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Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments

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CLINICAL INSTRUCTORS' PERCEPTIONS OF STRUCTURAL AND PSYCHOLOGICAL EMPOWERMENT IN ACADEMIC NURSING ENVIRONMENTS

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ABSTRACT

The study purpose was to explore clinical instructors' perceptions of empowerment in academic nursing environments. Clinical instructors (CIs), often part-time faculty, facilitate learning in professional practice environments. However, they also need to function within the academic environment to learn about the curriculum and how students are to be evaluated.

The qualitative description method was used to obtain an understanding of CIs' empowerment experiences and to interpret their perceptions within the framework of Kanter's (1977, 1993) structural empowerment and Spreitzer's (1995) psychological empowerment theories. Eight CIs from two nursing programs were interviewed for this study.

All empowerment components were important in CIs' perceptions of their role with *support* and *confidence* being key components. An implication for CIs was slow development of confidence in their ability to facilitate student learning that was consistent with curriculum goals. Recommendations for CIs and academic faculty are offered to support and retain clinical faculty.

Keywords

Clinical instructors, clinical faculty, academic nursing environments, Kanter's theory of structural empowerment, Spreitzer's theory of psychological empowerment, baccalaureate nursing education.

CO-AUTHORSHIP STATEMENT

Sandra Wiens completed the following work under the supervision of Dr. Yolanda Babenko-Mould and Dr. Carroll Iwasiw, who will be co-authors on the publication resulting from the manuscript.

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I am indebted to the study participants who willingly shared the joys and challenges of empowerment experiences in the clinical instructor role. I have tried to clearly and truthfully express their deep-felt perceptions of empowerment in relation to the academic environment.

My own heart-felt appreciation belongs to my husband, Jim, who strongly encouraged me to pursue the opportunity of a graduate degree in the nursing profession that I value so highly.

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PART ONE
INTRODUCTION

Clinical instructors (CIs) have a key role as facilitators of nursing students' professional practice knowledge, judgment, and skills (Andrew, Halcomb, Jackson, Peters, & Salamonson, 2010; Carson & Carnwell, 2007). *Clinical instructors* are defined in many nursing education programs as the clinical faculty members that facilitate the learning and competence of small groups of nursing students in professional practice environments (Calpin-Davies, 2001). In order to be effective in their role, CIs also need to function within the academic environment to learn about what the curriculum entails and how students are to be evaluated. The *academic environment* is where nursing faculty and administrators facilitate nursing education through theory classes and program planning. If there are limited connections between CIs and the academic environment, there can be negative repercussions on CIs' identification with academic goals and their ability to function within that environment to effectively develop their clinical teaching role (Andrew et al.).

Current concerns in the nursing education context that affect CIs include gaps between academic and clinical knowledge (Andrew et al., 2010; Benner, Sutphen, Leonard, & Day, 2010; Carson & Carnwell, 2007), demands that detract from scholarship (Andrew & Wilkie, 2007; Cash, Daines, Doyle, & von Tettenborn, 2009), and issues concerning recruitment and academic excellence of CIs (Andrew & Wilkie; McDonald, 2010). Another concern raised by administrators in more than half the Canadian schools of nursing is an immediate need for CIs and clinical placements so that current students can be educated to meet professional expectations (Canadian Federation of Nurses Unions, 2008). Schools of nursing project an imminent shortage of qualified faculty to teach nursing courses if current student enrolments are maintained (Canadian Nurses Association (CNA) and Canadian Association of Schools of Nursing (CASN), 2012). This shortage might be greater than projected as part-time CIs were not included in the CNA and CASN report of faculty shortages, yet in many nursing programs the majority of CIs are employed on short-term contracts to facilitate professional practice courses (Duffy, Stuart, & Smith, 2008). Attention to these concerns could further enhance

faculty and administrators' awareness and understanding of CIs' experiences as educators.

Clinical instructors are expected to function in their role within a context that reflects nurse educator shortages and increased demands for scholarly teaching skills (Benner et al., 2010; CNA & CASN, 2012; Garbee & Killacky, 2008). Given that faculty and administrators in academic nursing environments have been faced with resource constraints resulting in limited mentoring and development opportunities, CIs may not have sufficient access to faculty to align their role with the curriculum and effectively facilitate student learning (Andrew et al., 2010; Baker, Fitzpatrick, & Griffin, 2011; Carson & Carwell, 2007). As a result, CIs may be disconnected from academic curriculum and focus on a clinical curriculum of their own understanding (Bell-Scriber & Morton, 2009). A CI's perceptions of access to support and information within the academic environment may not be strong enough to meet role expectations without stress and resultant gaps between theory and practice (Carson & Carnwell; Whalen, 2009). This sense of limited empowerment might influence CIs' decisions about remaining in the role. If CIs perceive that academic faculty and administrators do not promote support, provide information, arrange for resources, create opportunities for learning, endorse role visibility, or encourage connections within and external to the academic environment, then CIs might limit their involvement in clinical teaching. An unwillingness to be involved might also be the case if CIs derive limited meaning from their role, have restricted autonomy in their positions, lack confidence in their teaching abilities, or are unsure of their impact on nursing program goals. Therefore, to more fully understand the perceptions of CIs in relation to their role as educators, research in the area of CIs' structural and psychological empowerment is required.

The purpose of this study is to describe CIs' perceptions of empowerment within academic organizations from Kanter's (1977, 1993) structural and Spreitzer's (1995) psychological theoretical perspectives. An exploration of CIs' empowerment can provide insight into how CIs strive to effectively carry out their role in academic environments.

Structural Empowerment

According to Kanter (1977, 1993), *empowerment* can be defined as the ability to do a job effectively and meet organizational goals. Kanter proposes that managers create

organizational structures such as opportunity, information, support, and resources to help employees reach their full potential and gain access to formal and informal power. These components form the core of Kanter's structural empowerment (SE) framework. *Formal power* varies according to an employee's position in an organization and is increased with jobs that are central to decision-making about key organizational goals. *Informal power* occurs through alliances across all types of employee groups within and external to the organization. *Opportunity* constitutes the conditions where employees can develop skills, advance in the organization, and participate in change. *Information* represents having knowledge about the organization that is necessary to function in the role effectively. *Support* involves guidance from supervisors and feedback about effectiveness from stakeholders related to the organization. *Resources* are the materials, finances, rewards, and time to accomplish role and organizational goals. The more access employees have to these structures in the work environment, the more they are able to utilize the structures to have access to formal and informal power. This can result in a sense of empowerment, which in turn can increase employees' role effectiveness.

Psychological Empowerment

Empowerment is defined by Spreitzer (1995) as a motivational construct of a psychological nature that involves personal meaning, competence, self-determination, and impact, to allow active participation in the context of the work environment. Psychologically empowering environments occur when employees perceive congruence between role requirements and their own beliefs, leading to greater meaning of work, confidence in ability to perform work, greater autonomy over work, and awareness of making an impact on organizational outcomes. *Meaning* arises from the personal judgement of the value of work goals compared to one's own ideals. *Confidence* develops from a belief in personal competence to skillfully accomplish a role. *Autonomy* refers to a sense of control or self-determination to initiate and continue work. *Impact* is the perception of personal power to influence strategic or practical outcomes in the work environment. According to Spreitzer, employees need to experience an integration of all of the psychological empowerment (PE) components to feel empowered and be actively involved in the work role.

Integration of Structural and Psychological Empowerment

Both SE and PE occur in relation to the work environment context and people involved in the setting. According to Spreitzer (2007), SE theory is limited by managers' focus on organizational outcomes and PE theory is limited by individuals' focus on personal outcomes. Therefore, the two empowerment perspectives would be of greater benefit to managers and employees if they were brought together for a comprehensive understanding of individuals' sense of empowerment. An approach to exploring SE and PE together can enhance an understanding of employees' perceptions of the empowerment structures and psychological motivations contributing to their abilities to function effectively to meet role expectations.

Structural and Psychological Empowerment in Nursing

The integration of structural conditions and psychological experiences has been researched with several nursing populations. Laschinger, Finegan, Shamian, and Wilk (2001) associated Kanter's (1977, 1993) SE components with Spreitzer's (1995) PE components to create a model of empowerment within nursing organizations. A study was conducted by Laschinger et al. to examine an integrated theoretical model of empowerment in a population of hospital staff nurses to specify the relationships between SE, PE, job strain, and work satisfaction. Staff nurses felt that the presence of SE resulted in higher levels of PE, and higher PE in turn negatively influenced job strain and positively influenced work satisfaction. Analysis of the hypothesized model revealed that SE had a direct positive effect on PE, and PE positively influenced job satisfaction. Thus, PE was found to be a mediator between SE and job satisfaction. The strong relationship between SE and PE establishes the importance of structural conditions in the work environment to empower employees to accomplish their role and to experience an enhanced quality of work life.

Subsequent to the 2001 research conducted by Laschinger et al., the integrated model has been the guide for several studies. Baker et al. (2011) utilized established measurement scales based on Kanter's (1977, 1993) SE and Spreitzer's (1995) PE to survey nursing clinical and academic faculty members' perceptions of job satisfaction. Faculty members reported moderate levels of both SE and PE which were positively related to job satisfaction. The majority of nursing faculty were satisfied with their jobs

and felt empowered in their workplaces. Smith, Andrusyszyn, and Laschinger (2010) found the integrated model was supported by the results of a study in which SE, PE, and workplace incivility were predictors of affective commitment in new graduate nurses. Novice nurses perceived the greatest access to opportunity, however they experienced difficulty obtaining support and resources. Siu, Laschinger, and Vingilis (2005) also integrated SE and PE theories to study two types of learning situations. Siu et al. concluded that nursing students who were in a self-directed program perceived higher SE and PE than students in a lecture-based program, and in both groups of students SE was positively related to PE. Perceptions of greater access to empowering learning conditions contributed to students' abilities to be more involved in their own learning. Lethbridge, Andrusyszyn, Iwasiw, Laschinger, and Fernando (2011) completed an integrative literature review about SE, PE, and reflective thinking among nursing students. There was sufficient support in the literature to associate the concepts of SE and PE in nursing education environments and students perceived a positive relationship between SE and PE in learning environments.

Given the level of substantiation in the literature for the integrated use of Kanter's (1977, 1993) SE and Spreitzer's (1995) PE theories, it is reasonable to propose that these theories can be employed as an explanatory framework to describe CIs' perceptions of their academic work environment. The structural conditions of the academic work environment along with CIs' psychological motivations to develop their role will be explored for perceptions of empowerment.

Clinical Instructors in an Academic Context

Nursing education programs are often delivered within organizations that operate as a bureaucratic structure that CIs must navigate (Gazza & Shellenbarger, 2005; McDonald, 2010). To take advantage of possible empowerment structures, CIs need to learn the policies that guide their role and the key people to consult for assistance. One expectation espoused by nursing programs is that CIs act as a knowledge transfer bridge for students between classroom theory and practice care situations (Carson & Carnwell, 2007). In order to effectively facilitate the transfer of theory into practice, as well as evaluate students' professional knowledge and skill development, CIs need to be an integral part of the academic work environment. By doing so, they might have more

opportunities to access resources such as program planning committees and faculty development sessions. Clinical instructors, however, tend to function at an operational level in practice settings apart from the academic organization and not at a strategic decision-making level in the program (Andrew & Wilkie, 2007). For example, CIs may tend to focus on teaching practice skills to students, yet have little involvement in program committees addressing the development of educator knowledge and teaching skills. This situation could be attributed in part to the separate role and work environments of academic and clinical faculty, making teaching-learning links between theory and practice challenging for CIs. Andrew et al. (2010) suggest there needs to be more collaboration between clinical and academic faculty so that each group conveys the importance of both theoretical knowledge and experiential knowledge in their teaching-learning approaches.

