The Effect of Workplace Empowerment on Palestinian Nurses' Occupational Stress and Work Effectiveness

By

Belal A. Sa'adeh

B.Sc. in Nursing. / Jordan University. / Jordan.

A thesis Submitted in Partial fulfillment of requirements for the degree of Masters of Nursing Management. Department of Nursing / Masters in Nursing Management.

Al-Quds University.

February, 2001

Masters in Nursing Management / Nursing Department

Deanship of Graduate Studies

The Effect of Workplace Empowerment on Palestinian Nurses' Occupational Stress and Work Effectiveness

BY

Student Name: Belal A. Sa'adeh

Registration No: 9711021.

Supervisor: Dr. Randa Nasser

Co-Supervisor: Mrs. Asma Al-Imam

Master thesis submitted and accepted, Date: November 15th, 2001.

The names and signatures of the examining committee members are follows:

1. Dr. Randa Nasser / Head of the Committee Signature.....
2. Mrs. Asma Al-Imam / Internal Examiner Signature.....
3. Dr. Mohammad Shaheen / External Examiner Signature.....

Al-Quds University

-2001-

Dedication

This thesis is dedicated to Sulafa, my wife, for her patience and support during the research work; to my kids, Adel, Deema and Abdullah; and to my parents, brother and sisters. This work is also dedicated to my parents in law, brother in law, and sisters in Law.

Acknowledgements

The research work has been made possible by the help, assistance and advice of a number of people. First of all, I am deeply indebted to my supervisor Dr. Randa Nasser for insightful remarks, advice, enthusiasm and support during the research.

I am also grateful to Mrs. Asma Al – Imam, my second advisor, for her guidance and assistance.

A word of thanks goes to my teachers who taught me at the M.A. level at Al-Quds University.

My particular thanks go to all my friends especially Dr. Ziad Mimi, Mohammad Asia, Khader Jum'a, Imad Khader, Sufian Mimi, Mo'ayyad Taher and Yusef Mimi for their encouragement and help.

I am also grateful to my colleagues at Makassed and Ramallah hospitals for their participation.

Abstract

This study used Kanter's theory of power in the organizations to examine the effect of empowerment on occupational stress, and in turn the effects of empowerment and occupational stress on work effectiveness.

A survey with closed-ended self-administered questionnaire was used to collect data from 181 nurse managers, staff nurses and practical nurses, working at two Palestinian hospitals in the West Bank in Palestine – Ramallah and Makassed.

Empowerment was measured by Chandler's Work Effectiveness instrument, occupational stress was measured by Lyon's Job Tension Index and work effectiveness was measured by single question designed by the researcher.

Results of the summary statistics revealed that Palestinian nurses in the two hospitals perceived moderate levels of empowerment and occupational stress, similar to results obtained by previous Americans and Canadians studies. Results of the t-test indicated that nurse managers are more empowered than their staff. Also, empowerment was not found to affect occupational stress among all participants as the results of regression analysis indicate. Moreover, regression analysis revealed that the combination of empowerment and occupational stress does not affect work effectiveness in either hospital.

Contents

Chapter	Contents	Page
Chapter One	Introduction	1
	Problem Statement	1
	Purpose of the study	4
	Research hypotheses	5
	Assumptions of the study	5
	Limitations of the study	6
	Limitations of the design	6
	Limitations of the scale	6
Chapter Two	Settings	7
	Introduction	7
	Ramallah hospital	7
	Makassed hospital	8
Chapter Three	Literature Review	14
	Introduction	14
	Kanter's theory	14
	Empirical studies testing Kanter's theory	16
	Empirical studies of occupational stress	24
Chapter Four	Methodology	34
	Design of the research	34
	Sampled population	34
	Data collection	36

	Definition of the concepts	37
	Instruments	37
	Reliability and validity	40
	Data analysis	40
Chapter Five	Results and discussion	41
	Demographic characteristics for the whole	41
	Summary statistics for the managers	41
	Summary statistics for the bedside nurses	42
	Descriptive statistics	43
	T-test analysis	47
	Comparisons between the two hospitals	52
	Comparisons between the managers	54
	Comparisons between the bedside nurses	54
	Bivariate correlatios	57
	Multivariate regression results	61
Chapter Six	Conclusion	65
	Recommendations	71
	References	73
	Appendices	79

List of Tables

Table		Page
Table 1	Number of fulltime nurses in Ramallah and Makassed hospitals.	35
Table 2	Frequencies and percentages for the nominal level variables.	42
Table 3	Results of previous studies testing Kanter's theory.	45
Table 4	Summary statistics and t-ratios for the whole sample.	46
Table 5	Summary statistics and t-ratios for all nurses in Ramallah hospital.	50
Table 6	Summary statistics and t-ratios for all nurses in Makassed hospital.	51
Table 7	Summary statistics and t-ratios for all nurses in Makassed and in Ramallah hospitals.	53
Table 8	Summary statistics and t-ratios for managers in Makassed and in Ramallah hospitals.	55
Table 9	Summary statistics and t-ratios for bedside nurses in Makassed and in Ramallah hospitals.	56
Table 10	Correlation coefficients between variables for the whole sample.	60
Table 11	Regression results for occupational stress for the whole sample.	62
Table 12	Regression results for occupational stress for Ramallah hospital.	62
Table 13	Regression results for occupational stress for Makassed hospital.	63
Table 14	Regression results for work effectiveness for the whole sample.	63
Table 15	Regression results for work effectiveness for Ramallah hospital.	64
Table 16	Regression results for work effectiveness for Makassed hospital.	64

