.6%). Facility size varied from <50-beds (20%), 80 ranging from 50-100-beds (47.6%), and 55 at >100-beds (29.7%). Nurse managers reported accountability for patients ranging in number from zero to 250. Nurse managers in the sample reported from zero to 94 full-time equivalents (FTEs) managed. Following is a summary of care setting variables (see Table 4: Variables Related to Care Setting).

Table 4

Variables Related to Care Setting

	Swing Bed (a)	Nursing Home	Assisted Living	Ownership	Affiliation	Facility Size	Caseload (b)	FTEs
n valid	1	133	61	177	179	180	178	164
n missing	184	52	124	8	6	5	7	21
Mean	1.00	1.00	1.00	1.79	1.59	2.10	71.8	25.49
Range	0	0	0	2	2	2	250	100
Std. Deviation			.00	.8	.65	.71	49.16	24.69
Std. Error of Skewness			.21	.18	.18	.18	.18	.190
Standard Error of Kurtosis			.42	.36	.36	.36	.36	.38
Skewness				-.37	.65	-.14	1.41	1.21
Kurtosis				.04	-.58	-.1	1.88	.78

Note. n=number of participants. FTEs=Full time equivalent employees. A: subsample includes hospital beds that may convert to nursing home beds. B: caseload=number of patients, clients, or guests served in care setting.

Descriptive Statistics. Scale mean scores, standard deviations, range, skewness, and kurtosis are reported in Table 4.6. The mean score for Work Engagement was 77.46 out of a possible 102 (SD = 13.93); for Perceived Organizational Support the mean score was 24.71 out of a possible 48 (SD = 4.29); for the Challenge Hindrance Stressor Scale Challenge Subscale the mean score was 22.02 out of a possible 30 (SD = 5.13); for the Challenge Hindrance Stressor Scale Hindrance Subscale the mean score was 13.48 out of a possible 30 (SD = 13.48); for the Practice Environment Scale and Nursing Work Index the mean score was 88.91 out of a possible 124 (SD = 13.15); and for career aspirations the mean score was 2.54 out of a possible 5 (SD =

1.34). Skewness and kurtosis was tested to determine normality within three times the standard error (see Table 5: Assumptions of Normality).

Table 5
Assumptions of Normality

Item	SD	Skewness	Standard of Error Skewness	Kurtosis	Standard of Error Kurtoses
Work Engagement	13.93	-.83	.18	.57	.36
Perceived Organizational Support	4.29	-.54	.18	4.16	.36
Challenge/Hindrance Stressor (challenge Subscale)	5.13	-.19	.18	-1.01	.36
Challenge/Hindrance Stressor (Support Subscale)	4.37	.35	.18	-.17	.36
Challenge/Hindrance Stressor (Support Subscale-M)	.87	.35	.18	-.16	.36
Practice Environment Scale - Nursing Work Index	13.15	.10	.18	.30	.36
Desire for Career Advancement	1.33	.33	.18	-1.11	.36

Notes. SD=standard deviation. Challenge/Hindrance Stressor Challenge-Subscale, Challenge/Hindrance Stressor Challenge-Subscale converted for H_5 to compare nurse managers in geriatric care settings (current study) with acute care setting (Simmons' [2013] study).

Study Instrument Reliability. Cronbach's coefficient alpha (coefficient α) was used to measure the reliability of the four Likert-item scales used in this study. Coefficient α estimates internal consistency - the degree to which individual items on a scale measure the proposed

dimension (Morera & Stokes, 2016). The four established instruments used in this study exceed the .80 acceptable coefficient with coefficient α correlation scores between factors and measures at >.85.

Statistical software G*Power 3.1.9.2 (Faul, Erfelder, Lang & Buchner, 2007) was used to determine the required sample size to answer the research questions. A significance level of .05, power of 80%, and an estimated effect size of R2=.15 was used for the five independent variables for the proposed study. Based on this analysis, the sample size for this research is a minimum of 98 participants. The current study sample size of 185 is adequate based on the calculated criterion.

Findings Related to Inquiry Questions

This section provides a review of inquiry questions and findings investigaged in this study.

Research Questions

This research into nurse managers in geriatric care settings sought to enable executive staff to maximize the work engagement and retention of nurse managers. The following research questions were explored in the study:

1. What is the relationship between work stressors and perceived organizational support to work engagement for the nurse manager working in geriatric care?

Data analysis indicates that higher work stressors result in lower work engagement for nurse managers working in geriatric care settings. The correlation between stressors and work engagement is -.24, meaning that more stress is associated with lower engagement $r(183) = -.24$, $p = .001$. No significant relationship was shown between support and engagement, $r(183) = .12$, $p = .11$.

2. What is the relationship between age and career aspirations of nurse managers working in geriatric care with work engagement?

Study results indicated a significant and positive relationship between age and work engagement, $r(180) = .18$, $p = .01$. Specifically, older workers (chronological age) report higher work engagement. No significant relationship was found between support and engagement, $r(178) = .08$, $p = .28$.

Hypothesis

This section examines the six hypothesis examined and the resulting analysis of the data.

H_1: Nurse managers with increased work stressors will have lower work engagement.

A Pearson product moment correlation coefficient was computed for work engagement and the independent variable of work stressors. The relationship between UWES and the predictor work stressors were significant. Moreover, a significant and negative correlation exists between work stressors and work engagement $r(183) = -.24$, $p = .00$ (see Table 6: Relationship of Work Engagement and Work Stressors).

Table 6

Relationship of Work Engagement and Work Stressors

		UWES
Work Stressors	Pearson Correlation	-.24*
	Sig. (2-tailed)	.00
	N	185

*Correlation is significant at the 0.05 level (2-tailed).

H_2: Nurse managers with increased perceived organizational support will have higher work engagement.

