Effects of English Proficiency on Nursing Student Empowerment and Intent to Leave the Program

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

EFFECTS OF ENGLISH PROFICIENCY ON NURSING STUDENT EMPOWERMENT AND INTENT TO LEAVE THE PROGRAM

A Dissertation Submitted in Partial Fulfillment of the Requirement for the Degree of Doctor of Philosophy

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School of Nursing
Nursing Education

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This Dissertation by: Nadja James

Entitled: Effects of English Proficiency on Nursing Student Empowerment and Intent to Leave the Program

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ABSTRACT


Individual (learner) empowerment plays an important role in the learning environment. A more empowered student is more likely to be academically successful and complete their program of study. The findings of this study showed nursing students who felt less empowered had a greater intent to leave their nursing program.

Many prelicensure nursing programs struggle with high attrition rates, especially minority students, including students from a culturally and linguistically diverse (CALD) background. Since effective communication is crucial in the learning environment, students with lower English proficiency tend to struggle in that area. Communication issues affect CALD students’ sense of empowerment and might create or reinforce the intent to leave their program before completion.

This was a quantitative, nonexperimental, predictive-correlational study. Using a web-based survey, 70 prelicensure nursing students completed the quantitative portion and 51 participants provided open-ended responses. Statistical analyses included multiple regression and correlation tests. Qualitative data were manually reviewed and categorized using basic thematic analysis.

Five independent variables (age, gender, ethnicity, Associate Degree in Nursing or Bachelor of Science in Nursing program, English proficiency) accounted for 6.3% of the variance in learner empowerment. The model was not statistically significant.
Learner empowerment was negatively associated with intent to leave the nursing program, indicating students who felt less empowered had a greater intent to leave their program. There was no statistically significant association between English proficiency and intent to leave the nursing program. Qualitative themes included external and internal factors that helped or prevented respondents from feeling empowered.

Both, the quantitative and qualitative findings from this study were consistent with the extant literature. This study added to the existing body of knowledge about the importance of individual empowerment in the learning environment. Nurse educators could help mitigate the attrition of nursing students by creating a learning environment that is inclusive and empowering for students.
ACKNOWLEDGMENTS

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DEDICATION

This dissertation is dedicated to my children, Briana and Joshua. I love you more than I can put into words. You make this journey worthwhile and I can never repay you for the thousands of hours you have so freely given me to pursue this dream. Your unwavering faith and trust in me are what keep me going. Thank you.
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CHAPTER I
INTRODUCTION

This nonexperimental research study examined the predictive power of English proficiency on individual nursing student empowerment when controlling for age, gender, ethnicity, and type of nursing program. In addition, the study examined if a correlation existed between individual empowerment and student intent to leave the nursing program and English proficiency and student intent to leave the nursing program. This chapter includes the background of the study, the conceptual framework for the study, a statement of the problem, the purpose and professional significance of the study, the research questions, hypotheses, and definitions of terms.

Background of the Study

The number of culturally and linguistically diverse (CALD) students admitted to American nursing programs continues to rise. From 2009 to 2014, the total percentage of minority students enrolled in basic registered nurse (RN) programs increased from 26.8% to 35.2% (National League for Nursing [NLN], 2018b). The same trend is occurring in other English-speaking countries (Barbé, Kimble, Bellury, & Rubenstein, 2018). Although this phenomenon is welcome as it brings the nursing workforce closer to needed diversification, the attrition rate of nursing students remains frustratingly high. Attrition could be described as the process of students, voluntarily or involuntarily, leaving a prelicensure nursing program before completion. Although the reasons behind attrition in nursing education are numerous and complex, CALD students have
consistently shown to be at a higher risk for noncompletion of the nursing program than non-CALD students. Risk factors included feeling marginalized, perceived lack of support, nonutilization of available resources, discrimination in both the academic and clinical setting, bullying from faculty and peers, and struggles with academic English proficiency and literacy that could lead to academic failure or the intent to voluntarily leave the program of study (Barbé et al., 2018; Courtney-Pratt, Pich, Levett-Jones, & Moxey, 2018; Eick, Williamson, & Heath, 2012; Evans, 2013; Mooring, 2016; Pitt, Powis, Levett-Jones, & Hunter, 2012).

Cummins (2000) proposed a significant difference existed between conversational and academic language proficiency. The goal of his distinction was to make educators aware that English language learners (ELLs) might demonstrate fluency in everyday English but often experience difficulties with English in the academic setting where it becomes more contextualized and abstract. Although research has shown immigrant students acquire conversational fluency in the host language relatively quickly, it could take up to five years or more to reach academic English proficiency that equals native English speakers (Cummins, 2000; Mitchell, Del Fabbro, & Shaw, 2017). Insufficient academic language proficiency has been identified as a challenging area for CALD students, contributing to poor academic performance and withdrawing or failing out of the program of study (Brunton & Jeffrey, 2014; Cummins, 2000; Diaz, Cochran, & Karlin, 2016; Greenberg, 2013).

The nursing profession has a long-standing history of horizontal and vertical violence. Horizontal violence describes abusive behaviors perpetrated by those in a similar position such as fellow students or nurses and has been found in all areas of
nursing including education (Shanta & Eliason, 2014). Those types of violence were also termed incivility, bullying, or mobbing in the literature (Courtney-Pratt et al., 2018; Luparell, 2011; Purpora, Blegen, & Stotts, 2012; Sidhu & Park, 2018). Horizontal and vertical violence in nursing is believed to originate from learned, oppressed group behavior (Clark & Davis-Kenaley, 2011; Purpora et al., 2012). Freire (2000) wrote that oppressed individuals chafe under their oppression but instead of directing their discontent upward toward their oppressor, “they often manifest a type of horizontal violence, striking out at their own comrades for the pettiest reasons” (p. 62). Culturally and linguistically diverse nursing students are more vulnerable to horizontal and vertical violence than non-CALD students (Courtney-Pratt et al., 2018). But any nursing student who falls victim to horizontal or vertical violence could experience psychological effects that negatively impact his or her academic experience, lead to depression, and, worse, intent to leave the program (Courtney-Pratt et al., 2018; Eick et al., 2012; Evans, 2013; Shanta & Eliason, 2014).

It is impossible to completely ameliorate attrition in nursing programs. Rarely is a single factor the reason for a student to contemplate leaving the nursing program. However, factors related to attrition could be improved or eliminated (Beauvais, Stewart, DeNisco, & Beauvais, 2014; Eick et al., 2012). Research on employees’ intention to quit or leave a position has shown intention or intent to leave is a multi-stage process that consists of psychological, cognitive, and behavioral components. Intent can be described as a progressive determination to act and is influenced by the individual’s psychological responses to his/her work environment (Takase, 2010). Since intent to voluntarily leave a position or, in this case, nursing program could be triggered by negative psychological
responses to situations in the learning environment, nurse educators must recognize early
warning signs of a student’s intent to leave. One factor or variable that has received
relatively little attention in relation to attrition of nursing students in general and CALD
students in particular is individual empowerment.

Individual empowerment is defined as a state of intrinsic motivation that has been
associated with greater self-efficacy, persistence, autonomy, and other positive influences
on students (Houser & Frymier, 2009; Mailloux, 2006; Walker, Greene, & Mansell,
2006). Empowered students have shown a more positive perception of their learning,
which in turn contributes to better academic outcomes (Beauvais et al., 2014; Diaz et al.,
2016; Ibrahim, 2011; Khalaila, 2015). Despite a substantial body of evidence about
individual empowerment in higher education in general, empowerment in prelicensure
nursing students has been investigated to a lesser extent. Moreover, the issue of cultural
and linguistic diversity in relation to individual student empowerment has not yet been
satisfactorily answered.

Conceptual Frameworks

Two conceptual models served as the foundation for this study: the cognitive
model of empowerment by Thomas and Velthouse (1990) and the causal model of
empowerment developed by Frymier and Shulman (1994). Earlier models of
empowerment considered an individual’s motivation to be primarily based on external,
objective events in an individual’s environment. Those beliefs were similar to the
stimulus-response assumption in behaviorist learning theories and failed to account for
the individual’s internal, subjective interpretation and construction of reality theorized to
more likely influence an individual’s decisions and actions (Thomas & Velthouse, 1990).
Cognitive Model of Empowerment

Thomas and Velthouse (1990) proposed a cognitive model of empowerment that defined empowerment as intrinsic task motivation. Intrinsic task motivation is influenced by external/environmental events and the way the individual interprets the events. In this model, individual empowerment is not a static personality trait but rather a set of cognitive elements shaped by a person’s perceptions about him or herself within the context of his or her environment. This means an individual can feel less or more empowered over time (Spreitzer, 1995; Thomas & Velthouse, 1990; Zimmerman, 1995). At the model’s core is an ongoing loop of environmental events (1), task assessments or the subjective judgment/interpretation of the events (2), and behavioral responses to the events by the individual (3; see Figure 1).

Figure 1. Conceptual model underpinning this research (Thomas & Velthouse, 1990, p. 670. Copyright by Academy of Management.)
**Environmental events (1).** Thomas and Velthouse (1990) described environmental events as sources of data for the individual that he/she interprets and uses to determine the consequences of task-related behavior. The individual accomplishes this by adding meaning to his or her interpretation through one of three interpretative processes: evaluation, attribution, and envisioning. In addition, the individual assesses the potential relevance to future events and subsequent behavior. For new or complex tasks such as those frequently found in prelicensure nursing curricula, consequences of behavior are ambiguous and uncertain, requiring repeat cognitive assessments (Thomas & Velthouse, 1990).

**Task assessments (2).** Thomas and Velthouse (1990) defined a task as a set of activities, either chosen or assigned, carried out by the individual toward a purpose or goal. A task assessment occurs across four cognitive dimensions of intrinsic motivation: (a) impact, (b) competence, (c) meaningfulness, and (d) choice (or self-determination). These four dimensions are seen as having an additive effect and, cumulatively, denote individual empowerment.

**Impact.** Impact is described as the degree to which individuals see their behavior as making a difference. The perception of impact has sometimes been equated to locus of control. Spreitzer (1995) disagreed with that characterization, claiming locus of control (external or internal) was a trait characteristic of a person who endured across situations. Impact, on the other hand, was influenced by the environmental context and should, therefore, be considered a state characteristic that represented the individual’s perception as to how much he or she could affect the outcome of a task (Spreitzer, 1995; Thomas & Velthouse, 1990). The literature showed that for CALD nursing students, the learning
environment was often perceived as segregated, causing CALD students to feel marginalized and as if they did not belong (Englund, 2018; Fuller & Mott-Smith, 2017; Mikkonen, Elo, Kuivila, Tuomikoski, & Kääriäinen, 2016). In such an environment, feelings of having an impact would most likely be lower for CALD students.

**Competence.** Competence pertains to how skillfully and correctly the individual performs a task. The term is often used interchangeably with self-efficacy but competence and self-efficacy are two distinct concepts (Rodgers, Markland, Selzler, Murray, & Wilson, 2014). When the perception of competence is low, the individual is more likely to feel less empowered, which leads to avoidance behavior and low persistence, especially when faced with more challenging environmental events (Spreitzer, 1995; Thomas & Velthouse, 1990). Nursing faculty members have reported feeling unprepared and frustrated when communicating with linguistically diverse students in academic and clinical settings. That frustration might surface in their interactions and communication with CALD nursing students (Fuller & Mott-Smith, 2017; Henderson, Barker, & Mak, 2016; Starkey, 2015). When CALD nursing students have repeated interactions with their instructor that make them feel incompetent and unintelligent, it is reasonable to conclude they would feel less empowered.

**Meaningfulness.** Meaningfulness consists of how much an individual values the task’s goal in relation to his or her own ideals and standards (Thomas & Velthouse, 1990). When students perceive congruence between their personal and learning goals, they are more likely to perceive their work as valuable and meaningful (You, 2016). The meaningfulness dimension of empowerment must be closely examined when teaching CALD students. Culturally and linguistically diverse students who are immigrants or
children of immigrants might experience a sense of cognitive dissonance when trying to reconcile their culturally-determined norms and values with the norms and values of their teacher, leading to diametrically opposed perceptions of what is meaningful (Koch, Everett, Phillips, & Davidson, 2014; Lincoln, Travers, Ackers, & Wilkinson, 2002). A low degree of meaningfulness is believed to result in apathy, detachment, and low empowerment (Frymier & Shulman, 1994), all undesirable outcomes that possibly contribute to nursing student attrition.

**Choice/self-determination.** The fourth dimension is choice and relates to whether the person perceives his or her actions as self-determined versus being controlled by external events. Choice could consist of being able to determine when and how to initiate a task, how fast or slow to complete it, and the amount of effort to put into it. When a person feels as if he or she has no choice, the task assessment would be negative, adversely affecting his or her sense of empowerment (Spreitzer, 1995; Thomas & Velthouse, 1990).

**Behavior (3).** What made behavior different in this model from other models was it was intrinsically motivated and not dependent on supervision or rewards from others. In an empowering environment, the desire by an individual to perform at higher levels comes from factors inside rather than rewards outside of the individual (Frymier & Shulman, 1994; Thomas & Velthouse, 1990). This difference contributes to an individual’s resilience to obstacles and promotes persistence when faced with problems or ambiguity. Furthermore, intrinsically motivated behaviors increase the likelihood the individual “will achieve outcomes that will, in turn, provide further evidence of
competence, choice, and impact on meaningful goals” (Thomas & Velthouse, 1990, p. 673).

In this study, intent to leave the nursing program prior to completion was explored as a potential behavior associated with individual empowerment. Intention or intent has previously been used to predict behavior, specifically in relation to nursing student retention, and has been found to be a powerful predictor of attrition (Eick et al., 2012; Evans, 2013). Individual empowerment has been positively associated with retaining students in general, suggesting individual empowerment might supplant a nursing student’s intent to leave the program.

An individual continually makes causal interpretations (or task assessments) about his or her environment. For example, a nursing student performed actions x and y, which were followed by event z. The student interpreted event z and attached his or her meaning to it. Depending on the individual’s interpretative style, combined with the individual’s global assessment or cumulative learnings from past task assessments, the current task assessment would either be perceived as empowering or disempowering. This process becomes a self-reinforcing cycle; thus, it is crucial the task assessment is positive and affirms the individual’s sense of empowerment. Repeated negative task assessments would result in a vicious cycle of disempowerment, inactivity, low initiative, fear of failure, inability to focus, learned helplessness, and increased likelihood of leaving the environment (i.e., nursing program; Spreitzer, 1995; Thomas & Velthouse, 1990).

**Causal Model of Empowerment**

Empowerment of students was adapted from research on manager-employee relationships. In order to feel motivated to perform work-related tasks, employees need
to believe the task is beneficial to them (meaningfulness), they can accomplish the task (competence), performing the task would make a difference in the long run (impact), and they can decide how to complete the task (choice; Rubin, 2009). Enabling the empowerment of individuals should be the desired outcome for all organizational environments but perhaps more so in higher education since today’s students will become tomorrow’s employees.

Building on the conceptual model by Thomas and Velthouse (1990), Frymier and Shulman (1994) wrote that “the empowerment concept is as equally applicable to the teacher-student relationship as it is to the manager-employee relationship” (p. 6). Based on that premise, Frymier and Shulman conducted a study to test their hypotheses that perceived relevance, verbal and nonverbal teacher immediacy, and students’ self-esteem would be positively associated with student reports of empowerment (see Figure 2). The study sample population consisted of 470 undergraduate students from a midsized, Midwestern university. A total of 469 instructors in 41 different departments participated, representing all five colleges at the university. For the study, the authors adapted a learning measure from a different study but did not include any prior validity or reliability data for the measure. The learning measure used a Likert-type scale of 0 = Never to 4 = Very Often to measure students’ perceptions of their learning and usefulness of the material. In this study, the learning measure had an alpha reliability of .77, a $M$ of 13.51, and a $SD$ of 4.16 (Frymier & Shulman, 1994, p. 15). The six learning measure items were:

1. I do extra reading or research in order to learn more about the topic covered in this class.
2. I see how the material covered in this class applies to my world.
3. 

(1) I do extra reading or research in order to learn more about the topic covered in this class. (2) I see how the material covered in this class applies to my world. (3)
I will remember the material covered in this class after the semester ends. (4) I will use the material covered in this class after the semester ends. (5) I am more focused on learning the material than I am on receiving a grade in this class. (6) I feel that I thoroughly understand the content presented in this class. (Frymier & Shulman, 1994, p. 24)

Frymier and Shulman (1994) conceptualized a new empowerment scale for the study with the four cognitive dimensions (meaningfulness, competence, impact, choice) that Thomas and Velthouse (1990) had previously identified in their conceptual model. The 30-item empowerment items showed a sampling adequacy of .91 and a three-factor solution was determined to be the best fit: meaningfulness ($\alpha = .89, M = 16.70, SD = 6.94$), competence ($\alpha = .83, M = 18.63, SD = 3.48$), and impact as the third factor ($\alpha = .81, M = 6.97, SD = 3.66$). Choice did not emerge as a factor (Frymier & Shulman, 1994, p. 16).

Figure 2. Causal model of empowerment (Frymier & Shulman, 1994, p. 31).
Path analysis was used to test the causal model and the path model proved to be a good fit with the data. Regression coefficients revealed the empowerment variable as a significant predictor of learning ($\beta = .84, p < .05$). Those findings were supported by additional research. Empowered students were found to be less likely to skip class, more likely to participate in learning activities, reported higher grades, and expressed higher aspirations for future educational goals (Kirk, Lewis, Brown, Karibo, & Park, 2016).

The two models complemented each other and, when combined, provided a suitable conceptual framework for this research. Teacher behaviors, especially interpersonal communication, represented environmental events students interpreted as either empowering or disempowering. It was hypothesized that students from diverse cultural backgrounds or who spoke English as a second or additional language perceived events in the learning environment and their empowerment differently than native English-speakers. Therefore, this study examined the predictive power of English proficiency on individual empowerment when controlling for age, gender, ethnicity, and type of nursing program. In addition, the data were analyzed to determine if a correlation existed between individual empowerment and student intent to leave the nursing program and English proficiency and intent to leave the program (see Figure 3).
Problem Statement

Nurse educators teach an increasing number of culturally and linguistically diverse students who experience higher rates of attrition than non-CALD students. Empirical evidence has shown attrition relates to cognitive and noncognitive factors. Individual empowerment has been identified as a cognitive variable that impacts learning, academic performance, and persistence (Koch, Everett, Phillips, & Davidson, 2015). Teachers are responsible for creating a learning environment that motivates and empowers students so they will actively engage in their learning, commit to completing their program of study, and develop an attitude for life-long learning. Teachers can accomplish this by identifying and removing factors that create a sense of powerlessness in their students (Frymier, Shulman, & Houser, 1996).

Given the urgency to create a more diverse nursing workforce (Institute of Medicine [IOM], 2010), it is imperative that nurse educators better understand the
relationship between diversity characteristics, individual empowerment, and intent to leave the program in prelicensure nursing students. But a paucity of research exists in nursing education related to ethnicity and language proficiency and whether those impacted students’ sense of empowerment and intent to leave the program. No study was found in the literature that examined the relationship between English proficiency and individual empowerment of prelicensure nursing students, individual empowerment and intent to leave the nursing program, or English proficiency and intent to leave the nursing program. Considering the growing number of CALD students in prelicensure nursing programs and the potential positive effects of learner empowerment on decreasing attrition of nursing students, more research is warranted.

**Purpose of the Study**

The purpose of this predictive-correlational study was to test the theorized relationships among personal attributes of age, gender, type of nursing program (associate or baccalaureate), ethnicity, English proficiency, and individual empowerment, and to determine if a relationship existed among English proficiency, individual empowerment, and intent to leave the nursing program.

**Research Questions and Hypotheses**

The following four research questions guided this study:

**Q1** To what extent does English proficiency predict perceived individual empowerment of prelicensure nursing students when controlling for age, gender, type of nursing program (associate, baccalaureate), and ethnicity?

**Q2a** Is perceived learner empowerment associated with intent to leave the nursing program?

**Q2b** Is English proficiency associated with intent to leave the nursing program?
Q3 What qualitative themes are obtained from the open-ended comments provided by study participants about factors impacting their sense of empowerment?

In addition to the research questions, the following hypotheses were proposed:

H1 A higher English proficiency score will predict a higher perception of learner empowerment.

H2a A lower learner empowerment score will have a positive association with intent to leave the nursing program.

H2b A lower English proficiency score will have a positive association with intent to leave the nursing program.

**Professional Significance of the Study**

The professional significance of the study was threefold: (a) to identify individual student empowerment as a possible factor that contributed to CALD nursing students’ intent to leave the program and attrition; (b) to suggest that individual empowerment could serve as a mediator for the adverse responses to horizontal and vertical violence experienced by nursing students, and (c) to support the supposition that empowered nursing students would become empowered nurses who were more likely to become future nurse leaders.

**Attrition**

A number of studies about factors contributing to attrition of minority and CALD students have shown diversity-related characteristics did in fact matter. Having one or both parents born outside of the United States, not speaking English as the primary language at home, and being considered racially diverse were some of the topmost reasons reported (Barbé et al., 2018; Eick et al., 2012; Pitt et al., 2012). Other factors mentioned included sentiments by CALD nursing students that establishing relationships with faculty and classmates was challenging for them. They also described feeling
disrespected and positioned as outsiders by their teachers and that teachers failed to address the classroom segregation they were experiencing (Fuller & Mott-Smith, 2017).