List of Figures

Figure		Page
Figure 1	Organizational chart of Ramallah hospital.	11
Figure 2	Organizational chart of Makassed hospital.	12
Figure 3	Organizational chart of nursing in Makassed hospital.	13

Chapter One

INTRODUCTION

Problem Statement

Stress has been experienced in nearly all occupations. It varies in strength and magnitude from one occupation to another, which might be one of the strongest among the nursing profession. Occupational stress in nursing results in high staff turnover and increased incidence of psychiatric outpatient consultations (Colligan et al, 1977; Cherniss, 1980). Negative stress (distress) is dysfunctional, expensive and causes impaired organizational efficiency, high incident rates, decreased practical competence, increased health costs and reduced job satisfaction. (Dewe, 1989; Mc Grath et al, 1989; Wheeler, 1994 a; Wheeler and Ridding, 1994; Ridding and Wheeler, 1995 a, b; Matteson and Ivancevich, 1987; Wheeler, 1994 a). Lim and Yuen (1998) stated that "occupational stress in nursing represents a major problem for both individuals and organizations. Costs associated with occupational stress in terms of workdays lost, absenteeism, and health costs have significant implications for organizations and patients", (page. 269). In addition, occupational mental health has been linked to desired organizational outcomes, such as productivity and effectiveness (Hipwell et al, 1989).

Due to its negative effects on organizational and individual outcomes, the past three decades had witnessed an increased interest in studying stress experienced by hospital nursing staff (McCranie et al, 1987; Landsbergis, 1988; Hipwell et al, 1989; Laschinger and Havens, 1997; Lim and Yuen, 1998).

Some researchers have also investigated different personal characteristics and organizational variables that might affect nurse occupational stress. Yasmineh (1994) described the influence of personality traits, organizational policies as well as cultural and political situations on stress experienced by nurse managers at non-governmental hospitals in the West Bank. This study showed that type- A personality, reduced authority, conflicting roles, lack of support of the organizations for growth and lack of involvement in decision making and strategic planning were the main stressors for the nurse managers at these hospitals.

Others have investigated the structural characteristics of the work place such as empowerment, which, has been linked to occupational stress, organizational effectiveness, leadership effectiveness, and over all productivity (Laschinger and Havens, 1997; Bennies / Nanus, 1985).

In her theory of Structural Power in Organizations, Kanter (1977; 1993) argues, "work behaviors and attitudes are shaped in response to an individual's position and the situations which arise in an organization as opposed to individual - personal characteristics and socialization experiences" (Laschinger 1996, p. 29). The theory also considers power as a structural determinant that affects organizational behaviors and attitudes.

Laschinger and Havens (1997) stated that "evidence from organizational studies suggests that personality dispositions play an important role in determining how a person will act in a particular situation. Social psychologists suggest that personality and structural characteristics have an interactive effect on work behavior" (page. 44). Therefore workers' motivation that is measured by the Higher Order Need (HON) is considered as one of the personality dispositions

important for workers' behavior. In 1976, Beehr, Walsh, and Taber found that HON has a moderating effect on individually and organizationally valued states (the relationships between variety, autonomy, task feedback, and task identity and several aspects of motivation were frequently moderated by higher order need strength) in different studies.

Laschinger and Havens in 1997 tested the hypothesis that the predisposition need for achievement through work has a moderating effect on the relation between perceived access to work empowerment structures and occupational stress. Their results revealed that neither need for achievement through work nor the interaction between empowerment and achievement contributed significantly to the prediction of occupational stress.

They also examined the effects of staff nurses' empowerment on occupational mental health and work effectiveness in the United States. The results showed that staff nurses' perceptions of access to work empowerment structures were strongly related to occupational mental health and work effectiveness.

During my 12 years of work experience as a nurse in different institutions, I have occasionally heard nursing colleagues describe themselves as powerless and distressed. This might explain the ever-mentioned poor effectiveness, diminished patients' care, low productivity, high rates of turnover, dissatisfaction and intention to leave the profession by the nurses in the Palestinian context. My speculations coincide with Hamdan's observations in 1993 that work and management-related reasons were the main reasons for high turnover rates of staff nurses in non-governmental hospitals in the West Bank.

Although nurses constitute the largest proportion of professional health care workers in Palestine, only one study has been so far carried out to examine their occupational stress (i.e. Yasmineh 1994) and it only investigated stress among nursing managers in non-governmental hospitals. However, no studies have been conducted to examine occupational stress among nursing staff as a whole, especially in governmental health care system. I believe that the scope of the problems associated with stress extended to all levels of nursing, not just managers.

