Research Article

Effect of nursing workplace empowering model on quality of nursing work life as perceived by professional nurses in a governmental hospital, Cambodia

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ABSTRACT

Background: Nursing is experiencing an unprecedented shortage of skilled professionals as supply dwindles and demand escalates. For this reason, organizations are diligently trying to understand both what attracts nurses to a certain employer and what retains nurses in an organization. The purposes of this quasi-experimental design were to study the perceptive level of professional nurses and compare the pretest and posttest the use of nursing workplace empowering model on quality of nursing work life.

Methods: The Quality of Nursing Work Life Scale was used with total reliability coefficient at □ = 0.843. Regarding to the study's model, the professional nurses of experimental group have been used for daily work. The Mann-Whitney tested for comparing the experimental group and control group. Moreover, the Wilcoxon Signed-Rank Test was used to compare the experimental group and control group and before and after implementing the nursing workplace empowering model.

Results: The major findings indicated that the professional nurses who used NWEM were significantly higher scores than who did not use the NWEM at .05 level. In addition, the experimental group after implemented the NWEM was higher scores than before implementing NWEM at 0.05 level.

Conclusions: The nurses' perceptions of structural and psychological empowerment are significantly increased flexibility, relaxation, free expression, and support. The structural and psychological empowerment had a direct effect on the all variables of the model.

Keywords: Structural empowerment, Psychological empowerment, Quality of nursing work life

INTRODUCTION

Nursing is experiencing an unprecedented shortage of skilled professionals as supply dwindles and demand escalates. For this reason, organizations are diligently trying to understand both what attracts nurses to a certain employer and what retains nurses in an organization.[1]

Quality of nursing work life focuses on providing opportunities for nurses to make meaningful contributions to their organizations.[2] A multidimensional concept, QNWL has been used to describe the interaction of nurses' work life with home life, which affects healthcare productivity such as cost, quality, and patient outcomes.[3]

The pandemic nursing shortage is a major concern for healthcare administrators. Demographic changes in an aging population will exacerbate this shortage. There is a shortage of 4.3 million healthcare workers worldwide, which is expected to increase by 20% in the next two decades.[4,5]

Nurses provides a wide range of potential workplace stressors as it is a profession that requires a high level of skill, team working in a variety of situations, provision of 24-hour delivery of care, and input of what is often referred to as 'emotional labour'.[6] In no particular order, these are: conflict with physicians, inadequate preparation, problems with peers, problems with supervisor, discrimination, workload, uncertainty concerning treatment, dealing with death and dying patients, and patients/their families. Moreover, the main question is that the official working-hour as nurses' work in 24-hour shift during on duty at government hospital in Cambodia. In a survey of more than 43,000 nurses in 5 countries, 17% to 39% reported that they planned to leave their job in the next year because of the demands.[7] As the result of Cambodian nurses who have the long working-hour, workload, patient complexity, lack of supports from Nurse Managers can be leaded to burnout. In Cambodia till today, there has been no article neither research, which deals with the nursing empowerment related to quality of nursing work life.

The purpose to this study was threefold: (1) to study the level of the quality of nursing work life in professional nurses who use nursing workplace empowering model and in those that use task-oriented style, (2) to compare the quality of nursing work life between the professional nurses who use nursing workplace empowering model with those who use task-oriented style after implementation of the model, and (3) to compare the quality of nursing work life in professional nurses before and after implementing the nursing workplace empowering model.

Structural empowerment

According to Kanter, work behaviours and attitudes are shaped by characteristics of the work environment, not intrapersonal traits.[8,9] Kanter's model proposed that opportunity, support, information, and resource relate to the behaviours of employees in organizations.[10] Access to support includes feedback and guidance received from superiors, peers, and subordinates as well as the emotional support, helpful advice, or hands-on assistance others can provide (Joan, et al, 2010).[1] Access to resources refers to the ability of the individual to access the materials, money, supplies, time, and equipment required to accomplish organizational goals.[11,12] Access to information technical knowledge, and expertise required to perform one's job.[13,14] Access to Opportunity refers to professional growth and development opportunities to build on the knowledge and skills required for the job.

