Araştırma Makalesi/ Research Article

Nurses' Assessments of Psychological Empowerment and Organizational Climate: Descriptive Correlational Study

Hemşirelerin Psikolojik Güçlendirme ve Örgütsel İklime İlişkin Değerlendirmeleri: Tanımlayıcı Korelasyonel Bir Çalışma

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ABSTRACT

Objective: The aim of this study is to investigate the nurses' perception of organizational climate and psychological empowerment, and to determine the correlations between organizational climate and psychological empowerment.

Methods: A descriptive and correlational design was used. The study was conducted in hospitals in a province, including three Ministry of Health and two university hospitals. Based on a power analysis, 237 bedside nurses from these hospitals working at least six months were randomly selected. The self-reported questionnaires consisted of an Organizational Climate Scale, a Psychological Empowerment Instrument, and demographic questions were used to collect data. Descriptive statistics and Spearman's rho correlation coefficients were used in data analysis.

Results: The organizational climate scores were the lowest for the negative interaction subscale (Med=2.75) and highest for the hierarchy subscale (Med=3.67). Nurses' total psychological empowerment score was at a moderate level (Med=5.75), with the highest score on the meaning (Med=7.00) and the lowest on the impact subscale (Med=4.33). There were statistically significant positive-moderate correlations between teamwork, supportive climate, human relations, innovative climate, and communication subscales of organizational climate and total psychological empowerment scores (p<0.05).

Conclusion: According to these findings, supporting teamwork and encouraging positive human relations, implementing decentralized management practices, and creating organizational structures where nurses can access information will nourish a positive organizational climate and strengthen psychological empowerment.

Keywords: Nurses, organizational behavior, empowerment, hospitals, health services management

ÖZ

Amaç: Bu araştırmanın amacı, hemşirelerin örgütsel iklim ve psikolojik güçlendirmeye ilişkin algılarının incelenmesi, örgütsel iklim ve psikolojik güçlendirme arasındaki ilişkinin belirlenmesidir.

Yöntem: Tanımlayıcı, ilişki arayıcı araştırma tasarımı kullanılmıştır. Araştırma, bir ilde bulunan üç Sağlık Bakanlığı ve iki üniversite hastanesinde gerçekleştirilmiştir. Güç analizine dayanarak bu hastanelerde en az altı aydır direkt hasta bakımı veren 237 hemşire rastgele seçilmiştir. Veriler, sosyodemografik form, Örgütsel İklim Ölçeği ve Psikolojik Güçlendirme Ölçeği kullanılarak toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler ve Spearman rho korelasyon katsayıları kullanılmıştır.

Bulgular: Hemşirelerin örgütsel iklim puanları olumsuz etkileşim alt boyutunda en düşük (Med=2,75), hiyerarşi alt boyutunda ise en yüksektir (Med=3,67). Hemşirelerin toplam psikolojik güçlendirme puanı orta düzeyde olup (Med=5,75), en yüksek puan anlam (Med=7,00), en düşük puan ise etki alt boyutundadır (Med=4,33). Örgüt ikliminin takım çalışması, destekleyici iklim, insan ilişkileri, yenilikçi iklim ve iletişim alt boyutları ile toplam psikolojik güçlendirme puanları arasında istatistiksel olarak anlamlı orta düzeyde pozitif korelasyon bulunmuştur (p<0.05).

Sonuç: Bu bulgulara göre ekip çalışmasının desteklenmesi ve olumlu insan ilişkilerinin teşvik edilmesi, merkezi olmayan yönetim uygulamalarının hayata geçirilmesi ve hemşirelerin bilgiye erişebileceği örgütsel yapıların oluşturulması olumlu bir örgüt iklimini besleyecek ve psikolojik güçlendirmeyi güçlendirecektir.

Anahtar Kelimeler: Hemşire, örgütsel davranış, güçlendirme, hastane, hemşirelik yönetimi

