Empowering workplace and wellbeing among healthcare professionals: the buffering role of job control

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Abstract. *Background and aim:* Health care workers are exposed to several job stressors that can adversely affect their wellbeing. Workplace incivility is a growing organizational concern with the potential to create workplaces harmful to individuals' wellbeing and increase occupational health risks. Based on the Job De-mands-Resources (JD-R) model, the purpose of the present study was to investigate the role of two resources (organizational empowerment and job control) on individuals' well-being (emotional exhaustion) and attitude at work (unit affective commitment). *Materials and methods:* A total of 210 hospital workers completed a self-administered questionnaire that was used to measure organizational empowerment, workplace incivility, job control, exhaustion, and affective commitment. Data were collected in 2014. Data were examined via linear regression analyses. *Results:* The results showed that workplace incivility was positively related to emotional exhaustion and negatively related to affective commitment. Workplace empowerment was positively related to affective commitment and negatively related to emotional exhaustion. Furthermore, the positive relation-ship between workplace empowerment and affective commitment was significantly moderated by job control. *Conclusion:* Our results found support for the JD-R model. Specifically, results showed the buffering effect of job control in the relationship between empowerment and affective commitment. Our findings may con-cretely contribute to the stress literature and offer additional suggestions to promote healthy workplaces.

Key words: affective commitment, emotional exhaustion, healthcare workers, incivility at work, job control, organizational empowerment

Introduction

Health care workers are constantly exposed to many occupational stressors such as time pressure, work overload, lack of social support at work (especially from direct supervisors and higher management), and interpersonal conflicts with other staff (1, 2). Those occupational stressors are linked to distress and burnout which can influence staff performance and patient health. Burnout is the result of a chronic stress in the work environment from which an individual manifests emotional detachment and avoidance behaviors as a defense mechanism (2, 3).

Scholars agree that burnout is a sequential process that starts with emotional exhaustion (4). Exhausted workers are characterized by a loss of energy and inefficacy to face work and they become unable to recover from the daily job demands (2). Exhaustion may lead to cynicism (5) which is the condition characterizing burnout syndrome as a behavioral reaction. The occupational consequences associated with burnout are high absenteeism, poor job performance, anxiety, depression, and high job-related accidents rate (6-8).

Researchers sustained that organizational factors in the work context may be a cause of chronic stress that leads to job burnout (9, 10). If work environment

is unable to meet individuals' needs, this can reduce their energy and enthusiasm, thus leading to negative consequences such as high absenteeism, poor job performance, mental diseases, anxiety, and job-related injuries (e.g. 6, 7, 11). Today's organizations seem to focus mainly on economic results, thus losing sight of the importance of the human aspect of the work and the human resources valorization, especially in the healthcare setting. This dehumanization condition is a cause of an increased discrepancy between job demands and necessary resources for doing work, which can determine adaptation diseases such as job burnout (12-14). Understanding factors affecting job burnout is important to care workers' psychosocial well-being, organizational effectiveness, and consequently patient health (2).

The job demand–control (JD–C) model (15) is a pioneering work-related stress model that focuses on two important factors of the working environment: job demands and job control. When a job is characterized by high demands (i.e. workload and time pressure) and low control (i.e. limited skill discretion and autonomy) workers are exposed to high psychological strain which leads to emotional exhaustion. Thus, a lack of job control can limit the employees' sense of autonomy to take decisions regarding their work. As a result, their sense of control over what they are doing is undermined and it may generate a condition of anxiety and exhaustion (16). In this sense, high levels of job control can reduce the detrimental effects of job demands (i.e. buffer effects).

A recent occupational stress framework is the job demands-resources (JD-R) model (17). Differently from previous stress models, the JD-R model does not limit itself to definite job demands or job resources. It potentially includes any demand and any resource as affecting employee health and well-being (18), thereby adapting itself to a much wider variety of work settings. The flexibility of this model is the reason why we used it as theoretical framework of this study.

Based on JD-R model, demands can expose workers to psycho-social risks when the individual's reaction results in a maladaptive stress response. Kear (19) states that "people stay where there is a culture of respect and where they feel valued for the contributions they can make to the organization" (2011, p.16). According to the JD-R model, incivility at work is a job demand of

significant interest that is negatively linked to workers' well-being and health (12, 20, 21). Uncivil behaviors are described by Anderson and Pearson (22) as to be "characteristically rude, discourteous, displaying a lack of respect (1999, p. 457). Pearson and Porath (21) found that employees who experienced workplace uncivil behaviors intentionally reduced their work efforts and the quality of their work, thus decreasing overall team effectiveness. In this sense, incivility at work is expensive because it can reduce employee well-being and energy and expose individuals to illness and work distress (12, 20). Research showed that incivility at work is related to low job satisfaction, burnout and turnover (23) and for this reason it is important to prevent incivility in work settings.

