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Access to information and empowerment perspectives in health services

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Abstract

This study highly supports the role of empowerment in a health organization. The aim of the study is to emphasize the impact of empowerment dimensions (access to information, resources, workplace support, and development opportunities) over the workplace satisfaction, commitment, justice and workplace exhaustion. Two questionnaires were administered to measure empowerment and organizational climate in a sample of 108 hospital workers. The regression analysis revealed the role of empowerment dimensions on employees' attitudes/ perceptions. Management should promote the empowerment practices in healthcare organizations and pay attention to the monitoring of empowerment practices effects on employees attitudes and performances.
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1. Introduction

Workplace empowerment is an important factor in rendering the personnel efficient and ensuring a psychological comfort inside the organization (Corsun & Enz, 1999). Managerial literature is rich in works concerning employee empowerment, but the usage of the present concept has been less present in organizational environments. Spreitzer (1996) defines empowerment as a *process* through which individuals become powerful enough to be able to participate directly to controlling and influencing events and institutions that have a direct effect over one's life. By empowerment, people acquire special skills and knowledge, as well as enough autonomy, in order to be able to influence their own work.

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Empowerment is a "multi-layer" concept, which can be investigated at an individual level (or a psychological one), at an organizational level and also at a community or social level (Spreitzer, 1995). Thomas & Velthouse (1990) showed that psychological empowerment consists of four psychological aspects: the appreciation of the existence of a certain *sense* of approach, the feeling of *competence*, work *self-determination*, the feeling of personal *impact* over results (Thomas & Velthoue, 1990). The effects of empowerment are oriented towards three cognitive aspects: a) the feeling of a perceived control, b) the perception of competence, c) the internalization of goals and objectives (Menon, 2001). R.M.Kanter explained the role of organizational empowerment as follows: people react rationally in those situations in which they *find themselves*, they feel more empowered and tend to involve more in their tasks when organizations offer access to information, resources, workplace support and development opportunities (Kanter, 1993).

In healthcare, Irvine et al. (1999) has developed a measure of empowerment. Factor analysis indicated three dimensions of empowerment: behavioral, verbal, and outcome empowerment. The three dimensions were positively related to leadership behavior that encouraged self-leadership and negatively related to directive leadership. The three dimensions discriminated between the empowerment level of managers compared to that of nonmanagement staff. Empowerment predicted organizational citizenship behavior and job behaviors related to quality improvement (Irvine et al., 1999). Researchers have studied the impact of workplace empowerment, organizational trust on staff nurse' work satisfaction and organizational commitment (Laschinger et al., 2001), the relationships between organizational trust and empowerment (Laschinger et al., 2000). From a practical view Martin-Crawford (1999) explored the trends of health care delivery and how health care workers will need to develop different ways of relating to each other and their clients. These different empowerment ways of relating improve health status and outcomes of clients. She proposed an empowerment model as a way an organization can pursue the strategies to achieving different ways of relating to their clients. As far as choosing one or the other of the *empowerment practices*, it is a fact that mature employees (characterised by trustworthyness, experienced and older) are the most appropriate to *commission* for various tasks and to allow them take their own *decisions,* compared with less mature employees, who have the possibility to involve in task organization, but often require superviser support in taking decisions. Managers tend to use female employees as far as *participation* is concerned and male employees as far as *commissioning* is concerned (Leana, 1987).

2. Research

2.1. Objective and participants

The aim of the study is to emphasize the impact of empowerment dimensions (access to information, resources, workplace support, and development opportunities) over the workplace satisfaction, commitment, justice and workplace exhaustion in a health unit. The *participants* consisted of 108 employees: 84 medical assistants (77.8%), 24 nurses (22.2%), aged between 22-59 (A = 37.05; SD = 10.82) and having a professional experience in the field ranging from 1 month to 38 years (A = 15.15; SD = 11.56).

2.2. Methodology

We used two instruments: a questionnaire designed to measure empowerment (access to information, resources, workplace support, and development opportunities - Avram, 2007) and one to measure organizational climate in hospital (Ciurea, Ciubotaru, Avram, 2007). The descriptive statistics and internal reliability of each of the scales are presented in Table 1.