A Pearson product moment correlation coefficient was computed for work engagement and the independent variable of perceived organizational support. No significant relationship was found between work engagement and perceived organizational support $r(183) = .12$, $p = .11$ (see Table 7: Relationship of Work Engagement and Perceived Organizational Support.

Table 7

Relationship of Work Engagement and Perceived Organizational Support

		Engagement
Organizational Support	Pearson Correlation	.12
	Sig. (2-tailed)	.11
	N	185

H_3: Perceived organizational support will moderate the relationship between work stressors and work engagement. Specifically, higher perceived organizational support buffers the effect of work stressors on work engagement.

A main effect was found for perceived organizational support and work stressors; however the interaction was not significant. Results showed greater work stress was negatively associated with work engagement (b = -.81, SEb = .23, β = -.25, $p = .00$). Perceived organizational support (SPOS) was positively associated with work engagement (b = .51, SEb = .23, β = .16, $p = .58$). Higher perceived organizational support however, did not act as a moderator for the effect of work stressors on work engagement (b = .03, SEb = .05, β = .04, $p = .43$).

Mean centering (subtracting the mean from all values) was calculated for the independent variables to create a mean of zero for easier testing of an interaction in this analysis. Variables were then multiplied together to create the interaction term. Regression analysis was computed with the mean centered variables and then the interaction to indicate if moderation was present (see Table 8: Work Engagement, Work Stressors, and Perceived Organizational Support).

Table 8

Work Engagement, Work Stressors , and Perceived Organizational Support

Model		Unstandardized B	Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	76.64	1.01		75.56	.00
	Stress	-.82	.23	-.26	-3.59	.00
	Support	.51	.23	.16	2.16	.03
2	(Constant)	76.57	1.02		74.87	.00
	Stress	-.81	.23	-.25	-3.49	.00
	Support	.51	.23	.16	2.16	.03
	Interaction	.03	.05	.04	.56	.58

H_4: Older (chronological age) nurse managers will report higher engagement.

A significant positive relationship was found between age and work engagement, supporting hypothesis four r (180) = .18, p = .01 (see Table 9: Relationship of Age and Work Engagement). Specifically, older (chronological age) correlated higher with work engagement for the nurse managers in this study sample.

Table 9

Relationship of Age and Work Engagement

		UWES
Age	Pearson Correlation	.18*
	Sig. (2-tailed)	.01
	N	182

*Correlation is significant at the 0.05 level (2-tailed).

H_5: Nurse managers working in geriatric care will report more significant workplace stress than nurses working in acute care (determined by comparing study results to Simmons' [2013] research).

A Welch's T-test was used to compare the magnitude of workplace stress reported by nurse managers in geriatric care settings compared with with the previous analysis from Simmons' (2013) research of nurse managers in the acute care setting (see Table 10: Unpaired T-test Results).

Table 10

Unpaired T-test Results

Group	Simmons Acute Care Settings	Goering Geriatric Settings
Mean	3.30	2.7
SD	.7	.87
SEM	.07	.06
N	96	185

The result of the analysis was significant, but in the opposite direction of hypothesis five. Acute care nurses reported significantly higher stress ($M = 3.30$, $SD = .70$) than nurse managers in geriatric care ($M = 2.70$, $SD = .87$), (see Table 11: Nurse Manger Stress in Acute Compared to Geriatric Care Settings).

Table 11

Nurse Manager Stress in Acute Compared to Geriatric Care Settings

Care Setting	Mean	SD
Acute	3.30	.70
Geriatric	2.70	.87

H_6: Nurse managers with career aspirations for promotion will report higher engagement.

No significant relationship was found between career advancement aspirations and work engagement, r (178) = .08, p = .28 (see Table 12: Relationship Career Advancement Aspiration and Work Engagement).

Table 12

Relationship of Career Advancement Aspiration and Work Engagement

		Engagement
Do you want to advance your career level in the future?	Pearson Correlation	.08
	Sig. (2-tailed)	.28
	N	180

Additional Analysis

Accounting for Age, Desire for Career Advancement, and Practice Environment (PES). This study showed that after accounting for age (b = -.71, SEb = .10, β = .21, p = .02), and desire for career advancement (b = -.71, SEb = .88, β = -.07, p = .43), workplace stressors still predict higher work engagement (b = -.77, SEb = .24, p = .00). This analysis shows that even when the impact variables of age, career advancement, and practice environment are removed from the analysis, increased workplace stressors continue to significantly impact work engagement. However, neither a positive work environment PES-NWI (b = .36, SEb = .24, β = .11, p = .14) nor the interaction of variables moderated work engagement (b = .02, SEb = .05, β = .03, p = .73). The means for each independent variable were centered to test for interaction (see Table 13: Mean Model Summary).

Table 13

Mean Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.53[a]	.29	.27	11.80
2	.55[b]	.30	.28	11.74
3	.55[c]	.30	.28	11.78

[a] Model 1 Predictors: (Constant), PES-NWI, age, career aspiration.
[b]Model 2 Predictors: (Constant), PES-NWI, age, career aspiration, support, stress.
[c]Model 3 Predictors: (Constant), PES-NWI, age, career aspiration, support, stress, interaction.

After zeroing the means, the independent variables were analyzed in groupings to discern differences in mean scores (see Table 14: ANOVA for Variable Categories). The results of this analysis found a main effect for stress and support (that is, they both predicted work engagement); however, the interaction was not significant - indicating no moderation is present.