Many scholars (24, 25) discuss that the healthcare environment must change if stress and burnout phenomena have to be limited. A way to contain the psycho-social risk is to promote empowering organizations (26, 27), which would represent a resource according to the JD-R model. An Individual's empowerment happens when the work environment is able to allow workers to do their work well. The aspects that foster organizational empowerment are receiving support, having opportunity for learning and growing, and access to resources necessary to provide care safely and effectively (28). The empowered work environments increase work motivation, productivity, and levels of organizational commitment of workers (27). Therefore, empowerment could be a resource that activates motivational processes (i.e. affective commitment) which affect positive organizational outcomes. In addition, as burnout occurs when a work environment fails to support the workers to perform their work and to enable them to mobilize resources, an empowered work environment should increase feelings of autonomy and self-efficacy of workers, thus mitigating emotional exhaustion. On the other hand, when workers feel disempowered in their work and feel a lack of power to manage their environment they may feel emotionally drained from the work.

Aim and hypotheses of the study

Based on JD-R, the study aimed to test a model of organizational well-being. Specifically, the following relationships were hypothesized (Figure 1):

Figure 1. Hypothesized relationahip model

Hypothesis 1a. Incivility at work is positively related to emotional exhaustion;

Hypothesis 1b. Incivility at work is negatively related to affective commitment;

Hypothesis 2a. Organizational empowerment is positively related to affective commitment;

Hypothesis 2b. Organizational empowerment is negatively related to emotional exhaustion;

Hypothesis 3. Job control has a buffering effect on the positive relationship between organizational empowerment and affective commitment;

Hypothesis 4. Job control has a buffering effect on the positive relationship between incivility at work and emotional exhaustion.

Methods

Study design, sample, and data collection

A cross-sectional study design was performed to examine both demands (i.e. workplace incivility) and resources (i.e. workplace empowerment and job control) variables on individual and organizational outcomes in healthcare staff.

The study involved a total of 335 healthcare workers nested in 18 units from three Italian urban hospitals. The study was approved by local ethics committees and formal authorization to recruit workers was obtained from Health Directors of the units. To ensure ethical clarity, written information about the purpose of the study was addressed to all workers of the involved units. A paper questionnaire was administered during work hours by the researchers to collect psycho-social data.

Ethical approval

The healthcare staff was informed that their participation was completely voluntary and anonymous. Informed consent to participate was assumed on receipt of the completed questionnaires.

Measures

The questionnaire included two main sections: a personal data section to obtain information about age range, gender, unit and occupational tenure. The second section included validated scales pertaining to the hypothesized model of this study (29). The following paragraph describes the measure used in the study.

Workplace empowerment. Workplace empowerment was measured by the power subscales of the Conditions of Work Effectiveness Questionnaire-II

- CWEQ-II (30). Three empowerment components were measured with three items each one: opportunity (e.g. opportunity for growth and constructive feedback on performance), resources (e.g. time available to accomplish job requirements), and support (e.g. specific information about things you do well). Items were rated using a 5-point scale ranging from 1 (*never*) to 5 (*always*). In the current study, the internal consistency of empowerment was 0.86, with item-total correlations ranging from r = 0.55 to r = 0.66.

Incivility at work. Ten items of the Italian adaptation of Straightforward Incivility Scale (SIS) (31, 32) were used. Participants used a The items were rated using a 7-point scale (ranging from 0 − never to 6 − daily) to indicate the extent to which they experienced uncivil behaviors from supervisors and coworkers. A sample item was: "My coworkers/supervisor spoke rudely to me". In this study, Cronbach's reliability coefficient for workplace incivility was 0.89, with item-total correlations ranging from r = 0.55 to r = 0.73.

Job control. Three items of the job control sub-dimension from Areas of Worklife Scale (AWS) by Leiter and Maslach (33, 34) were used. A sample item was: "I have control over how I do my work". Items were rated using a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*totally agree*). In this study, Cronbach's reliability coefficient was marginally acceptable (α = 0.60), with item-total correlations ranging from r = 0.36 to r = 0.48.