Nurse educators must be cognizant of factors that could potentially affect nursing students’ sense of empowerment including personal attributes and environmental factors. When working with CALD students specifically, nurse educators must reflect on their own biases and ensure their communication with CALD students is perceived as genuine, respectful, and inclusive (Campbell, 2003). Culturally and linguistically diverse students who feel like they belong and respected by their teachers are less likely to accede to self-doubt and leave the program (Eick et al., 2012; Evans, 2013). Findings of this study could assist nursing faculty in supporting student empowerment, which in turn could lead to higher student self-efficacy and persistence, thus decreasing attrition.

**Horizontal and Vertical Violence**

Horizontal violence and similar phenomena found in schools of nursing are antithetical to the ethos of nursing as a caring profession. Nursing programs cannot continue to abdicate their responsibility to stop horizontal or vertical violence. Fostering empowerment in nursing students might be one intervention to ultimately remedy the problem (Clark & Davis-Kenaley, 2011; Ren & Kim, 2017; Shanta & Eliason, 2014).

Delving further into the history of the international phenomenon of horizontal and vertical violence in nursing that has been occurring for a long time was beyond the scope of this study. Nevertheless, students undergo an initial conceptual formation of the nurse role while in school and once in practice, often continue to be exposed to horizontal violence and even partake in it themselves (Campbell, 2003; Clark & Davis-Kenaley, 2011; Purpora et al., 2012; Ren & Kim, 2017; Sidhu & Park, 2018). Therefore, it is
incumbent upon nurse faculty to address incidents of horizontal and vertical violence in their programs and mitigate the negative effects they have on students. Findings from this research could help nurse educators understand how an empowering learning environment and student empowerment could counteract the negative effects of horizontal or vertical violence on students’ academic experience and future practice.

**Leadership**

The healthcare system of the 21st century requires graduate nurses who are not only competent and safe clinicians but who feel empowered to become healthcare leaders, affect change, and advocate for patients, communities, themselves, and the profession. Nurses are expected to assert themselves collectively as well as individually to assume positions in which they can be impactful healthcare leaders (McCarthy & Holbrook-Freeman, 2008). Nurses must not only develop the requisite knowledge, skills, and competencies for those roles but maybe, more importantly, must feel powerful enough to believe themselves capable of pursuing and, ultimately, attaining them.

In 2010, the Health and Medicine division of the National Academies of Sciences, Engineering, and Medicine (NASEM; [formerly known as the IOM], 2010), released a report that called upon the nursing profession to lead change and advance the health of the nation. Although the report identified nurses as a highly trusted source of information about health and healthcare, it also described nurses as “having the least amount of influence on healthcare reform” (IOM, 2010, p. 224). In a 2016 follow-up report on determining the progress that has been made since that 2010 clarion call, findings showed that although there has been some success, nurses continue to be underrepresented in key
leadership positions in public, private, and governmental healthcare organizations (NASEM, 2016, p. 151).

Feeling powerful or empowered is not something that suddenly befalls a new nurse after graduating. To the contrary, the process of individual empowerment begins in nursing school (Campbell, 2003; Espeland & Shanta, 2001). This research hopefully provided nurse educators with new knowledge to support student empowerment and, thus, help with decreasing attrition, reducing horizontal and vertical violence, increasing diversity in the nursing workforce, and preparing nurses to become change agents and leaders in health care.

**Definition of Terms**

The following terms were used throughout the study.

**Culturally and linguistically diverse.** A CALD student is defined as a nursing student whose first language and culture are not of the country they are currently studying in (United States) and as belonging to a minority group (Mikkonen, Elo, Miettunen, Saarikoski, & Kääriäinen, 2017).

**English proficiency.**

- **Conceptual definition.** English proficiency is defined as a student’s preference for listening, reading, thinking, writing, and speaking in English outside of school.

- **Operational definition.** English proficiency was measured with the 11-item English Language Usage Scale (ELUS-11; Salamonson, Glew, & Everett, 2014).
Individual empowerment.

**Conceptual definition.** Individual empowerment is defined as a student’s perception of his/her empowerment in the learning environment and manifested in three cognitive dimensions (meaningfulness, competence, and impact) that, cumulatively, represent the concept of individual (i.e., learner) empowerment.

**Operational definition.** Individual empowerment was measured by the 35-item Learner Empowerment Measure (LEM) in this study (Frymier et al., 1996).

Intent to leave nursing program.

**Conceptual definition.** For this study, intent to leave is defined as being determined to or planning to voluntarily leave the nursing program for nonacademic reasons prior to completion or graduation (Intent, n.d.; Takase, 2010). Nonacademic means any reason other than a failing grade.

**Operational definition.** For this study, intent to voluntarily leave the nursing program prior to completion was measured by a three-item, researcher-developed Likert-type scale.

Prelicensure nursing student. For the purpose of this study, a prelicensure nursing student is defined as a student who is currently enrolled in a generic associate or baccalaureate, entry-level nursing program in the United States.

Summary

This chapter introduced the concepts of individual empowerment, English proficiency, intent to leave the nursing program, and the important role they play in prelicensure nursing education. Attrition of nursing students remains a vexing problem
for nurse educators worldwide and research about empowerment of nursing students remains scarce, especially as it relates to minority students. In the next chapter, a comprehensive review of the existing literature about empowerment in the learning environment including a brief theoretical review, are presented.
CHAPTER II
REVIEW OF THE LITERATURE

Overview

The purpose of this study was to analyze the relationships between select personal attributes and perceived individual empowerment of prelicensure nursing students. A review of literature was conducted from the disciplines of nursing, psychology, education, organizational, behavioral and social sciences using the following search terms: empowerment, teacher-student relationship, power, nursing student, nurse, learner, disempowerment, attrition. Terms were entered separately and in combination using CINAHL, PsychINFO, ERIC, and ProQuest databases. Searches were limited to peer-reviewed, research articles in English published in the last five years. Publication date parameters were widened when initial searches produced a limited number of results. Manual searches of relevant articles’ reference lists were done to identify additional evidence. Grey literature consisting of doctoral dissertations about empowerment and nursing students was also reviewed. No publication date limits were set for search of theoretical literature. The literature review was organized into the following sections: theoretical review of empowerment, empowerment and the nursing profession, and empowerment in the learning environment. Each section was further divided into subsections of salient themes that related to CALD students. Since the focus of this study was on individual nursing students, this chapter focused on literature that pertained primarily to individual empowerment. It is important to note that individual
empowerment was also referred to as psychological or personal empowerment in the literature (Hur, 2006; Zimmerman, 1995). For consistency, this review and study used the term *individual* empowerment as being synonymous with psychological and personal empowerment and meaning the opposite of structural, organizational, group, community, or collective empowerment.

**Theoretical Review of Empowerment**

The etymology of the word *empowerment* can be traced back to both French and Latin. *Em* is believed to come from an old French word meaning ‘in,’ combined with the noun *power* (Ashcroft, 1987; Lincoln et al., 2002). By adding the suffix -ment, empowerment becomes a noun meaning the result or process of empowering (Hawks, 1992, p. 610). Although *power* is essential to any interpretation of empowerment, empowerment does not mean power itself and should instead be looked at as a process by which power is bestowed or gained (Lincoln et al., 2002). In addition to process, empowerment has also been described as a state and outcome (Hur, 2006; Kuokkanen & Leino-Kilpi, 2000; Lincoln et al., 2002; Spreitzer, 1995; Zimmerman, 1995). Empowerment has been identified to occur at various levels: personal or individual, interpersonal, organizational, community, and collective (Abel & Hand, 2018; Hur, 2006). Although individual empowerment is different from other types of empowerment, it is influenced by empowerment at other levels (Zimmerman, 1995).

**Origins of Individual Empowerment**

Early roots of empowerment theories developed in the United States can be found in descriptions of major sociopolitical events that occurred in the 1960s and 1970s and involved oppressed and marginalized groups in North America such as indigenous
people, people of color, women, and people with disabilities. Empowerment of minority groups could be considered a precursor to societal change (Abel & Hand, 2018; Calvès, 2009; Lincoln et al., 2002).

Starting in the 1980s, the concept of individual empowerment became a great topic of interest for researchers who were attempting to determine influences on motivation of employees in the workplace. Organizations were testing what type of interventions would motivate workers to take more self-directed initiative in starting and completing a task (persistence). Furthermore, empowering interventions were examined to determine what effects they had on, for example, employees’ feelings of self-efficacy or competence, job satisfaction, intent to stay, and overall organizational outcomes and performance (Kanter, 1993; Kuokkanen & Leino-Kilpi, 2000; Spreitzer, 1995; Thomas & Velthouse, 1990; Zimmerman, 1995).

**Definitions of Individual Empowerment**

Dictionary definitions of empowerment abound. Empowerment (n.d.) is defined as “the process of gaining freedom, power to do what you want, or to control what happens to you” (p. 1). Most definitions of empowerment include a motivational base. When considering motivation as a basis for empowerment, we must recognize that human motivation rarely actualizes itself. Instead, it follows events in an individual’s environment and interactions with other people (Abel & Hand, 2018; Maslow & Frager, 1987; Perkins & Zimmerman, 1995). Furthermore, motivation and empowerment are fluid processes that are often unpredictable and change over time and place (Hur, 2006).

Kanter (1993) put forth one of the most accessible definitions of empowerment and described it as “the ability to get things done, to mobilize resources, to get and use
whatever it is that a person needs for the goals he or she is attempting to meet” (p. 166). Similar to Kanter’s definition, Thomas and Velthouse (1990) based their definition of empowerment on an individual’s orientation to his or her [work] environment. They coined individual empowerment as *intrinsic task motivation*, which they quantified through four cognitions or perceptions: meaning, competence, self-determination, and impact (Thomas & Velthouse, 1990). Building on the previous definitions, Spreitzer (1995) defined individual empowerment as a motivational construct reflected in an active orientation “in which an individual wishes and feels able to shape his or her work role and context” (p. 1444). Zimmerman (1995) described psychological (individual) empowerment as an individual’s beliefs that “goals can be achieved, awareness about resources and factors that hinder or enhance one’s efforts to achieve those goals, and efforts to fulfill the goals” (p. 582). Researchers furthermore postulated that although individual empowerment differed from organizational or community empowerment, it influenced and was influenced by empowerment at other levels (Perkins & Zimmerman, 1995; Zimmerman, 1995). Nurse scholars also contributed early on to theoretical literature on empowerment. Hawks (1992) wrote that “empowerment can be defined as the interpersonal process of providing the proper tools, resources and environment to build, develop and increase the ability and effectiveness of others to set and reach goals” (p. 609).

The aforementioned definitions portrayed individual empowerment as a social process because it occurred in relation to others and one’s environment. A more comprehensive list of definitions of empowerment can be found in Abel and Hand’s (2018) concept analysis of empowerment in the workplace (p. 581). For this study,
individual empowerment was considered an individual’s intrinsic motivation to start and complete a task toward a goal or purpose, influenced by events in the individual’s environment including interactions with others, and the individual’s interpretation of those events (Thomas & Velthouse, 1990).

**Theories of Empowerment**

Despite a relatively large body of research on individual empowerment, an overarching theoretical framework or universally-accepted theory was not found. Popular theories used in studies about empowerment were Kanter’s (1993) theory of *structural* empowerment and Spreitzer’s (1995) theory of *psychological* empowerment. Spreitzer described psychological empowerment as a psychological experience by employees that determined their involvement and performance in the organization. She defined it as a motivational construct with four components: meaning, confidence, autonomy, and impact. In relation to structural empowerment, Kanter identified three structural determinants that explained how individuals behaved in organizations: opportunity (expectations and future prospects), power (capacity to mobilize resources), and relative numbers or proportions (the social composition of people in the same situation; pp. 246-249). Kanter cautioned that although associations between each variable could be hypothesized, cause and effect were more difficult to determine because structures (or environments) interact with individuals’ behavior in a fluid rather than a static way. Abel and Hand (2018) attempted to clarify differences between individual/psychological and structural empowerment and suggested scholarly work about empowerment should include both empowerment constructs as it was evident they were interconnected (Wiens, Babenko-Mould, & Iwasiw, 2014).
Hur (2006) conducted a theoretical synthesis of the interrelations between various empowerment theories to aid in the development of a conceptual model. Hur compared individual empowerment to achieving “a state of liberation” (p. 535) after moving through five progressive stages of empowerment: (a) the existence of a state of powerlessness and oppression characterized by disadvantages and stratification, (b) becoming aware of one’s limited power or conscientizing, (c) becoming more assertive and even aggressive in the face of opposition, (d) the sense of empowerment grows and intensifies, and, in the final stage, (e) empowerment is being practiced to overcome social injustices and create a new order.

The term conscientizing used within the context of empowerment was a hallmark of Freire’s (2000) seminal text *Pedagogy of the Oppressed*. His work was frequently mentioned in the discourse on empowerment, which has sometimes been labeled as an oppression theory. Freire considered education a praxis of liberation. He believed students, who were either literally or figuratively illiterate, underwent substantive change or transformation (i.e., empowerment) when taught by teachers who engaged in dialogue with them and treated them as equals (Freire, 2000). Learning is about meaning-making and involves all functions of literacy and language: hearing, writing, reading, visualizing, and thinking (Courts, 1991). The ability of making meaning through language is the essence of being human and at the center of individual empowerment (Courts, 1991; Freire, 2000).

Several nurse scholars have, if not solely focused on empowerment, at least integrated the concept into their theories or conceptual frameworks (Hills & Watson, 2011; Love, 2014). In their seminal text on how to create a caring science curriculum,
Hills and Watson (2011) urged nurse educators to use “emancipatory relational pedagogy” (p. 55) to graduate nurses who were truly independent thinkers. Empowering and emancipatory education creates graduates who ask the unaskable and confront injustices and oppression in their lives and work (Bevis & Murray, 1990; Campbell, 2003; Hills & Watson, 2011). Hills and Watson’s emancipatory relational pedagogy was based on the ontological perspective that education is transactional, interactive, and reciprocal, leading teacher and students to co-create knowledge. In an empowering learning environment, power is created and shared through the intersecting of thoughts and identities (Campbell, 2003; Naidoo, 2015). Very similar views are found in the two conceptual frameworks underpinning this research.

**Consequences of Empowerment**

According to his theory of a hierarchy of needs, psychologist Maslow (cited in Maslow & Frager, 1987) suggested that people focus on meeting higher, psychological needs (i.e. self-actualization) after successfully meeting lower or basic physiological needs. He described self-actualization as the full use of talents, abilities, and potential to become the best version of oneself and achieve “more profound happiness, serenity, and richness of the inner life” (Maslow & Frager, 1987, p. 57). Maslow further posited that one of the main characteristics of self-actualized people is their autonomy or independence from their physical and social environment. They are not dependent on extrinsic satisfaction, thus giving birth to the idea of *intrinsic* motivation as a catalyst to further one’s own development and growth (Maslow & Frager, 1987).

Consequences of empowerment refer to events and internal changes that result from the occurrence of the concept (Walker & Avant, 2011). Consequences could be
divided into positive or desirable and negative or undesirable. Desirable consequences of individual empowerment pulled from the literature included the following examples. Within the context of work/organizational behavior, a sense of individual empowerment contributes to an increase in personal effectiveness, innovative behaviors, activity, concentration, initiative, resiliency, and flexibility (Maslow & Frager, 1987; Spreitzer, 1995; Thomas & Velthouse, 1990). In nursing practice, greater power and perceived empowerment contribute to greater knowledge, autonomy, control of practice, participatory behavior, decreased stress, improved job satisfaction, increased recruitment and retention, and a willingness to see beyond the bedside (Friend & Sieloff, 2018; McCarthy & Holbrook-Freeman, 2008). Consequences of low empowerment of nurses was theorized to increase the likelihood of horizontal and vertical violence among nurses (Purpora et al., 2012). For nursing students, perceived individual empowerment could lead to enhanced self-esteem, greater motivation for learning, and a more positive attitude toward clinical experiences. Negative consequences, on the other hand, could consist of low self-esteem, hopelessness, and a desire to leave the program (Bradbury-Jones, Sambrook, & Irvine, 2007).

**Measurement of Empowerment**

A large body of evidence exists about empowerment in education. Empowerment has been studied in primary, secondary, and tertiary educational settings. The breadth of evidence was most likely related to the overall agreement that individual empowerment is a multidimensional, abstract, and dynamic construct and therefore defies simple definition and generalization. Because of the inherent complexity of abstract constructs like empowerment, repeat examination of observable phenomena in all of the construct’s
dimensions, either individually or interrelated, was recommended (Spreitzer, 1995; Zimmerman, 1995).

Empowerment has been defined as a process, state, or outcome. Outcome (feeling empowered or powerful) was most frequently measured to explore, examine, and analyze the effects of interventions or other variables on perceived individual empowerment of participants. Zimmerman (1995) proposed three assumptions researchers must be aware of when attempting to measure individual empowerment. First, individual empowerment takes different forms for different people. Attributes such as age, gender, and ethnicity set participants apart and could influence the meaning of individual empowerment for one’s research. The second assumption Zimmerman put forth was individual empowerment takes different forms in different contexts or life domains (e.g., community, school, work, family). The third assumption reiterated that individual empowerment is a dynamic variable that could change over time. Individuals might perceive a sense of empowerment at one time and disempowerment at another (Zimmerman, 1995). The aforementioned assumptions made it unreasonable to expect that a universal measure of individual empowerment would be beneficial or could be found (Zimmerman, 1995). Each researcher or research team must decide what particular question about individual empowerment they are trying to answer and if they are looking at individual empowerment as an outcome or a moderating or mediating variable.

Nursing student empowerment has been described as developing on a continuum with situational antecedents and varying consequences (Bradbury-Jones et al., 2007). In this study, individual empowerment was explored as an outcome or dependent variable of nursing students’ attributes (i.e., age, gender, ethnicity, language proficiency) and their
In addition, individual empowerment was analyzed to see if a correlation existed with student intent to leave the nursing program.

**Empowerment and the Nursing Profession**

Empowerment in relation to nurses in practice, clinical or academic, has been extensively researched worldwide. The majority pertained to nurses working in hospitals. Most studies focused on structural empowerment in different work settings or investigated empowerment of nurses in leadership positions. A smaller number investigated the relationship of structural empowerment with individual empowerment or mediating effects of individual empowerment on a number of variables such as commitment to the organization, burnout, and job satisfaction of staff nurses. The evidence suggested nurses who felt more empowered were more likely to stay with their organization, experience a greater sense of job satisfaction, and pursue leadership positions.

Using a rigorous meta-analysis research design, Li et al. (2018) found nurses’ individual empowerment had a significant positive association with job satisfaction ($R = .353, p < .001$). Cicolini, Comparcini, and Simonetti (2014) also found a statistically significant positive relationship among individual empowerment, job satisfaction, and commitment to the organization in their systematic literature review. In another meta-analysis, nurses who scored higher on the psychological empowerment scale (PES) by Spreitzer (1995) were reported to feel less emotionally exhausted. When compared to structural (or organizational) empowerment, results showed individual empowerment had a more significant effect on negating emotional exhaustion. The study results also
confirmed structural empowerment had a moderate correlation (summary $r = .5717$) with individual empowerment, supporting the assertion that levels of empowerment were interrelated (Zhang, Ye, & Li, 2018).

A mediator or moderator variable is a variable thought to alter the relationship between an independent and dependent variable. Baron and Kenny (1986) wrote that “mediators explain how external physical events take on internal psychological significance. Whereas moderator variables specify when certain effects will hold, mediators speak to how or why such effects occur” (p. 1776).

Meng, Jin, and Guo (2016) conducted a cross-sectional study with nurses in China ($N = 244$) to explore mediating and/or moderating effects of psychological (individual) empowerment on the relationship between structural empowerment and burnout. Meng et al. described burnout as leading to emotional exhaustion, cynicism, and detachment from work and hypothesized that supportive work environments with empowering elements would prevent nurses from experiencing burnout. To measure individual empowerment, the authors used the Chinese version of Spreitzer’s (1995) Psychological Empowerment Scale (PES). Cronbach’s alpha for the four subscales ranged from 0.72 to 0.83 and was 0.87 for the whole scale. Data were collected through mailed questionnaires. Multiple and hierarchical regression analyses were used to test for mediation and moderation between the variables. Psychological empowerment had a significant negative correlation with burnout ($r = -.553, p < .01$), which meant a higher level of psychological empowerment was associated with a lower level of burnout. Further analysis revealed psychological empowerment fully mediated the effects of
structural empowerment on burnout ($\beta = -0.52, p < .001, z = 7.79, p < .001$) but failed to reach statistical significance as a moderating variable (Meng et al., 2016).

Nurses in academic practice are not immune to the negative effects of disempowering work environments on their sense of individual empowerment. Chung and Kowalski (2012) investigated job stress, mentoring, psychological (individual) empowerment, and job satisfaction among nursing faculty. The study also used Spreitzer’s (1995) PES to measure individual empowerment. The scale had a Cronbach alpha score of .90 in the study. The target population consisted of full-time nursing faculty in the United States working for accredited nursing programs. A total of 959 faculty members agreed to participate. Data were collected through an online questionnaire on SurveyMonkey™. The results of Spreitzer’s PES were significant, $F(1,947) = 13.00, p < .0005, x^2 = 0.01$ with the mentored group ($M = 5.47, SD = 0.81$), demonstrating a higher mean score than the non-mentored group ($M = 5.26, SD = .89$).

