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Linking Social Support with Job Satisfaction: The Role of Global Empowerment in the Workplace

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Abstract

According to the concept of healthy organizations, three main interrelated components are considered: (1) structural resources for the execution of the task (e.g., autonomy) and social resources in the Working Group (e.g., social support); (2) healthy active professionals experiencing high levels of psychosocial well-being (job satisfaction); and (3) healthy organizational outcomes such as high performance and quality of service. The aim of this study is to examine the relationship between social resources (social support), structural resources (global empowerment) and job satisfaction. This study comprised a sample of 370 Portuguese healthcare professionals working in five stars private hospitals. A cross-sectional study was used. Data were collected based on personally administered surveys. An adjusted model of structural equations showed that job satisfaction was significantly predicted by social support and global empowerment. Additionally, employees' perception of empowerment can influence the relationship between social support and job satisfaction. Interventions based on support networks are decisive for increasing job satisfaction, but if the health institution offers structural conditions that foster global empowerment, this relationship is further strengthened. The cross-sectional design cannot highlight the causal relationships that longitudinal studies are more apt to do.

Keywords: social support, global empowerment, job satisfaction, caregivers

1. Introduction

Classically, organizational psychology has focused on studying negatively charged behaviors such as absenteeism, turnover and work stress, among others [1]. Today, a paradigm shift has allowed us to move from a negative perspective to a more positive one. As a result, positive psychology has emerged, as a movement that currently affects this research effort to better translate organizational projects, and expand and improve psychosocial well-being and quality of life in organizations [2]. This approach to positive psychology, at the level of enhancing the knowledge of a full organizational life, characterized by “positive employees” working in “positive organizations,” is the ideal ground for characterizing so-called “healthy organizations.” This concept of “healthy organizations” describes the great commitment made by organizations in defining strategies and actions characterized by

good practices. These measures of a systematic, methodical, clearly delineated and proactive nature aim to improve the processes and outcomes of the organization so as to affect the welfare of both employees and the organization. This bravery on the part of the organization presupposes, however, the introduction of resources and the implementation of good experiences in the search for improvements in the work environment, in order to promote the health of employees and the financial health of the organization [3].

According to this model, healthy organizations consider the following three interrelated components: (1) social resources in the working group (e.g., social support) and structural resources for the execution of tasks (e.g., autonomy); (2) healthy active professionals experiencing high levels of psychosocial well-being; (3) healthy organizational outcomes such as high performance and quality of service [4]. In an attempt to explain each of these three dimensions: (1) strategies aimed at creating social resources in the working group are another strategy adopted by organizations, which can be provided in the form of social support. Social support can be provided to professionals by superiors [5, 6] or by the contributors themselves [7, 8]. Social support can, however, be more “emotional” in the more or less engaging configuration of active emotions with other members, both inside and outside the organization [9, 10]. But it can also have an “instrumental” configuration, through the more or less tangible manner of these interactions that facilitate the achievement of results, work execution, financial assistance and other facilitated aids or assets. In a second dimension, facilitated access to information channels (strategic, technical and practical), support (guidance, monitoring and feedback), resources (material, human or financial) and opportunities (to learn and grow in the organization) are organizational structures of which enable employees to perform their work activities and tasks freely, independently and autonomously. These structurally empowered environments, according to Kanter [11], are conducive to a global perception of greater autonomy and control by employees in carrying out their work, whose execution is more effectively predicted (global empowerment) [12]. Therefore, managers, by providing substantiated infrastructures (increased access to information, resources, support and opportunity), provide their subordinates with the support tools they need to perform their assigned activities and tasks with complete freedom and success. In turn, employees, as people who deserve this trust, must have the skills, abilities and talents necessary to perform these activities and tasks as successfully as possible. The end result is an overall perception of job effectiveness, based on the employees’ perception of global empowerment. This assumption clearly requires managers to implement organizational strategies, which are essential for the promotion of truly empowered social support climates, to trigger high levels of well-being at work. (2) Active and healthy professionals with high levels of psychosocial well-being—employees’ perception of global empowerment enables them to understand greater freedom and independence in the execution and management of their own work. It also allows them to feel more autonomous in decision-making without having to submit to higher authorization. This subjective state favors the appearance of job satisfaction. On the other hand, the social support given by superiors and peers results in professionals having a perception of being loved, cared for, esteemed and valued, based on a social network of mutual assistance [13]. The integration into social groups that establish friendship bonds and guarantee the necessary support to face the demands of work favors the appearance of positive attitudes at work, such as job satisfaction. These two dimensions, namely structured working conditions with sufficient resources to perform tasks independently (i.e., autonomy) and support working group (i.e., social support), are a reliable way to engage people in healthy activities. An increased sense of