Emotional exhaustion. The 5-item sub-scale of the Maslach Burnout Inventory-General Survey (MBI) (35) was used. A sample item for the emotional exhaustion dimension was: "I feel emotionally drained from my work". For each item, workers were asked to indicate their agreement level by using a 7-point scale ranging from 1 (*never*) to 7 (*daily*). In this study, Cronbach's reliability coefficient was 0.87, with item-total correlations ranging from r = 0.64 to r = 0.70.

Affective commitment. Six items from the Organizational Commitment Questionnaire (OCQ) developed by Allen and Meyer (36) were used. A sample item was "I feel part of my unit". For each item, workers were asked to indicate their agreement level by using a 7-point scale ranging from 1 (*strongly disagree*) to 5 (*totally agree*). In this study, Cronbach's reliability coefficient was 0.92, with item-total correlations ranging from r = 0.81 to r = 0.85.

Data analysis

All the analyses were carried out by using PASW Statistics 20.0 and AMOS 20.0 (Chicago, IL, USA) (37). Confirmatory factor analysis (CFA) was carried out for the constructs measurement (38). The factor structure for discriminant analysis was carried out by comparing a five-factor structure to a one-factor structure (in which all items loaded into a common factor). The model fit was tested by using the Comparative Fit Index (CFI), the Incremental Fit Index (IFI), and the Root-Mean-Square Error of Approximation (RMSEA). The generally agreed upon critical value for the IFI and CFI is 0.90 or higher (39) and for RMSEA is 0.08 or lower to indicate a good fitting model (40). Internal consistency of the constructs was performed using Cronbach's Alpha measure (α). Correlation analysis between variables was performed by using Pearson coefficient (r).

The relationships between variables (i.e. hypotheses 1a–2b) were examined via linear regression analyses. We tested the moderating effects (i.e. hypotheses 3 and 4) by using the PROCESS macro for SPSS (41). A moderator is a variable that alters the strength of the relationship between an independent variable and a dependent variable. Age and tenure were included as controls for the regression model. Finally, the structure of the interaction was tested by following Aiken and West's technique (42). We plotted regression lines for the relationship between predictor (i.e. workplace incivility and empowerment) and outcome variable (emotional exhaustion and affective commitment) at the low and high levels of moderator variable (i.e. job control).

Results

A total of 210 of 335 health care professionals completed and returned the survey (62.6% participation rate). The most part of the sample were nurses (65.1%), nurse aides were 25.8%, and physicians were 18.7%. The majority of the sample were women (74.1%). Healthcare professionals who participated in the study were joined to different types of units such as intensive care, surgery, internal medicine, pediatric and other services.

The most part of the sample (59.3%) was 40-55 years old, and 47% of healthcare staff worked in the same unit for more than 10 years. Almost the totality of the sample (88.2%) did not desire to leave the current ward.

Table 1 shows descriptive statistics (means and standard deviations) and correlations for the study variables. The magnitude and direction of these correlations were consistent with predictions.

Testing factor structure

The results showed that all indicators of the five-factor model loaded significantly on their corresponding constructs ($p < .001$) and the measurement model showed a good fit to the data: χ^2(df = 77) = 118.4, IFI = .95, CFI = .95, RMSEA = .06. Yet, the one-factor model fitted the data poorly: χ^2 (df = 77) = 504.6, IFI = .61, CFI = .60, RMSEA = .16. The five-factor model was significantly supported: $\Delta\chi^2$ (Δdf = 10) = 386.3, p <.001 (Table 2).

Testing the hypotheses

The results showed that workplace incivility was positively related to emotional exhaustion (β = 0.35, p < 0.05) and negatively related to affective commitment (β = -0.17, p < 0.05). Hypothesis 1 (a-b) was supported. Workplace empowerment was positively related to affective commitment (β = 0.29, p < 0.05) and negatively related to emotional exhaustion (β = -0.20, p < 0.05). Also Hypothesis 2 (a-b) was supported.

Moderation analyses

The results showed that the positive relationship between workplace empowerment and affective commitment was significantly moderated by job control (β = 0.21, p < 0.05). Hypothesis 3 was supported. Yet, the buffering effect of job control on the relationship between workplace incivility and emotional exhaustion was non-significant (p > 0.05). Hypothesis 4 was not supported (see Figure 2 for the results).

We plotted regression lines for the relationship between workplace empowerment and affective commitment at the low and high levels of job control. The results showed that the form of the interaction was in the expected direction (Figure 3). Healthcare workers who referred high levels of workplace empowerment were more affectively commitment with their work unit, and this association was stronger when the perception of job control was high (simple slope for high value of job control = 0.46, 95% CI = 0.23–0.69, t = 3.65, p<.001). On the contrary, the relationship was significantly less strong when the value of the moderator was low (simple slope for low value of job control = 0.12, 95% CI = -0.11–0.34, t = 0.93, p=.036).