Table 14

ANOVA for Variable Categories

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	9268.06	3	3089.35	22.18	.00[b]
	Residual	23257.57	167	139.27		
	Total	32525.63	170			
2	Regression	9783.27	5	1956.66	14.2	.00[c]
	Residual	22742.35	165	137.83		
	Total	32525.63	170			
3	Regression	9783.29	6	1630.55	11.76	.00[d]
	Residual	22742.33	164	138.67		
	Total	32525.63	170			

Dependent Variable: UWES

a. Dependent Variable: UWES.
b. Predictors: (Constant), PES-NWI, age, career aspiration.
c. Predictors: (Constant), PES-NWI, age, career aspiration, support, stress.
d. Predictors: (Constant), PES-NWI, age, career aspiration, support, stress, interactions.

Moreover, greater work stress (b = -.81, SEb = .23, β = -.25, p = .001) was negatively associated with work engagement, while support (b = .506, SEb = .23, β = .16, p < .03) was positive associated with work engagement. However, the hypothesized interaction between organizational support and stressors was not supported (b = .03, SEb = .05, β = .040, p = .58).

After accounting for age (b = .25, SEb = .10, β = .21, p = .02) and desire to advance (b = -.71, SEb = .88, β = -.07, p = .43), stressors still predicted workplace engagement (b = -.77, SEb = .24, β = -.24, p = .001), but neither organizational support (b = .36, SEb = .24, β = .11, p = .14) nor the interaction (b = .02, SEb = .05 β = .03, p = .73) were significant.

A regression analysis with the mean centered independent variables and the interaction follows (see Table 15: Regression Analysis for Age, Career Aspiration, Practice Environment, and Interactions). This is the analysis for whether there is moderation after controlling for age and desire to advance.

Table 15

Regression Analysis for Age, Career Aspiration, Practice Environment, and Interactions

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	T	Sig.
1	(Constant)	22.32	6.92		3.23	.00
	Age	.28	.09	.23	3.04	.00
	Career[b]	-1.25	.78	-.12	-1.61	.11
	PES-NWI	.51	.07	.49	7.5	.00
2	(Constant)	20.14	7.8		2.58	.01
	Age	.25	.1	.12	2.62	.01
	Career[b]	-1.04	.79	-.10	-1.32	.19
	PES-NWI	.55	.08	.53	6.63	.00
	Stress	.14	.25	.05	.55	.58
	Support	.38	.21	.12	1.78	.08
3	(Constant)	20.14	7.82		2.57	.01
	Age	.245	.09	.2	2.61	.01
	Career[b]	-1.04	.1	-.1	-1.3	.20
	PES-NWI	.55	.08	.53	6.6	.00
	Stress	.14	.26	.05	.550	.58
	Support	.38	.22	.12	1.772	.08
	Int	.00	.05	.00	.011	.99

a. Dependent Variable: UWES
b. Career Aspiration

Summary of Results

Chapter Four presented quantitative findings in response to study research questions and hypothesis from a sample of 185 nurse managers working in geriatric care settings. Statistically significant findings confirmed a negative correlation between work stressors and work engagement; moreover, a positive correlation between perceived organizational support and work engagement was found. Older (chronological age) nurse managers reported higher work engagement, and finally, nurse managers working in acute care settings reported experiencing more stress than nurse managers working in geriatric care settings. Perceived organizational support did not moderate the relationship between work engagement and work stressors. Nurse managers with increased perceptions of organizational support did not report higher work engagement. Nurse managers with aspirations for career advancement did not report higher work engagement. Chapter Five consists of an overview of this study, implications, limitations and delimitations of the study, recommendations for practitioners and academics, and concluding comments.

Chapter Five: Discussion

Overview of the Study

The purpose of this study was to gain a better understanding of the work engagement of nurse managers within the geriatric care practice setting. The investigation examined the relationship among work stressors, perceived organization support, age, nursing practice setting, career advancement aspirations, and work engagement of the nurse manager. Moreover, the study sought to determine if perceived organizational support moderates the relationship between work stressors and work engagement.

A non-experimental descriptive, cross-sectional design examined the relationship in nurse managers working for member organizations of two Minnesota aging services trade associations: LeadingAge and Care Providers. An electronic survey comprised of four instruments measured work engagement, work stressors, and perceived organizational support. The instruments for this research study were: (1) the Utrecht Work Engagement Scale (UWES, 1999); (2) the Challenge-Hindrance Stressor Scale (CHSS, 2000, 2004); (3) the Survey of Perceived Organizational Support (SPOS, 1986); and (4) the Practice Environment Scale – Nursing Work Index (PES-NWI, 1989).

The goal of this study was to gain a better understanding of work engagement in geriatric care to improve nurse management recruitment and retention, and ensure more sustainable discharges from hospital to the community. This study found a significant negative correlation between work stressors and work engagement. A positive correlation was demonstrated between perceived organizational support and work engagement. Older age nurse managers reported higher levels of work engagement. Nurse managers working in acute care settings reported higher stress than colleagues working in geriatric care. Perceived organizational support was not found to mediate between work stressors and work engagement. Perceived organizational

support did not correlate with higher work engagement. Finally, nurse managers who aspire to advance in their careers did not report higher work engagement.

Research Questions/Discussion

This section provides a discussion on study findings. Each hypothesis will be stated, followed by an interpretation of results related to the literature review.