The relationship between mentoring quality and psychological empowerment was assessed using the parametric test of Pearson product-moment correlations and demonstrated a positive relationship ($r = .349, p = < .01$). Results indicated approximately 40% of the respondents had good mentoring support that contributed to a higher sense of empowerment (Chung & Kowalski, 2012). Strengths of the study included the large sample and acceptable reliability of the instruments used.

Brancato (2007) attempted to answer questions about what empowering teaching behaviors baccalaureate nursing faculty used, what their perceptions were about their sense of their own psychological (individual) empowerment and what the relationships were among the perceptions of nursing faculty’s psychological empowerment, selected
demographic characteristics, and use of empowering teaching behaviors. Using multistage cluster sampling, deans and directors of 598 accredited baccalaureate nursing programs across the United States were approached for faculty names. After approval was received from 182 of them, 706 surveys were mailed of which 531 (75%) were completed and returned for data analysis. Empowerment was measured with Spreitzer’s (1995) PES. Cronbach’s alpha reliability coefficient for a small (N = 10) pilot study was 0.94 for the pretest and 0.93 for the posttest administration. The test-retest reliability was 0.88 (Brancato, 2007). Results showed impact was rated the lowest by respondents of the four empowerment subscales (meaning, competence, self-determination, impact). Nearly 25% or 130 of the respondents reported feeling less psychologically empowered on the impact subscale, indicating faculty were perceived to have little influence on decisions made about their programs (Brancato, 2007).

Wiens et al. (2014) conducted a qualitative, descriptive study of eight clinical nursing instructors in Ontario, Canada to explore how clinical instructors described their perceptions about the components of structural empowerment (formal and informal power, opportunity, information, support, resources) and psychological empowerment (meaning, confidence, autonomy, impact) within academic nursing environments. Thematic data analysis revealed the structural empowerment component of support and the psychological empowerment component of confidence were key priorities for participants. On the downside, seven of the eight clinical instructors described how disconnected they felt from academic faculty and program goals (Wiens et al., 2014).

With the significant nursing faculty shortage in the United States and other countries, research that focuses on factors that contribute to nurse educators feeling
disempowered, unsupported, burned out, and dissatisfied, must continue. Furthermore, program administrators cannot expect nurse educators to create empowering learning environments for students if they themselves do not feel empowered. It stands to reason that the more empowered nursing faculty feel, the greater the likelihood they will create a more empowering learning environment for students.

Friend and Sieloff (2018) conducted a literature review of empowerment in relation to nursing practice, education, and research. The concept of empowerment was found to have an overwhelmingly positive connotation in the literature. Although nursing has readily embraced empowerment as a concept relevant to the profession, it has based the construction of nurse empowerment primarily on organizational antecedents. This has led to the misconception that nurse empowerment occurs solely at a group level. Such a view of nurse empowerment neglects to consider the complex interactions between the different levels of empowerment (Rao, 2012). The resulting gap necessitated further investigation of the interactions between levels of nurse empowerment including the origin of nurse empowerment found in prelicensure nursing programs (Campbell, 2003).

**Empowerment in the Learning Environment**

As a goal or outcome, empowerment acts at the individual level to increase self-knowledge and self-efficacy, which is a premise of particular importance to educators (Lincoln et al., 2002). The paradigm shift that had occurred with regard to individual empowerment in business organizations was found to apply to learning organizations as well. Just as business organizations needed to meet the societal needs of the 21st century, so did institutions of higher learning. Teachers must do a better job of preparing
individuals to succeed in today’s classrooms and adapt to their future, professional environment (Frymier & Shulman, 1994).

Freire (2000) famously described education as a system that historically suppressed the critical consciousness of students. He added that “liberating education consists in acts of cognition, not transfers of information” (Freire, 2000, p. 79). Nursing education continues to struggle with the reputation of being dominated by traditional, teacher-focused pedagogical approaches and content-driven curricula (Benner, Sutphen, Leonard, & Day, 2010; Hills & Watson, 2011). Espeland and Shanta (2001) urged teachers not to confuse enabling with empowering. Enabling tends to perpetuate dependent behaviors. When teachers organize and decide the information that is important without student input, they become enablers by stifling student feedback and, in a sense, discourage students from asking critical questions and perpetuate the sense of oppression and powerlessness (Espeland & Shanta, 2001; Freire, 2000).

Freire (2000) advocated for problem-posing education where students are encouraged to engage in critical thinking through dialogical relations between teacher and student. He claimed dialogue is a quintessential human phenomenon and “an existential necessity” (Freire, 2000, p. 88). According to Freire, at the core of dialogue is the word. He believed educators tended to rob students of their own words (i.e., voice) by engaging in educational activities that were anti-dialogical and noncommunicative. Prominent nurse scholars and educators agreed with Freire’s premise and since the 1980s have written about the need for nursing education curricula to move toward a more transformative and emancipatory pedagogy. Graduates from such programs are believed to be better prepared to make a greater difference in the complex, ever-changing
healthcare system of the future (Benner et al., 2010; Bevis & Murray, 1990; Bevis & Watson, 1989; Espeland & Shanta, 2001; Hawks, 1992; Hills & Watson, 2011).

Frymier et al. (1996) further built on that premise by theorizing communication between teacher and student might be the primary factor affecting an individual’s sense of empowerment. Certain factors must exist in order for students to feel empowered. One of those factors is open communication that flows freely between teacher and students. Effective communication and interpersonal skills support a foundation of trust and respect in the learning environment, supporting the empowerment of students (Espeland & Shanta, 2001; Hawks, 1992).

Learner empowerment implies the learner is intimately involved in the learning process and a connection exists between student empowerment and learning. Frymier et al. (1996) further differentiated between intrinsic or trait motivation versus situation-specific or state motivation and hypothesized that empowerment is an outcome variable from state motivation. State motivation is based on classroom experiences that support students’ desire to learn and acquire knowledge in a specific class or content area. Research has shown students who are intrinsically motivated achieve better academic outcomes and tend to be more persistent in their program of study when experiencing academic challenges.

Khalaila (2015) conducted a descriptive-correlational study of 170 undergraduate nursing students in Israel to investigate the direct and/or indirect effects of academic self-concept on academic achievement and whether intrinsic motivation moderated the negative effect of test anxiety on academic achievement. Test anxiety is a common phenomenon experienced by nursing students and is frequently related to the high-stakes
tests used in many prelicensure nursing programs (Oermann & Gaberson, 2017). The 28-item Academic Motivation Scale (Vallerland et al., 1992) was used to assess three motivational orientations: intrinsic motivation, extrinsic motivation, and amotivation. In this study, Khalaila used only the 12-item Intrinsic Academic Motivation subscale of the Academic Motivation Scale. Internal consistency reliability of the scale was examined (pretest and posttest) using Cronbach's alpha. The pilot pretest/posttest of the Intrinsic Academic Motivation scale yielded an acceptable alpha of 0.80 and the study reliability analysis also yielded a high α of 0.85 (Khalaila, 2015). Results showed test anxiety was negatively correlated with academic motivation. Moderation analysis with bootstrapping was performed to assess whether intrinsic motivation interacted with test anxiety to predict academic achievement, controlling for students’ gender, ethnicity, and academic self-concept. The overall regression was statistically significant, \( F(170) = 80.06, p < .001 \), with 69% of the academic achievement variance being explained. The result demonstrated academic achievement was significantly related to academic motivation \([B = 0.77, t(110) = 4.8, p < 0.001]\), test anxiety \([B = -1.1, t(110) = -1.6, p < 0.05]\), and to test anxiety–motivation interaction \([B = 0.38, t(110) = 2.0, p < 0.05]\) in this sample (Khalaila, 2015, p. 436).

All organizations, be they business, governmental or educational, share common characteristics and processes. Teachers are viewed as “managers of the classroom” (Frymier et al., 1996, p. 182), yielding various types of power to direct and guide students’ behavior. Freire (2000) used the metaphor of a banking system in his description of traditional, oppressive pedagogy. In that kind of system, educators use teacher-focused approaches and merely make deposits of information into the mind of
students. That approach thwarts students’ sense of critical inquiry and empowerment—two essential attributes for nursing students to develop. Hence, the concept of intrinsic task motivation or individual empowerment became quite applicable to nurses in training. When nurse educators motivate, excite, and empower their students to take ownership of their learning, everyone benefits (Hawks, 1992).

**Teacher Behaviors**

Learner empowerment has been classified as a state phenomenon that derives primarily from situational factors such as the quality of interpersonal relationships (Frymier et al., 1996; Hawks, 1992). In the learning environment, students establish relationships with peers as well as with teachers. Although both types have been found to influence learning, the relationship between teacher and student was of particular interest to this study. Studies have shown students believe a successful relationship with their teacher is dependent on teacher ability (or inability) to communicate successfully with students (Finn & Schrodt, 2012; Frymier et al., 1996).

Houser and Frymier (2009) conducted a quantitative study to test the hypothesized effects of student temperament and learning orientation on student empowerment when compared to teacher behaviors such as nonverbal immediacy and clarity. Because individual temperament has been shown to manifest itself through communication, the authors concluded it would be likely to also influence how students experienced the classroom environment. Temperament was operationalized as three categories: extroverted (sociable and assertive), neurotic (anxious and emotional), and psychotic (aggressive and antisocial). Learner orientation was defined as either a primary focus on learning or grades. Learning-oriented students were found to respond
differently to teachers in the learning environment and were, therefore, thought to have different perceptions of their empowerment (Houser & Frymier, 2009).

Students \((n = 397)\) were recruited from two public universities, exceeding the needed sample of 150 subjects to detect medium size effects (Houser & Frymier, 2009). Data were collected via an electronic survey. The measures (no titles of instruments provided) used for the three temperament categories demonstrated alpha reliabilities of .78, .82, and .65, respectively. The 32-item LOGO II scale was used to measure learning orientation (alpha reliability of .73) versus grade orientation (alpha reliability of .72). Frymier et al.’s (1996) three-dimensional (meaningfulness, impact, competence) Learner Empowerment Measure was used to determine perceived student empowerment. The total measure was reliable with an alpha of .95 (Houser & Frymier, 2009).

Multiple regression analyses indicated no relationship between temperament and meaningfulness, \(F(3, 396) = .50, p = .68\), and impact, \(F(3, 396) = 2.39, p = .07\), but did show a significant relationship, \(F(3, 396) = 5.73, R^2 = .04, p < .01\) with the competence dimension of empowerment (Houser & Frymier, 2009). Learning orientation \((\beta = .13)\) and grade orientation \((\beta = .16)\) proved to be significant predictors of empowerment, showing that students who were learning-oriented reported higher perceptions of empowerment. Despite those results, further hierarchal regression analyses showed teacher behaviors, especially clarity, accounted for more variance in students’ feelings of empowerment than the students’ characteristics examined in the study (Houser & Frymier, 2009).

These findings supported previous research that learner empowerment is impacted by teacher behaviors (Houser & Frymier, 2009). When teachers are clear through
stressing important points, using visual aids, and providing examples for clarification, students appear to feel more competent to perform the tasks. Students also seem to perceive class activities and content as more meaningful when they understand what is going on. Students feel more comfortable to approach a highly immediate teachers, supporting the perception of having more influence (impact) in the classroom (Houser & Frymier, 2009).

**Immediacy.** Teacher immediacy is a critical component of communication in the learning environment. Immediacy describes verbal and nonverbal behaviors that convey warmth, psychological closeness, and positive affect for another person (Andersen, 2009). Teacher immediacy also means the openness and availability to communicate with students and has been reported to positively affect motivation to learn and student empowerment, both directly and indirectly (Cakir, 2015; DellAntonio, 2017; Espeland & Shanta, 2001; Finn & Schrodt, 2012; Frymier et al., 1996; Frymier & Houser, 2000; Frymier & Shulman, 1994; Houser & Frymier, 2009).

Frymier and Houser (2000) conducted a two-part study to investigate what students' perceptions were of the importance of teacher communication skills and immediacy behaviors, if there were gender differences in those perceptions, and what the possible relationship was between students' perceptions and their motivation and learning.

Overall, 93 students were recruited from a medium sized Midwestern university and directed to indicate how important, in their opinion, eight communication skills and verbal and nonverbal immediacy behaviors were to good teaching (Frymier & Houser, 2000). Communication skills were measured using the Communication Function
Questionnaire, which consists of 31 items assessing the importance of eight different skills using a 7-point Likert scale anchored by Very important and Very unimportant. Nonverbal immediacy was measured with an eight-item scale developed by Richmond et al. (cited in Frymier & Houser, 2000), and verbal immediacy was measured with a 15-item scale developed by Gorham (cited in Frymier & Houser, 2000). Scale reliability data from previous research were mentioned but details were not included in the article.

The measure for immediacy included items for rating the importance of teacher behaviors such as looking at the class while talking, moving around the classroom while teaching, and smiling at individual students in the class (Frymier & Houser, 2000). Verbal immediacy items identified teacher behaviors such as asking questions or encouraging students to talk, addressing students by name, and asking how students felt about an assignment, due date, or discussion topic (Frymier & Houser, 2000, p. 211). Verbal and nonverbal immediacy scores had means that indicated whether students felt these behaviors were more important than unimportant. Female students consistently rated communications skills and immediacy behaviors as more important than did male students (Frymier & Houser, 2000). This was an important finding for nursing education, considering nursing students continue to be overwhelmingly female.

The study also showed that students found two specific teacher communication skills as most important: referential skill and ego support (Frymier & Houser, 2000). Students need to understand instructional goals and learning objectives but when they do not, they can experience frustration and uncertainty because they do not know what is expected of them. Referential skill refers to the teacher explaining things clearly and facilitating understanding. Clarifying challenging topics and concepts could help reduce
feelings of uncertainty. Ego support involves teacher behaviors that help students feel
good about themselves and in control of their environment (Frymier & Houser, 2000).
Results of a study by Finn and Schrodt (2012) further supported the findings of Frymier
and Houser (2000). Results showed perceptions about teacher clarity and nonverbal
immediacy of first-year, undergraduate students ($N = 261$) enrolled in a basic
communication course at a private university positively predicted all three dimensions of
learner empowerment. Using the Learner Empowerment Measure (LEM; Frymier et al.,
1996) to measure empowerment ($\alpha = 0.95$), nonverbal teacher immediacy predicted 48%
of variance in the model (Finn & Schrodt, 2012).

Teacher immediacy is not only important in Western education settings as a study
by Cakir (2015) demonstrated. In a sample of preservice teachers ($n = 329$) at a public
university in Turkey, regression analyses showed teacher immediacy accounted for a
significant variance in student empowerment (meaningfulness 54.1%, impact 27.3%,
competence 17.3%). The meaningfulness dimension of empowerment showed the
highest variance, supporting the notion that positive teacher behaviors influenced
students’ perception of the learning environment as meaningful and contributing to their
sense of empowerment.

What about the virtual classroom or learning environment? In nursing education,
many, if not most, post-licensure programs have moved to distance or online education
delivery systems. Online students have reported they often felt detached and disengaged
in the online classroom. Online and distance-learning nursing programs are also
experiencing challenges with attrition, thus highlighting the importance of examining
contributing factors in that setting as well (DellAntonio, 2017). In a small study of 107
online RN-to-Bachelor of Science in Nursing (BSN) students at a rural Pennsylvania university, instructor immediacy as measured by the 11-item Corona Immediacy Survey, correlated positively with retention ($r = .79, p < .01$). The scale used in the study consisted of three subscales with items about words of approval (praise), providing examples, and words of encouragement (support). One interesting finding of the study was 65.2% ($n = 70$) of participants were first-generation college students who found encouragement (words of support) more important than praise (words of approval) (DellAntonio, 2017).

In a somewhat dated, yet still relevant study, Ledwell, Andrusyszyn, and Iwasiw (2006) interviewed seven distance education nursing students in Canada to explore if their experiences in a distance education program aligned with Kanter’s (1993) theory of structural empowerment. In audiotaped telephone interviews, the participants were asked to describe what the term empowering learning environment meant to them. Thematic analysis of the data revealed students greatly valued the accessibility and flexibility of the distance education program. When students were unable to access resources, such as grades for example, students felt frustrated and powerless. These experiences were supported by the constructs in Kanter’s theory of empowering environments (Ledwell et al., 2006).

As previously mentioned, online/distance programs have become ubiquitous in nursing education. Students who are enrolled in a distance education program must learn how to navigate a different environment than students in traditional face-to-face programs. Within the context of student empowerment, teachers in those settings must recognize the added complexities to teaching in that setting. Students are drawn to such
programs because they appreciate the freedom and ability to incorporate educational goals with family and work responsibilities. However, distance-learning students still look for instructor presence in the course. Lack of instructors’ participation and guidance in discussion forums and group projects could lead to student frustration, disappointment, and the decision to withdraw (DellAntonio, 2017; Ledwell et al., 2006).

**Pedagogical approaches.** As much as teachers would like to guarantee their students will learn in their classrooms, it is ultimately up to each individual student to decide whether to learn or not. Unfortunately, students often enter college classrooms too dependent on extrinsic motivation to learn. This requires teachers who prescribe to empowering their students to help them think and feel about their learning differently. Learner-centered teachers can accomplish this by using teaching strategies that give students more responsibility and control over the learning process, thus enhancing their autonomy and empowerment (Weimer, 2013).

Problem-based learning (PBL) is a well-recognized teaching strategy in nursing education. Problem-based learning differs from the traditional, didactic lecture format in that students are more active in the learning environment through small group work and frequent discussions. Siu, Laschinger, and Vingilis (2005) conducted a descriptive, correlational study to test their hypothesis that final year baccalaureate nursing students in an Ontario nursing program that used PBL had a higher perception of individual empowerment, measured by an adaptation of Spreitzer’s (1995) PES, than students who were in a conventional lecture learning program at a different Canadian university. Cronbach alpha reliability for the scale in the PBL program was 0.87 and 0.86 in the conventional lecture learning program. A total of 108 students participated. Analysis of
covariance showed students in the PBL program were significantly more psychologically empowered than their counterparts in a conventional lecture learning program ($t = 3.74, p = .001$). Additional findings included data from PBL students about “more exposure to small group learning, self-directed work, [and] interactions with their teacher as a facilitator rather than an information provider (Siu et al., 2005, p. 464).

Results from the Siu et al. (2005) study supported the argument that a more learner-focused pedagogical approach such as PBL created an empowering learning environment. Hassi and Laursen (2015) saw similar results in the qualitative portion of a mixed-methods study that explored the perceptions of undergraduate mathematics students about inquiry-based learning. Inquiry-based learning in this study included students analyzing deliberately ill-structured, complex problems and coming up with a solution. The work was primarily done in small groups, followed by students presenting their problem solution to their peers. A total of 41 interviews were conducted of 68 students who had taken the IBL mathematics course. The majority of students reported they felt more personally engaged and capable of learning mathematics. Furthermore, students’ increased self-reflection and persistence in solving problems seemed to transfer to other classes and learning in general including in everyday life (Hassi & Laursen, 2015). Both studies aligned with Freire’s (2000) theory of education as a problem-posing enterprise in which, through dialogue, action, and reflection on problems of the world, students became critical thinkers and more empowered.

**The classroom milieu.** The concept of shared power was supported by Freire’s (2000) view that pedagogy must be forged with, not for students, and must also be considered in the context of individual learner empowerment. Kirk et al. (2016)
conducted a study with high school students \((n = 381)\) from five schools in the midwestern United States to test three classroom-specific indicators—teacher-student relationship, equitable roles, and a sense of community in the classroom—after controlling for demographic indicators including age, gender, and race-ethnicity. Using hierarchical linear regression analysis, only demographic predictors were included in the first step. Results showed demographic predictors accounted for less than 6% of the variance in intrapersonal empowerment \((r^2 = .06, \text{adjusted } r^2 = .04)\). Among the predictors in this model, only gender was significant \((b = -2.78, p < .001)\), indicating female students in the sample perceived greater individual empowerment. After adding the classroom characteristics in the second step, the model greatly improved, predicting over 40% of the variance in individual student empowerment \((r^2 = .42, \text{adjusted } r^2 = .40, r^2 \text{ change } = .37)\). The analysis indicated classroom characteristics predicted student empowerment significantly above and beyond the demographic factors (Kirk et al., 2016, p. 592).

Findings of a qualitative study involving postgraduate mathematics students in South Africa also supported the concept of shared power in the classroom as an empowering pedagogical approach (Naidoo, 2015). Seventeen mathematics teachers described creative teaching strategies they had implemented to create a classroom free of social bias and with equitable distribution of often limited resources. Several of the teachers shared power with students by assigning important roles such as the monitor of resources, group leader, and class representative. Several allowed students to take resources home with them and articulate their knowledge in the language of their choice.
while others implemented the use of a mathematics dictionary, journal writing, and student presentations to help with language acquisition (Naidoo, 2015).