Table 1. The variables of research – descriptive elements

Variables	M	SD	No. items	Alpha
Information access	21.98	4.34	6	.71
Support	9.57	3.34	4	.75
Resources access	12.51	3.80	4	.70
Development opportunities	12.00	3.66	4	.71
Autonomy	14.63	4.41	5	.75
Work satisfaction	22.68	4.55	6	.70
Affective commitment	20.80	5.42	6	.78
Procedural justice	22.55	4.51	6	.72
Distributive justice	9.99	3.78	5	.77
Interactional justice	18.30	4.55	5	.77
Role ambiguities	15.17	5.00	6	.73
Workplace exhaustion	17.41	3.83	5	.77
Negative emotional experiences	19.17	5.13	6	.78

N.B. - A= Average, SD – Standard deviation, Alpha – the internal consistency quotient

2.3. Results

The regression analysis (for explanative purposes) estimates resulted in a series of significant data showing the extent to which workplace empowerment contributes to explaining organizational satisfaction, commitment, justice and workplace exhaustion (Table 2).

Table 2. Empowerment impact over workplace satisfaction, commitment, justice and workplace exhaustion on medical assistants.

I.V.	D.V.	Beta	t	sig.	%
Information access	Job satisfaction	.32	2.93	.01	3.96
Information access	Procedural justice	.20	1.86	.05	8.1
Information access	Role ambiguity	- .72	- 5.00	.01	12.25
Support	Job satisfaction	.20	1.90	.05	4.00
Support	Affective commitment	.23	2.48	.05	11.21
Support	Interactional justice	.40	5.27	.01	5.76
Support	Exhaustion	- .31	- 2.80	.05	2.25
Support	Role ambiguity	.27	2.27	.05	2.25
Resources	Role ambiguity	- .20	- 1.81	.05	6.69
Resources	Exhaustion	- .21	- 1.80	.05	5.70
Resources	Job satisfaction	.17	1.95	.05	5.21
Autonomy	Role ambiguity	.34	2.58	.01	3.24

N.B.: I.V. - Independent variable , D.V. - Dependent variable, Beta – the unstandardized beta quotient,
% - the percentage transformation of the semi-partial corellation quotient.

The data of Table 2 show that each empowerment dimension has the explanatory power of some of the dependent variables. These results stem from the control of the influence of demographical and psycho-organizational factors.

The situation is the following as far as medical assistants are concerned: access to information contributes by 3.96% to explain an increase in job satisfaction; access to information contributes in a small, but significant degree, by 8.1% to explain an increase in procedural justice; access to information contributes by 12.25% to explain the decrease in role ambiguities; workplace support display contributed by 4% to explaining job satisfaction; the presence of support contributes by 11.21% to explaining the increase in affective commitment; support contributes by 5.76% to explaining interactional justice;

support ensures by 2.25% of alleviation of workplace feelings/states of exhaustion; support contributes significantly, by 2.25% to explaining a decrease in role ambiguities; the presence of resources contributes significantly, by 6.69% to explaining a decrease in role ambiguities; resources ensure a decrease in opportunities which favours exhaustion and workplace exhaustion by 5.70%; material resources lead to an increase by 5.21% of job satisfaction; surprisingly, job autonomy contributes by 3.24% to favouring role ambiguities.

Based on the above data, it is an acknowledged fact that the impact of empowerment dimensions is higher in some cases, and lower in others. This shows that empowerment is one of the factors that contributes to the increase or the alleviation of certain workplace psychological aspects, helped also by other explanatory factors. Even though certain explanatory relations have a reduced value, they remain still significant, by their possible involvement in elaborating alleviating measures.

In the case of medical assistants, information has the greatest impact on reducing role ambiguities. Inside hospitals, information acts as a regulatory mechanism, reducing ambiguities, contributing to clarifying decisions, priorities and procedures. Information access increases work satisfaction, as well as the perception on the justice of procedures. The relationship between support and interactional justice is obvious: whenever employees are supported, they see their superiors as fair and their actions are justified inside hierarchical relations. Support helps in clarifying roles and reduces both the feeling of exhaustion as well as the impact of elements prone to produce fatigue.

When sufficient resources are involved, employees show a higher degree of efficiency and a clear understanding of their mission, without displaying any sign of insecurity. Moreover, provided all the necessary materials needed in the process of health care are present, individuals tend to fulfil their job accurately, show personal capabilities, which correspond to work satisfaction; apart from this, they have the possibility to recognize the capacity to produce results.

Surprisingly, autonomy contributes to a certain extent to favouring role ambiguities. The hospital is an organization characterized by highly hierarchical structures and strict regulations. Employees' autonomy risks favour the presence of ambiguities concerning priorities and responsibilities.

The relationship between the dimensions of empowerment and other psycho-organizational variables as far as nurses are concerned is presented in Table 3.

Table 3. The impact of empowerment dimensions on job satisfaction, commitment, justice and workplace exhaustion on nurses.