Work Stressors and Work Engagement. The first hypothesis examined was: Nurse managers with increased work stressors will have lower work engagement. Geriatric care nurse managers in the study sample (n=185) reported stress in their work. Nurse manager perceptions of workplace stressors correlated with negative impact on work engagement $r(183) = -.24$, $p = .001$. This study finding is consistent with results in acute care research (Simmons, 2013); and United States managers (Cavanaugh, et al., 2000). Geriatric nurse managers reported higher challenge "positive" stressor scores with a mean 22.02 of a possible 30, compared to hindrance "negative" stressor scores with a mean of 13.48 of a possible 30. Study findings are consistent with earlier research suggesting work stressors are important arbiters of work engagement (Schaufeli, Bakker, & Salanova, 2006; Vance, 2006; Rich, 2010; Simmons, 2013). Simmons' (2013) research demonstrated that increased work stressors caused nurse managers in acute care settings to disengage from their work. Her findings were consistent with Kahn's (1990) engagement theory suggesting that individuals bring more energy into the work setting through "personally, engaging behaviors" and the "channeling of personal energies into physical, cognitive, and emotional labors" (p.322). Nurse managers who are not engaged are less committed and more likely to seek other employment (Park et al., 2012; Keys, 2014). Moreover, research (Demerouti et al., 2001) has indicated that burnout develops when job demands exceed resources. The current study finding adds to a growing body of research indicating the vital consequence of work stressors on work engagement in human service professions (Maslach, Jackson, & Lieter, 1996, as quoted by Demerouti et al.).

Organizational Support and Work Engagement. The second hypothesis examined was: Nurse managers with increased perceived organizational support will have higher work engagement. No significant relationship was found between work engagement and perceived organizational support (b = .03, SEb = .05, β = .040, p = .43). This finding is in contradiction to Simmons' (2013) research, in which acute care managers (n = 97) reported higher work engagement correlated to higher perceived organizational support. Alvi et al. (2014) found a significant correlation between perceived organizational support and work engagement for Pakistani workers in the banking sector. Further exploration is needed to explore the variance in outcome for geriatric and acute care and business sector employees. The caregiver-patient relationship and other motivators could be examined to determine impact on work engagement.

Perceived Organizational Support as a Moderator. The third hypothesis examined was: Perceived organizational support will moderate the relationship between work stressors and work engagement. Specifically, higher perceived organizational support buffers the effect of work stressors on work engagement. Greater work stress was negatively associated with work engagement, while support was positive associated with work engagement. However, the hypothesized interaction between organizational support and stressors was not supported.

Age and Work Engagement. The fourth hypothesis examined was: Older (chronological age) nurse managers will report higher engagement. A significant positive relationship was found between age and work engagement, in support of hypothesis four $r(180) = .18$, $p = .01$. Specifically, older age correlated positively with work engagement for nurse managers in the study sample (n=185). This result is more significant in the sense that it reveals a difference for the geriatric care cohort compared with a meta-analysis of twenty-seven earlier studies cited by Simmons (2013) reporting age as a "weak" predictor of work engagement (Schaufeli, Bakker, & Salanova, 2006, as cited by Simmons, 2013, p.36). A deficiency in prior research is addressed in the current study by targeting geriatric nurse managers specifically.

Study results indicate age is a much stronger predictor of work engagement for geriatric care nurse managers, a cohort underrepresented in earlier studies. Further exploration is needed to examine why age is more important as a predictor of work engagement in geriatric than acute care, and other industry settings. It is possible that care workers who experience aging become more emphathetic for the population served and therefore engage more in care delivery. A qualitative study should be conducted to examine explain the variance between age cohorts and work engagement. Interviews and observation may lend further insights into this phenomena.

Care Setting and Work Engagement. The fifth hypothesis was: Nurse managers working in geriatric care will report more significant workplace stress than nurse managers working in acute care by comparing this study's results to the previous literature. A significant relationship was found between care setting and workplace stress, but in the opposite direction of hypothesis five. Specifically, hypothesis five theorized nurse managers working in geriatric settings would report higher perception of workplace stress than their counterparts in Acute care. The opposite was evidenced in the study analysis with acute care nurse managers reporting significantly higher stress ($M = 3.30$, $SD = .70$) than nurse managers in geriatric care ($M = 2.70$, $SD = .87$), Welches $t(231) = 6.26$, $p < .001$. This significant finding requires further study to better understand why nurse manager perceptions of workplace stress differ in the two care settings, and to determine what contributes to higher reported stress by acute care nurse managers.

Career Aspirations and Work Engagement. The sixth hypothesis was: Nurse managers with career aspirations for promotion will report higher engagement. Kim et al (2016) suggest work engagement increases when employees are aware of opportunities for growth and promotion. Cziraki and others (2014) reported that there are generational differences in how workers respond to management interventions calculated to increase work engagement. Generations Y and Z are more apt to look for positive feedback and promotion and workers in

more traditional (older chronological age) cohorts. No significant relationship was found between career advancement aspirations and work engagement, r (178) = .08, p = .28. This finding may be a reflection of the higher average age of the geriatric care workforce and perhaps a lower motivation to make a career change. This finding may indicate more value for an emphasis on recruitment and retention of workers satisfied working in geriatric care, in lieu of focused efforts to recruit and retain a younger workforce.

Implications

Managers who are engaged in their workplace roles are best able to impact individual and team performance (Kahn, 1992; Schaufeli, Bakker, & Salanova, 2006; Vance, 2006; Rich, 2010; Simmons, 2013). The geriatric nurse manager is responsible for the care of frail residents who are medically complex, suffer multiple comorbidities, often accompanied with pain and cognitive impairment (Choi et al., 2011). This study described the relationship among work stressors, perceived organization support, age, nursing practice setting, career advancement aspirations, and work engagement of the nurse manager, and sought to determine if perceived organizational support moderates the relationship between work stressors and work engagement. Statistically significant study findings were revealed. The following conclusions were made regarding the geriatric nurse manager sample studied:

1. A direct negative relationship exists between work stressors and work engagement.
2. A positive direct relationship exists between older (chronological age) nurse managers and work engagement.
3. Acute care nurse managers reported higher stress than nurse managers in geriatric care.
4. Perceived organizational support was not related to work engagement.
5. Perceived organizational support did not moderate the relationship between work stressors and work engagement.