Introduction

In Turkey, employees spend 1732 hours per year at work, one of the highest ratios among Organization for Economic Cooperation and Development countries (OECD, 2024). This means that employees in Turkey spend more time in the work environment to "earn life." The International Council of Nurses considers the organizational climate, which reflects the effective management and leadership practices, good peer support, worker participation in decision-making, and shared values, as an element of a positive practice environment (ICHRN, 2007). Organizational climate is defined as the shared meaning organizational members attach to the events, policies, and procedures they experience and the behaviors they see being rewarded, supported, and expected (Ehrhart et al., 2013). It is possible to assimilate the organizational climate to the atmosphere surrounding the institution (Mullins and Christy, 2010). In terms of healthcare organizations, the literature review showed that organizational climate has an influence on nurses, patients, and organizational outcomes. Organizational climate has a positive effect on organizational commitment (Madhura, 2020), job satisfaction (Yamassake et al., 2021), and perceived professional competence (Ying et al., 2007). However, in a negative organizational climate, nurses reported more bullying and burnout (Giorgi et al., 2016) and depression and anxiety (Bronkhorst et al., 2015). Roch et al. (2014) reported that nurses left some important care tasks to unlicensed assistant personnel in a negative organizational climate caused by intense workloads and role ambiguity. Paquet et al. (2013) reported that some factors affecting organizational climate had indirect effects on medication errors and the length of stay in the hospital. These results have shown the importance of organizational climate on patient care quality.

One of the barriers for establishing and maintaining a positive organizational climate in healthcare institutions is claimed to be the lack of employee empowerment in healthcare institutions (Arnold, 2013). Psychological empowerment is defined as "a motivational structure that manifests itself in four dimensions as meaning, competence, self-determination, and impact" (Spreitzer, 1995). It is also a sign of positive working behaviors, which ultimately constitute a positive working environment. Many studies have shown the individual and organizational benefits of psychological empowerment in healthcare. It has

been associated with higher levels of job satisfaction, organizational commitment, innovative behaviors, and work engagement (Cicolini et al., 2014; Li et al., 2018) and lower levels of burnout and exhaustion (Ozbas and Tel, 2016; Permarupan et al., 2020). Psychologically empowered intensive care nurses reported less moral distress (Browning, 2013). In the literature, the level of nurses' psychological empowerment ranged from moderate to high (Browning, 2013; Fan et al., 2016; O'Brien, 2011). The concept of psychological empowerment has been frequently studied in nursing management literature (Fan et al., 2016; Ozbas and Tel, 2016; Permarupan et al., 2020). Additionally, there are studies that were conducted to investigate its correlation with organizational climate in nursing workplaces (Mok and Au-Yeung, 2002; El Salam et al., 2008; Trus et al., 2019; Rakha et al., 2022). According to these studies, organizational climate is associated with higher levels of psychological empowerment among nurses. However, the number of the studies is limited especially in Türkiye, and there is a need for understanding the relationship between organizational climate and psychological empowerment. By understanding the relationship between two constructs, nursing managers can create strategies to create more supportive and effective nursing work environments and to enhance better nursing and patient outcomes. In this study, we aimed to investigate the nurses' perception of organizational climate and psychological empowerment and to determine the correlations between organizational climate and psychological empowerment.

Methods

This Study Design

A descriptive and correlational design was used. The purpose of this study was to investigate the nurses' perception of psychological empowerment and organizational climate and the correlation between the two concepts.

The research questions of the study were as follows:

1. What is the psychological empowerment level of nurses?

2. What is the nurses' perception of organizational climate?

3. Is there a correlation between psychological empowerment and organizational climate?

Setting and Sample

This study was conducted in five hospitals that provide comprehensive healthcare services, with at

least a 500-bed capacity, including three teaching and research hospitals affiliated with the Ministry of Health and two university teaching hospitals. The study population consisted of all nurses working at these hospitals. The inclusion criteria for nurses are as follows: 1) accepting to participate in the study; 2) working at inpatient clinics (medical-surgical wards and critical care units); 3) providing direct patient care; 4) working for at least six months at the hospitals. Working in the managerial position was the exclusion criterion. The sample size was determined by power analysis; a minimum of 230 nurses was needed for a power of 0.9 and a medium effect size (Cohen et al., 2003). The number of participants to be sampled from each hospital was calculated using the proportional distribution. Considering missing data, a total of 250 questionnaires were distributed, and 238 nurses filled in the questionnaires. Owing to incomplete data, one questionnaire was removed from the sample. Accordingly, data collected from 237 nurses was used.

Ethical Consideration

Written approval from the Hacettepe University Non-Interventional Clinical Research Ethics Board (December 6, 2016; No: GO 16/694-06) and written permission was obtained from the hospitals' management. The nurses who were selected for the sample were informed about the study, and written consent was obtained. Written permissions were also obtained for the use of the scales in this study.

Instruments

The Demographic Data Form, Organizational Climate Scale, and Psychological Empowerment Instrument were used for data collection.