Empowerment might be impacted if CIs' access to opportunities for professional development is limited by constraints arising from the academic environment. Clinical instructors' perceptions of empowerment in the academic environment may influence role fulfilment, teaching skill effectiveness, and intention to continue in the job. When there are multiple competing teaching demands on CIs without time to learn and grow in their role, scholarship in the teaching process can be compromised (Andrew & Wilkie, 2007; Cash et al., 2009). For example, MacPhee, Wejr, Davis, Semeniuk, and Scarborough (2009) note that CIs felt the need to learn scholarly teaching strategies and reported that mentorship was inadequate. Additionally, when situations such as changes in curriculum and clinical course expectations occur with limited input from CIs, they might feel a lack of responsibility for role changes and involvement in the academic environment. A loss of connection and meaning in the teaching process might increase the chances that some CIs will feel frustrated in their role with students and thus, discontinue the role altogether (Andrew & Wilkie; McDonald, 2010). In light of CI expertise and retention issues, it is timely and relevant to explore descriptions of CIs' perceptions of empowerment in the academic environment.

In the research literature, few studies have examined and explored CIs' empowerment in the context of the academic environment (Cash et al., 2009). Baker et al. (2011) found SE and PE were positively correlated to job satisfaction among faculty;

however, the researchers did not distinguish between clinical and academic faculty nor between types of workplaces. Babenko-Mould (2010) found that some CIs associated their need for support with the level of role preparation from the academic employer and support from the academic environment was related to CIs' use of empowering teaching behaviours. This was the only known study that included CIs as a distinct group and involved both quantitative and qualitative findings framed according to Kanter's (1977, 1993) empowerment theory. No study could be found where the researchers focused solely on CIs in the academic environment or qualitatively described CIs' academic environment experiences using empowerment theories as an explanatory framework. Empowerment of CIs can be researched from their individual perspectives as a basis for understanding the environmental conditions and motivations that affect their ability to perform their role. These findings can add to the state of knowledge about clinical faculty experiences of SE and PE in academic nursing environments, and could lead to changes to improve the CI role.

Qualitative Description - Study Design and Method

Studies using qualitative description as a study design reflect foundational and accurate summaries of participants' experiences that occur in complex contexts of roles and work environments (Leeman & Sandelowski, 2012). This design was selected to obtain a broad understanding of CIs' empowerment experiences in academic organizations and to interpret these perceptions within a theoretical explanatory framework.

The descriptive method involves a combination of purposeful sampling, exploratory data collection through in-depth interviews and clarification with participants of context and comments, textual analysis for themes, and interpretation of participants' data using representative quotes to support conclusions (Sandelowski, 2000, 2010; Thorne, 2000). Descriptive analysis is conducted for recurring terms or themes within participants' narratives. The qualitative descriptive method in the present study involved coding all data to determine themes, potential associations between empowerment components, and quotes that represented CIs' experiences of empowerment.

A theoretical model can guide both the approach to data collection and the explanatory analytical process in qualitative research (Thorne, 2000). Researchers use a

model to frame interview questions and to choose strategies for data interpretation. The development of themes during analysis is also influenced by the selected model. In this study, the theoretical SE (Kanter, 1977, 1993) and PE (Spreitzer, 1995) components of formal and informal power, opportunity, information, support, resources, meaning, confidence, autonomy, and impact will be the *a priori* components that frame the interview questions and guide the descriptive analysis. The empowerment components will be analyzed within an established set of definitions. Findings from qualitative research can contribute to a greater understanding of key issues, recommendations for change, and new strategies for further research.

Conclusion

Studies about CIs appear to be under-represented in the research literature (Cash et al., 2009). The objective of this study is to explore CIs' perceptions of SE and PE within academic nursing environments, as they strive to effectively carry out their role with students in the clinical environment.

Research on the perceptions of CIs in relation to academic environments might assist nursing program faculty and administrators to understand empowerment within the CI role and to collaborate even more closely with CIs to co-create professional development initiatives that have the potential to enhance empowerment. The response of CIs to empowerment initiatives is also important to understand. According to Spreitzer (1996), individuals' perceptions of work environments, rather than an objective reality, shape their empowerment responses. Specific perceptions of CIs about the personal meaning of their role, confidence in their abilities, autonomy as decision-makers, and impact on organizational goals needs to be studied. By gaining awareness of how academic environments influence CIs' empowerment, nursing program administrators can collaborate with CIs to implement the appropriate resources, information pathways, professional opportunities, and role supports that are feasible within nursing education organizations and complementary to the academic focus. This research could inform the development of a new and empowered role for CIs which more closely integrates clinical teaching with academic teaching to further support conceptually consistent learning for students.

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PART TWO
MANUSCRIPT

In many nursing education programs, clinical instructors' (CIs) experiences with empowerment initiatives in the academic nursing environment are different from those in clinical practice environments where CIs fulfill their responsibilities as educators of learners engaged in nursing practice. The *academic environment* is where nursing faculty and administrators facilitate nursing education through theory classes and program planning. *Clinical instructors* are generally part-time clinical faculty that facilitate the learning and competence of small groups of nursing students in clinical practice settings (Calpin-Davies, 2001; Duffy, Stuart, & Smith, 2008). For the purposes of this study, the *clinical environment* includes a variety of professional practice settings such as in the community and in acute care hospital environments. Clinical instructors' perceptions of the academic environment can affect student learning outcomes, as well as their empowerment to develop their role (Allan & Smith, 2010; Andrew, Halcomb, Jackson, Peters, & Salamonson, 2010). Since CIs have an essential role in the professionalization of students, it is important to understand how CIs' perceptions of the academic environment and their own motivation influences their function in both academic and clinical environments.

There is a need for more research about CIs, particularly in the area of how work environments influence role effectiveness to facilitate student learning (Cash, Daines, Doyle, & von Tettenborn, 2009; Davies, Laschinger, & Andrusyszyn, 2006; Parslow, 2008). The present study used Kanter's (1977, 1993) theory of structural empowerment (SE) and Spreitzer's (1995) theory of psychological empowerment (PE) as an explanatory framework to obtain a broad description of CIs' perceptions of role empowerment within academic environments.

Bracketing Processes

The researcher who uses qualitative description is immersed in the data and is an instrument in the interpretation of data and presentation of facts (Sandelowski, 2000). The researcher's influence on interpretations of participants' data can be outlined by stating assumptions, related background, and the process to remain within the research

framework. Bracketing is a method of reflection throughout the research process that acknowledges preconceptions and increases rigor of the findings (Tufford & Newman, 2010).

The following research arose from my own passion for teaching students in the acute care practice setting and my efforts to understand the less familiar academic environment so as to enhance my role. Then, as a graduate student, my awareness of nursing education grew as I identified a personal need for teaching strategies and broader challenges to nursing empowerment. The SE and PE framework was chosen since the theories provided a well-researched basis for a beginning researcher such as myself, and there appeared to be a balance of both organizational and personal considerations. From my experience, the term *clinical instructor* was a common title and chosen to represent the part-time clinical faculty role.

In qualitative description, data collection and analysis occur iteratively (Tufford & Newman, 2010). Therefore, I kept a journal outlining my emotional reactions to interviews, contextual details, engagement with participants, incidents of empathy or gaps of understanding, and developing ideas of themes. I also wrote extensive comments of evaluation and insights into the data on the transcripts as I listened to the audiotapes repeatedly. I assumed that the lens of interpretation was to discover CIs' viewpoints of their role in relation to the academic environment, thus a qualitative descriptive method that elicited CIs' perspectives was chosen. The research question and interview guide was clarified with the thesis advisors to ensure congruency with the empowerment theories and qualitative descriptive method. As I analyzed and coded the data for common themes, I selected examples of success and challenge from a variety of participants that might represent the group for each theme. In the research process of trying to bracket my own experience yet recognizing where I empathized with participants, I learned new perspectives and how useful empowerment themes are to understanding the CIs' experience and role.

Theoretical Framework

Overview of Kanter's Theory of Structural Power in Organizations

Power is defined by Kanter (1977, 1993) as the ability to accomplish work and meet organizational goals. According to Kanter, managers can empower employees

through enabling access to structural components such as information, support, resources, and opportunity. *Information* represents knowledge that contributes to organizational decision making and technical skills that meet organizational goals. *Support* involves feedback about role effectiveness and guidance to meet goals. *Resources* are the materials and finances required to accomplish goals. *Opportunity* to develop constitutes job challenges that increase professional growth and mobility within the organization. Kanter also noted that components such as formal power and informal power influence an individual's overall perceptions of empowerment and lines of communication to affect productivity and a feeling of relevance to meet organizational goals. *Formal power* is derived from jobs that are flexible, visible, central to organizational goals, and allow independence in decision-making. *Informal power* occurs from alliances within and without the organization. The more access employees have to empowerment structures, the more effective they could be at attaining personal and professional goals in the work environment.

Overview of Spreitzer's Theory of Psychological Empowerment

Empowerment, according to Spreitzer (1995), is a psychological experience perceived by employees that determines the success of their involvement in empowering initiatives. Psychological empowerment is a motivational construct consisting of the components of meaning, confidence, autonomy, and impact that combine to facilitate active participation in the work role. *Meaning* arises from the employee's sense of congruency between role requirements and personal values and behaviours. *Confidence* develops from the employee's belief in his/her ability to perform the role and meet organizational expectations. *Autonomy* refers to the choice to initiate and maintain work processes. *Impact* is the individual's perception of influence on significant work outcomes. Psychological empowerment is focused on the individual, whereas SE is focused on the organization. A more complete understanding of empowerment can occur when the theories are used together. An understanding of empowerment, from both an environmental and motivational perspective, can occur when both SE and PE theories are used in research. Therefore, this research involves using both theories to explore CIs' perceptions of empowerment in the academic environment.

Review of Literature

Search Methods

A literature search for electronic articles about clinical faculty empowerment from 2000 to 2012 was conducted using CINAHL, ProQuest ABI Inform Global, ProQuest Education Journals, and Proquest nursing journals. Key terms were: *clinical faculty, clinical instructors, clinical supervision, student supervision, organizational theory, Kanter's Theory of Structural Empowerment,* and *Spreitzer's Theory of Psychological Empowerment*. In particular, research studies and expository articles since 2005 were sought on Kanter's (1977, 1993) and Spreitzer's (1995) theories in relation to nursing education.

Role of Clinical Instructors

Research-based articles are limited about the CI population in the context of the academic environment; therefore, related research and expository articles about the CI role are outlined in this review. Typically, the CI role involves creating learning opportunities for nursing students in clinical environments and evaluating students' professional development (Cash et al., 2009). Clinical instructors have not usually taken on a liaison role with academic faculty members nor the broader culture of higher education (Andrew & Wilkie, 2007). Andrew and Wilkie, and Andrew et al. (2010) make the point that CIs are not readily integrated into academia and the divide between clinical and academic environments inhibits a career pathway with collaborative approaches.

Carson and Carnwell (2007) conducted a study in the United Kingdom with CIs who had a cross-appointment with universities and hospitals. Clinical instructors felt divided loyalties and struggled to relate to others as both practitioners and educators. Allan and Smith (2010) discussed that nursing programs loosely connect clinical and academic faculty due to physical and social separations between work environments. These separations do not support an integrated use of knowledge and skills (Benner, Sutphen, Leonard, & Day, 2010).