6. Career aspirations of participants was not related to work engagement.

Limitations

Like any study, this research had limitations. Limitations may be practical constraints based on study design; they are necessary to discuss to provide context important in the interpretation of results. A study may also have impact limitations, in the sense that there may be regional or population specificity. The following are limitations related to this study.

First, the cross-sectional design limits observations to a selected sample of a representative subsection of a population at a specific time.

A second limitation of the study was the variability of education and experience of the participants. The practice of assigning the supervisory role to nurses who are at the point of care and licensed at the RN or LPN level is representative of common industry practice. However, LPNs are less likely to serve as supervisors in acute care settings, limiting the degree to which this study's findings may compare with research conducted in acute care settings.

A third limitation to this study was that most the nurse managers will be employed in the Upper Midwest (Minnesota, North Dakota, and South Dakota). This population limits the generalizability of study findings to specific groups of workers. Demerouti and Rispens (2014) have recently argued that heterogeneity in the survey sample is advantageous in terms of reducing costs and the ability to conduct research that is more elaborate. Given that the nurse manager in geriatric care is a specific population and the work is highly specialized, this factor adds strength to the study, rather than a weakness.

A fourth limitation of the study was the use of questionnaires where the participants report their own perceptions. Questionnaires carry the risk that respondents will answer the questions in a socially desirable manner, rather than in a manner, that reflects their actual perceptions. Moreover, the questionnaires reflect one point in time in the career of nurse

managers included in the study. Future studies might use larger samples and longitudinal research methods to provide data that is more representative of the population.

Fifth, research results nonresponse bias could affect results. Depending on the percentage of nurse managers who respond to the questionnaire, respondents may be differ from those who do not respond, i.e., the non-respondents may possess a lower level of engagement than people responding to the survey.

Finally, other factors not considered by this study may influence work engagement, such as payment sources, current job tenure, staffing demographics, and resident level of care.

Delimitations

Delimitations are parameters of a study design chosen by the researcher, include the population, variables, and statistical analysis. Following were delimitations of this study:

- The geriatric care context must be considered for the study sample, so that the results can be generalized and compared to the results of previous studies.
- The potential for selection bias associated with site recruitment from the membership rolls of state trade associations.
- Individual sites may have distinct organizational characteristics, staffing, and care models.
- Studies are needed to understand the implications of RN/LPN staffing ratios and uses. In some locations, geriatric care providers employ more LPNs than RNs.

Recommendations for Healthcare Leaders

The primary focus of this study has been to gain understanding of variables that affect work engagement for the front-line nurse manager. Significant findings in this research suggest potential focus areas for management interventions to maintain and/or increase work engagement of nurse managers.

Workplace stress reduction. The analysis of responses from 185 geriatric nurse managers in this sample, revealed workplace stressors have a negative impact on work engagement. This finding adds to a growing body of research demonstrating the opportunity for executives to improve individual and team performance through the application of stress-reduction strategies. Several researchers have suggested creating a culture flexible enough to allow employees autonomy for daily job crafting to design the workday to reduce job stressors and increase capacity (Bakker et al., 2016; Demerouti, Bakker, & Gevers, 2015; Tims, et al., 2013).

Value older workers. A positive relationship between older chronological age and work engagement suggests the importance of inter-generational differences. Older nursing managers in geriatric care report higher work engagement. This analysis agrees with earlier research in acute care settings. Management approaches for increasing work engagement should be mindful of generational value differences (Bakker, et al., 2016; Cziraki, et al., 2014; Merrick, 2016; Keys, 2014; Stanley, 2010). Retention programing should account for the tangible benefits of retaining aging workers. Longevity in employment may result in higher wages, notwithstanding, the additional cost may well be offset in higher engagement. Higher engagement has been shown to increase efficiency and effectiveness (Costa et al., 2014; Kahn, 1990, Van Bogaert, 2014).

Provider relations education. Nurse managers working in different care settings may not adequately perceive the level of workplace stress other cohorts experience. As an executive working in geriatric care settings for more than 20-years, I expected geriatric nurse managers to report higher workplace stress than counterparts working in acute care settings. The geriatric care setting presents higher levels of social conflict (Simon et al., 2005; Tummers et al., 2013; Nùbling et al., 2010). Geriatric nurse managers care for frail people with multiple comorbidities, often including cognative and physical impairments (Choi et al., 2011). Notwithstanding, the 185 geriatric nurse managers in the current study reported less workplace stress than an acute

care cohort of 96 acute care nurseSimmons (2013) study. Acute care nurses reported significantly higher stress ($M = 3.30$, $SD = .70$) than nurse managers in geriatric care ($M = 2.70$, $SD = .87$), Welch's $t(231) = 6.26$, $p < .001$. A better understanding of workplace stress experienced by other nursing cohorts may lead to more emphathetic and productive provider relations. .

Recommendations for Further Study

This study of 184 nurse managers examined the relationship of work engagement, work stressors, perceived organizational support, age, and career advancement pertaining to geriatric nurse managers. Following are recommendations for future study:

1. A replication study with a larger sample of male nurse managers to explore if there are gender-related differences in work engagement.
2. A study should be conducted to examine the contradictory finding of significance for acute care (Simmons, 2013) and no-significance for geriatric care (Goering, 2017) in nurse manager perceptions of organizational support and work engagement.
3. Further exploration is needed to examine why age is more important as a predictor of work engagement in geriatric than acute care, and other industry settings.
4. Operationalize and evaluate job-crafting as part of nurse manager onboarding as an intervention to increase work engagement and retention.