Psychological empowerment

Psychological empowerment is defined as the psychological state that employees must experience for empowerment interventions to be successful. Spreitzer describes psychological empowerment have four

components: meaning, competence, self-determinant, and impact.[15] Meaning entails congruence between job requirements and an employee's beliefs, values, and behaviours. Competence refers to confidence in one's job performance abilities. Confidence in the ability to perform job requirements is competence.[16] Self-determination refers to feelings of control over one's work. Feeling that one has the autonomy to have control over one's work is self-determination.[17] Impact is a sense of being able to influence important outcomes within the organization.[18]

Nursing workplace empowering model

In this study, Nursing Workplace Empowering Model is referred to perceptions of workplace empowerment, which has been linked to several important organizational outcomes, such as job satisfaction organizational commitment trust in management accountability for practice lower levels of job stress and empowering leader behaviours. Nursing assignment is the process of delegating the duties and all aspects of care for a patient to individual personnel. Change-of-shift report orally at the client's bedside. Pre-conference is the most important for nurse to use for sharing the information of client that Nurse Manager provides client's information to professional nurses about client's major problems and needs for nursing care using nursing diagnoses, nursing interventions and patient outcomes as the focus. Post-conference is one of the nursing empowerment for this study. Nursing rounds can empower nurses for the last shift and next shift to visit the client's bedside to client's condition changes (change-of-shift rounds).

Quality of nursing work life

Quality of nursing work life is referred to which nurses can perform their task with happiness both their work and their family. For the framework of QNWL are compose of work life-home life, work design, work context, and work world.[19] The overall quality of care and excellence in nursing is intimately tied to the quality of nurses' work life.[20] Quality of nursing work life is passionate about employee engagement in the work and has diverse experiences in healthcare marketing, employee recruitment, employee engagement, advertising, and internal communications.[21] Quality of Nursing Work Life focuses on the degree to which registered nurses are able to satisfy important personal needs through their experiences in the work organization, while achieving the organization's goals, to make meaningful contributions to their organization.[22]

In this study, the first concept is term of work life-home life which is defined as interact between the life experiences of nurses in their place of work and in the home. There are some common concepts such as flexibility, relaxation, free expression, and support. The second term is the work design which is defined as the composition of nursing work and describes the actual

work nurses do. Here are items that define nurses' immediate work environment such as responsibility, assignment, outcome, and self-directed. The third is the term of work context defines as the practice setting in which nurses work and explores the impact of the work environment both nurse and client system. It includes relationships with supportive, participation, least control, and relationship. The fourth is the term of work world is defined as the effects of broad societal influences and changes on the practice of nursing, which included respect, recognition, advancement, and possibility to grow. In the previous study was conducted by Work life/ home life, the interface between the life experience of nurses in their place of work and in the home. Work design, the composition of nursing work, and describes the actual work nurses do. Work context, the practice settings in which nurses work, and explores the impact of the work environment on both nurse and patient systems. Work world, the effects of broad societal influences and changes on the practice of nursing.[19]

METHODS

Research design

A quasi-experiment using two-group, pre-post test design.

Sample and setting

The study respondents were convenience sample of 30 full-time professional nurses who had a 3-year nursing diploma, where 15 professional nurses from medical unit was the experimental group and 15 professional nurses from surgical unit was control group. The samples were included only team leader and team members.

Instruments

QNWL applied for measuring the dependent variables was developed by the investigator.[19] The questionnaires were sent to 3 experts to review the content validity and approved it. Then the questionnaire was translated to Khmer Language using back translation technique. The total reliability coefficient was $\alpha = 0.843$. The four sub concepts; work life-home life $\alpha = 0.833$; work design,$\alpha = 0.838$; work context, $\alpha = 0.838$; and work world, $\alpha = 0.836$. Twenty items have been rated on a five-point Likert scales ranging from strongly disagree to strongly agree.

Data collection

The researcher collected data as pre-test both experimental and control groups at the same day on August 27, 2010. The posttest data collection was conducted 2 months after implementation of the models. The same questionnaires were used to collect data for pretest and posttest. The Calmette hospital director approved the conducting for the study. The permission to

conduct this study was obtained from Board Review Committees of Saint Louis College. Consent form was applied for each participant.

Data analysis

Mann-Whitney to compare the Mean before and after the implementation of nursing workplace empowering model. The Wilcoxon Signed-Rank Test used to compare pre and posttest in the experimental group, and compare the posttest of control group and experimental group as well.

RESULTS

This Quasi-experimental design was to study the effect of nursing workplace empowering model on quality of nursing work life in a government hospital, Cambodia. The study was supported the two hypotheses.

Hypothesis 1

The mean scores of quality of nursing work life of those who used nursing workplace empowering model were higher than the mean scores of those who used task-oriented style Table 1.

Hypothesis 2

After the implementation of nursing workplace empowering model had been done, the mean scores of quality of nursing work life would be higher than those of before the implementation. The result shown that the NWEM was affected QNWL. In general, respondents had a higher than average score on the quality of nursing work subscales, which suggests that they were, pleased overall with their nursing work life situations.