Clinical instructors are often employed part-time in nursing programs for their clinical expertise, not necessarily their academic qualifications, and may not be familiar

with the theoretical underpinnings of the nursing program (Cash et al., 2009; Jarrett, Horner, Center, & Kane, 2008; Regan, Thorne, & Mildon, 2009). Therefore, the clinical focus of CIs along with the lack of academic and clinical faculty connections may limit CIs' ability to effectively guide students to integrate practice and theory at levels of critical thinking consistent with curriculum goals.

Empowerment Studies in the Nursing Literature

A review of empowerment in recent nursing studies indicated an emphasis on Kanter's (1977, 1993) SE. For example, staff nurse empowerment had a positive effect on trust in managers and feeling respected, which led to job satisfaction and organizational commitment (Laschinger & Finegan, 2005). Staff nurses felt that managers were treating them fairly when empowering conditions existed in the work environment. In another study, Davies et al. (2006) surveyed 141 clinical hospital educators in Ontario to examine the relationships between perceptions of SE, job tension, and job satisfaction. Clinical educators were moderately empowered since the position of clinical educator offered opportunities for growth and development, as well as formal power. All SE components were strongly related to job satisfaction. Finally, high levels of SE were related to low levels of job tension, which in turn was predictive of increased job satisfaction. The components of support and resources were important to clinical educators' sense of job satisfaction. In a study by Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, and Weston (2012), 64 CIs in Ontario perceived themselves as moderately structurally empowered. Structural empowerment in the clinical environment positively influenced CIs' use of empowering teaching behaviours with students. The authors suggested that empowered CIs have the ability to facilitate students' perceptions of self-efficacy for clinical practice.

Siu, Laschinger, and Vingilis (2005) found SE and PE were positively related among 108 baccalaureate nursing students in Ontario who were involved in either a problem or lecture-based nursing education program. Further, students who were provided with greater autonomy in self-directed learning with the teacher as a facilitator in the problem-based program reported higher levels of SE and PE than students in lecture-style learning situations with the teacher as an information provider. Kanter's

(1977, 1993) SE theory was demonstrated to be a useful framework for researching empowerment in nursing education.

Integrated Empowerment Model in the Nursing Literature

Laschinger, Finegan, Shamian, and Wilk (2001) integrated Spreitzer's (1995) PE theory with Kanter's (1977, 1993) SE theory as the basis of a seminal study among 404 Canadian staff nurses. They demonstrated a good fit of the hypothesized model for conceptualizing how SE had a direct positive effect on PE, and PE positively influenced job satisfaction. Thus, PE was found to be a mediator between structural work conditions and job satisfaction. The researchers found that nurses' perceptions of structural organizational components in the workplace influenced personal experiences of empowerment, which then directly affected job satisfaction. These findings give a broader understanding of the empowerment process in which both organizational components and personal factors affect outcomes.

As a result of conducting an integrative literature review, Lethbridge, Andrusyszyn, Iwasiw, Laschinger, and Fernando (2011) found sufficient support to conceptually associate SE, PE, and reflective thinking in nursing education environments. In the nursing faculty population there are few studies based on Kanter's (1977, 1993) SE theory and Spreitzer's (1995) PE theory. The academic environment was the study setting involving 139 clinical and academic nursing faculty members in American community colleges (Baker, Fitzpatrick, & Griffin, 2011). Baker et al. used a correlational survey design to examine SE, PE, and job satisfaction. The majority of faculty (81%) were satisfied with their jobs and moderately empowered both structurally and psychologically. Baker et al. concluded that an understanding of faculty perceptions of SE and PE can lead to improved structures in academic environments that promote role satisfaction and retention. Thus, an integrated SE and PE framework was supported as useful for guiding nursing education empowerment research.

Summary of the Reviewed Literature

The role of CIs has typically been focused on the clinical environment with limited connections to faculty in academic environments. Academic workplaces can be considered environments that foster CI development and shape teaching behaviours. As

recommended by Babenko-Mould et al. (2012), CIs need to be informed about empowerment components and how to alter learning situations to benefit students. The reviewed nursing education studies support the relevance of using SE and PE theories as a framework for research. Despite the potential value of SE and PE being considered from an integrated perspective, no qualitative description studies could be found that involved both Kanter's (1977, 1993) and Spreitzer's (1995) theories as an explanatory framework to understand CIs' role effectiveness in an academic environment. This gap in the literature is a motivation for further CI research.

Research Question

The research question was: *How do CIs describe their perceptions about the components of structural (formal and informal power, opportunity, information, support, and resources) and psychological (meaning, confidence, autonomy, and impact) empowerment within academic nursing environments?*

Method

Qualitative Description

The underlying philosophy of qualitative description is based on naturalistic inquiry and techniques used to view the phenomena without bias. Sometimes naturalistic inquiry is used in conjunction with a theory or another research approach, yet the researcher must be careful to use techniques that encourage participants to reveal the data naturally (Sandelowski, 2000, 2010). An overarching framework can be used to guide qualitative descriptive research and focus the analysis; however, the framework does not need to be adhered to if the analysis indicates other considerations (Polit & Beck, 2008; Sandelowski, 2000, 2010).

Qualitative description was selected to explore CIs' experiences with empowerment in academic organizations and to interpret these perceptions using two theories of empowerment as an explanatory framework. The chosen framework, as outlined by Laschinger et al. (2001), involved the SE theory developed by Kanter (1977, 1993) and Spreitzer's (1995) PE theory. The theoretical components of formal and informal power, opportunity, information, support, resources, meaning, confidence, autonomy, and impact were the *a priori* concepts that framed the open-ended interview questions and guided the descriptive analysis of the transcribed interview data.

The method of qualitative description involved developing a contextual view of a group of CIs through a combination of data collection to explore participants' meanings, analysis of data into themes, interpretation of the most relevant themes within the theoretical framework, and determining representative quotes from the participants' data. Reality was constructed by the participants within the narratives shared during individual interviews, and therefore their experiences and knowledge formed the research data. Descriptive data included CIs' own perceptions of their relationship to the academic environment, and their descriptions were further categorized into SE and PE components for interpretation. Sandelowski (2000) proposes that in the process of conveying participants' own meanings, the researcher makes choices about what to describe and how it is interpreted according to the purpose of the study. The result is a synthesis of multiple realities (Sandelowski, 1993). In this study, themes were selected based on common ideas among participants, quantity of coded content, and depth of content. Use of the qualitative descriptive method along with a theoretical explanatory framework is appropriate in this study since there is little theoretically framed literature about empowerment among CIs.

Data Collection and Sample

Approval to conduct the study was obtained from the research ethics boards of three educational institutions in Ontario, Canada (Appendix A) and from directors of baccalaureate nursing programs (Appendix B) before CI participants were recruited by email from the related nursing programs (Appendix C). The sampling inclusion criteria for participants were: part-time CIs who currently were teaching only clinical courses and held a minimum of a baccalaureate degree in nursing (Appendix D). Eligible CIs from two institutions contacted the researcher by email for interview arrangements and no CIs volunteered from a third institution. Written consent was obtained from participants (Appendix E). Individual interviews (45-66 minutes in duration) with eight CIs were audio-taped and then transcribed verbatim. Purposive sampling was used in the study to obtain information-rich data from participants who could respond to the research questions with insight about empowerment (Patton, 2002).

A semi-structured interview guide, based on SE and PE components, was used (Appendix F). Interviews were conducted until theme saturation was reached. This was

determined when no new concepts, depth of description, or empowerment interpretations were offered by the eighth participant. Data also included field notes and reflective journaling by the researcher to describe contextual details, participant involvement, as well as interviewer's use of questions, emerging themes, and discordant observations.

The participants were employed on a part-time basis as CIs and their clinical teaching experience ranged from less than one year to 14 years, with a mean of four years. Nursing practice in acute care and community health varied from four to 45 years, with a mean of 22 years. All participants were female with a mean age of 43 years. Six CIs reported having attained a Master's degree in nursing. Participants were part-time faculty teaching only clinical or practicum courses. This allowed for an exclusive perspective on CIs' empowerment in the academic environment without the SE connections experienced by full-time or academic faculty.

Data Analysis

Data collection and data analysis were engaged in reciprocally to gain information in an ongoing process. During each interview, the researcher clarified perceptions with the participant for accuracy. Transcribed data was verified for accuracy and all indications of empowerment components were coded in NVivo 9, a computer software program for qualitative data management. Data was grouped as one sample from two academic sites and analyzed for patterns, themes, and relationships according to the *a priori* theoretical explanatory framework and researcher's insights. In an iterative process, the researcher conducted repeated readings of transcribed texts and field notes to gain familiarity with the data, track emphases and gaps, as well as discern themes and descriptive quotes associated and not associated with the explanatory framework. The researcher clarified the process and insights drawn from the text with the thesis advisors to achieve further depth and detail, and discern themes that might be outside the *a priori* framework.

Descriptive analysis was conducted for thematic fit with Kanter's (1977, 1993) and Spreitzer's (1995) theories. Structural and psychological empowerment components were also reviewed for connections to each other. Validity was maintained by selecting quotes that were representative of themes while also being accurate to individual participant's perspectives and meanings (Sandelowski, 2000).

Trustworthiness, according to Lincoln and Guba (1985), involves the criteria of credibility, dependability, confirmability, and transferability. Credibility was promoted by using purposeful sampling and conducting interviews until no new ideas were presented in interview eight to obtain appropriate and adequate data. Regular discussions were conducted with two thesis advisors with expertise in nursing education and empowerment. These discussions included progress reports of the literature review, methodology, research guide, interviews, evaluations of data, and coding outcomes. Notes of these in-person and email communications were kept to guide decision-making about the process, themes, findings, and interpretations. Dependability may be accomplished by the use of a well-researched theory to systematically guide inquiries into the subject and contribute to the analysis and findings. The interview guide was piloted with a CI who did not participate in the study but was able to contribute feedback about clarity, length, and value of study purpose. Confirmability of CIs' perceptions of empowerment components was determined by the number of times and percentage of data that was coded in each component as well as the strength of the comments. Transferability was evidenced by similarities of age, nursing experience, and themes in the CI samples between two academic environments; however, the average years of clinical teaching experience differed between the groups.

Findings and Interpretation

The key findings and interpretations of CIs' experiences in the academic environment have been organized within the SE and PE components of each theoretical framework. Participants often revealed data in narratives that naturally included multiple components from each of the empowerment theories. Participant demographics were similar across participating settings. After data from the first four interviews had been analyzed, all subthemes within empowerment components had been established and reviewed by the research team. Data saturation appeared to be established when no new themes were revealed in subsequent interviews.

Findings Related to Structural Empowerment

Formal power. According to Kanter (1977, 1993), roles that are visible and central to the goals within an organization have increased formal power. Pathways of

formal power to meet program and clinical goals were often unclear to CIs, which limited the visibility and validation of their role.

Visibility of role. The formal position of CIs within nursing programs was described by almost all participants as being less visible than academic faculty. For example, CIs were not given an interview prior to employment and six indicated they did not receive an orientation to role expectations. One CI who had a sense of her role in the program structure, yet still felt invisible, said,

> The [role] expectations are clear but [academic faculty] don't really know how we implement it in the teaching, in the clinical…I don't know if they do random reviews of all our work and then if they don't like something that they see, do they come back…? I don't know.

Contact between clinical and academic faculty was further limited when CIs were not included or were "dismissed" in strategic decision-making about their role. The contribution of CIs to the working relationship with other faculty was "minimal" and generally occurred in team meetings between CIs and their course coordinators. *Coordinators* were academic faculty having supervision of CIs and clinical courses. The lack of visibility in working relationships with faculty limited CIs' ability to understand how to function in the academic environment.