Concluding Comments

Nurse managers working in geriatric care settings are better equipped to provide quality care when workplace stressors are reduced. This study aligns with a growing body of research demonstrating that generational differences have an impact on work engagement (Simmons, 2009, 2013; Havens, Warshawsky, and Vasey, 2013). Finally, this study is the first to compare

work engagement of the geriatric and acute care nurse manager. This research has demonstrated diversity in nurse manager perceptions unique to care setting and generational cohort. Specifically, geriatric nurse managers demonstrate a correlation between age (older chronological) and work engagement $r(180) = .18, p = .01$. Age was not a a predictor of work engagement in Simmons (2013) study. Nursing managers working in acute care reported higher workplace stress than counterparts working in geriatric care settings. In summary, this analysis of 185 geriatric nurse managers aligns with Kahn's (1990) engagement theory and contributes new findings on work engagement specific to the geriatric care setting.

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Appendices

Appendix A

Leading Age of Minnesota Approval

February 15, 2017

To Whom It May Concern,

I write today in full support of Jake Goering's pending doctoral dissertation research and to lend support from LeadingAge Minnesota in publishing an introduction and link to the survey to our membership.

LeadingAge Minnesota is the state's largest group of aging services providers – with 1,100+ organizations throughout the state of Minnesota, including skilled care centers, assisted living, home care, adult day and other community-based services committed to transforming the experience of aging. We have built a trusted working relationship with thousands of nurses serving in the geriatric services community.

The foundational work Goering's proposal represents comes at crucial time for our state and our field. This year, 60,000 Minnesotans will turn age 65. The same will be true next year and *every year until 2030*. At the same time our state undergoes this major demographic shift, communities are also seeing a declining pool of available nurses. Goering's research offers an important opportunity to better understand, prepare and respond to these concerning trends and ensure an adequate supply of nurses to serve older adults. We also look forward to assisting with any dissemination of research findings as needed.

I can be reached at asuomala@leadingagemn.org or 651.603.3530 with any questions.

Respectfully submitted,

Adam Suomala
Vice President of Membership and Strategic Affiliations

Appendix B

Care Providers of Minnesota Approval

Jake;

We would be happy to assist you with distribution of your survey. Hopefully the following is enough to show our intent:

Care Providers of Minnesota is a non-profit membership association with the mission to Empower Members to Performance Excellence. Our 900+ members across Minnesota represent non-profit and for-profit organizations providing services along the full spectrum of care. We are the state affiliate for the American Health Care Association/National Center for Assisted Living, and with our national partners we provide solutions for quality care. Our newsletter is distributed weekly to over 2500 individual contacts, which includes contacts from each of our member organizations as well as added partners from our national association and state agencies. In addition on occasion we send targeted emails to our lead contacts within our member organizations—those emails can be targeted by position and membership type. We support Jake Goering's research project on work engagement as workforce issues continues to be one of our strategic priorities; we will assist him in gathering data from our membership.

Patti

Patti Cullen
President/CEO
Direct: 952-851-2487
MN Toll-Free: 1-800-462-0024
www.careproviders.org

Appendix C

IRB Approval

Re: Goering Request for IRB Approval - Revised 822017 Dissertation x

Craig Paulson <craig-paulson@bethel.edu> Aug 2

to me, Wallace, Jessica

Hi Jake,

Thank you for this updated IRB proposal. It has been approved by the Bethel University Level II IRB Committee with the approval number 0817-01. You may begin collecting your data with the approval of Wally as your dissertation advisor.

Best wishes !

Craig

Appendix D

Consent Form

Jake Goering is a graduate student in the Doctor of Education Leadership program at Bethel University Graduate School. Jake is conducting a study on work engagement of nurse managers and factors that may affect work experience, recruitment, and retention. You are being asked to participate in this study to examine the relationship of work stressors and perceived organizational support to work engagement in the geriatric nurse manager. You have been identified as a potential participant because you are a geriatric nurse manager who has worked in this capacity for at least one year, manage 5 or more full time equivalents (FTEs), and are over the age of 18.

The questionnaire will ask you questions about your responsibilities, availability of support, and work engagement as a manager in geriatric care. The survey will take approximately 15-20 minutes to complete including the questionnaire and demographic form. You may complete the questionnaire in your own time frame, but no later than (TBD).

Participation is voluntary and can be withdrawn at any time. This study probability of risk or discomfort is no greater than those ordinarily encountered in daily life. You can choose not to answer any question or can decide to discontinue the questionnaire at any time. Your participation in this study will not have any bearing or influence with your employer.

There are no direct benefits to you. However, participating in this study may increase our understanding of work engagement and the factors affecting the nurse manager's work environment. You may enjoy the opportunity to reflect and comment on your work experiences by participating in this research.

If you choose to participate in the study, to thank you for your time, you will be eligible to receive one of two $100 randomly drawn gift certificates to Amazon.com or a donation to the Alzheimer's Association for the same amount in your name. To become eligible for this random

drawing you may choose to enter your name and email address at the end of the completed questionnaire. You are still eligible to participate in the raffle even if you withdraw from the study. This personal information, should you choose to provide it, will be used solely for the raffle and will be known solely by the principal investigator (PI) and sponsor. The PI will maintain all voluntarily submitted contact information in his secure password-protected computer. Your information will be discarded immediately after the raffle drawing. Raffle winners will be drawn at the completion of collecting questionnaire responses and winners will be notified by e-mail. Participant names will not be revealed in any reports that result from this research project. Participation may be withdrawn at any time without penalty or loss of benefits.

By completing the questionnaire, you are giving your permission for the PI to use your information for research purposes. All collected data will be secured on the laptop of the PI and will be sent to the faculty advisor in an encrypted e-mail. A password to open the encrypted data will be sent to the faculty advisor in a separate e-mail.

The information you provide is anonymous. No one will know how you responded to these questions. You will not be asked for your name or other identifying information on the questionnaire to assure anonymity. By completing the survey instrument, you are giving consent. Thank you for your consideration and participation in this study.