Demographic Data Form

This form, developed for collecting nurses' demographic data such as age and sex, consists of nine questions.

Organizational Climate Scale (OCS)

This scale was developed by Bilir (2005) to measure various aspects of organizational climate and consists of 11 subscales: organizational commitment (six items), teamwork (seven items), supportive climate (five items), stress (six items), human relations (five items), negative interaction (four items), job satisfaction (three items), hierarchy (three items), communication (three items), bureaucratic climate (three items), and innovative climate (three items). The instrument uses a five-point Likert-type scale (strongly disagree=1 to strongly agree=5). The subscales can be used separately and evaluated based on the total or mean score. Since the statements in the subscales differ in terms of positive and negative climate perception, the total score of the scale is not calculated; evaluations are based on subscale scores. In this study, the dimensions of organizational commitment and job satisfaction were excluded. The increase in teamwork, supportive climate, human relations, communication, and innovative climate scores indicates a positive organizational climate. The rise in other subscale scores suggests a negative organizational climate. Cronbach's alpha value of the scale was 0.80 in previous studies (Bilir, 2005; Kılıc Guner, 2017). In this study, it was 0.80. Cronbach's alpha values of the subscales of the scale are presented in Table 1.

Psychological Empowerment Instrument (PEI)

This scale was developed to measure employees' psychological empowerment levels (Spreitzer, 1995). A validity and reliability study for the Turkish version of the scale was conducted by Uner and Turan (2010). The instrument is a seven-point Likert-type scale (strongly disagree=1 to strongly agree=7) and has four dimensions: meaning (three items), competence (three items), self-determination (three items), and impact (three items). Evaluation of the scale is based on mean scores. Cronbach's alpha was 0.80 in the validity and reliability study (Uner and Turan, 2010). Total Cronbach's alpha was 0.80. (Table 2).

Data Collection

Data was collected between January 1 and May 15, 2017. During this period, all hospitals were visited by the researcher. The hospitals' nursing management departments were informed, and the nurses' work schedules were obtained to list the eligible participants. A simple random sampling method was used to determine the sample from each hospital, and 10% of the sample was selected for backup. The questionnaires were provided to the nurses in an envelope, and they were requested to deliver the envelopes closed after completion. No backup samples were used.

Data Analysis

Data were analyzed using SPSS for Windows 23.0 (IBM Corp., Armonk, NY, USA). The Shapiro-Wilk test was used to evaluate the normality of the data. The data were not normally distributed in the study. Therefore, frequencies, percentages, minimum and maximum scores, and medians were used as descriptive statistics. Spearman's rho correlation coefficients were used to conduct correlation analysis. Statistical significance was set at 0.05.

Results
Nurses' demographic characteristics

More than half of the nurses were 34 years old and younger (52.7%), and almost all of the nurses were female (92.8%). We found that 64.6% of the nurses had a baccalaureate degree in nursing, 56.1% had more than 10 years of experience in nursing, 55.7% had spent over six years in current hospitals, 91.1% had permanent employee status, and 65.0% were working in rotating shifts. Additionally, 55.7% of the nurses had worked in Ministry of Health Hospitals, 55.3% had worked in the surgical unit, and 56.5% had worked in the current clinic for less than 3 years (Table 1).

Table 1. Sociodemographic characteristics of the nurses (n=237)

Characteristics	n	%
Age		
≤34 years	125	52.7
≥35 years	112	47.3
Gender		
Female	220	92.8
Male	17	7.2
Employee status		
Permanent	216	91.1
Contractual	21	8.9
Hospitals		
Ministry of Health	132	55.7
University	105	44.3
Clinical settings		
Surgical unit	131	55.3
Medical unit	106	44.7
Education		
Vocational health high school	26	10.9
Associate degree	42	17.7
Baccalaureate degree	162	68.4
Graduate degree	7	3.0
Years of experience as a nurse		
≤9 years	104	43.9
≥10 years	133	56.1
Years in current hospital		
≤5 years	105	44.3
≥6 years	132	55.7
Total	237	100.0

Nurses' Scores on OCS and PEI

The lowest score for OCS was at the negative interaction subscale (Med=2.75), followed by human relations (Med=2.80). The highest scores were on the hierarchy (Med=3.67), teamwork (Med=3.43), bureaucratic climate (Med=3.33) and innovative climate subscales (Med=3.33). Nurses' psychological empowerment levels, slightly above the midpoint (Med=5.75), The highest score on the PEI was at the meaning (Med=7.00) and competency (Med=7.00) subscales, and the lowest was for impact (Med=4.33). (Table 2).