Validation of formal role. The formal input of CIs into decisions affecting the program was described by three participants as "voice" and generally limited to team meetings and circumstances related to conflict resolution. Voice as a tool for formal power was validated by academic faculty such as coordinators who elicited CI input. One CI defined voice and role validation as "feeling that we're actually being heard and that it's given credence… actually saying we've made changes based on the feedback that we received". However, four CIs felt their voices or input were silenced by academic faculty who did not respond to requests to participate in committees or would not listen to concerns involving student progress and workload issues.

Overall, organizational practices related to the SE component of formal power contributed to a lack of participation by CIs in the academic environment. Clinical instructors had limited access to formal pathways to achieve changes in the program that would strengthen their role. At other times CIs did not make sufficient effort to have their voice validated by academic faculty. However, when CIs' voices were validated

and their roles were visibly valuable in a working relationship with academic faculty, they felt vitally involved and empowered to contribute to change within a small part of the academic environment.

Informal power. According to Kanter (1977, 1993), informal power is derived from alliances within and external to organizations. Informal power was perceived by CIs through communication networks with academic faculty to assist their role as facilitators of students' clinical learning experiences.

Networking with academic faculty, such as coordinators, contributed to information about role responsibilities and provided collegiality in meeting academic expectations. One CI described her experience of open communication among CIs and coordinators in team meetings as, "I think it is an opportunity to say 'here is what worked well, here is what did not work well' and [the coordinator] asked 'well, what were some issues you came into?'". Four CIs felt encouraged when positive outcomes such as program changes were made due to their use of informal power in team meeting discussions. Three CIs felt their input at meetings was regarded by peers and academic faculty as "complaining" and were surprised by changes that were "maybe…just coincidence" in the program. Networking with academic faculty was difficult when novice CIs did not know with whom to discuss student issues or role expectations. Other than with coordinators, the professional relationship between clinical and academic faculty was described by CIs as very limited in nature.

Overall, collegial communication pathways of informal power were less than adequate to provide information and support for CIs in order to meet role expectations. The development of a scholarly and facilitative role by CIs required that they form networks with faculty and administrators in the academic environment. From the perspective of CIs, ways to build relationships between clinical and academic faculty depended on more feedback about role progress and less isolation of CIs from the academic environment. With experience, CIs gained increased connections among academic faculty and aligned their role to better meet academic expectations; however, they remained limited in their ability to use informal power to influence academic decisions.

Support. According to Kanter (1977, 1993), support reflects access to guidance and positive feedback from all levels of employees in organizations. Support for CIs included access to clinical and academic faculty for discussion of concerns and feedback about role development. Support was coded as the SE component most often referred to or given the highest percentage of content by five CIs and the second or third highest component referenced by the remainder of CIs. The need for support was a strong common theme among the participants.

Guidance. Guidance was perceived by CIs as a key form of support. Common needs for guidance included learning about teaching strategies, conducting student evaluations, and problem-solving student issues. However, four participants recalled feeling "lost" or alone as novice CIs to accomplish their role. There was no access to any formal mentoring program and all CIs had to search for various people to obtain support and guidance. An experienced CI stated that her greatest unmet need was, "I think the support of the faculty - that is huge - the support and the guidance and the clarity of am I on the right track or what needs to change?". The lack of supportive relationships was a contrast to CIs' "vision" of enacting the role with close guidance from other faculty members.

The most influential faculty members to support CIs were coordinators. One CI stated, "I probably feel most empowered once I have met with [the coordinator] and been reassured about what I am doing". As CIs gained experience, contact with coordinators decreased from frequent concerns about "floundering" in the role to occasional guidance about student failures.

Feedback. Five CIs were concerned about the lack of feedback to help them adapt to meet academic role expectations so they proactively sought feedback from coordinators about role responsibilities. One of these CIs spoke of an "imbalance" in feedback and stated, "I'm finding that when it comes to power that [coordinators and administrators] are very quick to criticize and say this isn't good enough, but they're very…laissez-faire about acknowledging people's contributions". Negative or insufficient feedback discouraged CIs' creativity in developing their role.

Almost all CIs expressed a lack of support from academic faculty. In particular, CIs had a sense of insufficient guidance and feedback from academic faculty to progress

in their role. Coordinators were sometimes perceived as having insufficient time to connect with CIs; however, open access to coordinators for collegial decision making and clarification of expectations was a key to perceptions of support. The CIs who perceived support from coordinators were positive about their role and ability to meet academic goals and role expectations. Positive feedback such as encouragement, guidance, and structured ways to improve was essential to CIs' decisions to continue in the role.

Information. According to Kanter (1977, 1993), information is the knowledge needed to function effectively within one's role. Information about role expectations and program outlines was inconsistently available to CIs and they sought further details about how to implement their role.

Academic information. Access to information about policies, goals, and curriculum in the nursing program was necessary to guide CIs' understandings of academic expectations and as a "foundation" to facilitate clinical courses. One CI stated, "I think there's a bit of a fallout [with access to academic information] and a lot …is left to the individual [CI], so the students don't get consistency". Five CIs emphasized the need for a manual with information on how to structure student group discussions, evaluate written assignments, provide constructive feedback, and manage role challenges so as to consistently facilitate academic expectations.

Sufficiency of information. The lack of clearly articulated information about teaching strategies and evaluation of student progress limited CIs' abilities to find and apply academic and role expectations in clinical teaching-learning situations. Orientation sessions, when available, provided limited information to promote role effectiveness. One novice noted that "in the orientation they give you the information, the guidelines, and here is what we expect. But because it is all [CIs] together, they sort of assumed you know that role already". Five CIs needed further details about methods of student evaluation and how to contact appropriate faculty members when a student's progress was compromised. Obtaining ongoing information was a "struggle" for four CIs to effectively facilitate student learning that was congruent with academic goals.

In all, access to information such as orientation and program manuals was essential but insufficient for CIs to effectively develop their role as facilitators of student learning. An outcome of insufficient information about goals in the nursing program was

inconsistency among CIs in implementing academic and role expectations. If role challenges were perceived as exceeding the available information, then the majority of CIs had difficulty facilitating student learning.

Resources. Resources are the time, materials, and rewards needed for employees to accomplish organizational goals (Kanter, 1977, 1993). Clinical instructors perceived time and rewards as necessary resources for role effectiveness.

Time. The time to manage the workload of teaching and student evaluations, as well as to develop their own resources such as manuals about their role requirements, was described by five CIs as "overwhelming" or more than anticipated. Two CIs also perceived academic faculty as not having enough time to assist CIs in learning the role and to ensure consistency with key teachings. One CI expressed with surprise,

> The program's been around forever. How come [quality assurance] isn't in place? And you know what I think it just gets lost and people are busy and there's so much to do all the time. And here they deal with minimal [academic] faculty.

Timely access to academic faculty was inadequate when two CIs encountered student issues. Role demands within allotted time also affected all CIs' perceptions of role development and quality input with students.

Rewards. Rewards for CIs were intrinsic such as personal satisfaction or extrinsic such as positive feedback or wages. When asked if she received enough rewards for the role, one CI replied "Personally? Yeh!". Then she paused and added that it would be nice if academic faculty thanked her directly for what she was accomplishing but that had never happened. The ultimate reward for three CIs would be competitive wages or a full-time position; however, the employment contracts did not provide financial and job security.

Overall, the availability of key resources such as time and rewards affected how well CIs could accomplish their role. Participants lacked sufficient rewards to compensate for their time and effort to manage the workload and role challenges.

Opportunity. According to Kanter (1977, 1993), opportunity constitutes the chance for employees to develop skills, participate in the organization, and advance to new roles. Opportunities were limited for CIs to develop a professional role in the academic environment. Data from four participants had opportunity as the least coded

SE component. Comments from seven participants were primarily negative about opportunity.

Professional development opportunities. The CI role was an opportunity for nurses to develop their interest in teaching. Opportunities for CIs to learn from academic faculty were limited, such as might occur in orientation and team meetings. Further role development opportunities were faculty seminars; however, sessions centred on classroom teaching. One CI was searching for seminars specific to clinical teaching and stated, "I would be there so fast…I would love to have those opportunities and I would make time for that for sure…having that opportunity to really advance my CI teaching skills, I'd love that". Clinical instructors were selective about utilizing services that were pertinent to their role to improve their teaching role.

Opportunities for promotion within the nursing program. Opportunities to expand the CI role beyond the basic job description involved volunteering for extra responsibilities such as mentoring novice CIs. Two CIs who volunteered for extra responsibilities received little reward or recognition. Two CIs were aware of or able to participate on academic committees. One participant perceived unequal opportunities for CIs such as herself who wanted to do both clinical and academic roles. She observed that promotion opportunities involved leaving the CI role for academic roles.

Generally, opportunities to learn a scholarly teaching role from academic faculty were limited by a lack of interaction in the academic environment and a lack of seminars specific to developing clinical teaching skills. Opportunities to expand the CI role to include academic responsibilities were perceived as not available by almost all participants.

Findings Related to Psychological Empowerment

Confidence. According to Spreitzer (1995), confidence is the belief in one's ability to skillfully and competently perform a work role. Confidence for CIs was the identification of growth in their ability to facilitate student learning and meet role challenges. Seven out of eight CIs shared more about confidence than any other PE component.

Confidence in ability to accomplish role. Novice CIs were overwhelmed developing their role to facilitate and evaluate students' learning. One novice described

the need to move from feeling overwhelmed to gaining confidence as a choice. She said "I felt like I either sink or swim. I decided always to swim so I did the best I could". Almost all CIs felt that they could have been prepared better for the role to promote consistency in facilitating expectations. The goals and course concepts in the nursing program were not understood by two novice CIs; however, they "hoped" they were accurately following expectations in the program. Two CIs gained confidence about evaluating student progress with the input of coordinators. A lack of feedback from academic faculty or "dismissed" concerns led to experiences of role uncertainty for five CIs. Role uncertainty negatively affected confidence to continue in the role.

Belief in own growth. Clinical instructors found it difficult to assess their growth. Even after two years of teaching, one CI stated,

> I think there are always opportunities to learn. So I would hope that where I have come from already is a place of being a novice CI to perhaps competent, but I would never see myself as an expert yet.

Four CIs did not get feedback from academic faculty about their growth, so they based their confidence on input from others such as students.

For all participants, confidence in their abilities to accomplish their role was related to understanding the goals in the nursing program and interacting with academic faculty. Academic faculty did not offer much evaluation of CIs' competence; however, CIs gained confidence if faculty acknowledged their expertise or when students progressed as a result of their efforts. Role confidence developed in CIs over several years of considerable effort to address challenges and learn academic role expectations.

Autonomy. According to Spreitzer (1995), autonomy refers to a feeling of control to make choices about one's work based on personal expertise. For CIs, autonomy reflected the ability to make decisions based on available knowledge to support students in meeting course objectives.

Autonomy varied from novice CIs who wanted more input from academic faculty to guide decision-making, to expert CIs who wanted considerable flexibility in how they met academic expectations. One CI said,

> You just kind of went on your own and did what you could do…when I was hired I had a lot of leeway, as far as how to develop something, and determining whether you were doing it correctly or not.

Autonomy without enough information to connect choices to the nursing program was stressful since CIs did not know if they were negatively affecting student outcomes.

Usually decisions by CIs to facilitate expectations provided in the course syllabus were acceptable to coordinators. Likewise, two CIs thought decisions made by academic faculty about issues regarding student and CI evaluations were satisfactory. However, occasions when academic faculty took control over CIs' decisions about the creation of learning situations and student progress evaluations were "bitter" experiences for three CIs. One CI said "we had some freedom…it's becoming uncomfortable with some of the demands…because I can see a better way and I try to not be too strident about it". Autonomy was increasingly valuable to CIs as they gained expertise in their role.