Table 1. Means, standard deviations and correlations for the study variables

| Variable	M	SD	1	2	3	4	5
1. Emotional exhaustion	2.24	1.47	/				
2. Workplace incivility	1.06	1.11	.47**	/			
3. Job control	3.17	0.82	-.28**	-.26**	/		
4. Affective commitment	3.70	0.98	-.33**	-.33**	.36**	/	
5. Workplace empowerment	2.87	0.76	-.21**	-.14*	.36**	.31**	/

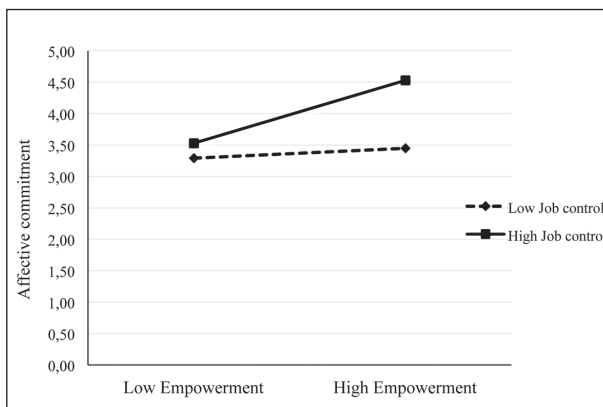Note. N = 210. **p < .01, *p < .05. M=mean, SD=standard deviation.

Table 2. Fit Indices for Confirmatory Factor Analysis

Model	χ^2	df	$\Delta\chi^2$	Δdf	RMSEA	IFI	CFI
One-factor model	504.636	77			.163	.61	.60
Five-factor model	118.380	67	386.26*	10	.060	.95	.95

Note. N = 210. *p < .001
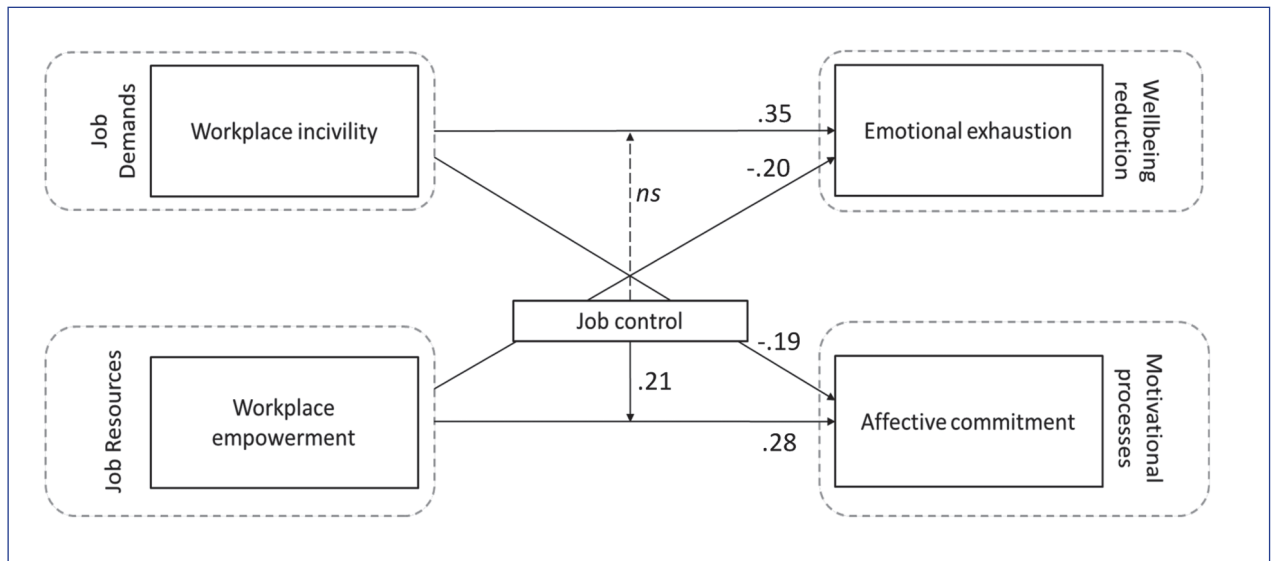
Figure 2. Hypothesized relationship model with standardized path coefficients. p < 0.05

Figure 3. Buffering effect of job control on the relationship between workplace empowerment and affective commitment

Discussion

The psychosocial risk is a high threat for all organizations in terms of staff health, business and productivity. In this sense it is important to identify job demands related to psychosocial risk and job resources that can reduce or buffer negative consequences at work.