autonomy and a supportive climate allow employees to experience high levels of job satisfaction, psychosocial well-being and health at work [14, 15] in acting as risk-protecting agents against contracting diseases of a psychosomatic nature. (3) Healthy organizational outcomes, such as high performance and quality of service—the overall perception of empowerment and social support are decisive factors for more effective individual performance [10, 11], quality of life at work [16] and consequent achievement of personal goals [11], such as greater professional and/or personal achievement. In other words, job satisfaction is an indirect indicator of work efficiency and quality of service [12].

In the specific context of health, satisfaction is an important attitude that can benefit patient care [17, 18], particularly the quality of service provided [19–21]. Job satisfaction also has a positive effect on decreasing turnover intent [22, 23] and absenteeism [24, 25], results that, as we know, are detrimental to individuals and the organization. The above studies confirm and reinforce the general idea advocated by Kanter's structural empowerment theory (1977) that adequately trained work environments increase motivation and job satisfaction.

2. Relationship between job satisfaction and empowerment in carers

The impact of healthy work environments on job satisfaction attitudes has been evidenced in systematic literature reviews [26] and also in numerous studies [27–32].

These empirical efforts have been widely expressed in comparative country studies—mostly in North America, the United Kingdom and Western Europe—with samples of nurses, physicians and other health professionals e.g., [17, 33]. Many efforts have been made to prove that professionals working in workplaces that are structured tend to exhibit high levels of job satisfaction (e.g., [34], updated in 2011; [35]). These studies have underlined that a person's perception of control and responsibility in a confrontation with work is an antecedent factor that determines the advent of job satisfaction. The findings also show a significant positive relationship between empowerment and job satisfaction (for a systematic review, see [36]), regardless of the design adopted or the sample described. Other studies have highlighted the importance of the correlation between empowerment and job satisfaction. This relationship is fundamental in promoting improvements in the quality of care provided but also in retaining people at the organization (e.g., [37–41]). All these studies reinforce the idea, originally defended by Kanter's [11] structural empowerment theory that empowered work environments foster motivation and job satisfaction.

3. Relationship between job satisfaction and social support in carers

In general, positive work attitudes (e.g., job satisfaction) establish a positive and meaningful relationship with work contexts characterized by active social dynamics [42, 43]. An illustrative example is social support, whether from superiors (e.g., [5, 6]) or from peers (e.g., [7, 44]). In particular, there are several systematic literature reviews (e.g., [34, 44–46]) that have shown that social support, whether provided by superiors or colleagues, is a predictive factor of job satisfaction, work involvement and carer commitment to the organization. These findings have shown that integration into social groups may not only enable the carer to establish bonds of friendship but also ensure the technical support he or she needs to meet the

demands of the job. Thus, the positive social interactions that are established, not only between supervisors and health-care providers but also between the health-care providers and work colleagues (peers), in terms of orientation, follow-up, constructive feedback and focus on quality, can be a powerful source of job satisfaction.

