



The effect of structural empowerment and organizational commitment on Chinese nurses' job satisfaction



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ABSTRACT

Purposes: The purposes of this study were (1) to examine the level of structural empowerment, organizational commitment and job satisfaction in Chinese nurses; and (2) to investigate the relationships among the three variables.

Background: A high turnover rate was identified in Chinese staff nurses, and it was highly correlated with lower job satisfaction. Structural empowerment and organizational commitment have been positively related to job satisfaction in western countries.

Methods: A cross-sectional survey design was employed. Data analysis included descriptive statistics and multiple step-wise regression to test the hypothesized model.

Results: Moderate levels of the three variables were found in this study. Both empowerment and commitment were found to be significantly associated with job satisfaction ($r = 0.722$, $r = 0.693$, $p < 0.01$, respectively). The variables of work objectives, resources, support and informal power, normative and ideal commitment were significant predictors of job satisfaction.

Conclusions: Support for an expanded model of Kanter's structural empowerment was achieved in this study.

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1. Introduction

A serious shortage and a high turnover of nurses have become global issues (Baernholdt & Mark, 2009), and studies have found that nurse turnover was highly linked with job satisfaction (Sullivan, 2009). As a result, the exploration of nurses' job satisfaction and its underpinning variables are of growing importance for the international nursing community to explore. According to Vinita, Ken, and Ann (2009), lower job satisfaction resulted in professional burnout and increased sick leave and absenteeism. In addition, lower job satisfaction has been linked to reduced patient care quality and lower patient satisfaction (Szecsenyi, Goetz, Campbell, et al., 2011). Organizational administrators have the responsibility for helping to increase nurses' job satisfaction.

The Ministry of Health (2012) estimated that the nursing workforce in China was 2,244,000 persons—a ratio of 1.66 nurses per 1,000 people. The causes of nurse shortage vary across different countries. For China, three main reasons exist. Firstly, with the increase of both the population and elder people, more and more nurses are needed in China. The number of graduates from all programs each year is not sufficient to meet the needs of the country. Secondly, nurses' poor working conditions are related to the shortage. Conditions include the poor position, hard work, and relative lower

pay that causes work stress and strain, which have caused a high degree of dissatisfaction among nurses as a whole. As a consequence, nurses are seeking employment in other fields, which exacerbates the nursing shortage even more (Cao, Shi, Chen, et al., 2013). Thirdly, more and more international RNs migrate to western countries where opportunities and salaries are better over the last 20 years, such as North America and Europe. The migration fills the gaps of western countries' healthcare needs, but this migration makes the shortage more severe for the exporting nations, such as China.

According to Kanter (1977), empowerment was highly related with organizational effectiveness. Therefore, understanding how organizations create structural empowering workplaces to bring about positive nurse outcomes is significant. Many independent variables, including personal, organizational and contextual characteristics, have been proven to have positive effects on nurses' job satisfaction in western countries. Some Chinese nurse administrators have become more aware of the significance of empowering working settings and the relationships among the three study variables. However, scant studies are available on this issue in China. The purpose of this study was to explore the relationships among work empowerment, organizational commitment and job satisfaction among nurses in China.

1.1. Review of the literature

Power is defined as the ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the

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goals he or she is attempting to meet (Kanter, 1993). The concept of structural empowerment originated from Kanter's Theory of Structural Power in Organizations, which describes the conditions of the work environment. Kanter's theory (1977) states that in an empowered work environment, the work activity of empowered employees would be enhanced. Empowered employees have less work pressure and job burn-out, and therefore, are more likely to accomplish their work successfully and be satisfied with their jobs. Lautizi, Laschinger, and Ravazzolo (2009) argued that structural empowerment was the core of the work environment and included organizational strategies for individuals to work in an empowered environment and enable these individuals to accomplish the work effectively.

Kanter's organizational empowerment structures stems from four sources: access to information, receiving support, the ability to mobilize resources, and the structure of opportunity. Access to information means that employees have the chance to learn the organizational decisions, policies, data, as well as goals. At the same time, employees should also have technical knowledge and expertise for achieving their work effectively in the work place. When employees get feedback and leadership from superiors, peers and subordinates, it means that they have received the support. Access to resources relates to one's ability to acquire money, materials, time, and equipment to finish work and organizational aims. Access to opportunity refers to job conditions, which provide more learning, challenges, knowledge, and skills for employees to advance and develop. According to Kanter's (1993) model of structural empowerment, the four structural factors within the work environment have a greater impact on employees' work attitudes and behaviors than personal predispositions or socialization experiences. Structural empowerment comes from both the formal and informal systems in the workplace.

