Research Article

The Impact of Psychological Empowerment on Nurses' Organizational Commitment

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Abstract

Background and Objectives: Accelerated demand for health services together with the increasing lack of skillful health human resources have highlighted the importance of organizational commitment (OC) to health system performance. Recent studies have identified psychological empowerment (PE) as a potential driver of OC. However, the relation between the two constructs is less explored in the healthcare context of Iran. Hence, this study was designed to explore the relationship between OC and EC from the viewpoint of nursing staff.

Methods: A sample of 225 nurses from the three teaching hospitals affiliated with Kashan University of Medical Sciences (Central Iran) was randomly selected to answer the research questionnaires. PE was measured by a 12-item questionnaire including 'meaning,' 'competence,' 'self-determination,' and 'impact' as subscales. OC was assessed using a 15-item single factor questionnaire. Data were analyzed using Pearson correlation coefficient and regression analysis.

Findings: PE ($r = 0.457$, $P < .01$) and all of its dimensions showed significant correlations with OC. PE significantly predicted the OC ($\beta = .383$, $P < .001$). Three dimensions of PE, including Meaning, Self-determination, and Competence were significant predictors of OC and together explained 26.8% of its variance. 'Meaning' was found as the strongest predictor of OC.

Conclusions: Our results provided additional support for the positive impact of PE on nurses' OC and encourage hospital administrations and health policy-maker to seek for PE promotion strategies to achieve higher human resources performance. Based on our data, strategies promoting the perceived job meaningfulness and the work importance will have the largest positive impacts.

Keywords: Organizational commitment, Psychological empowerment, Health human resources, Health system, Nursing staff, Hospital management

Background and objectives

Accelerated immigration of skillful health workers from deprived areas has raised concerns on effective inadequacy of health human resources in near future. At the same time the present health workers, particularly nurses are exposed to intensive work load and various stress sources imposed by the increased demand for health services.[1-5] In such a situation, a particular factor that may maintain the performance of health workers at high level is the organizational commitment (OC).[6-8] OC is a mental state emerging from the combined effect of various types of relationship between employee and organization.[9] The quality of this relationship contributes to the performance of the employee and their tendency to continue serving in the organization or otherwise.[10] Previous studies revealed poor OC may leave undesirable organizational consequences such as absenteeism, high turnover rate, raising costs, declining motivation, and low performance.[11-14] The current pressure on health system and thereby the health workers have started to show significant impact on OC in health organizations in many countries.[6-8] In a study carried out by Rahmanzade et al among Iranian nurses, only 6% of nurses expressed an OC of more than average.[15] Nehrir et al identified the lowest OC level among 53.6% of nurses of 2 hospitals in Tehran.[16] Nabizadeh Gharghozar et al[17] and Rostamkalaee et al[18] found nurses' OC to be around the average level.

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Evidence shows that OC can be affected by psychological empowerment (PE).[9,10,19] The psychologically empowered state is described as sense of self-control state of mind in which the organizational goals are internalized ad integrated with one's perception of his/her work role.[20] Previous studies have identified several benefits of employee empowerment, including stronger motivation,[21] higher job satisfaction,[22] greater effectiveness,[19,23] lower turnover rate,[21] organizational citizenship behavior,[24] and OC.[20,22] These benefits have motivated many organizations to implement some kind of PE among their human resources.[19,25] Of particular interest is the positive impact of PE on OC as confirmed in several investigations.[26] Depending on context, however, some PE dimensions may support and some other may exert neutral of even adverse effect on OC.[26,27]

The concept of PE is relatively new in the Iranian health context. Particularly, little is known about the nature of relationship between PE and OC. Therefore, the present study sought to explore the correlation between PE and OC among nurses of teaching hospitals in Kashan city in Iran.

Methods

Setting and Sample

A cross-sectional study was carried out. The study population included 512 nurses in the 3 teaching hospitals affiliated with Kashan University of Medical Sciences located in Kashan city (Central of Iran). Using Cochran formula, the sample size was calculated to be 225. The same number of nurses were randomly selected from a list of nursing staff provided by the university's nursing office.

Study Instruments

PE was assessed using Spreitzer scale,[21] which includes 12 items, related to 4 subscales of (1) Meaning, (2) Competence, (3) Self-determination, and (4) Impact.

Meaning refers to as the value of a job goal, judged in relation to an *individual's* own ideals or *beliefs*. Competence reflects an individual's confidence in their ability to *perform* a task. Self-determination represents an individuals' sense of autonomy in setting up and modifying work processes. Finally, Impact addresses an individuals' feeling concerning their influence on the results of an assignment. The internal consistency reliability and test-retest reliability of the of PE questionnaire have been demonstrated in previous studies.[21]

OC was measured by the 15-item Organizational Commitment Questionnaire (OCQ) developed by Mowday et al.[28] Both constructs were quantified based on seven-point Likert-type scale (ranging from "1" = strongly disagree to

"7" = strongly agree). Therefore, the PE and OC scores range within 12-84 and 15-105, respectively.

A pilot test was conducted with 30 respondents (who were excluded from the main study sample) to examine the reliability of the study tools. The Cronbach α was obtained .78 for PE questionnaire (meaning, .80; competence, .71; self-determination, .75; and impact, .88), and 0.85 for OC, which indicated adequate internal consistency reliability of the questionnaires.[14]

Data Analysis

Data were summarized by mean and standard deviation (SD) values. The correlation between variables were calculated by Pearson coefficient. The relationship between variables was explored by simple and multiple regression analysis. PE and its 4 dimensions were considered as independent and OC was regarded as dependent variables. Data were examined for normality and multicollinearity. $P < .05$ was considered as statistically significant. All analyses were carried out using SPSS version 16 software package.