This research project has been approved by the department chair of the Bethel University Institutional Review Board (IRB). Any questions you may have will be answered by the PI, Jacob Michael Goering, Doctor of Education Leadership (DOE) Candidate, or faculty advisor, Dr. Wallace Boeve, at the following email address: w-boeve@bethel.edu. Jacob Goering (PI) may also be reached at (email) jag76889@bethel.edu or (phone) 218-398-2191. By completing the survey, you are granting consent to participate in this research.

Appendix E

Survey Instrument

Goering Dissertation Survey Instrument

Thank you for your interest! First, we are going to make sure you are eligible to participate in this study. Please answer the questions below and then press the arrow to continue.

Are you a nurse manager, team lead, or director in an aging services setting (e.g., nursing home, or assisted living)

- ❍ Yes (1)
- ❍ No (2)

Have you worked at least one year in your current position?

- ❍ Yes (1)
- ❍ No (2)

Insert Informed Consent here once is completed and approved by IRB.

- ❍ By clicking this button you agree you have read and understand the above information. If you wish to not participate in this study, please close this survey. (1)

Appendix F

Work and Well-Being Survey (UWES)

Questionnaire

5. Work and Well-Being Survey (UWES)

The following 17 statements relate to how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, select "0." If you have had this feeling, indicate how often you feel it by selecting the number (from 1-6) that best describes how frequently you feel this way.

Used with permission. Shaufell and Bakker (2003)

	Never (0)	Almost never, (a few times a year or less) (1)	Rarely (once a month or less) (2)	Sometimes (a few times a month) (3)	Often (once a week) (4)	Very often (a few times a week) (5)	Always (every day) (6)
At work, I feel like I am bursting with energy.	○	○	○	○	○	○	○
I find the work I do to be full of meaning and purpose.	○	○	○	○	○	○	○
Time flies when I'm working.	○	○	○	○	○	○	○
At work, I feel strong and vigorous.	○	○	○	○	○	○	○
I am enthusiastic about my job.	○	○	○	○	○	○	○
When I am working, I forget everything else around me.	○	○	○	○	○	○	○
My job inspires me.	○	○	○	○	○	○	○
When I get up in the morning, I feel like going to work.	○	○	○	○	○	○	○
I feel happy when I am working intensely.	○	○	○	○	○	○	○

	Never (0)	Almost never, (a few times a year or less) (1)	Rarely (once a month or less) (2)	Sometimes (a few times a month) (3)	Often (once a week) (4)	Very often (a few times a week) (5)	Always (every day) (6)
I am proud of the work I do.	○	○	○	○	○	○	○
I am immersed in my work.	○	○	○	○	○	○	○
I can continue working for very long periods of time.	○	○	○	○	○	○	○
To me, my job is challenging.	○	○	○	○	○	○	○
I get carried away when I am working.	○	○	○	○	○	○	○
At work, I am mentally very resilient .	○	○	○	○	○	○	○
It is difficult to detach myself from my job.	○	○	○	○	○	○	○
At my work, I always persevere, even when things do not go well.	○	○	○	○	○	○	○

Appendix G

Survey of Perceived Organizational Support (SPOS-8)

Survey of Perceived Organizational Support (SPOS-8)

Listed below are statements that list possible opinions YOU may have about working. Please indicate the degree to which you agree or disagree with each statement. Please choose from the following answers:

	Strongly disagree (1)	Moderately disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Moderately agree (5)	Strongly agree (6)
The organization values my contribution to its wellbeing.	○	○	○	○	○	○
The organization fails to appreciate any extra effort I offer.	○	○	○	○	○	○
The organization ignores my complaints.	○	○	○	○	○	○
The organization cares about my wellbeing.	○	○	○	○	○	○
Even if I did the best job possible, the organization would still fail to notice.	○	○	○	○	○	○
The organization cares about my general satisfaction at work.	○	○	○	○	○	○
The organization shows very little concern for me.	○	○	○	○	○	○
The organization takes pride in my accomplishments at work.	○	○	○	○	○	○

Appendix H

Challenge and Hindrance Stress Scales

6. Challenge and Hindrance Stress Scales

Indicate the amount of stress you feel with each of the associated items:

	Produces no stress (1)	Produces little stress (2)	Produces stress (3)	Produces above average stress (4)	Produces a great deal of stress (5)
The number of projects and/or assignments I have.	○	○	○	○	○
The amount of time I spend at work.	○	○	○	○	○
The amount of work that must be accomplished in the allotted time.	○	○	○	○	○
Time pressures I experience.	○	○	○	○	○
The amount of responsibility I have.	○	○	○	○	○
The scope of responsibility my position entails.	○	○	○	○	○
The degree to which politics rather than performance effects organizational decisions.	○	○	○	○	○
The inability to clearly understand what is expected of me on the job.	○	○	○	○	○
The amount of red tape I need to get through to get my job done.	○	○	○	○	○
The lack of job security I have.	○	○	○	○	○
The degree to which my career seems “stalled.”	○	○	○	○	○

Appendix I

Practice Environment Scale of the Nursing Work Index (PES-NWI)

Practice Environment Scale of the Nursing Work Index (PES-NWI)

For each item, please indicate the extent to which you agree that the item is PRESENT IN YOUR CURRENT JOB. Indicate the degree to which you agree or disagree by selecting the appropriate button. Please choose from the following answers:

		Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
1	Adequate support services allow me to spend time with my residents.				
2	Physicians and nurses have good working relationships.				
3	Supervisory staff is supportive of nurses.				
4	Active staff development or continuing education program for nurses.				
5	Career development/clinical ladder opportunit.				
6	Opportunities exist for nurses to participate in policy decisions.				
7	Supervisors use mistakes as learning opportunities, not criticism.				
8	There is adequate time and opportunity to discuss resident care problems with other nurses.				
9	There are enough registered nurses to provide quality care.				
10	The nurse manager is a good manager and leader.				
11	The chief nursing officer *or* director is highly visible and accessible to staff.				
12	There are enough staff to get the work done.				
13	Praise and recognition for a job well done is offered.				
14	High standards of nursing care are expected by the administration.				
15	The chief nursing officer is equal in power and authority to other top-level executives.				
16	A lot of team work exists between nurses and physicians.				
17	Opportunities for advancement exist.				
18	A clear philosophy of nursing pervades the resident care environment.				
19	I work with nurses who are clinically competent.				
20	The nurse manager backs up the nursing staff in decision making, even if it conflicts with a physician.				
21	The administration listens and responds to employee concerns.				
22	An active quality assurance program is in place.				
23	Staff nurses are involved in the internal governance (e.g., practice and policy committees).				
24	Collaboration (joint practice) between nurses and physicians exists.				

25	A preceptor program for newly hired nurses is in place.				
26	Nursing care is based on a nursing, rather than a medical model.				
		Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
27	Staff nurses can serve on facility and nursing committees.				
28	Nursing administrators consult with staff regarding daily problems and procedures.				
29	Written, up-to-date nursing care plans for all residents exist.				
30	Resident care assignments are in place that foster continuity of care, i.e., the same nurse cares for the resident from one day to the next.				
31	Nursing diagnosis are used.				

Appendix J

Eligibility Criteria

Please answer the following questions to determine your eligibility to participate in a survey about nurse manager work engagement. Your time is appreciated.

1. Are you a nurse manager, team lead, or director of nursing in a nursing home or other post-acute care setting?

   ○ Yes

   ○ No

2. Have you worked in your position for more than one year?

   ○ Yes

   ○ No

3. Do you have 24/7 responsibility?

4. Do you manage 5 or more full-time-equivalents (FTEs)?

   ○ Yes

   ○ No

Appendix K

Demographic Form for Nurse Managers

The following questions are demographic data and used for analytical purposes. These questions will not be used to identify any individual.

2. What is your gender?

○ Male

○ Female

3. What is your current age? Age (in years) _____

4. What is your ethnicity?

○ African American

○ Caucasian

○ Hispanic/Latino

○ Non- Hispanic

○ Asian Pacific

○ Native American Indian

○ Other

5. Years of nursing experience?

Years _____

Months _____

6. Years of management experience?

Years _____

Months _____

7. What is your highest level of nursing education?

○ Associate

○ Baccalaureate

○ Masters

○ Doctorate

○ I don't have a nursing degree

8. What is your highest level of non-nursing education?

○ Baccalaureate

○ Masters

○ Doctorate

9. Type of geriatric work setting:

○ Hospital Swing Bed

○ Nursing Home

○ Assisted Living

10. Ownership

○ Not-for-profit

○ For-profit

○ Government

11. Affiliation

○ Chain affiliate

○ Stand alone

12. Facility Size

○ Less than 50 beds

○ 51 to 100 beds

○ More than 100 beds

12. Number of nursing full-time-equivalents (FTEs) in all units that you manage

Number of FTEs _____

13. Do you want to advance your career level in the future?

○ Definitely yes

○ Probably yes

○ Might or might not

○ Probably not

○ Definitely not

Appendix L

Replication Study Permission

Verbal Permission Granted 3/16/2016

From: Anne Simmons [mailto: Anne.Simmons@concordia-ny.edu]
Sent: Friday, March 13, 2015 10:30 AM
To: Jake Goering
Subject: Re: Dissertation

Hi, my office number is 914-337-9300 extension 2184. I look forward to speaking with you.

Anne

From: Jake Goering <jake.goering@bhshealth.org>
Sent: Friday, March 13, 2015 11:08 AM
To: Anne Simmons
Subject: RE: Dissertation

Oh, and do you have a direct number you prefer?

From: Anne Simmons [mailto:Anne.Simmons@concordia-ny.edu]
Sent: Friday, March 13, 2015 10:06 AM
To: Jake Goering
Subject: RE: Dissertation

I would be glad to discuss my dissertation with you. I do not routinely check my other email. I have some available time on Monday 3/16 from 9:30-1pm. Let me know if that is a good time for you.

Regards, Dr. Simmons

From: Jake Goering [mailto:jake.goering@bhshealth.org]
Sent: Wednesday, March 11, 2015 12:36 PM
To: Anne Simmons
Subject: Dissertation
Importance: High

Good Day Dr. Simmons:

I am a doctoral student at Bethel University in Minnesota. During my literature review on "engagement" and "nurse managers" I found a dissertation authored by someone with your same name.

Would you kindly let me know if this is you?

Dissertation Title: THE RELATIONSHIP OF WORK STRESSORS AND PERCEIVED ORGANIZATIONAL SUPPORT ON NURSE MANAGER WORK ENGAGEMENT

If you are the same Anne Simmons, I would like to talk to you about my conducting a replication study.

Appendix M

Permission to Use POS Scale

RE: Request for Permission to use POS Dissertation x

Eisenberger, Robert W <reisenbe@central.uh.edu>
to me

Dear Jacob,
Your research sounds very interesting. I am happy to give you permission to use the POS scale.
Cordially,
Bob
Robert Eisenberger
Professor of Psychology
College of Liberal Arts & Soc. Sciences
Professor of Management
C. T. Bauer College of Business
University of Houston
reisenberger2@uh.edu
(302)353-8151

From: Jacob Goering [jag76889@bethel.edu]
Sent: Thursday, November 26, 2015 10:05 AM
To: reisenberger2@uh.edu
Subject: Request for Permission to use POS