Correlations Between OCS and PEI Scores

The most significant correlation between OCS and PEI was between the communication subscale of OCS and the total PEI score (p<0.05). Additionally, the teamwork, supportive climate, and human relations subscales of OCS are positively correlated with the total PEI score (p<0.05). These correlations were at a moderate level. The other correlations between the OCS and PEI are presented in Table 3 (Table 3).

Discussion

Nurses participating in this study had a low level of negative interaction with other employees, whereas they did not perceive human relations as positive enough. This result can be explained by the fact that the nurses avoid interaction with other employees due to the negative human relations, and thus they reported a low level of negative interaction. These results are also similar to the findings in the national studies (Cerit, 2009; Kılıc Guner, 2017). Considering that the human relations in the hospitals may be superior-subordinate relationships, physician-nurse relationships, and patient-nurse relationships, this result indicates that study hospitals should consider human relations for the potential negative effects on nurses.

The highest scores from the organizational climate scale were the hierarchy, teamwork, bureaucratic climate, and innovative climate subscales. According to the hierarchy subscale score, nurses participating in this study perceived that work was done according to the chain of command and superior-subordinate relations were strict, and organizational goals were determined by the top management. This showed that many institutions in our country are highly hierarchical and bureaucratic in nature, and the nurses' perceptions reflect this reality. The study by Mrayyan (2008) conducted in Jordan had a similar result.

Another study also reported that nurses had the lowest score on the flexibility subscale, which is related to nurses being restricted in the workplace (Ying et al., 2007). However, it should be noted that these findings are from Eastern literature.

Table 2. Descriptive statistics and reliability analyses of the scales

Scale Name	Number of Items	Median	Min.	Max.	Range	Cronbach's alpha
Organizational Climate Scale	39					0.839
Teamwork	7	3.43	1.00	5.00	1-5	0.884
Supportive climate	5	3.00	1.00	5.00	1-5	0.912
Stress	6	3.17	1.00	5.00	1-5	0.808
Human relations	5	2.80	1.00	5.00	1-5	0.804
Negative interaction	4	2.75	1.00	5.00	1-5	0.834
Hierarchy	3	3.67	1.00	5.00	1-5	0.790
Communication	3	3.00	1.00	5.00	1-5	0.798
Bureaucratic climate	3	3.33	1.33	5.00	1-5	0.580
Innovative climate	3	3.33	1.00	5.00	1-5	0.715
Psychological Empowerment Scale	12	5.75	1.25	7.00	1-7	0.869
Meaning	3	7.00	1.00	7.00	1-7	0.923
Competence	3	7.00	1.00	7.00	1-7	0.951
Autonomy	3	5.67	1.00	7.00	1-7	0.857
Effect	3	4.33	1.00	7.00	1-7	0.906

Table 3. Correlations between organizational climate and psychological empowerment

			Teamwork	Supportive Climate	Stress	Human Relations	Negative Interaction	Hierarchy	Communication	Bureaucratic Climate	Innovative Climate
Psychological Empowerment Instrument	Meaning	r_s	0.169	0.127	-0.098	0.128	-0.179	0.020	0.125	-0.014	0.138
		p	0.009*	0.050	0.134	0.049*	0.006*	0.762	0.055	0.831	0.034*
	Competence	r_s	0.004	-0.037	-0.015	-0.073	-0.011	0.137	0.010	-0.103	0.056
		p	0.957	0.572	0.813	0.265	0.861	0.035*	0.878	0.113	0.392
	Autonomy	r_s	0.322	0.365	-0.183	0.340	-0.194	-0.131	0.361	-0.185	0.175
		p	0.000*	0.000*	0.005*	0.000*	0.003*	0.043*	0.000*	0.004*	0.007*
	Impact	r_s	0.306	0.341	-0.103	0.330	-0.080	-0.082	0.375	0.036	0.245
		p	0.000*	0.000*	0.112	0.000*	0.218	0.209	0.000*	0.585	0.000*
	Total Psychological Empowerment Instrument	r_s	0.354	0.378	-0.170	0.338	-0.163	-0.085	0.403	-0.077	0.246
		p	0.000*	0.000*	0.009*	0.000*	0.012*	0.191	0.000*	0.235	0.000*

*: Correlations are significant at 0.05 level.