Generally, the amount of autonomy in decision-making was left to CIs with little information to guide choices of how to meet academic expectations. This flexibility was overwhelming for novice CIs. Flexible decision-making was easier to implement when CIs understood the academic and role expectations so as to make choices that were congruent with goals in the nursing program. The ideal use of autonomy included consistency among CIs to facilitate student learning along with individual flexibility to meet student learning needs.

Meaning. According to Spreitzer (1995), meaning is a personal judgement of the congruence between the employee's beliefs and the role requirements. Meaning for CIs was the personal evaluation of role expectations that were worthwhile and aligned with a sense of professionalism.

Congruence between personal meanings and role expectations. The CI role provided a way to contribute to the nursing profession. For the majority of participants, the meaning of the CI role was stated in relation to student connections and outcomes, rather than from relationships with other faculty. A CI said,

> My values are to being able to impact peoples' lives in a positive way… to engender a real desire to be an excellent nurse in my students… to be creative and to strengthen the program to make it a program of excellence, that why I'm there. But then the flip side is, I want a good pay cheque…I hate to say it [laugh] I like being a university teacher. There's a sense of pride with that.

Personal meanings about the CI role were important motivators to meet role expectations and to continue in the role.

Four CIs felt that their personal values were supported in the curriculum and ensured that their work aligned with academic expectations, while four CIs felt their knowledge about how their role requirements fit in the nursing program was inadequate. All participants strongly believed in theory-practice integration and wanted more dialogue with academic faculty to collaborate on methods of integration for student learning. Six CIs felt they were working in isolation from the academic environment.

Conflict and moral distress. Meaning-making by CIs related to experiences of conflict in the academic environment involved an assessment of their role value and worthwhile effort to confront issues. Moral distress was the result of ongoing or escalating conflict. Bullying by an academic faculty member was given the meanings of *helplessness* and *disrespect* by one CI who then felt too "hurt" to respond in the situation. Another CI felt she was in a "nightmare" when academic faculty "dismissed" her decisions of student failure. She then assigned the meaning of *blame* to herself for not being able to articulate her distress well enough to be included in decision-making. These meanings of helplessness, disrespect, and blame indicated incongruent values in academic-clinical faculty relationships. Three participants were planning to leave the role because of situations such as this.

The personal meanings ascribed by CIs to their role were strong motivators to obtain congruence between personal values and stressful role requirements. Perceptions of isolation, conflict, and lack of appreciation in relation to academic faculty were detractors from a sense of worthwhileness to implement the CI role. Meaning-making was necessary for CIs to overcome conflict so that they could develop and continue in the role.

Impact. Impact, according to Spreitzer (1995), refers to the perception of influence on strategic and practical outcomes in work environments. CIs perceived their greatest impact through influence on students' clinical outcomes rather than on outcomes in the academic environment.

Impact on student outcomes. The majority of participants felt that their influence on students to excel was a positive influence on the quality of the nursing program. However, three CIs felt their influence was limited to students and not valued by academic faculty. Impact was perceived when students responded successfully to CIs'

efforts. For example, one CI discovered the power of positive feedback. She said, "I can you know visually see them…straightening up and you know maybe trying to brush it off, but you know it does impact them". Struggling students were impacted by the guidance of CIs to make changes and achieve positive professional outcomes. All participants perceived that the CI role gave them the opportunity to impact the nursing profession through their practical role with nursing students.

Impact on academic outcomes. The majority of participants perceived a limited influence on strategic decision-making about policies and curriculum in the nursing program. There were positive situations for three CIs who addressed concerns in team meetings with coordinators. Positive outcomes included obtaining a meeting with an administrator and advocating for student concerns. However, negative situations were experienced by three CIs who "complained" or made decisions that were not acceptable to academic faculty. Negative outcomes included exclusion from meetings with unsuccessful students and loss of opportunity to teach in the skills lab. The lack of positive influence in decision-making discouraged further involvement by CIs in the academic environment. Thus, CIs focused their influence on students rather than on academic faculty.

Altogether, CIs perceived that they were making a positive impact on the success of the nursing program by creating student learning opportunities to address theory-practice connections. The response of students and faculty to CIs' efforts influenced CIs' perceptions of impact and decisions to continue in the role.

Summary of Findings

The findings in this study demonstrated that CIs' perceptions about their personal and structural empowerment experiences in academic environments were of a complex nature. The SE and PE theories were a useful framework to illuminate those experiences. The findings suggest that CIs experienced all empowerment components, however limited, in their role. They also perceived a need for greater SE and PE. The SE component of support and the PE component of confidence were key priorities for participants, as determined by the amount of data and depth of thematic association.

The quality of clinical teaching and decisions to continue in the role were critically and negatively affected by a lack of faculty support, specifically feedback. The

lack of positive feedback and mentoring from academic faculty was a common experience of CIs. Coordinators were often the most important faculty member to connect CIs to SE in the academic environment; however, the connection was inadequate to address role frustrations. Of the eight CIs, five had taught less than two years. Of all the participants, five were intending to leave the role. Overall, seven CIs experienced a sense of disconnect from academic faculty and program goals.

Discussion

Empowerment of CIs in academic environments can be comprehensively described with the model by Laschinger et al. (2001) that integrates Kanter's (1977, 1993) SE and Spreitzer's (1995) PE theories. Empowerment components were often integrated with each other in CIs' narratives about their role. As Spreitzer (2007) suggests, PE is associated with SE in complex situations. It would appear among CIs that PE could occur concurrently with SE as they navigate the academic environment in order to develop their role. The relevance of a structurally empowering academic environment is that it provides a context for CIs to enhance their own psychological empowerment (Lethbridge et al., 2011). The participants in this study experienced a need for further SE which might strengthen their PE and thereby develop their role more effectively to meet goals in the nursing program.

Clinical instructors perceived their most important SE component was *support*, based on the amount and depth of this theme in their narratives. Access to support was often mentioned in participants' narratives along with other empowerment components such as confidence, informal power, and meaning. Support was essential in the role development and retention of CIs. While there is literature that emphasizes that support in the form of mentoring is needed for novice CIs (Bell-Scriber & Morton, 2009; McDonald, 2010), the comments of expert CIs also indicated an ongoing need for support in the form of appreciation from coordinators and other academic faculty. The need for all CIs to receive supportive feedback is realistic because CIs often implement their role in isolation from other faculty and feel a lack of connection with academic faculty (Andrew et al., 2010; Andrew & Wilkie, 2007; Duffy et al., 2008). A need for support through feedback and guidance about role progress from faculty, coordinators, and peers has also been found in studies among clinical nurse educators and nursing students where

support was strongly related to empowerment and job satisfaction (Davies et al., 2006; Ledwell, Andrusyszyn, & Iwasiw, 2006; Siu et al., 2005).

The component of *confidence* to accomplish the CI role was the most important PE component based on the highest number of references for any empowerment component and the depth of comments and common ideas expressed by participants. Confidence was expressed by CI participants as: being privy to information from faculty, support from stakeholders such as faculty and students, opportunity to develop the role, and autonomy to effectively meet organizational goals. The relationship between confidence, opportunity, and autonomy was also found by Greasley, Bryman, Dainty, Price, Naismith, and Soetanto (2008) among employees in a business setting. The employees needed to feel confident to make work-related decisions before being willing to take on new role opportunities and responsibilities. Clinical instructors also perceived limited confidence in their abilities but not a lack of willingness or professional responsibility to try and meet academic goals. For example, CIs often lacked confidence in their responsibility to identify and evaluate student issues but upheld professional standards even when their decisions were challenged. The importance of confidence was also found in a survey of academic and clinical nursing faculty by Baker et al. (2011) where confidence was scored along with meaning as the highest of PE components. Confidence took CIs years of experience to develop; however, few remained in the role long enough to develop role confidence. This may be related to the minimal preparation for the role or assistance to learn teaching strategies from coordinators and peers.

Clinical instructors developed their role and related *meanings* about their experiences from a personal perspective without sufficient influence from academic faculty or assistance to overcome incongruence between personal values and academic expectations. Three CIs used analogies to describe incidents of incongruence between role requirements and personal values or of moral distress. For example, a CI described feeling like she was being directed by a horse's bit, yet she needed to let "leaders" know when they were "see-sawing on my mouth". The analogies were sometimes an expression of CIs' confusion about their role and may be similar to a finding by Cangelosi, Crocker, and Sorrell (2009) who described novice CIs as struggling 'in the

dark' to develop their role without mentorship. This may lead to a sense of role meaning described by CIs in the present study as being connected to students rather than faculty.

Access to *information* was problematic for almost all the CIs in their efforts to be effective. Information was sometimes obtained through resources such as the internet and 'how-to' manuals, as well as through informal networking with faculty. The need for information about policies, curriculum, and student evaluation was identified by Davidson and Rourke (2012) as vitally important in orientation. For CIs, orientation, when available, was too broad to immediately implement role expectations such as facilitating small group sessions and assessing student behaviours.

The ability of CIs to navigate the academic environment through *formal and informal power* pathways and participate in decision making at an academic level was limited. This may be due in part to the physical separation of CIs from academic faculty and decreased access to other empowerment structures. Andrew and Wilkie (2007) proposed that the separation of theory-practice environments has led to inconsistent role development among CIs and conflicting expectations between CIs and academic administrators. Almost all CIs expressed that they did not know how their role fit within the program.

Clinical instructors were least able to access *opportunities* to develop their teaching role and expand a professional focus in the academic environment. Clinical instructors were expert clinicians; however, many lacked appropriate teaching strategies and an understanding of the curriculum. The finding of opportunity as the least coded SE component contrasts with that of Baker et al. (2011) who found that nursing faculty rated resources as the lowest SE component primarily associated with insufficient time to accomplish the teaching workload. It may be that *resources* are associated with opportunities. For example, the time required to develop the CI role and accomplish the workload was problematic for six CIs and a deterrent to seek further opportunities in the academic environment for four participants in the present study.

Participants felt their *impact* and *autonomy* were limited to their role with students and their involvement in the academic environment was of low importance to academic faculty and administrators. Baker et al. (2011) also found that impact in the academic environment was ranked the lowest of the PE components among clinical and academic

faculty. Despite personal assessments undervaluing their impact in the program, CIs were remarkable in their efforts to impact student outcomes by explicitly facilitating theory to practice in student learning. This finding is different than what was noted in a study by Andrew et al. (2010) where CIs were a source of a theory-practice gap. Andrew et al. found that CIs emphasized experiential knowledge and taught students that theory was irrelevant to a practice profession. Participants in the present study were aware of gaps in implementing theory-practice academic expectations, such as inconsistency among CIs' understanding of the curriculum. However, it is possible that participants may have been basing their theory-practice application on their own education or professional sources outside the nursing program, thereby exercising a use of information and autonomy that was disconnected from an academic source. Few CIs perceived that theory-practice integration could be strengthened by participation in academic committees. Participation in the academic environment can lead to a broader understanding of the curriculum, networking with other faculty, influence on strategic decision-making, and increased valuing of their role.

The components of support, information, confidence, and autonomy were most often cited in relation to decisions to discontinue the role. Other components of resources, meaning, and opportunity were cited less often. The need for CIs to be empowered in these components is concerning considering the shortage and turnover of CIs. The level of experience and intent to continue in the role in this study are similar to turnover rates found by Whalen (2009) where over half of 91 CIs had taught two years or less. For many novice CIs, the challenges to obtain support and information delayed role confidence and negatively affected commitment.

Overall, many of the findings and importance of SE and PE components among CIs are reflected in the literature. In this study, support and confidence appear to be key components that form a central focus for CIs' experiences of empowerment in the academic environment.