A growing number of studies have supported Kanter's empowerment theory in the nursing staff members and have linked empowerment to various organizational outcomes. The outcomes included organizational commitment (Laschinger, Finegan, & Wilk, 2009), job satisfaction (Laschinger, Leiter, Day, & Gilin, 2009; Sun, He, & Wang, 2009), lower levels of burnout, and job strain (Manojlovich, 2003). A convenience sample of 416 nurses was tested in Korea (Han, Ja, & Kyoung, 2009). The results showed structural empowerment was related to job satisfaction and organizational commitment. Similar results were found in Taiwan (Kuo, Yin, & Li, 2008) and Italy (Lautizi et al., 2009).

Organizational commitment, as the relative strength of an individual's involvement in and identification with a particular organization, is a crucial issue in current restructured health care settings. Organizational commitment is a multidimensional work attitude, determined to include affective, continuance, and normative commitment. Allen and Meyer (1990) have demonstrated that organizational commitment positively associated with job satisfaction, job retention as well as job performance. In this study, organizational commitment is defined by Lin, Zhang, and Fang (2001) as the strong desire of an employee to maintain membership of an organization. He described five components of organizational commitment: affective, normative, ideal, economic, and opportunity commitment. Affective commitment refers to an employee's emotional attachment to and identification with the organization. The employee is willing to consecrate to the survival and development of the organization, even without any kind of reward, and never consider job-hopping in any temptation. Normative commitment refers to an employee's desire to stay with the organization based on a sense of duty, social norms, or ethical standards. Ideal commitment refers to an employee's attention paid to personal growth and the pursuit of realization of the ideal. The employee concerns about whether the individual expertise can be exerted in the organization. Economic commitment refers to an employee's fear of suffering economic loss

after leaving the organization. Opportunity commitment refers to an employee's fundamental reason to stay in the organization in that no more satisfying job could be found or no opportunity is found to look for another job due to the employees' low level of technology skills.

Employees who were highly committed to the organization might increase their willingness to be involved in the organization's activities to stay with the employing organization (Felfe, Schmook, Schyns, & Six, 2008). Thus, the nurse manager must assess the nurses' commitment levels to better understand what motivates nurses. The mediating role of organizational commitment has been proven in the perceptions of the practice environment–intention to leave relationship (Liou & Grobe, 2008).

Job satisfaction represents the degree to which employees' needs and wants are satisfied within the workplace (Utriainen & Kyngs, 2009). Namely, job satisfaction is related to the extent to which individuals love or enjoy their jobs. Job satisfaction comprised of three components: intrinsic, extrinsic, and general job satisfaction. Intrinsic job satisfaction refers to individuals' value in the light of their creativity, future development and stability, opportunities for resource mobilization derived from their work. Extrinsic job satisfaction includes factors related to job performance within the workplace, which refers to salary, promotion and the management. General job satisfaction refers to the work environment and relationship between the employees.

Many independent variables influenced nurses' job satisfaction. Studies have found that autonomy was the strongest predictor of nurses' job satisfaction, which was subsequently related to nurse retention (George & Meg, 2009). Laschinger (2008) indicated that a statistically significant positive relationship existed between structural empowerment and perceived control over nursing practice, which in turn reflected positively on job satisfaction. A convenient sample of 416 nurses was tested in Korea (Han et al., 2009), and the results showed that structural empowerment was related to job satisfaction.

In conclusion, structural empowerment can increase nurses' job satisfaction by optimizing use of professional expertise and nursing skills. Structural empowerment and organizational commitment are linked. Because job dissatisfaction is a primary cause of turnover in the nursing population, previous findings have important implications in the current shortage of nursing staff in China as in other countries. In this study, the relationships among structural empowerment, organizational commitment, and job satisfaction of RNs working in China are tested. Kanter's organizational empowerment theory provides the theoretical framework for this study.

1.2. Hypotheses

It is significant to investigate whether or not support for an expanded model of Kanter's organizational empowerment theory was achieved in Chinese nurses. Thus, we tested two hypotheses in a sample of Chinese nurses:

- Staff nurses' structural empowerment is statistically related to their organizational commitment and job satisfaction.
- Staff nurses with high levels of empowerment and organizational commitment are more satisfied with their jobs.

2. Methods

2.1. Design and sample

A cross-sectional survey design was used in the present study. A convenience sample of 600 full-time qualified nurses employed by five tertiary first-class hospitals in Tianjin was surveyed. The five teaching hospitals are in the highest Chinese health-care system ranking by the Ministry of Health. Of 600 questionnaires, 574

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