In the Western literature, the decentralization management style has been encouraging to facilitate innovation in institutions, provides more input, and helps to make decisions faster (Lindell Joseph and Huber, 2021). In addition, collaborative management and decision-making have been shown to be one of the most important components of care environments that support excellent patient care (Michalsen et al., 2019).

We found that the nurses reported that working with a team was an indication of a positive organizational climate. Although they used different scales and research methods, this finding is supported by other international studies (Bahrami et al., 2016; Bry and Wigert, 2022). Teamwork in health care contributes to high-quality business outcomes and cost control, helps share more information, and enables different approaches to problems (Lindell, Joseph and Huber, 2021). Therefore, our findings from this study related to teamwork are satisfying.

The total PEI score of the nurses was above the midpoint in this study. Empowered nurses are motivated to provide better patient care, seek opportunities for their professional development, and are accountable for their decisions, and empowered nurses are crucial because today's healthcare systems are becoming increasingly complex. Our findings are consistent with the previous national study (Uner and Turan, 2010; Sener and Oksay Sahin, 2023). In another study nurses' psychological empowerment levels were high (Khoshmehr et al., 2020), moderate (O'Brien,

2011), and slightly above moderate (Fan et al., 2016).

We also found that the PEI subscale scores ranged from high to moderate, in meaning, competence, self-determination, and impact. This is consistent with results from both national and international studies (Fan et al., 2016; Uner and Turan, 2010; Wang and Liu, 2015; Khoshmehr et al., 2020). According to these findings, nurses find their work meaningful and consider themselves competent. However, they reported that they did not have enough autonomy to influence organizational outcomes. It can be considered that the centralized management style in the hospitals included in this study restricted the nurses from having enough autonomy to influence outcomes.

The findings from correlation analysis showed that the highest correlation was between the communication subscale of organizational climate and total psychological empowerment scores. The communication subscale defines the timely delivery of necessary information to employees in this study. Previous studies reported that communication is one of the empowering factors for nurses (Mok and Au-Yeung, 2002; Susuki et al., 2022), and access to information was reported to be a significant factor affecting psychological empowerment in accordance with this study (Altındis and Ozutku, 2011). Lawler (1992) suggested that two types of information are important for empowerment: information about an organization's mission and information about performance. Information about the mission helps to create a sense of meaning and purpose (Conger and Kanungo, 1988). Considering the findings of this study, nurses' psychological empowerment levels can be increased by providing the necessary information they need.

Additionally, correlation analysis indicated that teamwork and supportive climate were moderately associated with the psychological empowerment score of nurses. Our findings are consistent with the findings of a previous study (Mok and Au-Yeung, 2002, Bry and Wigert, 2022). Effective teamwork in hospitals is crucial to providing effective and quality patient care in a more complicated environment because of the aging population and increasing chronic diseases. A study showed that working together in health care settings increases patient safety due to the close communication involved (Baker et al., 2005). Managerial support has also been shown to be one of the antecedents of psychological empowerment (Seibert et al., 2011). Therefore, effective teamwork and managerial support are important ways to create a positive organizational climate and higher level of psychological empowerment.

There are some limitations of this study. First, the nurses were recruited using a convenience sample, so the representativeness of the sample was low. Second, nurses could have a social desirability effect since the data were collected using self-reported questionnaires. There is a need for further studies on the topic so that the results can be compared and validated to find the best practices for nurse managers. Further studies should focus on the factors affecting both organizational climate and psychological empowerment.

Conclusion and Recommendations

This study provides information about the nurses' assessments of organizational climate and psychological empowerment in healthcare institutions. According to the results of this study, it is recommended that the managers should conduct activities to create and maintain teamwork. In order to create a positive organizational climate, it is necessary to employ modern management practices, such as decentralization; encourage positive human relations in working environments; and create organizational structures where nurses can access the information that they need to perform their roles in the institution. For a high level of psychological empowerment, there is a need for managerial philosophies and practices that help nurses increase control over their practices.

What did the study add to the literature?
- Nurses assessed the organizational climate negatively, especially for the negative interactions and the hierarchy in the work environment.

- Nurses' psychological empowerment score was above the midpoint, and they assessed their work meaningful. However, they reported that they did not have enough autonomy to influence organizational outcomes.
- The organizational climate and psychological empowerment were correlated, and the most important organizational climate factor that affecting the psychological empowerment was communication.

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