Implications and Recommendations

Implications

For CIs, struggles in the academic environment may cause them to align with the more familiar clinical environment where they may feel valued for their expertise. This

affects the emphasis on practice over theory in CIs' teaching. When CIs are not connected to the curriculum, students may experience two different curricula and views of nursing: one in the classroom and one in the practice setting. Moreover, different emphases among CIs could lead to an inconsistent quality of clinical teaching by CIs and an inconsistent view of the value of theory-based professional practice in students.

Clinical teaching is different than clinical nursing and requires specialized skills. Clinical instructors implemented various strategies to integrate theory from the academic environment within their clinical teaching. A lack of opportunity to develop teaching skills through collaborative efforts between CIs and academic faculty may lead CIs to depend on the teaching styles they experienced in their own education or the methods of teaching-learning in the practice setting, and these may not be congruent with the curriculum philosophy. Not only could this limit role expression and PE among CIs, it could also contribute to lack of consistency in the nursing program.

When CIs feel disconnected from the academic environment and particularly when they encounter challenging situations, they may feel discouraged, undervalued, and may leave the position. Turnover among CIs could mean they lack the confidence needed in the role because of a lack of experience and support. The lack of support, timely mentoring, and direction to access SE components when role concerns or student issues arise, could lead CIs to perceive that academic faculty do not have enough time and interest to assist their growth in confidence. Such barriers to empowerment may diminish CIs' professional responsibility to build on their perceptions of PE and invest effort into finding the SE components that will benefit their role development and effective facilitation of student learning.

Recommendations

Collaboration between academic and clinical faculty is recommended to strengthen CIs' empowerment to meet goals in the nursing program. If the input of CIs were sought and implemented by academic faculty, then CIs may feel less isolated and more empowered in their role. A strategy to increase collaboration could be to include academic faculty and administrators in team meetings with CIs and coordinators. In this way, issues about the CI role as well as opportunities to participate in academic initiatives can be readily discussed. Ongoing communication between clinical and academic faculty

could strengthen theory-practice ties by sharing information about what is being taught in the classroom and practice settings.

Mentoring could be useful to promote CIs' sense of support, information, formal and informal power through connections with faculty. A mentoring program that pairs clinical with academic faculty could decrease the isolation of CIs and increase their identification with academic goals and curriculum. The role of academic faculty would benefit by dedicated time to connect with CIs through individual mentoring and constructive feedback on the implementation of the clinical program (Bell-Scriber & Morton, 2009). The process to build CIs' abilities to an expert level could occur in a timelier manner if they received mentoring.

The CIs had several suggestions that would meet the information gaps they identified that affected their confidence and role effectiveness. A common suggestion was for seminars to learn teaching strategies. In order to be effective facilitators of academic expectations for students, CIs need the opportunity to study teaching strategies designed for nursing curriculum (Benner et al., 2010). Some suggested seminar topics or case studies to promote role confidence were: how to mediate with nurses, how to give feedback to students, and how to prepare for small group discussions. Increased confidence could be gained through professional development opportunities such as orientation, team meetings, and faculty development seminars (Davidson & Rourke, 2012). According to CIs in this study, and as recommended by Pierangeli (2006) and Davidson and Rourke, an orientation manual should be based on common needs such as best practice teaching strategies, topics to focus on in small group discussions, development of ability to facilitate student learning, and how to evaluate student progress. The orientation manual should also explicitly identify formal positions of faculty, their role description, and contact information. Orientation to the academic environment, rather than just the clinical role, would strengthen CIs' awareness and access to SE components.

The clinical focus of CIs needs to be expanded to include a greater understanding of the academic environment. Empowerment could be greatly increased if CIs would actively develop their role in the academic environment (Gazza & Shellenbarger, 2005). Participation on committees could be a helpful method for CIs to understand the formal

power pathways, develop supportive networks, and gain information about their role in the context of the entire program. A career ladder that encourages courses of study and integrates clinical with academic teaching might be a creative solution to promote the quality of CIs' teaching and the desire to prioritize this role over their other jobs.

The successful implementation of a professional CI role could be increased with the use of empowerment structures in the academic environment. Andrew and Wilkie (2007) propose that academics function strategically, whereas practitioners focus operationally. With this view in mind, it would be advantageous to strengthen the position of CIs by providing support and information about goals in the nursing program so that CIs can confidently make autonomous decisions in clinical environments that align with strategic plans in the academic environment.

Recommendations for Further Research

The SE and PE explanatory framework may be useful in further studies among the CI population to explore or explain outcomes such as job satisfaction or role effectiveness. Further studies could involve implementing interventions, such as mentoring by academic faculty, to examine key components, such as support. Another interesting study could be to examine PE among CIs to obtain insight into how they are motivated to do their job well despite the empowerment limitations that they encounter. A quantitative study with a larger sample size may yield additional considerations to SE and PE among CIs.

Limitations

The results of this study are limited to the specific context of CIs in two academic nursing environments. The small sample was adequate to reach data saturation from two nursing programs; however, it may be that more participants from other programs or full-time CIs would reveal other themes or empowerment considerations. Interview data may be limited by participants' recall of events and an interpretation that reflects positively on themselves (Parslow, 2008). Three participants expressed that they volunteered for the study because they wanted someone to listen to their concerns. It is not known if the participants are typical of the broader group.

Conclusion

In conclusion, the findings of this study provided support for the use of Kanter's

(1977, 1993) SE and Spreitzer's (1995) PE theories to describe the experiences of CIs in academic environments. All empowerment components were important to CIs, although there was more emphasis on support and confidence. The least emphasis was on opportunity and impact. The SE and PE components were both expressed to varying depth in participants' narratives and interpretations of empowerment in the academic environment.

Empowerment for CIs in academic environments is a concern and has implications for role effectiveness. The development and retention of expert CIs would benefit by increased support and networks of informal power. The lack of information and slow growth of confidence in CIs' abilities was a barrier to teaching that was consistent with goals in the curriculum. Both clinical and academic faculty would benefit by dialogue to discuss empowerment perceptions and how to address limited connections between clinical and academic faculty. A logical extension of empowered CIs in the academic environment would be their increased ability to create empowered learning environments and to influence students' perceptions of empowerment (Babenko-Mould et al., 2012; Lethbridge et al., 2011). Clinical instructors who are provided with sufficient empowerment in the structure of the academic environment and take initiative to access those provisions would likely feel more empowered psychologically and able to fulfil their role effectively.

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PART THREE
IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSION

Summary of Key Findings

Clinical instructors (CIs) in this study were motivated to effectively facilitate the professional growth of nursing students; however, they struggled to learn how to navigate or participate in the academic environment in a way that would effectively empower their role performance. The *academic environment* is where nursing faculty and administrators facilitate nursing education through theory classes and program planning. *Clinical instructors* facilitate the learning of small groups of nursing students in practice settings, and had a part-time role in this study (Duffy, Stuart, & Smith, 2008). The *clinical environment* includes a variety of community, institutional, and professional practice settings. All participants perceived the limited presence of Kanter's (1977, 1993) structural empowerment (SE) and Spreitzer's (1995) psychological empowerment (PE) in their interactions with academic faculty and administrators. The SE and PE components operated together: SE needed to be in place to enhance PE, and PE was a motivator for CIs to utilize SE. Empowerment components, when available, in or through academic environments were difficult to access without other faculty or information to assist the process of learning the CI role. The most important SE component was support and the most important PE component was confidence, as determined by the percentage of transcripts coded in each component and the depth of comments. All components of SE and PE affected CI role implementation and ongoing development. The SE and PE theoretical explanatory framework (Laschinger, Finegan, Shamian, & Wilk, 2001) was useful to explore and describe CIs' perceptions of their role.

Implications

Connecting Clinical Instructors to Academic Environments.

Clinical instructors may not have sufficiently utilized SE components available in the academic environment since they experienced a lack of awareness or feeling of disconnection from that environment. The key connection for CIs to the academic environment was through coordinators who were academic faculty with supervision of clinical courses. According to Kanter (1997), an employee's most important work

relationship is with supervisors, yet many employees lack frequent performance evaluations and career direction from their supervisors. The personal connection between CIs and coordinators has considerable potential to enhance job satisfaction and retention of CIs (Carson & Carnwell, 2007). Coordinators embodied access to the SE components of support, formal and informal power, as well as direction to information and resources. Therefore, CIs' access to SE in the academic environment might vary by the strength of their relationship with coordinators.

Few opportunities appeared accessible for CIs to connect with other faculty about goals in the curriculum or to assist with program development. Clinical instructors, who are unsure of possible ways to contribute in the academic environment, may not feel included in other opportunities such as professional development seminars. Faculty connections through team meetings and mentoring were inconsistent and may increase a sense of isolation. Isolation may cause CIs to develop individual role expectations. Thus, inconsistency among CIs affects the quality of their teaching that is congruent with the curriculum. An outcome might be the limited success of students' ability to integrate theory and practice effectively in their professional growth.

Implications for Academic Faculty and Administrators

Orientation to the CI role responsibilities and resources was inadequate for all participants. In addition, CIs often did not know how their role fit within the nursing program. Education about role responsibilities, curriculum, and teaching strategies is important to promote quality teaching that is congruent with the program philosophy (Cangelosi, Crocker, & Sorrell, 2009). This education could occur in orientation and in face-to-face or on-line teaching sessions. Very few opportunities and resources were offered to CIs to develop the teaching strategies or scholarly skills that would assist them to facilitate student learning in small groups. This was a common experience that should be addressed sooner rather than later in CI role development; otherwise CIs will rely on their own clinically-oriented strategies or outdated teaching methods (Bell-Scriber & Morton, 2009). If access to teaching aids, support personnel, program goals, and opportunities to learn from academic faculty are not clearly given in written and oral form in orientation, these resources are often perceived as not available. Since much of

the support, resources, and opportunities literally occur in the academic environment, they may not appear to be accessible to CIs who carry out their role elsewhere.

In their efforts to be effective within the nursing program, CIs wanted more support and appreciation from academic faculty and administrators. If appreciation is not forthcoming from those in the academic environment, then CIs may continue to rely on a sense of support and meaning found in the clinical environment and will develop their teaching approach to impact students based on what is appreciated in that setting. The lack of appreciation was perceived with low wages; however, wages were always mentioned with other factors such as a lack of rewards or a stressful workload. A lack of support in the form of mentoring also affects a CI's sense of PE and role continuance decisions.

The components of PE function together, not individually (Spreitzer, 1995); therefore, CIs' challenges and concerns in any area of perceived empowerment can reveal diminished empowerment and role satisfaction. Comments from CIs about their perceptions of role confidence, autonomy, meaning, and impact are valuable indicators of gaps in SE and intention to leave the role. The lack of retention of qualified CIs is a concern to administrators in relation to cost effectiveness and student learning outcomes.

Implications for Clinical Instructors

The change from expert clinician to novice educator can be overwhelming due to workload, insufficient teaching skills, and lack of support (McDonald, 2010). Although all CIs in this study took responsibility to develop their role and to create the best learning environment possible, not all took the initiative to connect with academic faculty. Clinical instructors may feel isolated from the academic environment, yet seek support and confidence within the clinical environment. This focus can lead to frustration, limited effectiveness, and decreased role satisfaction. An effective CI role that meets the expectations in the nursing program cannot be developed in isolation from the guidance of mentors and academic faculty. Overcoming isolation could lead to a more scholarly role and collaboration between clinical and academic faculty.

Many of the thoughtful suggestions by CIs for improvement of their role and relationships with faculty were untapped since CIs either did not take the initiative or encountered barriers to find ways to get their voice heard formally and informally.

