



Mediating and/or moderating roles of psychological empowerment



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ABSTRACT

Purpose: The purpose of this study was to explore the mediating and/or moderating effects of psychological empowerment in the relationship between structural empowerment and burnout among nurses in China.

Background: Burnout is prevalent among nurses. Previous studies have found that empowering organizational structures contribute to reduce nurses' burnout. However, little is known about the mediating or moderating role of psychological empowerment in the relationship between structural empowerment and burnout among nurses in China.

Methods: A cross-sectional design was conducted. A total of 244 nurses participated in this study. The data were collected in March 2013. Multiple regressions were used to test the hypothesized models.

Results: Psychological empowerment was found to be a significant mediator of the relationship between structural empowerment and burnout ($\text{standardized } \beta = -0.553$, Sobel test: $z = 7.79$, $p < 0.001$). The moderating effect of psychological empowerment in that relationship was not verified.

Conclusion: Both structural and psychological empowerment negatively correlated with burnout. The psychological empowerment had a mediating effect on burnout.

Implications for nursing management: It is important for nurse managers to develop strategies to ensure that empowering structures are in place and to facilitate nurses' perception of psychological empowerment.

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1. Introduction

Countries around the world are facing severe nurse shortage. The Ministry of Health in China reported a shortfall of about 2.5 million RNs in 2007; in 2012 the nursing workforce was about 2,244,000—a ratio of 1.66 nurses per 1,000 people. Burnout epidemiological studies show that burnout is prevalent among nurses in the world (Bährer-Kohler, 2013). Reports by the US General Accounting Office (GAO) have showed that burnout was a factor that had contributed to the current nursing shortage (GAO, 2001, 2004, 2007). Nurse burnout can cause serious consequences: for nurses: low job satisfaction, poor health, and poor work performance; for patients: poor quality of care and low patient satisfaction; for organizations: high absenteeism and turnover rates (Cropanzano, Rupp, & Byrne, 2003; Harwood, Ridley, Wilson, & Laschinger, 2010; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Petitta & Vecchione, 2011; Poghosyan, Clarke, Finlayson, & Aiken, 2010; Van Bogaert et al., 2013). Thus, it is crucial to determine

ways in which nurses might thrive and perform efficiently in their work to overcome challenges, resulting in positive work related outcomes.

Nurses who consider their work environment as empowering demonstrate lower levels of burnout than those who do not (Laschinger, Finegan, Shamian, & Wilk, 2001a). Structural empowerment is concerned with the conditions of the work environment and is considered as a structural determinant that influences behavior in an organization. Psychological empowerment refers to personal psychological perception of reactions of employees to the working conditions. The influence of work outcome (burnout) is different when nurses perceive or don't perceive empowerment. Thus, this study aims to discuss how psychological empowerment affects the relationship between structural empowerment and burnout.

2. Related literature

2.1. Structural empowerment

Structural empowerment (SE) is rooted in job characteristics models (Campion, Medsker, & Higgs, 1993) and concentrates on the transition of authority and obligation from top management to grass-roots staff. Structural empowerment relates to the organizational environment where power, decision making, and formal control over resources are shared (Kanter, 1977, 1993). By sharing decision-making, upper management may calculate strategically and innovatively about how to

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promote the organizational advancement. Kanter (1977) conceptualizes power as the capability to transfer resources to complete tasks. When employees have access to lines of information, support, resources and opportunity to learn and grow, power is "on". When these lines are unavailable, power is "off". These lines of power are sources of structural empowerment. Access to these empowering structures is affected by the degree of formal and informal power one has within the work environment. Formal power is derived from positions related to pivotal organizational goals, allowing recognition within the organization through discretionary actions. Informal power means the quality of alliances and relationships with colleagues, subordinates, and superiors within the organization. People who have access to empowering structures with formal and informal power can affect employee work attitudes and behaviors, and utilize them to fulfill their work-related goals.

The existing literature with respect to nurse empowerment suggests that access to empowerment structure is significantly related to psychological empowerment, job satisfaction, burnout, organizational commitment, and turnover (O'Brien, 2011; Smith, Capitulo, Quinn Griffin, & Fitzpatrick, 2012; Wagner et al., 2010; Wong & Laschinger, 2013; Yang, Liu, Huang, & Zhu, 2013). Kanter's theory offers a framework for understanding how empowering work settings can enhance nurses' work attitudes and behaviors.