Classroom participation has also received attention concerning individual empowerment. Teachers in Western education settings tend to hold stereotypical beliefs about particular groups of CALD students. For example, Asian learners are often considered passive and reluctant to speak up in the classroom (Mack, 2012). With the increasing number of CALD students in nursing education, nurse educators need to examine if their classroom environment implicitly rewards more vocal students. Research suggested linguistic skill impacted students’ choice to speak or not and the degree of oral participation influenced feelings of empowerment or powerlessness (Mack, 2012).

Clinical settings. Nursing students spend a significant amount of time in clinical settings where the issue of power in the teacher-student relationship also comes into play. In the first of three published studies on nursing students and empowerment, Bradbury-Jones et al. (2007) aimed to explore what empowerment meant to nursing students during their clinical experiences. In the British nursing education system at that time, students spent 50% of time in class at the university and 50% of their learning occurred in practice settings. When in practice, the students were supervised by a registered nurse mentor who receive training for that role (Bradbury-Jones et al., 2007). Participants \((n = 66)\) were asked to submit written descriptions of a critical incident during clinical where the student felt empowered and one that made the student feel disempowered. A total of 109 critical incidents were collected and analyzed using inductive classification and development of categories. To support rigor of the data analysis, the researcher
maintained a reflexive journal, met regularly with the other researchers to track decisions made throughout the study, and reached consensus as a group on the data classification and categories. Three categories emerged: (a) learning in practice, (b) team membership, and (c) power (Bradbury-Jones et al., 2007). Students experienced a sense of power or empowerment when they were able to establish a good relationship with the staff and felt respected as an equal adult. Feeling respected included being able to challenge instances of poor or erroneous practice without being chastised due to their student status. When staff responded in a positive, even appreciative way, students felt particularly empowered. When staff responded in an unfriendly and antagonistic manner, students felt disempowered and discouraged. Those incidents left students feeling powerless and having no voice to advocate for their patients (Bradbury-Jones et al., 2007).

In another study, Bradbury-Jones et al. (2011) focused on being valued as a person, learner, and team member during clinical and the relationship to students’ perceptions of empowerment. Thirteen first-year, purposively-selected nursing students participated in in-depth, semi-structured interviews. Many participants described how a supportive clinical environment made them feel significantly empowered but not all participants had positive experiences. Some participants expressed feeling being used as a pair of hands, which made them feel devalued as a person and learner. One student used the term bullied, highlighting the problem with lateral violence or incivility in nursing.

Chan, Tong, and Henderson (2017) recruited 51 students from a nursing school in Hong Kong, China to explore nursing students' perceptions of the power dynamics in the teacher-student relationship during their clinical rotation. Data analysis of the seven
focus groups resulted in three main themes: the meaning of power to students, power dynamics desired by students, and students’ desire for an enhanced clinical learning experience. Students generally agreed that the teacher should have more power than students because they considered this expert power to provide a safety net for them by preventing them from making mistakes or harming patients. When describing desired power dynamics with their teacher, students used metaphors such as master-apprentice, fisherman-fishing net, and siblings (Chan et al., 2017, p. 176). To enhance their clinical learning experience, students voiced their preference for patience by their teacher and provision of constructive feedback about their performance. Students expressed that how the teacher treated patients and the kind of attitude (i.e., caring) exhibited toward them positively influenced the relationship with their teacher.

Other health profession students have reported similar experiences. Baird, Bracken, and Grierson (2016) completed a correlational study with medical students \((n = 208)\) in Canada and found the type of power used by preceptors was associated with students’ perceptions of individual empowerment as measured by the LEM by Frymier et al. (1996). Baird et al. did not mention reliability data for the LEM in this study. Correlational analyses confirmed preceptor use of positive types of power (reward, referent, and expert) was associated with increased perceptions of individual empowerment. The analyses also showed student empowerment was decreased when preceptors were perceived to use negative types of power (legitimate or coercive) with their students (Baird et al., 2016).

Janighorban, Yamani, and Yousefi (2016), a group of Iranian nurse educators and midwives, conducted an exploratory, qualitative study of facilitators and impediment
factors on student empowerment. Fifteen nursing and midwifery students at an Iranian university participated. Data showed students preferred multiple opportunities in a variety of settings to acquire clinical knowledge and improve their clinical skills, which increased their self-confidence and made them feel more empowered to provide quality pregnancy and delivery care.

Ewertsson, Bagga-Gupta, Allvin, and Blomberg (2017) recruited 17 nursing students to participate in an ethnographic study at an emergency department in a university hospital in Sweden. The study’s focus was on tensions in learning professional identities during students’ clinical rotation. Participants were observed for the different approaches they took in handling the hierarchy found in the clinical setting. This hierarchy placed them in a position of situated power that at times required them to adapt to the practices of their preceptor even if that practice was poor and was carried out differently from how they had been taught.

Another study by Bradbury-Jones et al. (2010) consisted of a longitudinal, phenomenological design to explore the changing nature of empowerment while in nursing school. Participants (n = 13) were interviewed annually as they moved through the university nursing program from the first year to the final (third) year of the program. The interviews focused solely on clinical experiences. First-year interviews revealed that having knowledge, confidence, and being valued as a learner were described as essential elements of empowerment. Bradbury-Jones et al. described those as intrinsic influences on student empowerment. Second and final year interviews confirmed that knowledge and confidence remained important as students moved through the program. Being valued as a learner, team member, and person by staff in the clinical environment was
identified as very impactful on empowerment. When students were given a legitimate place in the care team, their sense of empowerment increased. But external factors such as the clinical environment with existing structural and organizational factors constituted an additional external sphere of influence on students’ sense of empowerment. One participant told of the careful strategies the student had to use in negotiating the power structures in the clinical setting (Bradbury-Jones et al., 2010).

Research has shown that students’ learning experiences in the clinical environment are not solely dependent on interactions with staff and preceptors but are additionally influenced by their teachers’ behaviors that involved trust, understanding, caring, interaction, and clear guidance (Chan et al., 2017). Providing positive and constructive feedback, treating students as equals, and being a role model are empowering behaviors nurse educators should implement in all settings, not just clinical.

The experience of individual empowerment students had in school influences their sense of empowerment when entering the workforce. Law and Chan (2015) conducted a narrative inquiry study with 18 new graduate nurses in Hong Kong, China, to explore how new graduate nurses learned to speak up in practice. The authors considered ‘speaking up’ an ethic of care and necessary in a culture of patient safety. Learning to speak up is an important component of the initial stages of professional identity development for nurses. Unfortunately, participants described a practice environment in which power differentials prevailed and someone in authority such as a preceptor, more experienced nurse, or physician did not listen to them and, in some instances, outrightly refused to hear them. That experience left new graduate nurses feeling powerless and eventually led them to seek a different position (Law & Chan, 2015). Since learning to
speak up is a continuous process, such early mis-educative experiences would work against new graduate nurses developing the needed confidence and sense of empowerment to challenge those authority figures to advocate for their patients or themselves. Students who graduated with a higher sense of individual empowerment were more likely to speak up for themselves and their patients when they entered clinical practice, thus contributing to patient safety and better health outcomes (Law & Chan, 2015).

The evidence amplified the existence of a strong relationship between the type of power perceived to be employed by clinical preceptors and the degree of empowerment felt by students (Law & Chan, 2015). The practicum or clinical experiences that nursing students are required to complete and the clinical settings where they occur constitute a critical learning environment for every prelicensure nursing student. In relation to empowerment, the literature showed those clinical experiences could be educative and supportive but too often included mis-educative, demoralizing, and disempowering events for nursing students. Clinical faculty need to be aware of external factors that affect student empowerment. Clinical settings and nurses that students encounter and work with could vary greatly and it is important for clinical faculty to remain on the lookout for disempowering experiences. Instructors must appropriately supervise students during clinical, seek out staff to work with students who exhibit positive and mentoring behaviors, and engage in meaningful debriefing after the clinical experience that should include discussion of empowering or disempowering incidents.

**Types of teacher power.** A number of studies on individual empowerment focused on the type of power used by teachers as either a direct or mediating variable on
learner empowerment. Teacher power was commonly described as either pro- or antisocial (Goodboy, Bolkan, Myers, & Zhao, 2011). Prosocial power included reward, referent, and expert power. When a teacher exuded knowledge and subject expertise, he or she was perceived as having expert power. When students experienced an interpersonal affinity to their teacher, the teacher was believed to use referent power. Reward power came from students’ perceptions that they would receive positive benefits or rewards from their teacher. Legitimate and coercive powers were more frequently perceived as antisocial types of power that negatively influenced students’ empowerment (Goodboy et al., 2011; Schrodt et al., 2008).

Coercive power was found to contribute negatively to self-perceived empowerment of all types of students but in particular of CALD students. Using a sequential explanatory mixed methods design, Diaz et al. (2016) sampled students (N = 1,213) from 53 undergraduate classes at a mid-sized university to investigate how English language learners’ (ELL) perceptions of teacher power related to their self-perceptions of empowerment. Empowerment was measured with the LEM (Frymier et al., 1996) and teacher power use with the Teacher Power Use Survey. Reliability data for the two measures were not included. Integration of qualitative and quantitative results showed ELL students perceived significantly higher levels of coercive power being used. When teachers communicated threats of punishment or exclusion to force conformity (antisocial power), ELLs’ sense of empowerment in the classroom was negatively impacted (Diaz et al., 2016). It is important to note that cultural variations exist in the interpretation of teacher power by students. In some cultures, a teacher’s legitimate power that is based on their position (and expertise) can be perceived as positive and
beneficial rather than antisocial, therefore having less of an impact on perceived student empowerment (Chan et al., 2017; Goodboy et al., 2011).

When teachers exert too much control (i.e., antisocial power) over the learning of students, they create dependent learners who are less intrinsically motivated to learn (Weimer, 2013). In an empowered classroom, the teacher who shares power with students in effect changes the power balance. When responsibly sharing power with students, teachers create a positive classroom environment, a stronger sense of community, and atmosphere that the “class belongs to everybody” (Weimer, 2013, p. 97). Evidence has shown that, in general, an empowering learning environment at any educational level is characterized by a sense of community, meaningful student-teacher relationships, power equity between teacher and students, and quality learning activities (Jafar, 2016; Weimer, 2013).

**Student Factors/Attributes**

In the previous section, evidence was presented that focused on how teacher behaviors influenced student empowerment. However, according to the conceptual model by Thomas and Velthouse (1990), individual empowerment results from both situational, environmental factors and student characteristics or attributes. Findings of research focused on personal student attributes or characteristics and their association with individual empowerment and closely related concepts have yielded mixed results.

**Age and gender.** Student factors found in the literature review to predict or affect individual empowerment included demographic attributes such as age and gender. But those findings have been inconsistent (Pitt et al., 2012). Several reviewed studies that tested the potential effects of age and/or gender on individual empowerment found
no significant relationship (Mailloux, 2006; Pines et al., 2014; Pitt et al., 2012). On the other hand, some found age and/or gender did in fact influence perceived individual empowerment (Ibrahim, 2011; Kirk et al., 2016). While two articles found male and younger students were more likely to leave the nursing program (Eick et al., 2012; Pitt et al., 2012), another study found female students had lower intention scores to remain in the program and an increase in student age correlated to a decrease in intention to complete the nursing program (Evans, 2013). Khalaila (2015) discovered that gender had a statistically significant effect on academic achievement ($B = -2.3; F(170) = -1.45, p < .05$) with female nursing students performing better academically than male nursing students.

Gender differences in academic performance of nursing students in a Malaysian university were the focus of a prospective, correlational study by Wan Chik et al. (2012). Using regression analysis, gender was the only significant predictor of academic performance ($\beta = -0.44, p < 0.001$) when controlling for age, English and Malay language usage, and professional identity. Gender and the other four control variables accounted for about 18% of the variance in academic performance as measured by students’ grade point average (GPA). Three standardized measures were used that had acceptable Cronbach alphas in the study: (a) English Language Acculturation Scale (ELAS; $\alpha = 0.69$); (b) Malay Language Acculturation Scale ($\alpha = 0.83$); and (c) the nine-item Macleod Clark Professional Identity Scale ($\alpha = 74$). A noteworthy finding of this study was although male students had a lower mean ELAS score (9.9) than their female counterparts (ELAS 10.9), it did not correlate to their academic performance. That
finding stood in contrast to other research that showed English language usage predicted academic performance in nursing students (Denham et al., 2018).

Enrollment data for prelicensure nursing programs published by the NLN (2018a) showed that in 2015-2016, 75% of prelicensure BSN students were under 25 years of age while only 37.4% of Associate Degree in Nursing (ADN) students were under 25. The gap widened even further for the 31-40 age range with 25.4% of ADN students versus a mere 8.7% of BSN students falling into that older age range (NLN, 2018a). These demographic differences in the ADN and BSN student populations clearly indicated a need for the inclusion of age and gender in studies on nursing student empowerment.

**Ethnicity.** Research has consistently shown that non-White health profession students experience antagonistic situations in the learning environment related to their minority status. Some ethnically diverse students who were also non-native English speakers attributed their academic difficulties more to discrimination and stereotyping than language difficulties (Pitt et al., 2012). Findings of discrimination, stereotyping, marginalization, and exclusion of CALD students were pervasive throughout the reviewed literature. Perceived negative connotations associated with their minority ethnic or cultural demographic contributed to feelings of isolation, not belonging, stress, fear, and self-doubt (Clary Muronda, 2016; McKenna, Robinson, Penman, & Hills, 2017; Sedgwick, Oosterbroek, & Ponomar, 2014; Young-Brice, Dreifuerst, & Buseh, 2018). Englund (2018) found both male and female racial/ethnic minority students scored significantly higher ($t (329) = -9.9, p < .001$) on the Koci Marginality Index 70 (KMI-70) than nonminority students. The KMI-70 was found to have strong internal consistency reliability in a pilot test ($\alpha = .948$) and in the study ($\alpha = .954$). Being a non-native
English speaker also contributed to a significantly higher feeling of marginalization as measured by the KMI-70 ($t (329) = -2.4, p < .037$; Englund, 2018).

In another study, CALD nursing students described how it was very stressful for them to adapt to the cultural differences in both academic and clinical settings (Mikkonen et al., 2016). Feelings of isolation were particularly strong in the beginning of their studies and students lamented about the fact that they did not receive enough time to adjust. Additionally, some participants expressed a fear of compromising their own cultural values while learning how to provide culturally-competent care to patients (Mikkonen et al., 2016). Those type of disempowering experiences made CALD students feel as if they did not belong or were not capable of becoming nurses,

The discouraging findings described above are not congruent with the concept of individual empowerment. Furthermore, they go directly against the American Nurses Association’s (2018) edict that discrimination has no place in nursing. It seems hypocritical when nurse educators expect students to provide non-discriminatory and culturally-appropriate care while CALD students continue to experience discrimination and racism from faculty, peers, and clinical staff and nurses.

Nurse educators are responsible for establishing a culturally congruent and empowering learning environment throughout the curriculum. Feelings of belonging have been identified as significant predictors of student empowerment (Brunton & Jeffrey, 2014). Cultural imperialism, institutional racism, and oppression that continue to exist in nursing education must be eradicated if we hope to graduate more diverse nurses (Clary Muronda, 2016; Greenberg, 2013). The American Association of Colleges of Nursing (AACN, 2017) urged academic leaders and faculty to
examine any unconscious and conscious biases that may undermine efforts to enhance diversity, inclusion, and equity, including the use of everyday verbal, nonverbal, intentional or non-intentional messages which devalue the perspectives, experiences, and/or feelings of individuals or groups. (p. 2)

**Language proficiency.** Culturally and linguistically diverse students in nursing and other health professions face a dual challenge. Many of them are learning complex, discipline-specific content through the language of instruction while still learning the language of instruction itself. Communicative competence, a vital aspect of nursing practice, depends not only on English proficiency but on proficiency in the technical language of health care as well.

Crawford and Candlin (2013) used an action research approach to investigate the language needs of CALD nursing students at a university in Australia. Eight second- and third-year baccalaureate nursing students who had a primary language other than English agreed to participate. The study progressed through iterative cycles of planning, action, observation, and reflection. Data were collected using semi-structured interviews and reflective journals after an English language support program had been implemented. Three themes emerged: English language program content, timetabling, and teacher delivery (Crawford & Candlin, 2013, p. 798). The findings validated previous research that CALD students tended to have difficulty with academic writing, listening, and speaking skills including difficulties understanding medical terminology, particularly during handover of patients at the change of shift. Participants suggested ongoing exposure to discipline-specific language and context in addition to the English language support program could help with development of clinical communication skills. Time
constraints and competing demands (timetabling) were cited by participants as main barriers to attending English language classes or improving their English skills in general (Crawford & Candlin, 2013).

In a mixed-methods parallel study comparing the perceptions of diverse nursing students ($n = 13$) and nurse educators ($n = 22$) regarding the learning environment in a baccalaureate nursing program, Fuller and Mott-Smith (2017) found noteworthy differences among their perspectives. Data about students’ perceptions were collected with three semi-structured focus group interviews of three to five students each. The nurse educators completed a researcher-developed survey (Fuller, as cited by Fuller & Mott-Smith, 2017) that asked questions related to demographics, nurse educator beliefs and observations regarding teaching CALD nursing students, and instructional strategies. No prior or current validity or reliability information about the survey were mentioned. Students described how they felt relationships with faculty and classmates were a much bigger challenge than language. Students’ descriptions about difficulties of connecting with faculty stood in stark contrast to faculty responses that indicated they believed they were open and available to students. Students also identified they did not form relationships with non-CALD students, which they felt created an additional barrier to their academic success. Culturally and linguistically diverse students perceived the classroom environment as segregated while faculty members claimed to use inclusive pedagogical approaches and were unaware of the exclusionary atmosphere in their classrooms (Fuller & Mott-Smith, 2017).

A qualitative, descriptive study by Henderson et al. (2016) explored the experiences with intercultural communication challenges of clinical nurses, nursing
faculty, and student nurses. The purposive sample was drawn from a tertiary hospital and baccalaureate nursing program in Australia. The final sample consisted of staff nurses \((n = 5)\), clinical facilitators/preceptors \((n = 19)\), nurse educators \((n = 7)\), and 10 student nurses who were all in their final year (Henderson et al., 2016). Data were collected through three separate focus groups (one each with clinical nurses, clinical facilitators, and nursing students) using a meaningful conversation style of interviewing. The nursing faculty participants were interviewed over the phone. All participants were asked to describe challenging intercultural situations they had experienced in their clinical practice or in the classroom. Using qualitative content analysis, four categories were culled from the data: prejudice based on cultural diversity, unfamiliarity with cultural boundaries, stereotyping cultural behaviors, and difficulty understanding English, especially Australian colloquialism. Culturally and linguistically diverse student participants described how having an accent or not comprehending Australian colloquialism had negatively impacted their learning. Furthermore, participants explained how they went out of their way to normalize their cultural behavior and communication style so others, including patients, were less likely to misinterpret them (Henderson et al., 2016).

Koch et al. (2014) conducted a mixed methods study of baccalaureate nursing students \((N = 704)\) and nursing faculty \((N = 165)\), also set in Australia, that explored how diversity characteristics influenced students’ clinical experiences. Results were similar to Henderson et al.’s (2016) study. Participants reported how being considered different presented difficulties that varied from unacceptable comments to overt racism and ageism. Student participants who spoke English-as-a-second language described how they were not offered the same learning opportunities in the clinical setting and in some
cases felt they were being avoided by the nursing staff. Furthermore, nursing students who spoke English as a first language felt a responsibility to act as an interpreter for ESL students (Koch et al., 2014).

Fourteen international nursing students of African and Asian origin were interviewed in a study set in Finland (Mattila, Pitkäjärvi, & Eriksson, 2010). Results showed the students attributed their numerous negative clinical experiences directly to the lack of fluency in Finish. Greater levels of knowledge and proficiency of the host country’s language were also found to have a strong positive influence ($r = .553, p < .01$) on individual empowerment of international, non-nursing students ($N = 196$) at a university in New Zealand (Brunton & Jeffrey, 2014). Empowerment was measured with seven items from the LEM developed by Frymier et al. (1996). The adapted scale had a reliability of 0.84. The degree of proficiency with the host culture language was operationalized by self-developed items that asked students to rate their ability in the English skills of reading, writing, listening, and speaking. The scale had a reliability of 0.95 (Brunton & Jeffrey, 2014).

Very similar findings were seen in nursing education research conducted in the United States. Denham et al. (2018) conducted a study of undergraduate nursing students ($N = 660$) at two urban college campuses in Texas to examine what student characteristics were predictive of perceived academic success. Predictor variables were having a prior degree, student level (junior, senior), frequency of foreign speech in school setting, English speaking level, comfort communicating, and difficulty with assignments. Results indicated ESL students who spoke English more consistently rated themselves more academically successful and comfortable with communicating with faculty.
Qualitative analysis of comments provided by participants (n = 10) showed even primary English speakers could have difficulty with medical terminology, ambiguous vocabulary, and uncommon synonyms (Denham et al., 2018). The study had a number of limitations including use of a researcher-developed survey that was not pilot tested, questionable validity and reliability of the language instrument, the small number of participants who answered the open-ended questions, lack of discussion of effect size, and the subjective nature of assessing academic success.