The results show that workplace incivility is directly and positively related to emotional exhaustion. This means that at high levels of incivility correspond high levels of exhaustion. Emotional exhaustion is the first step of the burnout process, which can have not only consequences at the individual level such as dissatisfaction, anxiety and tension, but also a negative impact at behavioral level, which can generate cynicism and emotional detachment towards patients. Furthermore, the results show that incivility at work is negatively related to affective commitment. Affective commitment represents an individual's identification with his/her organization/work unit, including its values and goals (43) and have different implications on several work behaviors (44, 45). Our results show that at high levels of workplace incivility correspond low levels of affective commitment. On the contrary, workplace empowerment shows a direct and positive relationship with affective commitment and a negative relationship with emotional exhaustion. When organizational empowerment (i.e. opportunity for growing, available human and time resources to manage and perform jobs, and needed support from colleagues and supervisors) is perceived by workers to be high, the identification and attachment feelings are high. When workplace empowerment is perceived to be low, emotional exhaustion increases in healthcare workers.

Finally, the results of this study show that the positive relationship between empowerment and affective commitment is moderated by job control. This

means that the empowerment– affective commitment relationship is stronger when the levels of job control are high and it is weaker when the levels of job control are low. These findings confirm that job control is a personal resource extremely important as a strategy for increase well-being and affiliation with one's own organization. Nevertheless, job control does not buffer the relationship between incivility at work and emotional exhaustion. A previous study has shown that job control protects workers from exhaustion when workload increases, thus showing that it does not pose concerns when workers have sufficient job control (46). In this study job control does not seem protect from exhaustion maybe because the demand considered in this study is less associated to intrinsic job characteristics than empowerment, but it represents a social demand mainly related to intra-team relationships.

Study limitations

The present study has some limitations. First, healthcare workers were not casually selected from the national health care system. This can limit the generalizability of the results, thus reducing external validity of the study. Another limitation is represented by the use of a self-reported questionnaire which may yield a bias related to social desirability and common method (47). Future studies should reduce the problems associated with this method by integrating individual perception data with objective data (e.g., unit turnover or performance) and with assessments by supervisors. Finally, this study involves a cross-sectional design and we are unable to examine the causal effects of the relationship between variables. Job burnout is a process whose effects should be analyzed via longitudinal studies.

Implications for healthcare practice

Based on JD-R model (17), this study contributes to the literature through the identification of work factors associated with negative (i.e. emotional exhaustion) and positive (i.e. affective commitment) results, in order to implement preventive strategies to protect workers' health.

The well-being of healthcare workers is deeply linked to the quality of their work environment. The results of the present research suggest the importance of developing organizational management practices based on healthy work environments that enable job control and provide employees with resources to mitigate the psychosocial risk. Work-related stress is a potential risk that originates from an organizational dysfunction. Intervention programs should be aimed at reducing worker's experience of stressors and should be directed toward both individuals and organizations (48). Empowerment strategies (21, 22) should be used by organizations to increase workers' control sense. Basically, opportunities for growth and development can increase one's own ability to easily manage challenging and complex situations, thus limiting the emotional exhaustion risk and increasing involvement to and identification with the organization. Furthermore, to reduce emotional exhaustion organizations should promote workplace respect and collaborative relationship among team members. Workers who had experience of poor relationships among staff members reduce work efforts and the work quality (26). Thus, the psychosocial risk can be maintained at low levels if organizations activate strategies for reducing misfit between an individual and his/her work. Some intervention strategies should promote team communication to foster good relationships between nurses and physicians, as well as job autonomy and control through continuing training and improving skills (49, 50). Also, supporting teamwork, collaborative leadership, and good intra-group communication is crucial for encouraging an individual's identification with the unit (51) and empower workers to be more effective.

Healthcare managers need to foster healthy work environments that include civility and respect in order enhance work effectiveness (52) and prevent workplace incivility. Civil and empowering behaviors start with leadership. Healthcare workers may not be empowered only by delegation, but managers should empower staff to strengthen workers' self-esteem and contribute to professional growth and development (53). Thus, healthcare managers play an important role in ensuring that preventive strategies are implemented and reinforced in order to create positive work environments for both workers and their patients.

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