I.V.	D.V.	Beta	t	sig.	%
Development opportunities	Affective commitment	.87	2.57	.05	15.21
Development opportunities	Role ambiguities	- .79	- 2.19	.05	10.24
Support	Negative emotions	- .42	-1.88	.05	4.80

N.B. - I.V. -Independent variable, D.V. - Dependent variable, Beta – the unstandardized regression quotient, t – the difference value, % - the percentage transformation of the semi-partial corellation quotient

Development opportunities contribute to a great extent, by 15.21% to increasing the affective commitment of nurses and by 10.24% to reducing role ambiguities at the same level. Paradoxically, support is connected to experiencing negative emotions at the workplace. How is that possible? An answer might be that inside the hospital, the existent social distance between a doctor (MD) and a nurse is a lengthy one. However, when a doctor expresses his support verbally, it is highly probable for nurses to experience strong emotions, thinking that they are warned to be more careful in their work with the ill.

Therefore, as far as nurses are concerned, development opportunities, materialized in the possibility to participate in certain courses, the possibility to move forward, temporarily, from maintenance tasks to

health care tasks, or even from health care tasks to organizational activities, supports their commitment to the hospital and is a proper practice of comprehension of the relations between tasks of variable complexity, eventually leading to a clarification of roles. Nurses having better development possibilities manage to better establish the connection between the tasks entailed by various positions or by various workers. Thus, they become more skilful in understanding who is supposed to go, where and why and perform a specific task.

3. Conclusions

This study showed that as far as health care is concerned, employees are satisfied with work content, they become more organization-attached, and tend to experience less organizational workplace exhaustion when the respective organization offeres them i*nformation access, work support, development opportunities* and *resources*. Similar data appears also in the relevant literature: empowered employees are more efficient, have a higher degree of satisfaction and deal easier with work workplace exhaustion (Spreitzer, Kizilos, Nason, 1997), they are less predisposed to counterproductive behaviors at workplace (Chraif, 2010). Health care activities are characterized by time pressure, sudden changes of priorities, interaction with the ill and with often irritated persons and a task-management leadership. That is why it is necessary to implement research and organizational development programs in order to increase the workplace welfare level (see also Pitariu, Chraif, 2009).

References

Avram, E. (2007). Împuternicirea la locul de muncă în organizațiile sistemului de sănătate. In E. Avram, R.Z. Crețu (coord.), *Psihologie organizațional-managerială în context European* (pp. 269-288), Bucuresti: Editura Universitara.

Chraif, M. (2010). *Comportamentul Contraproductiv*. Bucureşti: Editura Universitară.

Ciurea, A.V., Ciubotaru, V.G., Avram, E. (2007). *Dezvoltarea managementului in organizatiile sanatatii. Excelenta in serviciile de Neurochirurgie*, Bucuresti: Editura Universitara.

Corsun, D.L., Enz, C.A. (1999). Predicting psychological empowerment among service workers:the effects of support-based relationships. *Human Relations*, 2, 205-224.

Irvine, D., Leatt, P., Evans, M.G., Baker, R.G. (1999). Measurement of staff empowerment within health service organizations. *J Nurs Meas*, 1, 79-96.

Kanter R.M. (1993). *Men and women of the corporation*, 2-nd edition, New York: Basic Books.

Laschinger, H.K.S., Finegan, J., Shamian, J., Casier, S. (2000). Organizational trust and empowerment in restructured health care setting: Effects on staff nurse commitment. *Journal of Nursing Administration*, *9*, 413-425.

Laschinger, H.K.S., Finegan, J., Shamian, J. (2001). The impact of workplce empowerment, organizational trust on staff nurse' work satisfaction and organizational commitment. *Health Care Management Review Frederik*, 3, 7-23.

Martin-Crawford, L. (1999). Empowerment in healthcare. *Participation and Empowerment: An International Journal*, 1, 15 – 24.

Menon, S.T. (2001). Employee empowerment:an integrative psychological approach. *Applied Psychology: An International Review*, 1, 153-80.

Pitariu, H.D., Chraif, M. (2009). Evaluarea performantelor profesionale, *Revista Psihologia Resurselor Umane - Supliment*, Cluj-Napoca: Editura ASCR.

Spreitzer, G.M., (1995). Psychological empowerment în the workplace: construct definition, measurement and validation. *Academy of Management Journal,* 5, 1442-65.

Spreitzer, G.M. (1996). Social structural characteristics of psychological Empowerment, *Academy of Management Journal*, 2, 483-504.

Spreitzer, G., Kizilos, M.A., Nason, S. (1997). A dimensional analysis of the relationship between psychological empowerment and effectiveness, satisfaction and strain. *Journal of Management,* 5, 679-704.

Thomas, K., Velthouse, B. (1990). Cognitive elements of empowerment: An "interpretive" model of intrinsec task motivation. *Academy of Management Review*, 4, 666-681.