Using an interpretative phenomenological approach, Mulready-Shick (2013) explored the lived experience of 14 ELL nursing students who had immigrated to the United States from non-English speaking countries as adolescents or young adults. Despite participants’ acknowledgment about having received English instruction before immigrating, all reported they still felt linguistically unprepared when entering college. Participants furthermore described how their limited English proficiency made them doubt themselves and feel unintelligent in the classroom and in front of their faculty. Similar experiences were described by students in other studies whose primary language was not the host country’s language (Henderson et al., 2016; Mulready-Shick, 2013). Students were found to experience significant levels of anxiety, apprehension, and stress related to their lack of language proficiency and communication difficulties with faculty, peers, or patients (Greenberg, 2013; Khawaja, Chan, & Stein, 2017; Rogan & San Miguel, 2013). When teachers teach from a “monocultural, monolingual perspective” (Mulready-Shick, 2013, p. 85), the teacher holds all of the power over the direction of learning and, in essence, takes away the sense of community and reduces collective as well as individual empowerment.
Starkey (2015) interviewed nurse educators ($N = 13$) for her grounded theory study to explore critical factors that influenced faculty attitudes and perceptions of teaching ESL nursing students. Participants identified language, students with heavy accents, and cultural differences as the most difficult when communicating with ESL students. Furthermore, participants admitted to feeling unprepared to deal with those challenges.

The findings described in this section raised many questions about the degree to which English proficiency affected CALD nursing students’ experiences in the learning environment, their academic performance, and likelihood of program completion. Research clearly showed language proficiency played a large role in how CALD students experienced the learning environment. Findings reliably demonstrated that communication difficulties could negatively impact students’ perceptions. Review of the literature brought to light how CALD students must frequently circumnavigate the linguistic challenges in the academic environment. Thus, it was necessary to continue to investigate what interventions and strategies might help with creating a more inclusive and empowering learning environment that would mitigate language-related challenges for CALD nursing students.

**Type of nursing program.** A high number of nursing education studies that investigated individual empowerment included only one type of prelicensure: undergraduate nursing students. That was most commonly related to one of two reasons: a baccalaureate degree was the only entry-level nursing degree offered in the country where the research was conducted (e.g., Australia, United Kingdom, Canada) or the
researchers used a convenience sampling method from programs with which they were associated (Clary Muronda, 2016).

Presently, three higher education pathways to becoming a nurse exist in the United States: ADN programs that are offered primarily at community colleges, baccalaureate, and master’s degree programs. In 2017, over 79,000 ADN graduates took the National Council Licensure Examination for Registered Nurses compared to 76,000 BSN graduates (National Council of State Boards of Nursing [NCSBN], 2018). Although that gap has narrowed from 2016 when 9,000 more ADN graduates took the exam (NCSBN, 2018), the total number of ADN graduates remains significant. Despite the fact that enrollment in entry-level BSN programs has surpassed that of ADN programs, the number of students admitted to ADN programs continues to increase slightly. For the foreseeable future, ADN programs will continue to be an entry to the nursing profession for a significant number of students (Buerhaus, Auerbach, & Staiger, 2016). Associate Degree in Nursing programs also continue to be the entry program of choice for a disproportionately larger number of older and CALD students (NLN, 2018a, 2018b). Limiting sample populations to only one type of nursing student prevented application and generalization of findings to a large segment of the nursing student population in the United States. Therefore, the sampling frame for research on nursing student empowerment should ideally consist of both ADN and BSN students (Clary Muronda, 2016).
Other Factors

It is important to remember that the meaning of empowerment would be different for people in or from different cultures (Zimmerman, 1995). For example, in an explorative, qualitative study of nurses ($n = 14$) and nursing students ($n = 14$) in Rome, Italy, about what empowerment meant to them, Rega et al. (2017) cautioned there was no equivalent term for the word empowerment in Italian. Hence, interviewees described empowerment as giving them autonomy to create conditions that would allow them to express their values as individuals, realize their own potential, and help them grow professionally. On the flipside, participants described how their organization at times represented an obstacle to their sense of autonomy (i.e., empowerment) as it tended to hinder their growth (Rega et al., 2017).

Empowerment models often used as a theoretical foundation for studies on empowerment were developed in Western, English-speaking countries (Frymier & Shulman, 1994; Kanter, 1993; Spreitzer, 1995; Thomas & Velthouse, 1990). Therefore, participants from CALD backgrounds would most likely have a different interpretation of empowerment (Li et al., 2018; Zimmerman, 1995). For example, China, Korea, and other Asian countries are considered collectivist cultures that emphasize shared or common goals and values. Those collectivist, cultural characteristics stand in contrast to Western cultures where individualism, including in education, is valued more. Members of individualistic cultures prefer to focus on self-interest, personal autonomy, independence, and tend to be less concerned about the needs and interests of others (Darwish & Huber, 2003; Greenberg, 2013). Culturally-determined perspectives need to be taken into consideration when interpreting results of research on empowerment.
conducted in non-Western nursing education settings (Ahn & Choi, 2015; Chan et al., 2017; Law & Chan, 2015).

Lee, Clarke, and Carson (2018) conducted a constructivist, grounded theory study in South Korea to explore nursing students' experiences in clinical setting and identify factors that influenced the clinical education students received. Six factors were identified through theoretical coding strategies: interpersonal, socio-cultural, instructional, environmental, emotional, and physical factors that proved to be interrelated. What was striking from a Western cultural perspective was factors that related to the Korean culture. One participant described how “in Korean society, all members of the society are not equal. It becomes power when one is older, in a higher position than others, and so on… It results in a hierarchical relationship (Student 4)” (Lee et al., 2018, p. 105). Findings from this study exposed how sociocultural hierarchies were rarely considered in nursing education research although they could have a significant impact on CALD students' learning experiences and understanding of empowerment.

Since individual empowerment is considered a multidimensional construct, studies that pertained to related concepts were also reviewed. Pines et al. (2014) conducted a quasi-experimental, interventional pre-post design pilot study to assess if training in simulated situations on how to manage intimidating and disruptive behaviors by others would influence perceptions of resiliency, empowerment, and conflict management style of participating students ($N = 60$). Participants took part in four, 3-hour long simulated scenarios where they engaged in various role-play scenarios to practice problem-solving and coping skills. Post-simulation debriefings and discussions
included advantages and disadvantages of the most common conflict management styles: avoiding, compromising, competing, accommodating, and collaborating. All three instruments used in the study showed acceptable reliability coefficients. Findings showed there was no significant difference pre-post simulation on the psychoeducational intervention total or subscale scores. Limitations of the study included its small sample size, which might have affected the ability to identify small clinical changes. Variations in consistency, timing, and intensity of the intervention could also have played a role in student perceptions. A more robust study design that includes repeated opportunities to practice conflict resolution skills in real-world settings might be more beneficial to assess changes in students’ perception of individual empowerment.

Building on the work by Bradbury-Jones et al. (2007, 2010, 2011) and Spreitzer (1995), Ahn and Choi (2015) conducted a cross-sectional study of 307 Korean nursing students to analyze the predictive power of self-esteem; clinical decision-making; being valued as a learner; satisfaction with being considered a team member in clinical; perception of professor, instructor, or preceptor attitude; and total number of clinical settings on student empowerment. Four of the predictors were found to explain a 35% variance in student empowerment: clinical decision-making, \((t = 7.59, p = .001)\), being valued as a learner \((t = 6.24, p = .001)\), self-esteem \((t = 3.62, p = .001)\), and total number of clinical settings \((t = 2.06, p = .040)\); Ahn & Choi, 2015, p. 1304). Although the total number of clinical settings was the least significant variable for empowering students, the results supported the assumption that a variety of clinical experiences in diverse settings could enhance nursing student empowerment.
Empowered nursing students are theorized to graduate with a higher sense of autonomy when in practice. In a descriptive, correlational study of nursing students, Mailloux (2006) aimed to determine if learner empowerment mediated a higher sense of autonomy. The mean age of participants was 24 years, 95.5% of students were enrolled full-time, and 84.5% identified as Caucasian. Empowerment was measured using the LEM by Frymier et al. (1996). The Cronbach alpha coefficient for this study was .79 (Mailloux, 2006, p. 581). Using stepwise, multiple linear regression, age ($t = 2.652, p = .009$) and perceived learner empowerment ($t = 4.299, p < .001$) proved to be the only two statistically significant variables to positively affect perception of autonomy (Mailloux, 2006, p. 582). Participants’ age range was significantly positively skewed with most participants between 21-30 years old ($M = 24, SD = 5.5$). Nursing programs that sought to increase students’ sense of empowerment would help students assume more control of their educational experiences and engage more fully with the learning process (Mailloux, 2006). Study limitations included the date of the study, a sample that was limited to female, last semester, baccalaureate-only nursing students in one state, and a lack of greater focus on faculty characteristics that promoted a sense of autonomy.

By performing an integrative literature review, Lethbridge, Andrusyszyn, Iwasiw, Laschinger, and Fernando (2011) attempted to find evidence in the nursing education literature to support the idea that there was a conceptual link between structural and individual empowerment and reflective thinking. The authors theorized individual empowerment is a response to the context of the learning environment and if perceived empowerment is high, students would be more likely to engage in reflective thinking (Lethbridge et al., 2011, p. 642). Reflective thinking is an important skill to develop for
nursing students as it supports critical inquiry and decision-making in practice. The review showed evidence existed that supported the idea that an empowering learning environment in nursing supported the development of reflective thinking of students. Reflective and empowered students develop into future nurses who are better equipped to appropriately respond to the uncertainties of nursing practice (Lethbridge et al., 2011).

You (2016) conducted a study in South Korea to test the relationship among students' psychological capital, learning empowerment, and engagement using structural equation modeling. Data were collected via paper-pencil questionnaires from 490 college students enrolled at five four-year private universities in and near Seoul, Korea. The participants included 31 (6.3%) freshmen, 103 (21%) sophomores, 87 juniors (17.8%), and 257 (52.4%) seniors. Their majors included computer science, electrical engineering, English literature, physics, management, and visual arts (You, 2016, p. 20). Psychological capital was conceptualized as a higher-order construct and was measured with a 17-item scale that consisted of four subscales: self-efficacy, hope, optimism, and resilience. The validity of the Psychological Capital scale was confirmed through factor analysis and reliability was 0.88. Learning empowerment was measured with the LEM that was translated into Korean. Confirmatory factor analysis demonstrated validity and reliability was 0.87. You used the definition of engaged learning as the amount of cognitive effort, behavioral participation, and emotional quality associated with students’ active involvement in learning. Engagement was measured with a 20-item scale that contained three dimensions (cognitive, emotional, and behavioral engagement). The scale was found to be valid and reliable ($\alpha = 0.92$; You, 2016, p. 21). Results showed psychological capital, learning empowerment, and engagement were all positively
related. Psychological capital was found to be an essential resource for learning empowerment and learning empowerment fostered engaged learning (You, 2016).

**Summary**

Within this chapter, literature pertinent to the research of individual student empowerment was presented and salient themes for each subsection were extrapolated. Individual empowerment is a multidimensional, cognitive construct that has been shown to influence behavior of people in business and educational settings (Frymier & Shulman, 1994; Frymier et al., 1996; Kanter, 1993; Lincoln et al., 2002; Spreitzer, 1995; Thomas & Velthouse, 1990). Individual (psychological) empowerment was defined as intrinsic task motivation that is influenced by how individuals interpret events in their environment (Spreitzer, 1995; Thomas & Velthouse, 1990). The literature provided compelling evidence of the beneficial consequences of individual empowerment on student experiences, behavior, and academic performance (Bradbury-Jones et al., 2007, 2010, 2011; Cakir, 2015; Diaz et al., 2016; Frymier & Houser, 2000; Frymier & Shulman, 1994; Frymier et al., 1996; Hassi & Laursen, 2015; Houser & Frymier, 2009; Jafar, 2016; Kennedy, Hardiker, & Staniland, 2015; Kirk et al., 2016; Ledwell et al., 2006; Lethbridge et al., 2011; Mack, 2012; Mailloux, 2006; Meng et al., 2016; Naidoo, 2015; Pines et al., 2014; Ren & Kim, 2017; Schrodt et al., 2008; Siu et al., 2005).

Student empowerment is affected by interpretation of events in the learning environment, which in turn is influenced by personal attributes of the individual student (Frymier & Shulman, 1994; Frymier et al., 1996; Houser & Frymier, 2009; Zimmerman, 1995). Events and factors that shaped the learning environment and thus impacted student empowerment included teacher immediacy (Cakir, 2015; DellAntonio, 2017;
Finn & Schrodt, 2012; Frymier & Houser, 2000; Frymier et al., 1996; Ledwell et al., 2006), pedagogical approaches (Hassi & Laursen, 2015; Siu et al., 2005), the classroom milieu (Kirk et al., 2016; Mack, 2012; Naidoo, 2015), type of setting (clinical versus academic; Baird et al., 2016; Bradbury-Jones et al., 2007, 2010, 2011; Chan et al., 2017; Ewertsson et al., 2017; Janighorban et al., 2016), and type of teacher power used (Diaz et al., 2016; Goodboy et al., 2011; Jafar, 2016). Student demographics like age and gender have shown inconsistent results regarding their effect on perception of individual empowerment (Ibrahim, 2011; Kirk et al., 2016; Mailloux, 2006; Pines et al., 2014; Pitt et al., 2012); on the other hand, belonging to an ethnic minority (Brunton & Jeffrey, 2014; Clary Muronda, 2016; Englund, 2018; McKenna et al., 2017; Mikkonen et al., 2016; Pitt et al., 2012; Sedgwick et al., 2014; Young-Brice et al., 2018) and being a non-native language speaker (Brunton & Jeffrey, 2014; Cummins, 2000; Denham et al., 2018; Greenberg, 2013; Henderson et al., 2016; Khawaja et al., 2017; Mattila et al., 2010; Mitchell et al., 2017; Mulready-Shick, 2013; Rogan & San Miguel, 2013) was consistently shown to lead to disempowering and oppressive experiences for CALD students. Repeated disempowering events contributed to low individual empowerment and have demonstrated to negatively affect students’ academic performance, psychological well-being, and likelihood to complete their program of study (Eick et al., 2012; Evans, 2013).

Although the literature has shown learner empowerment is a critical variable in the learning environment and directly affects academic performance and success, research in the last decade about empowerment of prelicensure nursing students in the United States has been sparse. Despite what is known about empowerment among
marginalized groups, gaps still persist in the literature about empowerment of CALD, prelicense nursing students. Even though it is clear an inclusive and emancipatory learning environment leads to empowered students who are more likely to be successful in school and complete the program, nursing education has not sufficiently investigated facilitators and barriers that affect individual student empowerment and, in turn, the possible correlation with intent to leave the program. Furthermore, those factors would differ between CALD and non-CALD students. How students perceive individual empowerment depends not only on teacher behaviors and the learning environment but also on their cultural and linguistic background.

Nursing faculty play a vital role in empowering students by embracing the cultural and linguistic differences of their students and ensuring an equitable and empowering learning environment for all. “Critical inquiry is needed… to examine the social reality of the classroom and how power and influence can dominate the learning process” (Starkey, 2015, p. 723). In light of the gaps identified in the review of literature, it was essential to further investigate the relationships between personal attributes of prelicense nursing students such as English proficiency and individual empowerment and intent to leave the nursing program.
CHAPTER III

METHODOLOGY

The primary purpose of this study was to examine whether English proficiency predicted perceived individual empowerment of prelicensure, associate, and baccalaureate nursing students when controlling for age, gender, ethnicity, and type of nursing program. A second purpose was to test if a correlation existed between English proficiency and individual empowerment and intent to leave the nursing program. This chapter describes the research design, research method, research participants including protection of human subjects, instruments, data analysis, and limitations.

Research Design

This quantitative, nonexperimental study used a predictive-correlational design. Correlational study designs are used to examine relationships among or between variables (Creswell, 2014). A correlational study seeks to describe the relationship, predict a relationship, or test the relationship proposed in a conceptual model. To determine the existence of a relationship, large samples are required (Grove, Burns, & Gray, 2013). This research design was chosen to answer the research questions regarding the extent to which English proficiency predicted perceived individual empowerment (first dependent variable) and whether English proficiency and perceived individual empowerment were associated with intent to leave the nursing program (second dependent variable) using regression analysis. The predictor (English proficiency) and
control variables (age, gender, ethnicity, associate or baccalaureate nursing program) were not manipulated for this study.

**Research Method**

**Data Collection**

This study utilized a web-based survey hosted on SurveyMonkey® (2019). Using a commercially available, web-based survey application such as SurveyMonkey offered several advantages. It allowed for the recruitment of a large number of subjects from diverse geographical locations. It was time efficient and allowed for the direct importing of data into a statistical analysis software program, thereby reducing the likelihood of data entry errors (Fan & Yan, 2010; Gill, Leslie, Grech, & Latour, 2013). SurveyMonkey is considered a market leader in web-based survey software and provides a high level of data security (Gill et al., 2013; SurveyMonkey, 2019).

**Sampling Plan**

This study used multistage cluster sampling—a probability sampling method (Grove et al., 2013). Cluster sampling is often used for web-surveys when the development of a sampling frame is not feasible (Vannette & Krosnick, 2018). The first stage consisted of identifying and compiling a list of nurse educators who currently worked in a prelicensure associate or baccalaureate degree program in the United States. In the second stage, an electronic mail (e-mail) was sent to those educators with instructions to forward the e-mail to nursing students. The e-mail contained a hyperlink and Quick Response (QR) code to the study survey on SurveyMonkey. In addition, the email included language that encouraged students to post the survey link and the QR code to their social media accounts and forward it to other nursing students (see Appendix A).
Sample Size

Cohen (1992) recommended that researchers need to know the total number of cases ($N$) necessary to attain the desired power for a hypothesized population effect size (ES). For multiple and multiple partial correlation, Cohen proposed .02 for a small ES, .15 for a medium ES, and .35 for a large ES (p. 157). Although Cohen provided some rules of thumb for effect sizes, they did not represent a universal scale to use as reference. When analyzing effect size, it is important to place ES magnitude of the study results into context of the phenomenon being investigated (Disabato, 2016; Ialongo, 2016). Using G*Power, an a priori sample size calculation was performed with a total of five predictor variables (English proficiency, age, gender, ethnicity, type of prelicensure nursing program), $\alpha$ of 0.05, power of 0.95, and medium ES of $f^2$ 0.15. A medium ES was chosen because actual effect size was not known. The recommended minimum sample size was 138 (see Appendix B).

A concern with any type of survey (traditional, paper-based or electronic, web-based) is the response or completion rate (American Association for Public Opinion Research, 2019; Fan & Yan, 2010). Response rate can be defined as the number of people that actually completed the survey, divided by the number of people that received the invitation to complete the survey (American Association for Public Opinion Research, 2019). Response rates of web-based surveys can vary greatly and have been reported to range anywhere from 20% to greater than 80%. Research has shown that survey design characteristics do affect response rate (Gill et al., 2013; Kaplowitz, Lupi, Couper, & Thorp, 2012; Liu & Wronski, 2018; Vicente & Reis, 2010). To maximize response rate, care was taken to design the survey in a way that adhered to best practice
recommendations for online survey design found in the literature (American Association for Public Opinion Research, 2019; Liu & Wronski, 2018).

Research Subjects

The target population for this research study was nursing students currently enrolled in a prelicensure, associate, or baccalaureate nursing program in the United States. Students enrolled in a prelicensure nursing program outside of the United States or licensed vocational nurse/licensed practice nurse program were not included. Students in a master-level entry program were also excluded as it was reasonably conceivable that those students already possessed a greater sense of empowerment due to the more stringent academic requirements for admission and possible previous career experiences.

University of Northern Colorado Institutional Review Board (IRB) approval was obtained prior to the initiation of data collection (see Appendix C). All guidelines and ethical principles for research with human subjects were adhered to as outlined by the Collaborative Institutional Training Initiative (CITI) program. Risk to subjects was minimal and consisted of reflecting on personal experiences that elicited unpleasant memories and feelings of anxiety, anger, or distress. Informed consent was obtained by including a paragraph in the survey that described the purpose of the research and the research procedure (see Appendix D). In addition, subjects were required to check a prompt that they agreed to the consent before beginning the survey. Completion of the survey constituted informed consent. Subjects were reminded they could withdraw from the study at any time by simply exiting the survey and closing their browser. No identifying information was solicited or collected and confidentiality was maintained by
numerical coding of completed surveys, reporting of aggregate rather than individual data, and destruction of the data once the research was complete.

**Instruments**

The researcher designed the SurveyMonkey survey, which consisted of four sections. Section 1 included an introduction, the purpose of the study, the informed consent, and contact information. Section 2 consisted of demographic questions about age (numeric value), gender (categorical value), type of nursing program (categorical value), state where program was located (categorical value), and ethnicity (categorical value). In section 3, subjects were asked to answer 48 study-specific items (ordinal level) from three instruments that measured perceived individual empowerment (35 items), English proficiency (11 items), and intent to leave the nursing program (three items) with Likert-scale responses. All questions were required to be answered before the respondent could proceed to the next section. The fourth section included three open-ended questions that asked subjects to describe how they felt about their own personal power and what they thought helped or interfered with feeling powerful in nursing school (see Appendix D).