This study intends to use only the first two allowances of the above model describing healthy organizations: (1) social resources in the working group (e.g., social support) and structural resources for the execution of tasks (e.g., autonomy); (2) healthy active professionals experiencing high levels of psychosocial well-being through job satisfaction. The permissive Healthy organizational outcomes such as high performance and quality of service would be a consequence of the attitude toward job satisfaction, which will not be evaluated in this study.

The goal is to understand the extent to which social resources in the work group (social support from superiors and peers) and the employees' perception of global empowerment correlate with job satisfaction (attitude, a characteristic of active and healthy professionals, who perceive a high psychosocial level).

4. Method

4.1 Design and sample

In a descriptive-correlational nature and following a quantitative methodology a model of structural equations was created to evaluate a sample composed of 370 health professionals—physicians, nurses, medical assistants and health technicians—from a private group five-star hospital health service in southern Portugal. It is a convenience sample that allows to draw valid conclusions, since it corresponds to about 50% of the universe of the target population.

With a mean age of 33.49 years (DP = 8.96), this sample is predominantly female (71.4%), in which the participants work in an inpatient regimen (40%), outpatient (38.4%) or another type of regimen (21.6%). The majority work full time (87.6%), in a shift work regime (78.9%) and in fixed schedule (21.1%). The majority of the participants (82.7%) worked in their profession and in the private health group for more than a year (75.7%), in an exclusive regime (80.8%), the rest (19.2%) work not only in this institution, but also in other institutions.

4.2 Procedure

The information was collected through a questionnaire survey. After the request for authorization, the ethics committees of the two hospitals of this private health group approved the study. The research questionnaires were then applied to health professionals who agreed to participate individually during normal working hours in a period of time created for this purpose. Each participant received the informed consent and the questionnaire in independent envelopes, in order to guarantee the desired anonymity and confidentiality at all moments of the information collection.

4.3 Instruments

Global empowerment-assessed through two items from the Global Empowerment subscale of Conditions of Work Effectiveness Questionnaire II (CWEQII2) by Laschinger et al. [12], on a Likert scale ranging from (1)—totally disagree and (5)—I totally agree.

Social support-evaluated through eight items of the social support subscale of the Job Content Questionnaire (JCQ) of Karasek and Theorell [47]: (a) social

support of superiors (4 items); and (b) social support of peers (4 items) on a scale ranging from 1 (totally disagree) to 4 (totally agree).

Satisfaction in work-evaluated through the Job Satisfaction Scale (JSS) developed by Lima et al. [48] of eight items that ranged from 1 (totally disagree) to 7 (totally agree).

4.4 Data analysis

Descriptive statistics (mean, standard deviation, asymmetry and kurtosis), correlations between the variables under study (Pearson's coefficients), internal consistency coefficients (Cronbach's alpha) and the saturated structural equations model, tested to determine the relationships between global empowerment, social support of superiors and peers, and job satisfaction, were performed using the Software for Statistics and Data Science (STATA), version 13. To obtain a global representation of the relationship between social, superior and peer support, global empowerment and professional satisfaction, a saturated model of relationships was projected. This model was submitted to a structural equations test and redesigned from the standardized coefficients. The maximum likelihood (ML) method was used as a parameter estimation procedure to determine the effects (direct and indirect) and mediation [49, 50].

5. Results

5.1 Descriptive statistics and correlations

Table 1 presents the descriptive statistics (mean, standard deviation, asymmetry and kurtosis) and the correlations (Pearson's coefficient) of the studied variables, as well as the reliability coefficients and Cronbach's alpha of the scales used.