Suggestions that are unheard or not sought by academic faculty may contribute to feelings of powerlessness among CIs. If more CIs increased their professional responsibility to improve their role, then there would be a larger cadre of instructors in the practice setting that enact and role-model leadership behaviours and contribute to changes, such as expert CIs facilitating the orientation of novice CIs.

Implications for Students

A lack of connection between CIs and academic faculty may cause students to learn two different approaches to nursing. A collaborative approach between clinical and academic faculty could lead to improvement of the use of theory in clinical teaching and the use of clinical exemplars in theory classes to facilitate student learning. Collaborative program development may be compromised if CIs feel their impact is limited to immediate student outcomes and do not believe they have a role in academic environments. Clinical instructors who are insufficiently aware of program curriculum, encounter barriers to participating in decision-making beyond the clinical environment, or are considering leaving the role may have difficulty maintaining a consistent facilitation of academic goals for students.

Recommendations

Recommendations for Academic Faculty and Administrators

Nursing program administrators and academic faculty could proactively seek out and act on the perceptions of CIs about empowerment components in the complexities of their role. Regular team and individual meetings with coordinators are important to listen to CIs' concerns and suggestions for change, as well as to dialogue about CIs' sense of support. A CI representative could offer practical ideas and potential outcomes of changes on program effectiveness in committees that focus on curriculum, practice placements, student issues, and faculty relations (Andrew, Halcomb, Jackson, Peters, and Salamonson, 2010). Communication from committee leaders about topics under consideration or changes in the nursing program should be disseminated equally to all faculty members but may need specific information to promote CI inclusion (Duffy et al., 2008). For example, four CIs felt opportunities extended through general emails were not inclusive of them and they preferred specific invitations to committees or learning sessions with academic faculty.

There is a critical need for mentors to listen to CIs' experiences, ask how they are managing and empathize with their role meanings and challenges. One CI suggested that connections with academic faculty mentors would be useful for pedagogical information and feedback as well as coaching for career opportunities. Peer and academic mentors can provide support, information, and resources (Gazza & Shellenbarger, 2005). Mentoring assists CIs to attain congruent personal and professional meanings much sooner.

Since CIs considered coordinators their closest connection to the academic environment, the role of coordinators would benefit by dedicated time to assist CIs and oversee the clinical nursing program (Bell-Scriber & Morton, 2009). This role could include site visits, regular communication with CIs, team meetings, individual feedback and direction, as well as collaborative evaluation of student outcomes. According to CIs, the coordinator role should include performance evaluations to discuss progress.

Orientation is a necessity for novices, while sessions for returning CIs could be less broad and focus on specific needs (Jarrett, Horner, Center, & Kane, 2008). Basic orientation sessions that are focused on CIs' needs would include an overview of the nursing program, specifics about each level in the program, and comprehensive manuals or on-line documents with examples of how to complete student evaluations (Davidson & Rourke, 2012). Orientation for competent or expert CIs could offer increased access to opportunity and networking between academic and clinical faculty. In addition to orientation, ongoing sessions should be offered throughout the term to address clinical teaching skills, program goals, evaluation methods, communication skills with students and nurses, issues in the practice setting, and workload management.

Academic faculty and coordinators may consider minimizing the structural and psychological divide between academic and clinical environments by having committee or team meetings, seminars, and support services take place in the clinical environment. Other suggestions to overcome the physical barrier between environments could be in the form of mentoring sessions via Skype, on-line access to the internet library, faculty contact information and their job descriptions, as well as office space designated for meeting with students. It is also necessary to address psychological divisions between CIs and academia. For example, since faculty members teaching theory courses are more

comfortable in the academic environment, they could initiate connections and collaboration with CIs in related clinical courses by inviting them to observe classes or inquiring what clinical examples could be used in the classroom.

Extrinsic rewards are necessary to bolster individual CI's sense of PE. Public acknowledgement of individual CIs' accomplishments, along with personal thanks from academic faculty and administrators for specific achievements, could be perceived as more meaningful than a generic 'thank you' at orientation or team meetings. Appreciation can also be expressed through certificates, discounts on resources, and provision of tools to manage the workload.

Recommendations for Clinical Instructors

Overall empowerment (SE and PE) could be greatly increased if CIs would actively develop their role in the academic environment (Gazza & Shellenbarger, 2005). For example, as CIs gain confidence in their role, they may volunteer for committees or initiate a support system for themselves and others. Also, when seminars or faculty meetings are offered that do not appear to apply to clinical teaching, CIs should consider the opportunity to attend as a potential benefit to networking and increased awareness of academic decision-making. Such events may yield teaching strategies and faculty connections that contribute to perceptions of confidence, informal power, and impact within the nursing program. Clinical instructors could develop partnerships with academic faculty and peers to provide leadership for orientation sessions, mentoring programs, teaching seminars, and theory-practice initiatives.

The tendency for CIs to relate primarily to the clinical environment is a professional mindset that CIs need to recognize and examine closely. A critical reflection could reveal how that mindset influences their teaching strategies and perceptions of tension with the academic environment. One way to develop an academic perspective of empowerment would be to collaborate with academic faculty and thus transcend barriers in understanding and accessing empowerment components (Johnson, 2009). This would build on CIs' motivation to integrate theory and practice in their facilitation of student learning.

Recommendations for Further Research

The empowerment findings within the SE and PE framework from this qualitative descriptive study could be the basis for further research. Researchers could examine communication pathways that lead to empowerment between clinical and academic faculty. Also, initiatives that focus on connecting CIs with academic faculty through mentoring, clinical teaching strategies, and decision-making could be implemented and evaluated. Another research possibility is to compare and contrast CIs' perceptions of empowerment as they carry out their role in both clinical and academic environments. In the literature, key outcomes of CI retention, job satisfaction, and student success are at stake with CIs who are not empowered (Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, & Weston, 2012; Baker, Fitzpatrick, & Griffin, 2011). Researchers who explore or examine outcomes in relation to SE and PE may find new empowerment considerations. The strengths of Kanter's (1977, 1993) and Spreitzer's (1995) theories together can be beneficial for a comprehensive understanding of CIs' role, collaboration with academic faculty, and student outcomes.

In summary, an effective CI role that meets the expectations in the nursing program cannot be developed in isolation from the guidance of mentors and academic faculty. A collaborative approach between clinical and academic faculty could lead to mutual improvement of the theory-practice facilitation of student learning (Andrew & Wilkie, 2007). In addition, collaboration could lead to respectful relationships that promote a positive academic environment for CIs (Callister, 2006). Thus, as academic faculty share access to support, information, resources, and opportunity, CIs will be able to connect to the academic environment with an empowered sense of confidence, autonomy, meaning, and impact in their role. Connections between clinical and academic faculty may need to be formalized to ensure CIs' perceptions of empowerment and their ability to achieve consistent facilitation of student learning to meet program goals.

Conclusion

Despite the fact that there is little research about the empowerment of CIs, it would appear that the findings from this study are consistent with much of the expository literature about CIs as well as empowerment research with nursing faculty and other

nursing populations. An understanding of CIs' experiences can guide the development of future supports, retention initiatives, teaching quality, and collaborative clinical-academic relationship building. There may be sufficient direction in this study to implement changes that will strengthen the CI role.

The empowerment challenges of CIs can be eased with initiatives by both CIs and academic faculty that focus on support for CIs to develop their role and on CIs' confidence in their abilities. If CIs' structural and psychological empowerment needs were collaboratively addressed with long-term strategies, the result could make the difference between disillusioned CIs who perceive their role as incompatible with academic goals and effective CIs who could function seamlessly in academic and clinical environments to facilitate student learning.

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Appendix A

Approvals from Research Ethics Boards

Research Western

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Yvonne Babenko-Mould
Review Number: 18612E
Review Level: Delegated
Approved Local Adult Participants: 6
Approved Local Minor Participants: 0
Protocol Title: Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments
Department & Institution: Nursing, University of Western Ontario
Sponsor: Sigma Theta Tau International Nursing Honor Society

Ethics Approval Date: December 16, 2011 **Expiry Date:** October 31, 2012
Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
UWO Protocol		
Letter of Information	Director	2011/11/01
Letter of Information & Consent		2011/11/01
Other	Email	
Other	Administrative Assistant Request	

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

The Chair of the HSREB is Dr. Joseph Gilbert. The UWO HSREB is registered with the U.S. Department of Health & Human Services under the IRB registra[redacted]nber IRB 00000940.

Si[redacted]

Ethics Officer to Contact for Further Information

[redacted] | Grace Kelly | [redacted]

This is an official document. Please retain the original in your files.

The University *of* Western Ontario
Office of Research Ethics
Support Services Building Room 5150 • London, Ontario • CANADA - N6G 1G9
PH: 519-661-3036 • F: 519-850-2466 • ethics@uwo.ca • www.uwo.ca/research/ethics

Fanshawe College Research Ethics Review Board
Approval Notification of Proposed Research

Protocol #12-01-09-1

Involving Staff/Students and/or facilities at Fanshawe College

Principal Researcher(s):	Dr. Yolanda Babenko-Mould
Research Protocol Title:	Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments
Research Project Start Date:	January 2012
Expected date of termination:	October 2012
Documents Reviewed:	Protocol; Ethics Approval Letter from UWO; Appendices A – H; References

Based solely on the ethical considerations raised by the research proposed in the application, the Research Ethics Board has completed its Delegated Review of the above Research Proposal and **Approved** the Project on February 8, 2012.

Comments and Conditions:

Please note that the REB requires that you adhere to the protocol reviewed and approved by the REB. The REB must approve any modifications to the protocol before they can be implemented.

Researchers must report to the Fanshawe REB:
a) any changes which increase the risk to the participants;
b) any changes which significantly affect the conduct of the study
c) all adverse and/or unexpected experiences in the course of carrying out the study;
d) any new information which may adversely affect the safety of the subjects or the conduct of the study.

Researchers must submit a Progress Report annually for all ongoing research projects. In addition, researchers must submit a final report at the conclusion of the project.

ETHICS APPROVAL DOES NOT CONSTITUTE PERMISSION TO CONDUCT THE RESEARCH, AND APPROVAL FOR CONDUCTING THE PROJECT MUST BE OBTAINED FROM THE DEAN OF THE FACULTY IN WHOSE AREA THE RESEARCH WILL TAKE PLACE, OR IN THE CASE OF COLLEGE WIDE SURVEYS THE OFFICE OF INSTITUTIONAL RESEARCH AND PLANNING.

Members of the FCREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the FCREB.

[redacted]

Mr. Otte R[redacted]
Chair, REB
Fanshawe College

Date: Feb 9/12

Office of the Research Ethics Board

University of Windsor
thinking forward

Today's Date: March 02, 2012
Principal Investigator: Dr. Yvonne Babenko-Mould/Ms. Sandra Wiens
REB Number: 29824
Research Project Title: REB# 12-007: Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments
Clearance Date: February 28, 2012
Project End Date: October 31, 2012
Milestones:
Renewal Due-2012/10/31(Pending)

This is to inform you that the University of Windsor Research Ethics Board (REB), which is organized and operated according to the Tri-Council Policy Statement and the University of Windsor Guidelines for Research Involving Human Subjects, has granted approval to your research project on the date noted above. This approval is valid only until the Project End Date.

A Progress Report or Final Report is due by the date noted above. The REB may ask for monitoring information at some time during the projects approval period.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the REB. Minor change(s) in ongoing studies will be considered when submitted on the Request to Revise form.

Investigators must also report promptly to the REB:
a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
b) all adverse and unexpected experiences or events that are both serious and unexpected;
c) new information that may adversely affect the safety of the subjects or the conduct of the study.

