



Structural empowerment, job stress and burnout of nurses in China



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ABSTRACT

Purpose: To investigate the status of structural empowerment, job stress and burnout in China, and to explore the relationships among them.

Methods: The questionnaires of CWEQ-II, job stressors and MBI were used to investigate 1002 nurses working at tertiary-level hospitals.

Results: The average score of CWEQ-II was 2.23 ± 0.59 . The score of EE of MBI was 29.75 ± 13.94 , PA was 27.40 ± 11.21 , both of them showed a high level of exhaustion, DP was 8.07 ± 5.82 and showed a middle level of exhaustion. The findings showed that workload and time pressure were the most frequently encountered job stress among staff nurses, the score was 3.23 ± 0.95 ; There was a significantly correlation among structural empowerment, job stressors and the level of burnout ($p < 0.05$). Hierarchical regression analysis showed that structural empowerment had significant influence on the every factors of job stressors ($p < 0.05$) and burnout, job stressors had significant influence on the every factors of burnout ($p < 0.05$). Structural equation modeling analyses revealed a good fit to the data based on various fit indices ($\chi^2/df = 2.29$, GFI = 0.945, CFI = 0.965, IFI = 0.966, RMSEA = 0.061). Staff nurses felt that structural empowerment in their workplace resulted in lower levels of job stress which in turn strongly influenced Burnout.

Conclusions: These results provide initial support for an expanded model of structural empowerment, and offer a broader understanding of the empowerment process.

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1. Introduction

The shortage of nurses the largest group in hospital settings is particularly acute. According to Anonymous (2006), there is a shortage of 4.3 million healthcare workers worldwide, which is expected to increase by 20% in the next two decades. China is contending with a very serious nursing shortage compared to many other countries. The nature of nursing work environments is believed to contribute substantially to the current nursing shortage (Buerhaus, Staiger, & Auerbach, 2000). When the environments are structured so that employees feel empowered, they respond accordingly and rise to the challenges present in their organization. Kanter (Kanter, 1977) argues that people react rationally to the situation in which they find themselves. Kanter (1979) stated that, if work environments can provide access to information, support, resources necessary to do the job, and the opportunity to learn and develop, they are empowering. Access to these empowering structures is influenced by formal and informal power systems within

the organization. Formal power which can be enhanced when jobs are flexible, central to the organizational goals, and allow the flexibility comes from workplace positions that are visible and essential to achieving organizational goals. Informal power refers to the development of effective relationships with superiors, peers and subordinates within the organization. According to Kanter (1979), when the situations are structured so that employees feel empowered, the organization benefits in terms of improved employee attitudes and increased organizational effectiveness. There are a lot of literatures about the positive effect of structural empowerment, such as work effectiveness (Laschinger, Wilk, & Greco, 2009), job satisfaction (Chunfeng & Zongkai, 2009), organization commitment (Jiajia, Yanhui, Hailin, & Chunling, 2011), self-efficacy (Chunping, Yanhui, & Yin, 2011), autonomy (Laschinger & Finegan, 2005). The ameliorating effects of structural empowerment on outcomes, such as burnout (Greco, Laschinger, & Wong, 2006) and job strain (Li, 2007) have also been mentioned in the nursing literature.

Burnout is a common phenomenon in nursing and other health professions. According to Maslach (1982) burnout is a phenomenon in which the cumulative effects of a stressful work environment gradually overwhelm the defenses of staff members, forcing them to withdraw psychologically. Burnout results in chronic emotional exhaustion

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(overextended and exhausted by one's work), depersonalization (unfeeling and impersonal approach towards recipients of one's care), and personal accomplishment (competence and successful achievements in one's work). It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it is hard to recover. Burnout has been studied extensively in nursing settings. Nurses' burnout results in low level of patient satisfaction and staff nurse job satisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Doris, Aiken, Sloane, et al., 2004). Aiken et al. (2002) showed that the level of nurse burnout was influenced by work environment which provided good relationships among the peers and leaders, and job autonomy. Garrosa, Bernardo, & Lianq (2008) found that work stress could significantly predict nurse burnout.

Seyle (1965) defined stress as a consequence of the interaction between the stimulus and the response. A lot of sources lead to job stress in nursing work environment, such as workload, work environment, and the relationships between the colleges and soon. Job stress is most likely to occur when there is a poor fit between workers and work environment (Garrosa et al., 2008; Margolus & Kroes, 1974). Job stress had a negative impact on both the nurse and the patient. When individuals cannot deal effectively with the effects of stress, lots of negative effects appear, such as burnout, more workers' compensation claims, low work satisfaction, conflict and violence and so on (Garrosa et al., 2008; Gordon, 1991). If the job stress cannot be handled in time, the level of patient care satisfaction would decrease.