The mean value of the social support of the superiors was 3.41 (DP = 0.66) and the peers were 3.40 (DP = 0.56), indicating a tendentially positive level of support in the work environment. Global empowerment with an average of 3.42 (DP = 0.85) indicates a reasonable level of perceived global empowerment. Finally, health professionals are very satisfied at work (M = 4.53, DP = 1.02). The values of asymmetry and kurtosis are less than 1, not disrespecting the parameters that characterize normality in the data distribution ($|SK| < 3$ and $|KU| < 10$) [51]. The internal consistency

Variables	1	2	3	4
1. Social support from superiors	(0.92)			
2. Social support from peers	0.36**	(0.87)		
3. Global empowerment	0.52**	0.38**	(0.80)	
4. Job satisfaction	0.61**	0.47**	0.67**	(0.88)
Media	3.41	3.40	3.42	4.53
Standard deviation	0.66	0.56	0.85	1.02
Asymmetry	0.80	0.59	0.35	0.19
Kurtosis	0.35	-0.23	-0.03	-0.34

Note: Alpha of Cronbach's values was presented in parentheses diagonally. All coefficients are significant "****" ($p < 0.01$).

Table 1.

Descriptive statistics, correlations and reliability of the scales: social support of the superiors, social support of peers, Empowerment global and job satisfaction (N = 370).

of the scales used, assessed using Cronbach's alpha, show appropriate reliability [52]. As expected, a moderate, positive and very significant correlation was observed between work satisfaction and social support of supervisors ($r = 0.61, p < 0.01$), of colleagues ($r = 0.47, p < 0.01$) and global empowerment ($r = 0.67, p < 0.01$).

5.2 Mediation analysis

With the aim of presenting a global representation of the relationship between global empowerment, social support (of supervisors and peers), and professional satisfaction, the following relationship model was projected: (1) social support (superior and peers) were considered exogenous and predictive variables; (2) global empowerment, an endogenous and exogenous mediator variable; (3) professional satisfaction, endogenous variable and outcome. This model was empirically tested from an analysis of structural equations based on correlations. The analysis carried out had the following steps: (1) design of an over-identified model and (2) redesign of the model from the significant coefficients observed in the previous model, following the guidelines emitted by Acock [49]. For this purpose, a saturated structural equation model was tested, and items that did not present significant weights were then eliminated to determine the relationships between global empowerment, social support of superiors and peers, and satisfaction at work. The estimation of the effects (direct and indirect) as well as the mediation, used the maximum likelihood estimation (ML) method, the adjustment indices of the model and the Sobel test [49, 50].

Figure 1 shows a suitable final model. The adjustment index of the model, evaluated through the chi-square was significant ($\chi^2 (2.1) = 79.271, p < 0.01$). Values between 2 and 3 indicate a good fit of the model, so the values obtained showed an adjusted model.

The CFI and TLI indexes were all higher than 0.90 (CFI = 0.972; TLI = 0.953) as these values usually range from 0 to 1, the results show a satisfactory adjustment.

The adjustment indicator values, Standardized Root Mean Square Residual (SRMR) was less than 0.05 (SRMR = 0.035) and the coefficient Root Mean Square Error of Approximation (RMSEA) was from 0.087 [90% CI: 0.067–0.108], tend to hang between 0.05 and 0.08, being acceptable values up to 0.10, The results obtained are satisfactory [53, 54]. **Figure 1** also shows the standardized coefficients obtained in the structural equations model, as well as the explained variance (R^2) of the variables global empowerment and professional satisfaction. Global empowerment had a positive and significant predictive effect ($p < 0.01$) on the social support of the supervisor and the peers. Beta values were 0.48 for supervisory support and 0.24 for peer support. The total variance of global empowerment, explained