Forms for submissions, notifications, or changes are available on the REB website: www.uwindsor.ca/reb. If your data is going to be used for another project, it is necessary to submit another application to the REB. We wish you every success in your research.

[redacted]e Boulos, Ph.D.
[redacted]air, Research Ethics Board

c.c. Dr. Linda Patrick, University of Windsor, Faculty of Nursing, Local Contact

This is an official document. Please retain the original in your files.

Appendix B

Letter of Information to Directors of Academic Nursing Programs

Re: Research Study on Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments

Date: ____

Dear Dr. __:

As a MScN student at the University of Western Ontario, I am conducting a research study in nursing education for my thesis, and am requesting your permission to conduct the study with clinical instructors in your nursing program. The purpose of this study is to explore the empowerment of clinical instructors within schools or faculties of nursing. Therefore, clinical instructors who have taught a practicum course in the 2011-2012 academic year in your nursing program are being asked to participate in this study. The information gathered may be useful for guiding the development of the clinical instructor role, as well as in the design of supports for this group of nurse educators who facilitate learning of students in the practice component of the program.

I am also requesting permission for your administrative assistant to distribute via e-mail, a Letter of Information to all your undergraduate clinical instructors for recruitment to the study. All participants and their responses will be known only to the researchers. Written consent to participate in the study will be obtained at the time of participant interviews.

Participation in the study is voluntary. If clinical instructors agree to participate, they will meet individually with me for an interview lasting approximately 60-90 minutes. Clinical instructors will be informed that they may decline answering some questions, withdraw from the study prior to completing the interview, and their participation or non-participation will not affect their status in the nursing program. Each participant will receive a complimentary gift certificate and parking reimbursement (if required).

All data will be securely locked and remain confidential to the research team. Responses used in the thesis, any publication, or presentation arising from this research will not be identifiable to any individual or nursing program. Data will be reported as grouped data only. Pseudonyms will be used when quotes are cited.

If you agree to this study being conducted among your clinical instructors, please sign the attached consent form and return it to Dr. Babenko-Mould at the address or fax number listed below. I will also need the name and email address of your administrative assistant. My research advisors are Dr. Yolanda Babenko-Mould and Dr. Carroll Iwasiw at the University of Western Ontario.

Dr. Y. Babenko-Mould
Mailing address:
University of Western Ontario
London, Ontario
N6A 5C1
Telephone number: 519-661-2111, extension XXX
Fax number: XXX
Email address: XXX

If you have any questions about the rights of research participants of the conduct of the study you may contact the Office of Research Ethics at 519-661-3036 or by email at ethics@uwo.ca .

Sincerely,

Sandra Wiens, RN, MScN (c)

Consent Form

Deans and Directors of Academic Nursing Programs

Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments

I have read the Letter of Information, have had the study explained to me, and I agree to provide consent to conduct the study with clinical instructors in my academic nursing program. All of my questions have been answered satisfactorily.

_____ _____

Date Signature of Participant

_____

Print Name

_____ _____

Date Signature of Person Obtaining Consent

_____

Print Name

Appendix C

Email Recruitment Notice and Letter of Information to Clinical Instructors

Re: Study on Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments.

Clinical Instructors

Volunteers needed to share their experiences for research interviews.

You are invited to participate in a research study regarding your experience as a Clinical Instructor within the academic nursing environment. I am interested in learning about the experiences of Clinical Instructors from acute care, long term care, community, mental health, other health care agencies, and non-traditional nursing practice settings.

The study is entitled: Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments.

Please read the attached letter of information. If you are interested in being part of the study, please contact Sandra Wiens at XXX within two weeks of receiving this message. Thank you.

Researcher:

Sandra Wiens, MScN student

Arthur Labatt Family School of Nursing
University of Western Ontario
London, Canada
N6A 5C1

Faculty Advisors:

Dr. Yolanda Babenko-Mould, RN, PhD

Dr. Carroll Iwasiw, RN, MScN, EdD

Letter of Information to Clinical Instructors

Re: Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments

Investigator: Sandra Wiens, RN, MScN (student)

Date_____

Dear Colleagues,

As a clinical instructor, or teacher of undergraduate nursing students in a practice setting, you are being invited to take part in a research study to explore the perceived empowerment of instructors in this position. Empowerment is defined as being able to do your job effectively or being motivated to actively participate in your work role. It is important to understand how clinical instructors view their role effectiveness, since nursing programs rely on clinical instructors to facilitate student learning in a variety of settings, including acute care, long term care, community, mental health, other health care agencies and non-traditional nursing practice settings. Therefore, clinical instructors who teach a practicum course in the 2011-2012 academic year are being asked to participate in this study. The information gained from this study may be useful to nurse educators and administrators of academic nursing programs to achieve a greater understanding of the clinical instructor role within an academic environment. This could lead to an enhanced valuing of the clinical instructor role in nursing education, as well as to the design of supports for the nurse educators who facilitate the learning of students in the practice component of the program.

I am asking for clinical instructors to participate in this study by sharing their perceptions of empowerment in relation to their nursing program. Clinical instructors are requested to share their experiences during an individual 60-90 minute interview with me scheduled at a private location and a time that is most convenient to participants. Parking fees up to $10 will be provided if required, and all participants will receive $10 in the form of a coffee shop gift card in recognition of their time. Participation in this study is voluntary.

There are no known risks related to taking part in this study. The nursing program will not be informed of your participation or non-participation. Your responses will not affect your employment with a nursing program nor any practice settings. You have the right to decide whether or not you will take part in this study. You may refuse to answer any questions that you do not want to answer and may withdraw from the study at any time prior to the initiation of data analysis. Your responses are confidential.

With your written consent at the time of the interview, these conversations will be audio recorded for accurate representation of ideas. Data that is contributed by participants will be used in this and possibly further studies on the condition that no identifying information will be associated with your interview contributions. All tapes and transcripts will be kept confidential and in a locked file cabinet within a locked office. Any responses from participants will not be identifiable to any particular participant or nursing program. Pseudonyms will be used in place of actual names if direct quotes are used in any publication or presentation.

Please feel free to contact me via telephone at XXX or by email at XXX if you would like to participate or have any questions about the study. My research advisors, Dr. Yolanda Babenko-Mould, and Dr. Carroll Iwasiw are also available at the University of Western Ontario to address any questions you might have. Dr. Babenko-Mould can be contacted at 519-661-2111, extension XXX. If you have any questions about your rights as a research participant or the conduct of the study you may contact the Office of Research Ethics at 519-661-3036 or by email at ethics@uwo.ca .

Sincerely,

Sandra Wiens, RN, MScN (c)

Arthur Labatt Family School of Nursing
The University of Western Ontario
London, Ontario
N6A 5C1

Appendix D

Sampling Criteria

Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments

Inclusion Criteria for Clinical Instructors Empowerment Study:

- Registered Nurses with a minimum of a baccalaureate degree in nursing
- Employed by a School of Nursing or academic nursing program at either the college or university level
- Currently teaching or taught a clinical practicum within the 2011-2012 academic year in an undergraduate nursing program
- Clinical practicums taught by Clinical Instructors can be in a variety of practice settings, such as acute care, long term care, community, mental health, other health care agencies and non-traditional nursing practice settings.
- Able to speak English fluently
- Signed consent

Exclusion Criteria for Clinical Instructors Empowerment Study:

- Faculty with both academic and clinical teaching responsibilities
- Academic faculty

Appendix E

Participant Consent Form

Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments

I have read the letter of information, have had the study explained to me, and I agree to participate. All of my questions have been answered satisfactorily.

_____	_____
Date	Signature of Participant
	_____
	Print Name
_____	_____
Date	Signature of Person Obtaining Consent
	_____
	Print Name

Appendix F

Interview Guide

Re: Study on Clinical Instructors' Perceptions of Structural and Psychological Empowerment in Academic Nursing Environments.

Introduction:

Introduce study and ask if participant would like to review the letter of information.

Ask participant if they have any questions.

Request participant to sign consent and give verbal consent for audio recording of interview.

Request the following demographic information: age, gender, previous nursing and teaching experience, courses currently being taught, and highest level of nursing education attained.

General:

Describe your experience as a Clinical Instructor (CI) in relation to academic faculty in your nursing program?

Opportunities:

Describe the opportunities that have been extended to you by the nursing program to assist you in developing professionally as a CI.

How much opportunity do you have to collaborate with your supervisor or other faculty about achieving the goals of the nursing program?

What other opportunities do you need from your nursing program to assist you in your growth as a successful CI?

Information:

What kinds of information do you need to accomplish your responsibilities as a CI?

How do you obtain information to carry out your role as an effective CI?

Tell me about a time when did not have enough information to carry out your role effectively.

Tell me about a time when you did have enough information to carry out your role effectively.

Resources:

What resources were extended or provided to you to start the CI position?

How do you find new resources (human or material) to develop your teaching abilities?

How much access to resources, including time, do you have to accomplish your job requirements?

Tell me about the people who advise and mentor you in your teaching role.

Tell me about a time you felt you had sufficient feedback from another person?

Or when you needed more feedback?

Support:

Describe your working relationship with nursing program faculty and administrators.

How do coworkers and peers provide support to you?

Share an example of when you were encouraged for your contributions to student learning.

Tell about a time when you felt that you needed more support to carry out your role effectively.

Power: Formal –

Can you describe ways you are able to influence the nursing program?

In what ways do you contribute to the work relationship with nursing program faculty?

Informal-

Who do you communicate with in the nursing program? For what purposes do you connect with them?

What situations make you feel empowered, such as being able to do your job effectively or being motivated to actively participate in your work role?

What situations make you feel as though you have limited power in the nursing program?

Meaning:

What does being a clinical instructor mean to you?

How do you interact with others to find the balance between job requirements and your own values?

Confidence:

How have the nursing program faculty and administrators expressed confidence in your abilities?

Describe your own expectations of yourself as an effective CI.

If there have been any misunderstandings about your abilities as a CI, how did you handle this challenge?

Autonomy:

How often do you consult with nursing program administrators or faculty for yourself or your students?

Describe the degree of flexibility and support you are given by the nursing program faculty and administrators for making decisions in your job.

How do you handle differences between academic and clinical expectations in your work role?

Impact:

In what ways do you have a positive impact in your role as a CI?

Describe a time when you made an impact on the development of a student.

Describe a time when you contributed to change in the nursing program?

If teaching has changed you professionally, please tell me about those changes.

Conclusion:

What factors affect your commitment to teach next term?

Based on your experience, what would you recommend to improve the CI role for yourself or new CIs?

Do you have any other comments to add that I may not have asked a question about?

Thank you for taking the time to participate in this interview.

CURRICULUM VITAE

SANDRA E. WIENS

Education:	Laurentian University Sudbury, Ontario, Canada 1996-2003 BScN
	Conestoga College Kitchener, Ontario, Canada 1981-1983 Registered Nurse Diploma
	Emmanuel Bible College Kitchener, Ontario, Canada 1979-1981 General Bible Diploma
Honours and Awards:	Sigma Theta Tau International, Iota Omicron Research Grant 2011
	Recognition Award of Excellence in Teaching The University of Western Ontario 2006-2010
Work Experience:	Clinical Instructor The University of Western Ontario 2005-2010, 2012
	Teaching Assistant The University of Western Ontario 2011
	Research Assistant The University of Western Ontario 2011-2012
	Registered Nurse St. Thomas-Elgin General Hospital, St. Thomas, Ontario, Canada 1987 to present
	SIL Clinic, Ukarumpa, EHP, Papua New Guinea 1999 – 2000, and 2003-2004
	Port Colborne General Hospital, Port Colborne, Ontario, Canada 1985-1986
	H.H. Williams Memorial Hospital, Hay River, NWT, Canada 1984-1985