In recent years, a lot of research studies have been conducted on work-related factors in China, such as job burnout, job stresses, self-esteem, job satisfaction, turnover intention, job control, and social support among nurses. The results revealed that nurses in China experience a high level of job stress and burnout. However, the number of studies about the relationship between nurses' perceptions of empowerment and job stress, and burnout has been limited. Therefore, the aim of this study was to examine structural empowerment, job stress, and burnout among Chinese clinical nurses. This study will help to inform Chinese health administrators, government officials and educators, regarding the importance of providing an effective work environment for clinical nurses.

1.1. Research questions

It is important to investigate whether or not Kanter's theory is generalizable to other populations of nurses in other countries, the following research questions were proposed: (1) What is the level of

structural empowerment, job stress and burnout perceived by Chinese nurses? (2) What are the relationships among structural empowerment, job stress and burnout among Chinese nurses? We hypothesized that structural empowerment would have a direct effect on job stress, which in turn would have a direct effect on burnout (Fig. 1).

2. Methods

2.1. Sample

This study used a convenience sample that consisted of nurses working in ten teaching hospitals that were located in Beijing, Tianjin, Shanghai, Hangzhou, Changsha, Chongqing of China ($n = 1080$). The hospitals are categorized as tertiary first-class hospitals, the highest rank in the Chinese health-care system. Following ethical approval, the nursing staff received a questionnaire through the hospital mail. A reminder letter was sent three weeks following the initial survey package. Questionnaires were completed and returned by 1002 nurses, representing a response rate of 92.8%. We focused on this sample in this study. Participants were all female, and most were baccalaureate (94.6%), with an average age of 30.21 years ($SD = 6.38$) and the mean number of years of nursing experience was 9.48 ($SD = 3.99$). All the units the nurses reported working had similar organizational structures and all the participants were responsible for direct care.

2.2. Instruments

Structural empowerment was measured by the Conditions for Work Effectiveness-II (CWEQ-II) (Laschinger, Finegan, & Shamian, 2001). The CWEQ-II which consists of 19 items measures nurses' perception of their access to work empowerment structures described by Kanter (information, support, resources, opportunity, formal and informal power). The items are rated on a 5-point Likert scale. The subscale was obtained by summing and averaging the items which create scores ranging from 1 to 5. An overall empowerment scale was created by averaging the 6 subscales (range: 1–5). A higher score indicates greater perceived structural empowerment. The Cronbach's alpha reliability coefficients from previous studies ranged from 0.79 to 0.82. In the present study, the Cronbach's alpha reliability coefficients for the six subscales and total-item ranged from 0.72 to 0.91. The item-total correlations ranging from $r = 0.74$ to $r = 0.82$. A two-item global empowerment scale, which is used for validation purposes, correlated positively with

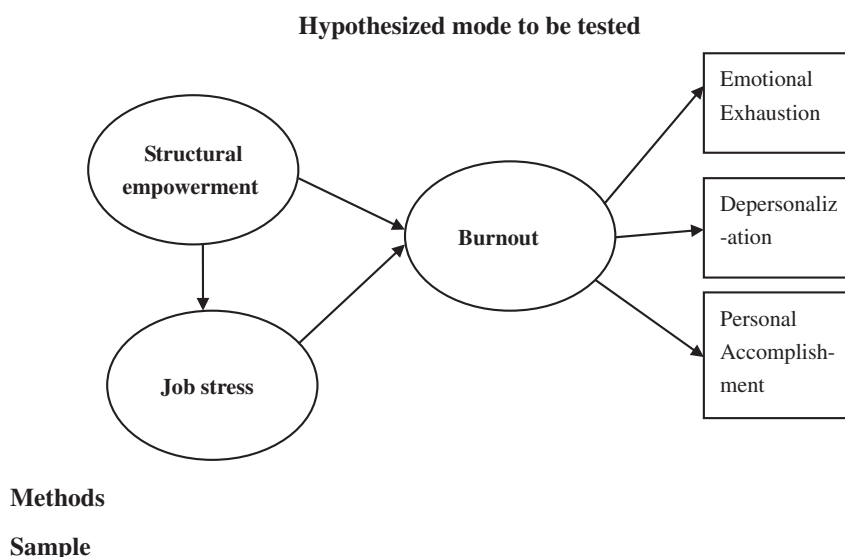


Fig. 1. Hypothesized mode to be tested.

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