Ethical Issues

An approval for conduction of the study was obtained from Ethics Committee of Kashan University of Medical Sciences. Questionnaires were asked to be completed anonymously to ensure confidentiality of the response. The respondents were briefed on the study objectives and their verbal consents for participation were obtained.

Results

Of the total number of questionnaires distributed, 176 valid questionnaires were returned yielding a response rate of 78.2%. The respondents' mean age was 32.39 ± 5.52 years. While 85.8% of the participants were females, 83% were married, 11.3% held executive positions, 90.9% held B.S. degree, and 69.9% had been working at their hospital for 1–10 years.

Table 1 presents the mean of OC and PS and the its four dimensions. As seen, 'competence' and 'impact' gained

Table 1. Score Mean and SD of the Study Variables

Variable	Min	Max	Mean	SD
PE	29	84	5.66	0.86
Meaning	3	21	6.05	1.03
Competence	10	21	6.21	0.74
Self-determination	3	21	5.47	1.17
Impact	3	21	4.90	1.46
OC	15	101	4.55	1.09

Abbreviations: PE, psychological empowerment; OC, organizational commitment; SD, standard deviation

the highest and the lowest score means respectively.

Table 2 shows internal correlations between the study variables. PE and all of its dimensions positively correlate with OC. 'Meaning' and 'impact' indicate the highest and the lowest correlations with OC, respectively.

Simple and stepwise multiple regression were applied to explore the strength of the relationship between OC (dependent variable) and PE and its dimensions (independent variables). As shown in Table 3, nurses' PE is a significant predictor of their OC ($\beta = .383$, F $= 29.921$, $P = .000$). Further, stepwise multiple regressions revealed that the 3 dimensions of PE, including 'meaning,' 'self-determination,' and 'competence' are also significant predictors of OC. These three variables together explain 26.8% of the variance in commitment (Tables 3 and 4), with the 'meaning' having the strongest influence ($\beta = .434$, $P = .000$) on OC (Table 4).

Discussion

In this study the correlations between PE and PC among nurses were examined. Congruent with some previous studies[29,30] and contrary to others,[9,31,32] we found nurses' PE to be higher than the nominal average. Also consistent with other surveys[9,33,34] in our study 3 out of the 4 dimensions of PE including 'meaning,' 'self-determination,' and

'competence' predicted OC, among which 'meaning' was identified to be the strongest predictor.[9] Taking these results into account one could argue that nurses' OC would increase if the management provides conditions, in which nurses feel that their work is meaningful and important, they have autonomy in decision-making about their work and have a self-image of bring skillful workers.

Also, focused training of nursing supervisors to adopt new roles as coaches and catalysts, can enhance 'meaning' in nurses. In order to promote self-determination in nurses, management can develop an open organizational climate and communicative culture in which employees are allowed to express their views, permit questioning, respect others' opinions, and get feedback. Studies have also shown that nurse' their commitment to the hospital would increase if they know that their efforts are appreciated by the management their efforts and they will be supported.

The 3 aforementioned dimensions of PE together explained around one fourth of variance of OC. This observation while supports the notion that PE at least partially influences the nurses' OC, also suggests that factors other than PE would have impact on PC in nurses. Further studies should seek to identify these potential factors as complementary elements to PE for developing comprehensive

Table 2. Correlations Between Organizational Commitment and Psychological Empowerment and its Dimensions

	Psychological Empowerment	Meaning	Competence	Self-determination	Impact
Organizational commitment	.383[a]	.457[a]	.279[a]	.345[a]	.259[a]

[a] $P < .01$.

Table 3. Multiple Linear Regressions for Predictors: Model Summary and ANOVA[a]

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
	.518	.268	.256	14.077	
ANOVA					
	Sum of Square	df	Mean Square	F	P
Regression	12507.456	3	4169.152	21.037	.000
Residual	34087.453	172	198.183		
Total	46594.909	175			

Abbreviation: ANOVA, analysis of variance.

[a]Predictors: Meaning, self-determination and competence. Dependent variable: organizational commitment.

Table 4. Multiple Linear Regressions Analysis

Independent Variables	Unstandardized Coefficient		Standardized Coefficient		
	B	Std. Error	Beta	t	P
(Constant)	34.153	9.456		3.612	.000
Meaning	2.282	.390	.434	5.845	.000
Self determination	1.149	.345	.247	3.331	.001
Competence	-1.406	.542	-.192	-2.593	.010

solutions for improved OC.

Study Limitations

This study was a questionnaire-based survey and is thus limited by the fact that the results are dependent on participants' perceptions. Further, as data were collected only from teaching hospitals, caution should be exercised in generalization of the results.

Conclusions

This study explored the relationship between PE and OC among nursing staff. The correlation between the 2 construct was confirmed and PE and three of its dimensions including 'meaning,' 'self-determination,' and 'competence' were found to significantly predict OC. Our results supports the notion that health policy-makers and health facility managers can plan for improved OC among nursing staff by empowering them in work-related psychological elements. Particularly effective interventions, according to our results, will be those targeting improved job meaningfulness and the perceived importance of organizational role. Replication of such results in future studies, surveying various types of hospital can help to validate the current results.

Abbreviations

(PE): psychological empowerment; (OC): organizational commitment.

Author's Contributions

SS and MSB developed the original idea and contributed to data collection. HRSA contributed to study the design and data analysis. AK was involved in study design and drafted the manuscript. All authors read and approved the final manuscript.

Competing Interests

The authors declare no competing interests.

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