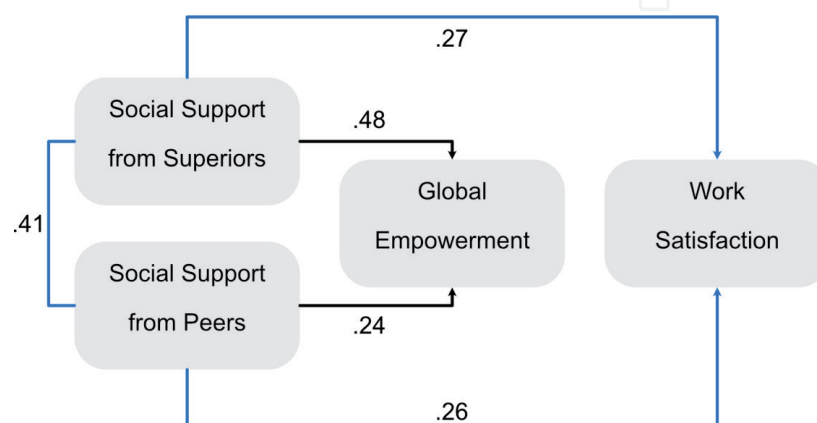


Figure 1. Validated final model ($N = 370$). All coefficients are significant ($p < 0.01$).

Direct effects	Coef.	SE	z	Beta
Empowerment				
Support of the superiors →	0.62	0.07	8.49	0.48
Support of the peers →	0.36	0.09	3.95	0.24
Satisfaction				
Support of the superiors →	0.45	0.11	4.64	0.27
Support of the peers →	0.48	0.10	4.39	0.26
Empowerment →	0.87	0.11	8.17	0.53
Indirect effects				
Empowerment				
Support of the superiors →	(No path)			
Support of the peers →	(No path)			
Satisfaction				
Support of the superiors →	0.54	0.09	6.15	0.29
Support of the peers →	0.31	0.09	3.65	0.14
Empowerment	(No path)			
Total effects				
Empowerment				
Support of the superiors →	0.62	0.07	8.49	0.48
Support of the peers →	0.36	0.09	3.95	0.24
Satisfaction				
Support of the superiors →	1.01	0.10	10.29	0.56
Support of the peers →	0.79	0.10	6.56	0.40
Empowerment	0.87	0.11	8.17	0.53

Note: All coefficients are significant ($p < 0.01$).

Table 2.
 Direct, indirect effect and total effect of the variables studied ($N = 370$).

by support from superiors and colleagues, was 38%. The professional satisfaction had a positive and significant predictive effect of global empowerment ($\beta = 0.53$, $p < 0.01$), support of supervisors ($\beta = 0.27$, $p < 0.01$) and support of peers ($\beta = 0.26$, $p < 0.01$). The total of the variance of professional satisfaction, explained by the global empowerment, support of superiors and peers, was 75%.

Regarding the mediating role, global empowerment mediated the influence of superior and peer support on job satisfaction. Support from superiors had a direct and indirect impact on professional satisfaction. Regarding the total effect of superior support on professional satisfaction, 48.2% (27/56) was direct, while 51.8% (29/56) was indirect. Peer support had a direct and indirect impact on job satisfaction. Concerning the total effect of peer support in professional satisfaction, 65% (26/40) was direct, while 35% (14/40) was indirect (**Table 2**).

6. Discussion

Assuming that job satisfaction is a fundamental attitude at work and an indirect indicator of efficiency and quality of service [12], it was intended to evaluate 370

health professionals working in a private hospital group in the south of Portugal. This study was supported by the Healthy and Resilient Organization Model (HERO; [3] in [4]), which provides an interrelationship between three main components: (1) resources in the working group (e.g., social support) and structural resources for the execution of tasks (e.g., autonomy); (2) healthy active professionals experiencing high levels of psychosocial well-being; and (3) healthy organizational results such as high performance and quality of service. In a similar way, it was intended to understand the extent to which social resources in the work group (social support from superiors and peers) and structural resources for the execution of tasks (globally empowered) relate to job satisfaction (experience high levels of psychosocial well-being) in a private hospital group in southern Portugal.