Three instruments were used in this study. Individual empowerment was measured by the LEM developed by Frymier et al. (1996). To measure English proficiency, the study used the English Language Usage Scale (ELUS-11; Salamonson et al., 2014). Intent to leave the nursing program was measured by a three-item, Likert-type scale the researcher developed specifically for this study.
Learner Empowerment Measure

Schultz and Shulman (as cited in Frymier et al., 1996) first adapted the empowerment concept for educational settings and developed a 30-item scale with four dimensions (meaningfulness, competence, impact, choice). Building on their work, Frymier and Shulman (1994) developed and tested a learner empowerment instrument in a communication-based model. That instrument ended up with only three subscales (meaningfulness, competence, impact) since, interestingly, choice did not emerge as a factor. Frymier and Shulman (1994) felt this variation could be explained by the different population studied (university students vs. adults who worked in organizations). Typically, students are not socialized to expect or exercise choice in most of their classes, especially in their first year. Employees, on the other hand, do tend to experience choice in their job (Frymier & Shulman, 1994).

Frymier et al. (1996) further revised and added items to the scale that they felt were more representative of state-motivation, verbal immediacy, nonverbal immediacy, and relevance. They described state-motivation as different from trait-motivation in that it is a situation-specific state based on classroom experiences that increase students’ desire to learn and acquire knowledge in a specific class, assignment, or content area. Immediacy represented the student’s perception of physical and psychological closeness with the teacher. Nonverbal immediacy teacher behaviors included eye contact, smiling, moving close to students, using vocal variety, and using positive gestures. Verbal immediacy included such behaviors as calling students by name, using personal examples, using humor, asking for students’ opinions, or having conversations with students outside of class. Relevance consisted of making content and course instruction
relevant to students’ personal and career needs and goals. Self-esteem was defined as the extent to which a person believes him- or herself competent, successful, significant, and worthy (Frymier et al., 1996).

Frymier et al. (1996) titled the new 35-item scale the Learner Empowerment Measure (see Appendix E) and retained the original three subscales (meaningfulness, competence, impact). The instrument’s validity and reliability were solidified via two studies. In the first study, reliability of the overall measure was determined to be .90. In terms of validity, principal component (factor) analysis showed sampling adequacy (MSA = .91), seven factors with an eigenvalue > 1, and a three-factor solution as the best fit. Meaningfulness had eight items accounting for 31% of variance and α of .89, competence had six items accounting for 21% of variance and α of .83, and impact had four items accounting for 22% of variance and α of .81. Frymier et al. added and revised items in the second study to better reflect perceived empowerment and, again, found significant positive correlations with state motivation, relevance, and learning. Principal component (factor) analysis this time showed improved sampling adequacy (MSA = .99) and all factors had an eigenvalue greater than 1. Meaningfulness (10 items) accounted for 33% of variance and had an α of .94, competence (nine items) accounted for 25% of variance and had an α of .92, and impact (16 items) accounted for 35% of variance and had an α of .95. Alpha reliability for the overall measure was .89 (Frymier et al., 1996).

The LEM (Frymier et al., 1996) utilizes an ordinal-level scale. The scale contains a total of 35 items for which respondents are asked to think of a nursing course they were currently taking and indicate on a 5-point Likert-type scale how often they felt this way (e.g., I look forward to going to class): 0 = Never, 1 = Rarely, 2 = Occasionally, 3 = Oftien,
to 4 = Very Often (Frymier et al., 1996). Summative scores could range from 0 to 140. The authors did not specify what minimum score should be considered as an indicator that the respondent was feeling empowered. For this study, a score greater than 70 was considered as when the respondent felt empowered. The LEM assessed perception of empowerment at a given point in time. It could be used repeatedly to assess a change in perception of empowerment over time or in different situations. The LEM has been used frequently in research about student empowerment. Although some studies reviewed in the literature did not report on the measure’s internal consistency data, a sufficient number of studies reported Cronbach alpha values consistently near or above .80 (Baird et al., 2016; Brunton & Jeffrey, 2014; Diaz et al., 2016; Finn & Schrodt, 2012; Houser & Frymier, 2009; Mailloux, 2006). The measure has been translated into other languages, Korean for example, and was found to possess a similarly high Cronbach alpha (0.87; You, 2016, p. 21). Therefore, the LEM was deemed an acceptable instrument to utilize for this study (Grove et al., 2013). One of the instrument’s developers was contacted for permission to use the LEM who confirmed the instrument is in the open domain and does not require permission for use (see Appendix F).

**English Language Usage Scale**

The English Language Usage Scale (ELUS-11) is an 11-item, unidimensional scale that focuses exclusively on linguistic variables (Salamonson et al., 2014; see Appendix G). It is the second generation of a language usage scale and was preceded by the English Language Acculturation Scale (ELAS-5), a five-item scale that did not include items about listening or writing in English (Salamonson, Attwood, Everett, Weaver, & Glew, 2013; Salamonson et al., 2014).
The ELAS-5 was first developed in a study to examine if English-language acculturation predicted academic performance of Australian nursing students. Salamonson, Everett, Koch, Andrew, and Davidson (2008) posited that “language use is perhaps one of the most important dimensions of acculturation” (p. 87) and could be further described as the degree of proficiency, usage, and preference of the host culture’s language by an individual. Salamonson et al. (2008) adapted the ELAS from the Short Acculturation Scale for Hispanics (SASH) by Marin, Sabogal, VanOss-Marin, Otero-Sabogal, and Perez-Stable (1987) to assess the linguistic dimension of the multidimensional process of acculturation. The SASH consisted of 17 acculturation variables including proficiency and preferences for speaking a particular language in a number of settings such as in childhood, at home and at work, with friends, and other settings. Marin et al. (1987) established construct validity through exploratory factor analyses and reliability of the items comprising the language factor through Alpha analysis. Results showed α of .90, a value indicative of strong reliability. Factor analysis weights for the SASH were highest for the five language items out of the 12 total items on the scale. The language factor also resulted in the highest reliability alpha of .90 compared to an alpha of .86 for the ‘media’ factor and α of .78 for the ‘social relations’ factor (Marin et al., 1987). Those findings supported the decision by Salamonson et al. (2008) to adapt and test the ELAS-5 as it was considered congruent with recommendations for scale construction based on classical test theory (Grove et al., 2013).

Initial exploratory factor analysis of the ELAS-5 showed factor loads weighing from .70 to .86 (Salamonson et al., 2008, p. 89). Subsequent analysis of the ELAS-5
obtained values ranging from 0.87 to 0.93, well above the item loading threshold of 0.4 (Salamonson et al., 2013, p. 2312). The ELAS-5 is an interval level of measurement and the categories are ranked from 1 = low to 5 = high. Categories are mutually exclusive, meaning subjects’ answers could only belong in one category and the categories were exhaustive and included all logically possible responses from 1 = *Only non-English language use* to 5 = *Only English use*. Scores could be grouped into low (5-13), medium (14-18), and high (19-25) scoring groups. Initial Cronbach alpha of the ELAS-5 was acceptable at 0.89. In a repeat study, Cronbach’s alpha was 0.94 and corrected item-total correlations ranged from 0.84 to 0.89 (Salamonson et al., 2013, pp. 2312-2313).

In addition, Salamonson et al. (2013) used the Spearman rho to test for association between length of stay in Australia and ELAS score, a Kruskal-Wallis test to compare difference in ELAS scores by language spoken at home, and a chi-square test to compare ELAS scores to GPA scores (p. 2311). Results indicated ELAS scores were positively correlated with how long non-native students had lived in Australia ($r = 0.53, p < .001$). A statistically significant difference was found between language spoken at home and ELAS score; those subjects who only spoke English at home had the highest mean ELAS score ($M = 24.54, SD = 1.43$). The ELAS score was also positively and significantly correlated with GPA scores ($r = 0.30, p < .001$; Salamonson et al., 2013, p. 2313). The ELAS-5 has been used in a number of quantitative studies set in education with reported Cronbach alphas ranging from 0.87 to 0.94.

In 2014, Salamonson et al. presented a revised self-report English language usage scale (ELUS-11) that included all four components of English language skills. The scale was also a continuous interval level scale that provided a composite score for English-
language usage in listening, reading, writing, and speaking. Possible scores could range from 5 (lowest) to 55 (highest). Just like with the ELAS-5, scores could be grouped into low, medium, and high scoring groups. Using a prospective, correlational design, Salamonson et al. surveyed commencing nursing students \((n = 796)\) with the new scale at a university in Australia. Exploratory factor analysis revealed a one-component solution with component loadings ranging from 0.82-0.89. Cronbach’s alpha of the ELUS-11 was 0.96. Controlling for age, hours spent in paid employment, and academic learning support, the ELUS-11 was shown to be an independent and significant predictor of academic performance. Higher ELUS-11 scores were positively correlated to higher GPAs. The logistic regression model showed those nursing students in the lowest ELUS-11 tertile (composite score up to 40) were over 2.6 times (AOR: 2.66 95% CI 1.77 to 3.99) more likely to have a low GPA, controlling for term-time paid work, accessing professional communication, and academic literacy support (Salamonson et al., 2014).

No other studies were found in the literature that used the ELUS-11 since its introduction. Regardless, due to the consistent high reliability of the ELAS-5, the ELUS-11 was deemed an acceptable instrument to utilize for this study. Permission to use either instrument was obtained from the developer (see Appendix H).

**Intent to Leave Nursing Program**

No instrument was found in the literature that was deemed a good fit for measuring a nursing student’s intent to voluntarily leave the nursing program prior to completion. Therefore, the researcher developed a brief, Likert-type scale specifically for this study. To establish content validity of the self-developed instrument, best practice recommendations for content validation found in the research literature were followed.
Content validity pertained to how adequately the instrument’s items reflected the domain or construct being measured (Almanasreh, Moles, & Chen, 2019; Grove et al, 2013). Determining the domain and conceptual definition of the construct was the first step in the development of a content valid instrument.

The concept to be measured was intent. For the purpose of this instrument, intent was defined as a psychological response to negative events in the individual’s environment that triggered a multi-stage process and ended with the individual leaving the environment (Takase, 2010). Intent or intention has been researched extensively within the context of turnover and retention of employees. Intent to leave an organization is considered a conscious and deliberate desire to leave the organization in the near future. It is believed to be the final part of a sequence or process with psychological, cognitive, and behavioral components (Cho, Johanson, & Guchait, 2009; Takase, 2010). Thus, the key was to identify early signs of intent to leave.

In the next stage of content validation, also known as the “judgment-quantification stage” (Almanasreh et al., 2019, p. 216), six master- and doctorally-prepared educators were invited to review the generated items and determine the extent to which each item measured the concept of interest. The expert panel received an email link to a web-based survey to evaluate the representativeness, relevance, and clarity of each item; suggest additional items or deletion of any item; evaluate the wording of each item; and provide any other comments. Respondents were asked to rate the relevance of each item on a scale from Not relevant (1) to Very relevant (4; Lynn, 1986). After responses were received, quantitative and qualitative analyses were conducted. Items were revised based on the qualitative feedback received. For example, for item 1 (I have
considered leaving my current nursing program), the word *seriously* was added. Average score for item 1 was 3.67 and four out of six experts rated the item as *very relevant* (weighted average 0.67). The weighted average for item 2 (It is likely that I will leave this nursing program in the next 12 months) and item 3 (I plan to remain at my current college/university, but it is likely that I will change from nursing to a different major [added] /program) was 0.83 for both with five out of six experts rating the items as *Very relevant*. The content validity index (CVI) calculated for the entire instrument was 0.7766. Based on the guidelines by Lawshe (1975) and Lynn (1986), a CVI equal or greater to 0.78 with a panel of six experts indicated the scale showed acceptable content validity for this study (Almanasreh et al., 2019; Grove et al., 2013; Lawshe, 1975; Lynn, 1986). The final version of the instrument contained three items that asked respondents to indicate their agreement on a scale from *Strongly disagree* (0) to *Strongly agree* (4; see Appendix I).

**Data Analysis**

Data from the survey were downloaded from SurveyMonkey onto the researcher’s personal computer. After evaluation for completeness and inclusion criteria, the data file from the survey was directly imported into the statistical program individually licensed to the researcher (IBM SPSS Statistics for Windows, Version 25.0). Data for all variables were analyzed for descriptive statistics such as frequency, mean, standard deviation, and normalcy of distribution. Reliability of all three instruments was analyzed via Cronbach’s alpha. For the LEM, reliability of each one of the three subscales was also analyzed. Standard multiple regression analysis (all predictor variables were entered simultaneously) was used to test hypothesis 1 and correlation coefficient tests were used
for hypotheses 2a and 2b. Prior to performing the analyses, data were checked for
meeting required assumptions for the selected statistical tests.

Qualitative data collected from the open-ended questions on the study survey
were analyzed using thematic analysis: “a method for identifying, analyzing, and
reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). A theme could
be described as capturing something important about the data in relation to the research
questions and represented some level of patterned response within the data set. Themes
or patterns within data could be identified in one of two ways in thematic analysis: an
inductive or a theoretical approach. A theoretical thematic analysis was driven by the
researcher’s analytic interest in the phenomenon (individual empowerment) and was,
thus, less rich of a description of the data overall and more a detailed analysis of some
aspect of the data (Braun & Clarke, 2006).

SurveyMonkey data security measures included physical security controls at
accredited data centers including 24x7 monitoring, cameras, visitor logs, entry
requirements, and dedicated cages for SurveyMonkey hardware. Complex password
requirements that had an expiration date included lockouts and could not be reused. All
data were encrypted in transit as well as at rest using secure transport layer security
(TLS) cryptographic protocols; affected users were notified of any security breaches
(SurveyMonkey, 2019).
CHAPTER IV

RESULTS

The purpose of this study was to test the theorized relationships among individual nursing student attributes such as age, gender, type of nursing program (associate or baccalaureate), ethnicity, English proficiency, and individual learner empowerment. In Chapter I, four research questions were proposed about prelicensure nursing students and their current perceived sense of empowerment while in nursing school. In this chapter, the findings of the quantitative and qualitative data analyses to answer those questions are presented. Characteristics of the sample are described and key findings highlighted. Reliability data for each one of the three instruments used in the study are included.

Preliminary Analyses

On April 13, 2019, the study survey hosted on SurveyMonkey was opened and an email invitation with the link to the survey was sent directly to approximately 40 nurse educators who were personally known to the researcher. After two weeks, additional emails were sent to 129 nursing program administrators or directors in California, Texas, New York, Florida, Illinois, and Oregon. In addition to the link to the survey, the emails contained the study’s IRB approval letter from the researcher’s university and language asking for assistance in recruiting currently enrolled nursing students (see Appendix J).

Responses were obtained at a consistent rate until the middle of May when a conspicuous lack of new responses became apparent. This was possibly related to timing, coinciding with the spring semester ending for most traditional prelicensure
nursing programs. After consultation with her dissertation committee and approval from the research advisor, the researcher downloaded all data collected as of May 31, 2019. A total of 100 responses were collected. This fell short of the desired minimum sample of 138. Of those 100 responses, 70 were deemed to contain sufficient data, i.e., all questions of the LEM were answered and were included in the statistical analyses.

**Description of the Sample**

Demographic data revealed the age of participants ranged from 19 to 59 years ($M = 29$, $SD = 10.4$). The distribution of ages showed significantly positive skewness (1.149), indicating most of the participants were roughly in the range of 20 to 25 years. The majority of participants identified as White/Caucasian (67.7%, $n = 46$), female (84.3%, $n = 59$), and were enrolled in an ADN program (57.1%, $n = 40$).

The demographics of the sample were approximate to published data about the demographic make-up of prelicensure nursing programs (see Table 1). In the latest NLN (2018b) biennial report, the percentage of enrolled racial-ethnic minority nursing students rose to 27% while men represented 14% of enrollees. Although the percentages of Hispanic/Latino (8.6%) and Asian/Asian American (8.6%) students were very similar to the NLN’s (2018b) report about prelicensure nursing student demographics, African American students were underrepresented in this study. The number of participants in this study who self-identified as Black or African American (7.1%, $n = 5$) was below the reported 10.8% enrollment data for African American nursing students (NLN, 2018b).
Table 1

Demographic Statistics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>46</td>
<td>65.7</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>5</td>
<td>7.1</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>Asian/Asian-American</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>American-Indian/Alaska-Native</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Multiethnic</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Another Ethnicity</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>59</td>
<td>84.3</td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>15.7</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Type of Nursing Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADN</td>
<td>40</td>
<td>57.1</td>
</tr>
<tr>
<td>BSN</td>
<td>30</td>
<td>42.9</td>
</tr>
</tbody>
</table>

N = 70

Respondents were from a total of 10 states with the majority from Minnesota (22.9%, n = 16), Oregon (21.4%, n = 15), and California (18.6%, n = 13) as shown in Table 2. Of the participants who specified the type of nursing course they were currently taking, 44% (n = 31) indicated they were taking a nursing course that consisted of lecture (theory/didactic) and a clinical component (clinical, lab and/or simulation) and 37% (n = 26) were taking a didactic-only course. The remaining responses were a clinical-only course (7%, n = 5) and for eight respondents (11%), the current type of nursing course was undeterminable from the description provided.
Table 2

*Location of Nursing Program Where Respondent Current Enrolled*

<table>
<thead>
<tr>
<th>State</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>Oregon</td>
<td>15</td>
<td>21.4</td>
</tr>
<tr>
<td>California</td>
<td>13</td>
<td>18.6</td>
</tr>
<tr>
<td>Kansas</td>
<td>9</td>
<td>12.9</td>
</tr>
<tr>
<td>Texas</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>Nevada</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Indiana</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>New York</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>1</td>
<td>1.4</td>
</tr>
</tbody>
</table>

*N* = 70

**Findings**

Statistical analyses were performed using IBM SPSS Statistics for Windows, Version 25.0. Prior to conducting the analysis, the relevant assumptions of multiple regression analysis were tested. Learner empowerment was the continuous dependent variable in the regression model and responses were normally distributed. Residual and Q-Q plots indicated the assumptions of linearity were satisfied. The data met the assumption of independent errors (Durbin-Watson value = 1.864). An analysis of standard residuals was carried out, which showed the data contained no outliers (Std.
Residual Min = -2.269, Std. Residual Max = 2.338). The assumption of singularity was also met as the independent variables (type of nursing program, age, gender, ethnicity, English proficiency) were not a combination of each other. The independent variables were tested for multicollinearity and collinearity statistics were all within acceptable limits (see Table 3).

Table 3

*Collinearity Statistics of the Multiple Regression Model*

<table>
<thead>
<tr>
<th>Predictor Variable</th>
<th>Tolerance</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Nursing Program (ADN or BSN)</td>
<td>.847</td>
<td>1.181</td>
</tr>
<tr>
<td>Age</td>
<td>.811</td>
<td>1.233</td>
</tr>
<tr>
<td>Gender</td>
<td>.890</td>
<td>1.124</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>.809</td>
<td>1.236</td>
</tr>
<tr>
<td>English Proficiency (ELUS-11)</td>
<td>.851</td>
<td>1.175</td>
</tr>
</tbody>
</table>

*Note.* VIF = variance inflation factor

A summary of the partial correlations (Pearson’s) for the non-dichotomous variables and the learner empowerment subscales, including means and standard distributions, is shown in Table 4. A correlation matrix was used to summarize data and as a diagnostic step for advanced analyses. The correlation, which was significant at the .01 level, included -.23 for learner empowerment and intent to leave the nursing program.
**Research Question 1**

To answer the first research question about the extent to which English proficiency predicted perceived individual empowerment of prelicensure nursing students when controlling for age, gender, type of nursing program (associate, baccalaureate), and ethnicity, a standard multiple regression analysis was performed using the enter method. Individual or learner empowerment (the dependent variable) was measured via the LEM. Perceived empowerment scores ranged from 47 to 123. For this study, a score greater than 70 was considered to be indicative of participants feeling empowered. The mean LEM score in this study was 84.13, indicating most participants felt a sense of empowerment (see Table 4).

English proficiency was measured via the ELUS-11 instrument. Scores ranged from 26 to 55 and had a mean score of 50.07. These scores indicated participants as a whole possessed a high degree of English proficiency. The five independent variables accounted for 6.3% of the variance in learner empowerment, $F(5, 62) = .834, p < .05, r^2 = .063$, indicating the size of the effect was small. None of the five predictor variables made a significant or unique contribution to the outcome (see Table 5). The model did not possess statistical significance in predicting learner empowerment and the hypothesis that higher English proficiency predicted a higher perception of learner empowerment was rejected.
Table 4

**Bivariate Correlations Matrix and Descriptive Statistics**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlations</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>Gender</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>Age</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Gender 1</td>
<td>.18</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Ethnicity 2</td>
<td>-.20</td>
<td>.18</td>
<td>--</td>
</tr>
<tr>
<td>English Proficiency 3</td>
<td>-.06</td>
<td>-.22</td>
<td>-.34</td>
</tr>
<tr>
<td>Learner Empowerment (LE) 4</td>
<td>-.02</td>
<td>.18</td>
<td>-.09</td>
</tr>
<tr>
<td>1. LE Competence subscale 5</td>
<td>.06</td>
<td>.14</td>
<td>-.14</td>
</tr>
<tr>
<td>2. LE Meaningfulness subscale 6</td>
<td>.09</td>
<td>.06</td>
<td>-.08</td>
</tr>
<tr>
<td>3. LE Impact subscale 7</td>
<td>-.11</td>
<td>.19</td>
<td>-.02</td>
</tr>
<tr>
<td>Intent to Leave 8</td>
<td>.02</td>
<td>.10</td>
<td>-.04</td>
</tr>
</tbody>
</table>

*Note.* 1 Female or Male. 2 Included: White, Black, Hispanic/Latino, Asian, American-Native, Other, Multiethnic, Prefer Not to Say. 3 55 points possible. 4 140 points possible. 5 36 points possible. 6 40 points possible. 7 64 points possible. 8 12 points possible. *p < .01.
Prior to testing the associations between learner empowerment and English proficiency to participants’ intent to leave the nursing program, assumptions for correlation coefficients were checked. Learner empowerment was normally distributed. The English proficiency distribution was found to be negatively skewed (-1.746) and intent to leave the nursing program showed a positively skewed distribution (1.490). The nonparametric correlation coefficient test (Spearman) was therefore selected.