The highest Mean score was that nurse known about assignments from the beginning of the work (Pretest $\bar{X}$= 2.93; Posttest $\bar{X}$ = 4.93). Moreover, nurse felt that nurse can learn from all of nursing work by oneself (Pretest $\bar{X}$= 2.60; Posttest $\bar{X}$ = 4.93). However, some nurses felt differently as nurse believed that society has lower respect nursing profession than other professions (Pretest $\bar{X}$ = 2.87; Posttest $\bar{X}$ = 3.33).

DISCUSSION

Work life-home life

The findings from the present study are consistent with the findings from a previous study on acute care nurses.[22,23] Once administrators have identified issues surrounding nurses' perception of QNWL, theoretically based interventions can be developed. Administrators have the influence to provide the organizational structures for example, structural empowerment (opportunity, information, support, and resources); psychological empowerment (self-determinant,

competence, impact, and meaning) needed to create work environments that relate to NWEM. For example, administrators can facilitate access to the organizational

structure of opportunity by providing nurses a chance to participate on work groups, task forces, committees, and organization projects.

Table 1: Compare mean scores between control and experimental groups.

Categories Posttest		Control group (n = 15)			Experimental group (n = 15)		
		X̄	SD.	Levels	X̄	SD.	
Nursing work & home life	3.25	0.48		Moderate	4.38	0.48	High
Nursing work design	2.93	0.26		Moderate	4.80	0.19	Highest
Nursing work context	3.11	0.32		Moderate	4.49	0.40	Highest
Nursing work world	2.91	0.26		Moderate	3.65	0.32	High
Total	3.05	0.23		Moderate	4.33	0.29	High

Table 2: Compare mean scores before and after implementation of experimental group.

Categories Posttest	Pre test		Post test				
	X̄	SD	X̄	SD	Mean rank	Sum of ranks	Z
Nursing work & home life	2.87	0.52	4.38	0.48	8.00	120.00	-3.415[*]
Nursing work design	2.78	0.36	4.80	0.19	8.00	120.00	-3.420[*]
Nursing work context	2.55	0.53	4.49	0.40	8.00	120.00	-3.422[*]
Nursing work world	2.71	0.31	3.65	0.32	7.50	105.00	-3.308[*]
Total	2.73	0.23	4.33	0.29	8.00	120.00	-3.408[*]

Work context

Few nurses felt respected by the upper management, and were able to participate in decisions. Researcher concluded that 65% of nurses believed that the administration did not listen or respond to their concerns and ideas. The results suggest that there needs to be an improvement in the line of management attitudes, with greater valuing of nurses.[24] Gifford et al found that cultures that focus on building trust and satisfaction, which emphasize cohesion and encourage participatory decision making and open communication between managers and staff.[25] Collaboration with other professionals as well as with colleagues is important for their professional development, and quality of care and forms is an important issue for the clinical nurse leadership.[26]

Work design

The work design results revealed that nurses were spending too much time on nonnursing tasks rather than nursing responsibilities like patient teaching, discharge planning, and planning care. A study concluded that nurses found that their workload was heavy, and a majority of nurses were unable to complete their work in the time available. Workload has been cited as the principle cause for nurses considering leaving their workplace and their profession.[24] Respondents in this

study believed that there were not enough RNs on their units. Workload and related issues such as understaffing or inappropriate staffing can cause turnover, which then compounds the problem.[24]

Work world

Many felt that society does not have an accurate image of nurses. The findings of this study are in line with studies carried out concerning the socio-cultural status of nurses in Cambodia. People think of RNs as assistants to the physicians, and many physicians also regard nurses only as their helpers and do not consider them as specialists in the art of caring.[27] A poor public image of nursing may affect not only nursing recruitment, but also the nurse's attitudes towards work.[28] To enhance the nurse's job performance and to reduce their turnover intentions, it is important to improve both the public image and self-image of nurses. In Taiwan,. Findings suggest that discretionary employee benefits enhance the work life quality of nurses, and nurse executives should take notice of the same. Methods to reward and recognize the nurse's contribution to patient care are needed. Shared governance, clinical ladders, and self-scheduling, are a few of the strategies that could be implemented in the clinical setting to improve nursing work life.[21,29,30]

CONCLUSION

Nurses' perceptions of structural and psychological empowerment are significantly increased flexibility, relaxation, free expression, and support. Managers who increased to access supports, information, resources, and opportunities were strongly to increase quality of nursing work life in their workplace. Structural and psychological empowerments are effective recruitment and retention strategy for building a sustainable nursing workforce.

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