2.2. Psychological empowerment

Psychological empowerment (PE) is grounded in Bandura's (1977, 1982) study of self-efficacy. It refers to employees' cognitive status or perceptions. The employees have confidence in performing their work themselves. According to the extant literature, Spreitzer (1995) defines psychological empowerment as motivational orientation consisting of four cognitions (meaning, competence, autonomy, and impact). Meaning refers to the degree of employees' work goals in keeping with their beliefs or values. Competence is a belief people have in their skills and within their scope of competence to perform their work well. Autonomy refers to feelings of being in control of work and has the option over the initiation and continuation of work behaviors and processes. Impact is the degree to which one can influence administrative, strategic, or operating consequences at work. Psychological empowerment is a set of perceptions that are shaped by the work condition, but do not an enduring personality trait (Spreitzer, 1995). Structurally empowering work settings contribute to foster greater feelings of autonomy, meaning and impact (Faulkner & Laschinger, 2008).

2.3. Burnout

Maslach and Leiter (1997) deemed that burnout can erode the human soul, such as values, dignity, spirit and will. Burnout leads to emotional exhaustion, cynicism and detachment from work. Thus, Maslach (1993) defines burnout as a multidimensional syndrome including three key components: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion causes feeling of being overstretched and depleted by work. Depersonalization refers to a negative, uncaring, or excessively detached response towards one's patients. Reduced accomplishment refers to a feeling of inability and a lack of accomplishment in work. The psychological response is to detach oneself from concern for patients. Leiter (1991) proposes that burnout stems from the gap between individual's expectations to achieve their professional role and the present organizational structure. Maslach (1976) proposes that burnout is due to distinctive social and contextual factors and doesn't involve personality traits. Pines and Kanner (1982) conclude that if one works in a supportive environment, burnout will not occur. Faulkner and Laschinger (2008) suggest that nurses who work in organizations filled with empowering elements hold positive attitudes towards their work.

2.4. Conceptual framework

Structural empowerment represents a powerful approach to relieve nurses' burnout by creating attractive workplaces where nurses are

willing to work. Structural empowerment had positive effect on psychological empowerment (O'Brien, 2011). Based on a longitudinal random study, Laschinger, Finegan, Shamian, and Wilk (2003) found that psychological empowerment was a logical consequence of structural empowerment and both of them could prevent burnout. Also, high levels of psychological empowerment could reduce burnout (Boudrias, Morin, & Brodeur, 2012). Thus, psychological empowerment may play an important role in the workplace. A mediator or moderator is a third variable that alters the relationship between an independent variable and a dependent variable (Baron & Kenny, 1986). That is, a mediator or moderator can describe precisely the association between independent and dependent variables. The analysis of mediators and moderators can provide information about when, why or how the relationship between independent and dependent variables occurs. Thus the effect of psychological empowerment between structural empowerment and burnout must be explicit.

A mediator is a variable that explains how or why one variable predicts or causes a dependent variable. More specifically, a mediator is defined as a variable that specifies the association between an independent and dependent variable (Baron & Kenny, 1986), whereas a moderator is a variable that addresses when a variable most strongly predicts or causes a dependent variable. More specifically, a moderator affects the direction and/or strength of the relationship between an independent and a dependent variable. We hypothesized that psychological empowerment may function as a mediator and/or moderator between structural empowerment and burnout for the following reasons. Psychological empowerment cannot occur unless structural empowerment has occurred. In other words, structural empowerment can increase psychological empowerment. Therefore psychological empowerment is considered as a mediator; structural empowerment predicts the mediator psychological empowerment, and together they predict burnout. Psychological empowerment affects structural empowerment–burnout relationship; when level of psychological empowerment is high, the structural empowerment–burnout association is weak, whereas when level of psychological empowerment is low, the structural empowerment–burnout association is strong (Holmbeck, 1997). That is high or low levels of psychological empowerment may have different effects for individuals. Therefore psychological empowerment is deemed as a moderator. In this case, psychological empowerment could be cast as a mediator or a moderator or as both.

Psychological empowerment may serve as a mediator through which one variable influences another. Structural empowerment has been found to negatively affect burnout; the mediation of psychological empowerment acts as the explanation for this negative relationship. That is, a higher level of structural empowerment will lead to higher level of psychological empowerment which in turn will have a negative influence on burnout.

Psychological empowerment was tested as a mediator in many studies. Singh and Sarkar (2010) explored the mediating mechanisms of psychological empowerment through dimensional analysis. Their findings show that the meaning dimension plays a partial intermediary role, whereas the non-work domain control dimension plays a complete intermediary role. Psychological empowerment has a mediating effect between work environment (demand, control, and social support) and burnout (Hochwälder, 2007). Psychological empowerment also plays a mediating role in the relationships between structural empowerment and job strain, and between structural empowerment and job satisfaction (Laschinger et al., 2001a). These studies provide insights and empirical knowledge on the function of psychological empowerment in mediating the influence of workplace conditions on work related outcomes.

Based on this knowledge researchers of this study wonder whether the relationship between the structural empowerment and the outcome is dependent on differences among individuals (i.e., whether those who perceive high vs. low level of psychological empowerment have better outcomes). That is, will psychological empowerment influence the strength or direction of the association between structural

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