**Research Question 2a**

To answer Research Question 2a that asked if perceived learner empowerment was associated with intent to leave the nursing program, Spearman’s rho correlation coefficient was used. Scores from the Intent to Leave the Nursing Program scale ranged from 0 to 11 and had a mean of 1.96, indicating students had little to no intent to leave their nursing program. Learner empowerment was found to be associated with intent to leave the nursing program ($r = -.336, p < .01$, two-tailed) and the hypothesis that learner
empowerment score had a negative association with intent to leave the nursing program was retained.

**Research Question 2b**

To answer Research Question 2b that asked if English proficiency was associated with intent to leave the nursing program, Spearman’s rho correlation coefficient was used. Results showed no statistically significant association between English proficiency and intent to leave the nursing program ($r = -.017, p = .89$, two-tailed). The hypothesis that English proficiency had a negative association with intent to leave the nursing program was therefore rejected.

**Research Question 3**

Research Question 3 explored themes obtained from the qualitative data about factors impacting participants’ sense of empowerment. The study survey included three open-ended optional questions that asked participants to describe how they currently felt about their personal power in nursing school (Open-Ended Question 1), what they thought helped them feel powerful (Open-Ended Question 2), and what they believed prevented them from feeling powerful (Open-Ended Question 3). Of the total 70 responses, 51 participants provided answers to the optional open-ended questions. To answer Research Question 3, the qualitative data were manually analyzed using the approach for thematic analysis recommended by Braun and Clarke (2006).

**Open-ended question 1:** Sometimes students feel powerful and sometimes they don’t. **Describe how you currently feel about your own personal power in nursing school.** Initial themes culled from the data that pertained to participants’ current feelings included feeling *powerful, powerless, or somewhere in between*. Feeling
powerful seemed to correspond with how far along the participant was in the program. This was evident in statements such as “I feel really powerful because I graduate in 2 weeks” and “As the semester has progressed and I’ve worked more in clinical settings and grown, I’ve felt more empowered as a nursing student, (young) adult, and person.” But statements that inferred the participant felt powerful (n = 14) were outnumbered by responses that indicated strong feelings of powerlessness by the participant (n = 24).

Responses about feeling powerless contained strong language and painted a picture of unresponsive and uncaring faculty and program leadership. Responses included “It is a dictatorship; I have no power,” “I am at the whim of my instructors,” and “I am a student, they are instructors. There is a clear division of power. Good as they are, they do not care for student input.” Participants expressed feelings of not having a voice, which contributed to feeling powerless: “Very powerless. If I even have a voice, it doesn't matter” and “I feel as though the nursing students in my program do not have a voice and our concerns are not being heard.”

Participant answers deemed to fall somewhere in between feeling powerful and powerless included such statements as “I don’t think of it in terms of power. I just make my own plan and execute it,” “I have power to succeed or not. My biggest hurdle to my success is my lack of motivation towards my school work right now,” and “I am often scared of the unknown, but once I ‘get my feet in’, I feel much more empowered. For me it’s the ‘firsts. I just have to make a choice to be brave and try new things.”

**Open-ended question 2: What do you think helps you feel powerful in nursing school?** Responses for this question were sorted into three initial categories: *external* aspects, *internal* factors, and a combination of external/internal factors.
Responses that described internal factors that helped the participant feel powerful in nursing school included understanding concepts, knowing or knowledge, and being able to connect the dots. The second most frequent internal factor mentioned pertained to good test grades or passing exams and/or the course.

Internal-leaning responses (n = 20) outnumbered the external factors described as helping students feel powerful (n = 13). Teachers (instructor, professor, faculty) were mentioned consistently and seemed to represent an important external factor for participants to feel powerful. Data included such teacher descriptors as “helpful,” “flexible,” “supportive,” “encouraging,” and similar terms. One participant commented, “A big thing for building my empowerment comes from encouragement from teachers and peers.” Support from peers, friends, and family was also mentioned as an external factor for helping participants feel powerful.

**Open-ended question 3: What interferes with or prevents you from feeling powerful in nursing school?** There was an obvious contrast in the responses to this question. External factors such as comments about teachers, teacher behavior, and the learning environment (n = 30) greatly outnumbered comments pointing to internal factors (n = 15) such as feeling insecure, stressed, and self-doubt. Teacher behaviors that were described as preventing participants from feeling powerful included such statements as “Harsh criticism. Instructors believing the students are not trying hard enough,” “Instructors who are inflexible and impatient, who appear unaware that we are learning,” “My teacher’s condescending attitude,” and “Strict schedule and teachers that only do things one way.” Several responses consisted of only one word “instructors”; while one participant wrote, “I have an instructor who does not really want to hear our input about
what works best for us when learning. She seems to assume that we just don't want to work, which is not true."

The second most frequent factor mentioned as preventing students from feeling powerful pertained to the large amount of information, content, and homework required in nursing school. A couple of participants not only described feeling overwhelmed by the amount of content but also mentioned that they believed they were not being taught information that was important to know. In addition, just like passing a test or achieving a good test grade were described as helping with feeling powerful, not passing and failing a test seemed to elicit feelings of powerlessness. Lastly, a couple of responses were important to note. Two participants provided answers that identified racism from teachers and “outright hatred from White students” as preventing them from feeling empowered.

**Instrumentation**

Three separate instruments were used in this study. The 35-item LEM was used to measure participants’ perception of individual empowerment in the learning environment, which for the purpose of this study was the nursing course they were currently taking. The instrument has been used extensively in empowerment-related research and has shown to possess high internal consistency in a number of studies. The Cronbach alpha coefficient for the LEM in this study was .917. Each one of the LEM’s three subscales (Impact, Meaningfulness, Competence) was individually analyzed for internal consistency and results showed a Cronbach’s alpha of .888 for the Impact subscale, .893 for the Meaningfulness subscale, and .878 for the Competence subscale. The results showed high internal consistency for the LEM and its subscales, indicating
acceptable reliability for this study. The 11-item English Language Usage Scale (ELUS-11) was also deemed highly reliable for this study with an alpha of .975.

For the researcher-developed, three-item Intent to Leave the Nursing Program instrument, a small pilot study was done prior to data collection. Seven nursing students who were not invited to participate in the study survey completed only the Intent to Leave the Nursing Program scale portion of the online survey to assess time of completion and their understanding of the questions. The students completed the scale in less than three minutes and had no questions, concerns, or comments about any of the items in the instrument. The Intent to Leave the Nursing Program instrument showed a moderate reliability coefficient of .675, which was deemed adequate for use in this study (Grove et al., 2013). Additional statistics for all three instruments are shown in Table 6.

Table 6

Instrumentation Statistics

<table>
<thead>
<tr>
<th>Statistics</th>
<th>LEM</th>
<th>ELUS-11</th>
<th>Intent to Leave Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>70</td>
<td>68</td>
<td>67</td>
</tr>
<tr>
<td>Cronbach’s alpha</td>
<td>.917</td>
<td>.975</td>
<td>.675</td>
</tr>
<tr>
<td>M</td>
<td>86.14</td>
<td>50.07</td>
<td>1.96</td>
</tr>
<tr>
<td>SD</td>
<td>16.841</td>
<td>8.289</td>
<td>2.156</td>
</tr>
<tr>
<td>Minimum Score</td>
<td>47</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Maximum Score</td>
<td>123</td>
<td>55</td>
<td>11</td>
</tr>
</tbody>
</table>

Summary

In this chapter, analyses of the quantitative and qualitative data conducted to answer each one of the four research questions were presented. The results indicated English proficiency, age, gender, type of nursing program (ADN, BSN), and ethnicity had a small effect (6.3%) on participants’ perceptions of individual empowerment. The results were not statistically significant. Therefore, the hypothesis that a higher English proficiency score would predict a higher perception of learner empowerment was rejected.

Results from the analysis of data pertaining to part a of the second research question showed a statistically significant, negative association between perceived learner empowerment and intent to leave the nursing program so the hypothesis was retained. Participants who scored lower on learner empowerment had a higher intent to leave the nursing program. The analysis of the data to answer part b of the second research question showed no significant association between English proficiency and intent to leave the nursing program so the hypothesis was rejected.

Analysis of the qualitative data showed two themes respondents described as affecting their sense of empowerment: external and internal. External factors related primarily to teachers’ attitudes and behaviors. Positive and supportive teachers helped participants with feeling powerful. Conversely, teachers who were described as unsupportive, critical, and inflexible prevented participants from feeling empowered. Findings presented in this chapter are discussed further in Chapter V.
CHAPTER V
DISCUSSION AND CONCLUSION

The purpose of this study was to investigate whether individual nursing student attributes such as English proficiency, age, gender, ethnicity, and type of prelicensure nursing program (ADN or BSN) predicted individual learner empowerment. This study also examined whether a relationship existed among English proficiency, learner empowerment, and intent to leave the nursing program in prelicensure nursing students. Furthermore, the study collected qualitative data to examine participants’ perceptions about their current sense of empowerment.

In this chapter, the results presented in Chapter IV are further discussed. Additionally, the findings are put in context of existing literature and the theoretical framework underlying this study. Limitations of the study are also explained. The chapter concludes with a discussion of the implications for nursing education and recommendations for future research.

Summary of the Study

The literature clearly showed that diverse students are more likely to have negative experiences in the learning environment. The literature also showed that a greater sense of individual empowerment positively impacted student learning including persistence. Despite the evidence, little to no research has been conducted on learner empowerment of prelicensure nursing students as a potential variable contributing to attrition or intent to leave the nursing program, especially in diverse students. To address
this gap, this study used quantitative methods that examined whether English proficiency predicted learner empowerment and whether English proficiency and individual empowerment were associated with intent to leave the nursing program. Three hypotheses were proposed in relation to the purpose of this study. Results showed English proficiency did not predict learner empowerment nor was English proficiency associated with intent to leave the program. However, there was a significant association between learner empowerment and intent to leave the program, meaning participants who felt less empowered were more likely to consider leaving their program. In addition to the quantitative data analyses, qualitative data were also reviewed and two groups of factors (external and internal) were identified as affecting students’ perceptions of their individual empowerment.

Discussion of the Findings

In Chapter I, individual empowerment was defined as a state of intrinsic motivation that was greatly influenced by interactions students had in the learning environment. Those interpretations impacted the cognitive domains of meaningfulness, impact, and competence (Frymier & Shulman, 1994; Thomas & Velthouse, 1990). When students interpret learning as meaningful to them, it increases their sense of empowerment. When teaching and learning activities are construed as impactful to their future, students feel more empowered; and when the interactions are affirming to the student’s sense of competence, feelings of empowerment are further reinforced.

The results of this study showed that when students’ perceptions of their individual empowerment were low, they were more likely to contemplate leaving the program. This finding was consistent with several studies that explored similar
relationships (Bakker et al., 2019; Chan et al., 2019; Kirk, 2018; ten Hoeve, Castelein, Jansen, & Roodbol, 2017; Van Hoek, Portzky, & Franck, 2019).

In a qualitative study set in the Netherlands, ten Hoeve et al. (2017) aimed to examine both intrinsic and extrinsic factors that influenced students’ decision to leave the nursing program. Participants described how the combination of lack of support from teaching staff, dissatisfaction with the quality of the program, and negative experiences during clinical placement prompted them to consider leaving the program. Furthermore, students explained that during clinical placements, it was more important to feel part of the team than what type of patient assignments they received (ten Hoeve et al., 2017).

Results from a study with nursing students (N = 550) from six nursing programs in Belgium showed a low resilience score had a significant influence on participants’ intention to leave ($R^2 = 0.169, p < 0.001$; Van Hoek et al., 2019). Participants ($n = 196$) who considered dropping out of the program had not only a significantly lower resilience score but were also more likely to use destructive stress reduction techniques such as alcohol abuse and self-mutilation and had a history of suicide attempts (Van Hoek et al., 2019).

Results of another study about former students’ ($N = 11$) reasons for late program dropout showed not a single participant had left the nursing program because of financial or academic reasons (Bakker et al., 2019). To the contrary, participants described how their negative experiences during clinical placements contributed the most to their decision to leave the program. These findings were particularly disconcerting when considering that the nursing students had left the program in the third year. In another more recent systematic review by Chan et al. (2019), the perceived lack of caring and
support from faculty and staff during clinical placements was also identified as a factor contributing to nursing student attrition. These types of findings were not exclusive to nursing students. Undergraduate students in an early childhood education program expressed a ‘sense of belonging’ was the dominant factor for them to remain in the program (Kirk, 2018).

Qualitative data from this research were also consistent with the literature and showed external factors such as teacher actions and behavior affected participants’ sense of empowerment. Participants described how teachers were reluctant to listen and were prone to doubt students and their efforts. Those experiences prevented them from feeling powerful. Such a lack of responsiveness makes teaching not only ineffective but could contribute to the attrition of nursing students, a conclusion further supported in several studies (Glew et al., 2019; Onovo, 2019; Smith-Wacholz, Wetmore, Conway, & McCarley, 2019).

In a large study conducted in Australia, nursing students \( N = 2,827 \) who enrolled in a support program embedded within the nursing program for academic literacy and language skills development were seven times more likely to continue in the nursing program than students who did not enroll (Glew et al., 2019). Onovo (2019) attempted to uncover what immigrant ESL students \( N = 6 \) believed to have interfered with their learning in a fundamentals of nursing practice course. Lack of support and mentoring from faculty was one of the main themes identified (Onovo, 2019). An integrative review of effectiveness of interventions implemented to increase the retention of first-year nursing students showed faculty support, mentoring, and demonstrated empathy toward students reduced attrition (Smith-Wacholz et al., 2019). Students want to be
heard, feel empowered, and that they belong; nurse educators could support those feelings by treating students as partners, rather than problems, in the teaching and learning process (Weimer, 2013).

A surprising finding of this investigation was the lack of a significant correlation among any of the demographic predictor variables and learner empowerment. The absence of a significant effect related to student attributes including age, gender, language proficiency, and ethnicity on perceived individual empowerment and intent to leave was inconsistent with extant literature that examined similar concepts (Barbé et al., 2018; Khalaila, 2015; Kirk et al., 2016; Mailloux, 2006; Pitt et al., 2012). Mthimunye and Daniels (2019) found in their systematic review of retention among undergraduate nursing students that age, gender, and proficiency in the host country’s language were the most consistent predictors of academic performance and success as well as program completion.

There are several plausible explanations for the lack of statistically significant findings in this study. The most likely reason was the fact that the final sample did not reach the desired size. A priori power analysis had recommended a minimum of 138 subjects to predict a medium-sized effect in the regression model. Due to time constraints, the survey was closed after approximately six weeks. At that time, a total of 100 students had responded to the online survey. Of those, only 70 responses contained sufficient data (subject responded to all items on the LEM and ELUS-11) to be included in the statistical analyses. The negative effect of the small sample was also evident in the regression model’s high standard error of the estimate (16.95). Such a large standard
error indicated a great deal of variability existed in the sample. With a larger sample, this phenomenon would be less likely to occur.

The findings might also indicate personal characteristics of students did not factor into perception of empowerment as much as hypothesized for this study. The adapted framework focused primarily on individual attributes. However, it was possible a nursing program was experienced in more uniform ways than was predicted. In that case, future research should place a greater focus on environmental events that feed into students’ cognitive meaning-making processes (Thomas & Velthouse, 1990). Furthermore, this study did not consider the role of interpretative style (attributing, evaluating, or envisioning) students used to interpret events in their learning environment. Thomas and Velthouse (1990) described those three interpretive styles as developed habits for how an individual contributed to his or her own empowerment or disempowerment—habits that could change.

A more robust sample of African American participants could potentially have yielded statistical significance with the demographic variable of ethnicity included in this study. Another explanation related to the homogeneity of the sample with regard to English proficiency. The majority of students scored themselves as speaking only English or more English than non-English. A more heterogeneous sample with greater linguistic diversity among the students might have provided greater insight into the relationship between this variable and perceptions of empowerment. This could have been accomplished by using a more purposive sampling approach in which students with low English proficiency would be pre-identified and recruited.
Limitations of the Study

The biggest limitation to this study was the small sample. Although web-based surveys allow for sampling across large geographical distances and from multiple settings, they contain the risk of a high nonresponse rate. To preserve the anonymity of respondents, contact information such as an email address was not collected and, thus, reminder emails could not be sent. Data obtained were self-reported and despite language in the survey that emphasized anonymity and confidentiality, student responses might have been subject to social desirability bias.

Homogeneity of the sample with regard to language and ethnic diversity was another limitation. Untested validity and reliability of the researcher-developed Intent To Leave instrument also presented a limitation for this study. The study was carried out with prelicensure, associate, and baccalaureate nursing students in the Unites States and any generalizations to other contexts would need to be made with caution.

It was also possible students who felt less empowered to begin with chose not to participate in the study. Since there was no measurement of participants’ perceptions of their individual empowerment when they started the nursing program, it was impossible to know if their perception had changed. To examine if causal relationships existed between the study variables, a longitudinal and prospective design would be needed.

Other predictors shown to relate to nursing student empowerment (e.g., locus of control, available support resources) were not measured. In addition, confounding or extraneous variables that were not accounted for in the predictor model could have influenced participants’ perceptions of their empowerment. Unconscious bias and apophenia on the part of the researcher could have influenced the design of the study and
the interpretation of the qualitative data. Despite those limitations, the present study provided insight into individual empowerment of nursing students and their intent to leave the program, which has not been studied in this context thus far.

**Implications for Nursing Education**

Attrition of prelicensure nursing students continues to pose a vexing problem for nursing education programs worldwide (Barbé et al., 2018; Eick et al., 2012; Mthimunye & Daniels, 2019; Pitt et al., 2012). This study revealed that nursing students who scored lower on learner empowerment showed a greater intent to leave their program. The findings supported and further illuminated the small body of evidence about learner empowerment in prelicensure nursing students. Nurse educators must acknowledge their responsibility in promoting empowerment of students as part of a broader approach to mitigating the attrition of nursing students in general and minority students in particular. Respondent statements in this study such as “it has been a struggle, especially against camouflaged racism of some instructors” serve as a reminder of the existence of implicit bias; thus, the potential effect of bias in nursing education on student empowerment should be further examined.

The results of this study offered additional evidence for the assertion that teacher behavior influences student perceptions of their empowerment (Cakir, 2015). Although there are student characteristics that lie outside of the sphere of influence of the instructor, educators could help students feel positive about themselves and in control of their learning by establishing a learning environment where the focus is on empowering students rather than the transfer of information. This holds true for the classroom as well as the clinical setting. Nursing faculty need to recognize that nursing curricula tend to be
unconsciously saturated with ethnocentric assumptions that perpetuate the false belief that norms and expectations are understood by all students (Brunton & Jeffrey, 2014).

Moreover, faculty members have to be on the lookout for the unintentional separation of students into groups along ethnic lines. Such separation further increases the cultural distance from the host culture for diverse students and lowers their sense of belonging, both of which have been found to affect learner empowerment (Brunton & Jeffrey, 2014; Davies & Gonzalez, 2017). When students feel as if they belong, they are more likely to complete the nursing program (Bakker et al., 2019; Englund, 2018; Kirk, 2018). Students from diverse backgrounds undergo an academic acculturation process when entering a nursing program. This process could be supported by implementing strategies that purposefully integrate diverse cultural perspectives into classroom discussions and activities.

In general, nursing programs tend to emphasize such desired learning outcomes as self-regulation and life-long learning. Students who struggle in those developmental areas are viewed through a deficit lens and are forced into remedial programs that tend to make students feel even more less capable and competent (Weuffen, Fotinatos, & Andrews, 2018). But those academic deficits are not fixed concepts and it is time to stop viewing them as such. Instead, nurse educators should adopt the view that bi- or multilingualism is a strength, not a weakness, and empower students to use this and other strengths related to their unique linguistic and cultural knowledge in the learning environment (Brunton & Jeffrey, 2014; Davies & Gonzalez, 2017).

The results of this study suggested individual learner empowerment could serve as a metric for assessing the effectiveness of classroom practices and teacher behaviors
and providing the means to hold teachers accountable for the learning environment they create (Kirk et al., 2016). Measuring individual empowerment might also allow for the measurement of learning in the affective domain not reflected in standardized test scores or grade point averages. By placing greater emphasis on learner empowerment, the focus of nurse educators and administrators would change from a historically narrow, teacher-focused view to a more student-centered and holistic approach (Kirk et al., 2016; Weimer, 2013).