The results showed the role played by social relations in organizations through the positive and significant relationship between social support (from superiors and peers) and job satisfaction. This finding is corroborated by other studies [21, 44, 55, 56]. The predictive effect of social support (from superiors and peers) on job satisfaction was equally evidenced and similar to other findings in this area [34, 44, 46, 57]. This relevant role played by social relations, as has been highlighted in the literature [42, 43], has practical implications for superiors and colleagues, who play a key role in following up and giving constructive feedback to employees regarding the quality of care. Another interesting finding was the positive and significant relationship between global empowerment and job satisfaction. These results are consistent with Kanter's structural empowerment model [11] and with some investigations [12, 37–39, 41, 58, 59]. One practical implication of this result obtained through perceived global empowerment (highlighted by the perception of structured work environments characterized by providing easier access to information, resources, opportunities and support) is the need for managers to include this variable in the management of health institutions. This measure of creating healthy environments is crucial for promoting job satisfaction, which in turn is a critical factor in individual and organizational success. Another interesting finding was the mediating effect of global empowerment between social support (from superiors and colleagues) and job satisfaction. These findings are an indication that the global perception of effectiveness at work [12] is a factor that cannot be overlooked by these health institutions, since it can reduce the magnitude of the relationship between social support (independent variable) and job satisfaction (dependent variable). This shows the prevailing power of global empowerment from the point of view of working conditions.

The above shows that carers react emotionally to certain situations that arise from these structural conditions, which in turn influences their attitudes and behaviors [11, 12]. The findings also show the direct effect of social support on job satisfaction. Whether social support came from superiors or peers, the magnitude observed was very similar. This underlines the fact that social support fostered in the workplace, whether affective or instrumental in nature, has the genuine ability, by itself, to have an effect on job satisfaction without having to be mediated by other variables. An important implication for the managers of these institutions is that they should consider creating organizational environments that prioritize the integration of teams (whether superiors or peers) through fostering support and interaction. This strategy is decisive in promoting greater social support perceived in the institution in order to directly achieve job satisfaction. This measure, applicable to the participants in this study, can be extended to all health institutions. The creation of healthy social environments is essential in providing job satisfaction (indirect indicator of quality of service), in order to maximize available resources as well as the excellence of care provided. On the other hand, private health organizations, due to their exponential growth and the high demands from stakeholders,

especially patients, who expect a timely response and quality of service, have the additional challenge of promoting employee well-being, so that they can feel motivated, supported and valued, and thus better meet the expectations and challenges that have been created for them.

The findings obtained in the present study should, however, be cautiously interpreted since the cross-sectional design does not allow conclusions to be drawn about the causality that a longitudinal study enables. The second limitation is that global empowerment is not the only mediating factor in the relationship between social support and job satisfaction, as there are other variables that will certainly play an equally relevant role, in mediating in this relationship. Studies of a longitudinal nature could help in better understanding the causal relationships between these variables in health care. A complementary qualitative analysis could also better explain the quality of the emotional and instrumental relationship between subordinates and peers.

7. Conclusion

The social support of superiors and peers and global empowerment seem to be two important determinants of job satisfaction in health care. The two types of social support, superior and peer, seem to affect job satisfaction both directly and indirectly through global empowerment. These findings are corroborated by Kanter's theory of structural empowerment [11]. The results show the relevance of social support (from supervisors and peers) that directly and indirectly influences positive attitudes such as job satisfaction. These findings suggest the need to invest in training and the development of social skills. These interventions are essential in fostering a culture of socio-affective support, follow-up and constructive feedback, to provide quality care but also to develop employee commitment to the organization. These results show the indispensability of an organizational culture characterized by greater effectiveness through the creation of infrastructures that enable the sharing of information, support, opportunities and resources that provide health professionals with greater autonomy and influence in their work and participation in decision-making, with a view to continuous improvement and professional development. A culture imbued with social support and empowerment fosters better management of the resources available at the unit and encourages motivation and job satisfaction by encouraging employees to feel needed, responsible and free to use their skills, abilities and skills. Moreover, it helps employees realize that they can count on organizational support, conveying the trust and respect that employees need to identify with the organization's goals and projects.

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