Findings from this study could assist nurse educators in monitoring environmental influences on learner empowerment, especially during clinical placement. Ideally, practice settings could provide students with experiences that are empowering and support student nurse decision-making. Because clinical placements play a critical role in the socialization of students to the profession, schools of nursing need to ensure clinical faculty and staff role model positive leadership behaviors that further support learner empowerment.

**Recommendations for Future Research**

There remains a paucity of research about learner empowerment in prelicensure nursing students. Although the results of this preliminary study showed learner empowerment was associated with intent to leave the program, longitudinal and prospective studies are needed to further explore the possibility of a causal relationship between these variables. The predictor variables in this study (age, gender, ethnicity, language proficiency, ADN or BSN program) proved not to be contributing factors to learner empowerment. This was inconsistent with the literature that demonstrated non-
White and linguistically diverse students generally reported feeling less empowered than White native-English speaking students.

However, the information related to the statements regarding what helped or prevented students from feeling empowered is important to consider. Student responses such as “I feel pretty small and like I don’t know as much as I should about the career that I am about to become a part of” should give nurse educators pause and incentive to further study what specific teacher behaviors students identified as empowering or disempowering. Based on the realities of a lack of diversity in the nursing workforce and greater attrition rate of CALD nursing students, nurse educators must continue to explore and examine internal and external factors that interfere with CALD students’ perceptions of empowerment and contribute to the greater likelihood of them leaving the nursing program.

Research should continue using larger samples with more ethnic and linguistic diversity among subjects and should ideally include subjects from all 50 states. Other designs such as mixed methods research could provide more salient data on how empowerment is perceived by prelicensure nursing students.

Conclusion

Nursing student attrition is a persistent, multifactorial problem affecting prelicensure nursing programs worldwide. To date, no single remedy has been identified to improve the retention of prelicensure nursing students and, in particular, CALD students. One factor not included in the growing array of reasons for why students leave their nursing program is individual learner empowerment. This study advanced nursing education science by testing a proposed conceptual model to further explain relationships
among personal attributes, individual empowerment, and intent to leave the program. The results added to the existing body of knowledge about the role of individual empowerment in the learning environment by suggesting a more empowered nursing student is less inclined to leave his/her program of study. Furthermore, the fact that individual student characteristics such as ethnicity and English proficiency did not predict learner empowerment hinted at the possibility that individual empowerment was a more universally-perceived phenomenon than conceptually hypothesized in this study or empowerment at other levels such as structural or organizational influenced the individual-level empowerment of participants.

As Freire (2000) asserted, education represents an influential setting that could either empower or oppress. When learners feel empowered, educational outcomes are overwhelmingly positive and include greater knowledge, participation, and retention. Feeling powerless, on the other hand, makes students feel hopeless and more likely to consider leaving their program. Finally, until nurse educators recognize the important role learner empowerment plays in teaching and learning and accept their responsibility in creating empowering experiences for all students, attrition due to students leaving voluntarily will most likely continue. In addition, based on the recommendations of the IOM (2010) and National Academies of Sciences, Engineering, and Medicine (2016) for nursing to assume a greater leadership role in the healthcare system of tomorrow, nursing education must concern itself with sowing the seeds of empowerment in nursing school and, hence, support students in becoming future empowered nurses.
REFERENCES


Henderson, S., Barker, M., & Mak, A. (2016). Strategies used by nurses, academics and students to overcome intercultural communication challenges. *Nurse Education in Practice, 16*(1), 71–78. doi.org/10.1016/j.nepr.2015.08.010


APPENDIX A

INVITATION TO PARTICIPATE
Dear Colleague,

I am a PhD candidate at the University of Northern Colorado and am researching the effects of English proficiency on nursing student empowerment and intent to leave the nursing program. I am asking for your help in recruiting prelicensure ADN or BSN nursing students in the United States to participate in a brief online survey.

If you are interested and able to help, please copy and paste the following text into an email and send to as many nursing students as you can. Please forward this message to other nurse educators who currently work with prelicensure ADN or BSN nursing students in the U.S. Thank you very much!

Dear Nursing Student,

You are invited to participate in a research study that is looking at nursing student empowerment and intent to leave the program. Your participation is completely voluntary and NO personal information or IP addresses will be collected. Click on the link below or scan the QR code with your mobile device if you would like to participate. Please forward this email to other prelicensure (ADN or BSN) nursing students or post it to your social media account(s). Thank you very much!

https://www.surveymonkey.com/r/PDOIXFR

https://www.surveymonkey.com/r/PDOIXFR

https://www.surveymonkey.com/r/PDOIXFR

https://www.surveymonkey.com/r/PDOIXFR
APPENDIX B

G*POWER A PRIORI SAMPLE SIZE ANALYSIS
### Protocol of Power Analyses

**F tests** - Linear multiple regression: Fixed model, $R^2$ increase

**Analysis:** A priori: Compute required sample size

**Input:**
- Effect size $f^2$ = 0.15
- $\alpha$ err prob = 0.05
- Power (1-$\beta$ err prob) = 0.95
- Number of tested predictors = 5
- Total number of predictors = 5

**Output:**
- Noncentrality parameter $\lambda$ = 20.7000000
- Critical $F$ = 2.2828562
- Numerator df = 5
- Denominator df = 132
- Total sample size = 138
- Actual power = 0.9507643

**Test family:** F tests

**Statistical test:** Linear multiple regression: Fixed model, $R^2$ increase

**Type of power analysis:** A priori: Compute required sample size - given $\alpha$, power, and effect size

**Input Parameters**
- Effect size $f^2$ = 0.15
- $\alpha$ err prob = 0.05
- Power (1-$\beta$ err prob) = 0.95
- Number of tested predictors = 5
- Total number of predictors = 5

**Output Parameters**
- Noncentrality parameter $\lambda$ = 20.7000000
- Critical $F$ = 2.2828562
- Numerator df = 5
- Denominator df = 132
- Total sample size = 138
- Actual power = 0.9507643
DATE: April 10, 2019

TO: Nadja James, PhD

FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1405678-2] Effects of English proficiency on nursing student empowerment and intent to leave the program.

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: April 10, 2019

EXPIRATION DATE: April 10, 2023

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Best of luck with your research, Nadja!

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Nicole Morse at 970-351-1910 or nicole.morse@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB’s records.
APPENDIX D

STUDY SURVEY
Nursing Student Empowerment

This study aims to examine the effect of English proficiency on nursing student empowerment and intent to leave the program. Findings from this research will hopefully provide nurse educators with new knowledge to support student empowerment and, thus, help with decreasing attrition, reducing horizontal and vertical violence, increasing diversity in the nursing workforce, and preparing nurses to become change agents and leaders in healthcare.

In this study, you will be asked to complete a survey that consists of questions about demographic information, student empowerment, English language usage, intent to leave the nursing program, and open-ended questions where you can write about how powerful you currently feel and what sort of things make you feel more or less powerful as a nursing student.
Nursing Student Empowerment

STUDY INFORMATION
Researcher: Nadja James, MSN, MHA, RN
PhD student in Nursing Education
University of Northern Colorado, Greeley, CO
https://www.unco.edu/
Email: jame5333@bears.unco.edu

Research Advisor: Dr. Jeanette McNeill
Ph: 970-351-1704
Email: jeanne.mcnell@unco.edu

INFORMED CONSENT

The research survey you are asked to complete as a participant consists of questions about demographic information, student empowerment, English language usage, and intent to leave the nursing program. All questions require an answer before you can proceed to the next section. For some questions, you have the option to select the answer choice “Prefer not to answer”.

It will take approximately 15 minutes to complete the survey.

Risks: Risk of participating is minimal and can consist of the risk that reflecting on personal experiences will elicit unpleasant memories and feelings of anxiety, anger, or distress.
Benefits: Potential benefits to you include gaining insight into your educational experience and how that experience has shaped your perception of yourself as a future nurse. Additional benefits include learning something about yourself, possibly leading to personal growth and a deeper understanding of the student role and student empowerment in the nursing education setting.

No personal identifying information such as your name or address will be asked of you or included with the research results. Please do not include any personal information with your answers. Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled.

Please take your time to read and thoroughly review this document and decide whether you would like to participate in this research study. If you decide to participate, your completion of the research procedures indicates your consent. Please keep or print this form for your records. If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, Office of Research, Kepner Hall, University of Northern Colorado, Greeley, CO 80639; 970-351-1010.

I have read the informed consent information above and agree to participate in this study.

☐ Yes
☐ No
Nursing Student Empowerment

Are you currently enrolled and taking classes in an ADN or BSN nursing program in the U.S.?

- Yes
- No

What type of program is it?

- Associate degree in nursing (ADN) program
- Bachelor's degree in nursing (BSN) program
- Other (please specify)

In what state is the nursing school you are currently attending located?

What is your age? (please enter a whole number between 18 and 99)

What is your gender?

- Female
- Male
- Other
- Prefer not to answer

What is your ethnicity?

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Multi-ethnic
- Another ethnicity
- Prefer not to answer
Nursing Student Empowerment

Think of a nursing course you are currently taking. If you are taking more than one, select just one. What kind of course is it? Examples: Clinical, lecture or theory, lab only, community practicum, and so on. Please briefly describe the course:

Now take a few moments and visualize the course or classroom setting and atmosphere. Then respond to each of the following statements about that course/class. There are no right or wrong answers.

I have the power to make a difference in how things are done in this course.

Never  Rarely  Occasionally  Often  Very Often

I feel appreciated in this course.

Never  Rarely  Occasionally  Often  Very Often

The tasks required of me in this course are personally meaningful.

Never  Rarely  Occasionally  Often  Very Often

I feel confident that I can adequately perform my schoolwork.

Never  Rarely  Occasionally  Often  Very Often

I have a choice in the methods I can use to perform my schoolwork.

Never  Rarely  Occasionally  Often  Very Often

I can influence the instructor.

Never  Rarely  Occasionally  Often  Very Often
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<tr>
<th>I look forward to going to class.</th>
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<th>I feel intimidated by what is required of me in this course.</th>
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<th>My participation is important to the success of this course.</th>
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<th>I have no freedom to choose in this course.</th>
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<th>This course is exciting.</th>
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<th>I possess the necessary skills to perform successfully in the course.</th>
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<th>I have freedom to choose among options in this course.</th>
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<th>I make a difference in the learning that goes on in this course.</th>
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<th>This course is boring.</th>
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<th>I feel unable to do the work in this course.</th>
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I can make an impact on the way things are run in this course.

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I have the opportunity to contribute to the learning of others in this course.

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This course is interesting.

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I believe that I am capable of achieving my goals in this course.

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Alternative approaches to learning are encouraged in this course.

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I have the opportunity to make important decisions in this course.

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The tasks required of me in this course are valuable to me.

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I have faith in my ability to do well in this course.

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I cannot influence what happens in this course.

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The information in this course is useful.

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I have the qualifications to succeed in this course.

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I have the power to create a supportive learning environment in this course.

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This course will help me achieve my future goals.

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I lack confidence in my ability to perform the tasks in this course.

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My contribution to this course makes no difference.

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The tasks required in this course are a waste of my time.

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I feel very competent in this course.

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

I can determine how tasks can be performed.

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

This course is not important to me.

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Nursing Student Empowerment

Please indicate which statement best describes your English language usage outside of school.

**In general, what language(s) do you speak?**

<table>
<thead>
<tr>
<th>Only NON English (language(s))</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**In general, what language(s) do you read?**

<table>
<thead>
<tr>
<th>Only NON English (language(s))</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**What language(s) do you usually speak at home?**

<table>
<thead>
<tr>
<th>Only NON English (language(s))</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
<tbody>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**In which language(s) do you usually think?**

<table>
<thead>
<tr>
<th>Only NON English (language(s))</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**What language(s) do you usually speak with your friends?**

<table>
<thead>
<tr>
<th>Only NON English (language(s))</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
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<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

**What language do you usually listen to news broadcasts (for example on TV, radio, internet)?**

<table>
<thead>
<tr>
<th>Only NON English (language(s))</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**What language(s) do you usually watch movies without subtitles?**

<table>
<thead>
<tr>
<th>Only NON English (language(s))</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
When reading a passage in a book, in which language(s) are you able to grasp the main ideas without referring to a dictionary?

<table>
<thead>
<tr>
<th>Only NON English language(s)</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
</table>

When taking notes at a presentation, in which language are you able to write quickly without errors?

<table>
<thead>
<tr>
<th>Only NON English language(s)</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
</table>

In which language(s) are you able to write information about events from memory without using a dictionary?

<table>
<thead>
<tr>
<th>Only NON English language(s)</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
</table>

In general, which language do you prefer to use?

<table>
<thead>
<tr>
<th>Only NON English language(s)</th>
<th>More NON English than English</th>
<th>Both NON English and English equally</th>
<th>More English than non-English</th>
<th>ONLY English</th>
</tr>
</thead>
</table>
Nursing Student Empowerment

For this study, intent to leave is defined as being determined to or planning to voluntarily leave the nursing program for nonacademic reasons prior to completion/graduation. Nonacademic means any reason other than a failing grade. Please indicate your agreement or disagreement with each statement below.

I have seriously considered leaving my current nursing program.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

It is likely that I will leave this nursing program in the next 12 months.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

I plan to remain at my current college/university, but it is likely that I will change from nursing to a different major/program.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Nursing Student Empowerment

The next several questions are open-ended. Your answers will help to further explore perceived empowerment of nursing students.

Sometimes students feel powerful and sometimes they don’t. Describe how you currently feel about your own personal power in nursing school.

What do you think helps you feel powerful in nursing school?

What interferes with or prevents you from feeling powerful in nursing school?
APPENDIX E

LEARNER EMPOWERMENT MEASURE
Scale

Learner Empowerment (Frymier, Schulman, & Houser)**
Instructions: Please respond to the statements in terms of the class you take (prior to this one, after this one). Visualize the class situation or atmosphere. Please use the following scale to respond to each of the following statements.

Never = 0  Rarely = 1  Occasionally = 2  Often = 3  Very Often = 4

Impact

1. I have the power to make a difference in how things are done in this class.
2. I have a choice in the methods I can use to perform my work.
3. My participation is important to the success of this class.
4. I have freedom to choose among options in this class.
5. I can make an impact on the way things are run in this class.
6. Alternative approaches to learning are encouraged in this class.
7. I have the opportunity to contribute to the learning of others in this class.
8. I have the opportunity to make important decisions in this class.
9. I cannot influence what happens in this class. (R)
10. I have the power to create a supportive learning environment in this class.
11. My contribution to this class makes no difference. (R)
12. I can determine how tasks can be performed.
13. I make a difference in the learning that goes on in this class.
14. I have no freedom to choose in this class. (R)
15. I can influence the instructor.
16. I feel appreciated in this class.

Meaningfulness

1. The tasks required of me in this class are personally meaningful.
2 I look forward to going to this class.
3 This class is exciting.
4 This class is boring. (R)
5 This class is interesting.
6 The tasks required of me in this class are valuable to me.
7 The information in this class is useful.
8 This course will help me achieve my future goals.
9 The tasks required in this course are a waste of my time. (R)
10 This class is not important to me. (R)

Competence

1 I feel confident that I can adequately perform my duties.
2 I feel intimidated by what is required of me in this class. (R)
3 I possess the necessary skills to perform successfully in class.
4 I feel unable to do the work in this class. (R)
5 I believe that I am capable of achieving my goals in this class.
6 I have faith in my ability to do well in this class.
7 I have the qualifications to succeed in this class.
8 I lack confidence in my ability to perform the tasks in this class. (R)
9 I feel very competent in this class.

Note 1: Items should be randomly mixed to avoid response bias. (R) Item should be reverse-coded prior to scoring.

Note 2: The Weber, Martin, & Cayanus*** 18-item measure contains Impact items 1, 3, 9, 15, Meaningfulness item 10, and Competence item 9 plus the following:

1 I can help others learn in this class.
2 My participation in this class makes no difference.
3 The work that I do in this class is meaningful to me.
4 The work that I do for this class is valuable to me.
5 The things I learn in this class are useful.
6 This class will help me achieve my goals in life.
7 The work I do in this class is a waste of my time.
8 I can do well in this class.
9 I don’t think that I can do the work in this class.
10 I believe in my ability to do well in this class.
11 I have what it takes to do well in this class.
12 I don’t have the confidence in my ability to do well in this class.

* indicates an a priori choice dimension item

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APPENDIX F

PERMISSION TO USE LEARNER EMPOWERMENT MEASURE
From: Frymier Ann
To: James Nadja
Cc: (UNC) Roehrs Carol

Re: Learner Empowerment Measure
November 20, 2017 at 8:03 AM

Nadja,
Thank you for your interest in the learner empowerment measure. You are welcome
to use the scale in your research. It is in the public domain so there is no charge or
limitations on using the scale.

I hope it serves your research well. Best wishes --

Dr. Ann Bainbridge Frymier
Chair of Institutional Review Board
Professor
Media, Journalism, & Film
Miami University
160 Bachelor Hall
(513) 529-7473
APPENDIX G

ENGLISH LANGUAGE USAGE SCALE-11
### English Language Usage Scale (ELUS-11)

**Instructions:** Please indicate how descriptive each statement is of you by circling the number corresponding to your response.

<table>
<thead>
<tr>
<th></th>
<th>In general, what language(s) do you speak?</th>
<th>Only non-English language(s)</th>
<th>More non-English than English</th>
<th>Both non-English &amp; English equally</th>
<th>More English than non-English</th>
<th>Only English</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>What language(s) do you usually speak at home?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>In which language(s) do you usually think?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>What language(s) do you usually speak with your friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>What language do you usually listen to news broadcasts (e.g. on TV, radio, internet)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>What language(s) do you usually watch movies without subtitles?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>When reading a passage, in which language(s) are you able to grasp the main ideas without referring to a dictionary?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>When taking notes at a presentation, in which language are you able to write quickly without errors?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>In which language(s) are you able to write information about events from memory without using a dictionary?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>In general, which language do you prefer to use?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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APPENDIX H

PERMISSION TO USE ENGLISH LANGUAGE
USAGE SCALE-11
RE: permission to use ELAS

Yenna Salamonson <Y.Salamonson@westernsydney.edu.au>

Tue 5/4/2016 8:36 AM

To: Nadja <Nadja@unsw.edu.au>
Cc: Dunmore, Kathleen <Kathleen.Unsw.edu.au>

0 7 attachments (1 MB)

Dear Nadja,

Thank you for your interest in our 5-item ELAS. Of course you can use our tool for your research. Just to also let you know that we have since developed a more elaborate 11-item ELUS that you may like to consider instead, as this measures all 4 components of language usage (listening, speaking, reading & writing). Having said that, the ELAS is equally as predictive as the ELUS-11 regarding academic performance. I have attached both tools for your consideration, as well as related literature on the tool (ELUS-11, only a poster presentation at this stage - still writing up the paper).

Best wishes in your studies, Nadja.

Yenna Salamonson
School of Nursing and Midwifery | Centre for Applied Nursing Research
Affiliate Member - Ingham Institute for Applied Medical Research
Western Sydney University
Building 7 Rooms 15, Campbelltown Campus
Narramia Road, Cnr David Pilgrim Drive & Goldsmith Avenue

Locked Bag 1997 Penrith NSW 2751
P: 4630 3522 | F: 4630 3514 | E: yenna.salamonson@westernsydney.edu.au
www.westernsydney.edu.au/nursingandmidwifery
Yenna's webpage

Western Sydney University

Ranked Top 50 World University Rankings for Nursing

https://www.facebook.com/News-WesternSydneyUniversity?ref=page_internal
APPENDIX I

INTENT TO LEAVE NURSING PROGRAM
INSTRUMENT
Instructions: For this study, intent to leave is defined as being determined to or planning to voluntarily leave the nursing program for nonacademic reasons prior to completion/graduation. Nonacademic means any reason other than a failing grade. Please indicate your agreement or disagreement with each statement below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have seriously considered leaving my current nursing program.</td>
<td>(0)</td>
<td>[1]</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>It is likely that I will leave this nursing program in the next 12 months.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I plan to remain at my current college/university, but it is likely that I will change from nursing to a different major/program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX J

EXAMPLE OF INVITATION EMAIL
From: James, Nadja
Sent: Sunday, April 28, 2019 2:30 PM
Subject: Nursing Student Empowerment

Dear Nursing Program Administrator,

I am a PhD candidate in Nursing Education at the University of Northern Colorado and am researching the effects of English proficiency on nursing student empowerment and intent to leave the nursing program. I am asking for your help in recruiting prelicensure nursing students to participate in a brief online survey.

https://www.surveymonkey.com/r/PDO1XBR

I have attached my IRB approval for your review. I greatly appreciate your assistance.

Sincerely,
Nadja James, PhD(c), MSN, MHA, RN
University of Northern Colorado, Greeley, CO
Home Address: 201 N Erie Street, Wheaton, IL, 60187
M: 630-841-9867
W: 312-525-3715
School email: James5333@bears.unco.edu
Work email: njames@ncsbn.org

Committee Chair:
Dr. Jeanette McNeill, DrPH, RN, CNE, ANEF
Assistant Director of Graduate Programs
Coordinator, PhD in Nursing Education program
School of Nursing
University of Northern Colorado
Jeanette.mcneill@unco.edu
970-351-1704