My study, therefore, will examine the effect of nurses' perceived work place empowerment on their perceived occupational stress and perceived work effectiveness. It basically replicates Laschinger and Havens' study in a Canadian setting.

The purpose of the study is to examine the nurses' perceptions of their empowerment, occupational stress, and work effectiveness; and whether the variation in the nurses' perceived levels of their empowerment influence their perceived occupational stress and work effectiveness.

This is the first study to examine occupational stress among all levels of nursing in Palestine. Moreover, it is the first study to examine the levels of perceived empowerment and their effect on perceived occupational stress as well as on work effectiveness among all levels of nursing in Palestine. Results of this study may be significant to nursing profession in Palestine, as the study constitutes a base line for understanding these issues among Palestinian nurses in the future, and provides nursing administrators with a profile about nursing status in regard to these issues.

Research Hypotheses

Based on Kanter's theory of empowerment and the results of different studies, the following three hypotheses will be tested:

Hypothesis 1: Nurse managers are more empowered than their staffs (i.e. staff nurses and practical nurses).

Hypothesis 2: Nurses' perceptions of empowerment are negatively related to their perceptions of occupational stress.

Hypothesis 3: Nurses' perceptions of empowerment and perceptions of occupational stress are predictive of their perceptions of work effectiveness.

Assumptions of the Study

The assumptions of this study include the following:

1. The questionnaire used yielded reliable and valid answers. Reliability was assessed in a previous pilot study on nurses from Augusta Victoria Hospital in East Jerusalem.
2. All subjects can understand, read and write Arabic.
3. All subjects were truthful.
4. Nursing administrators and nurses in both hospitals were cooperative, so high rate of response was achieved.

Limitation of the Study

The limitation of this study is that its results will be generalized only to the

Limitation of the Study

The limitation of this study is that its results will be generalized only to the population of nurses in the two hospitals from which the sample was chosen, but not to all health care settings in Palestine.

Limitations of the design

Survey design with self-administering questionnaire can determine the correlations and not the causation. Moreover, a questionnaire is not as sensitive as interviews, and it may elicit less information from subjects than the latter because there is less contact between the person administering the questionnaire and the subjects.

Limitations of the scale

Likert-type scaling used in this study could be culturally biased to the participants, as the Hispanic and Asian groups preferred a dichotomous (yes, no) response to a scale response, as Flaskerud (1988) claimed.

Chapter Two

SETTINGS

Introduction

In this chapter a detailed description of both hospitals that participated in this study is presented. These are Ramallah governmental hospital in Ramallah city of the West Bank and Makassed non-governmental nonprofit hospital in East Jerusalem.

Ramallah Hospital:

Ramallah Governmental Hospital is located in Ramallah city in the middle of the West Bank, and it is the second largest governmental hospital than Rafidia hospital in Nablus city and includes 128 beds. It is a tertiary and regional referral center for the insured population with the Ministry of Health in the West Bank. In addition, it provides services to Ramallah city and all villages in the region. It has 325 employees, out of which 134 are nurses: 64 staff nurses (out of which 23 are managers), 53 practical nurses, 12 midwives and 5 aid nurses.

Ramallah hospital consists of the following wards: Emergency, Medical, Out-Patient Clinics, Dialysis Unit, Intensive Care Unit, Pediatrics, Neonate, Obstetric and Gynecology, Surgical, Theater, Central Sterile Supply and Cardiac Catheterization.

Ramallah hospital provides special medical services for the referrals from other governmental hospitals in the West Bank, like Cardiac Surgery, Neuro-

Surgery, Thoracic Surgery, Cardiac Catheterization and referred complicated cases from other specialties, Mammography and C-T Scan.

Cardiac Catheterization Unit started to work one year ago and it provides this service to the insured patients from different areas in the West Bank. New Coronary Care Unit and Physiotherapy Unit have been recently added. Ramallah hospital accepts nursing students from different nursing schools for training.

Makassed hospital:

Makassed Islamic Charitable Hospital is located on the Mount of Olives-East Jerusalem. Its total capacity is 254 beds. The hospital is managed by the Islamic Charitable Society, which is the governing body headed by a board of directors, who cooperate with the hospital administration.

Makassed hospital is a tertiary and regional referral center with modern facilities and high technological equipment and skilled staff. It has 614 employees. A large proportion of them (253) are nurses (43%), out of which 149 are staff nurses (where 38 are managers), 87 practical nurses, 9 staff midwives and 8 practical midwives.

Makassed hospital is also a teaching hospital, in which nursing students from different nursing schools in the West Bank and medical students from Al-Quds University are training. Moreover, there is a specialty program for general practitioners, which was recognized in 1988 by the Jordanian Medical Board.

Makassed hospital aims at maintaining high medical standards by employing professionals with high qualifications and significant experience. It has an accredited continuing education and in-service training courses for nurses.

Makassed hospital has established several committees to enhance patient's care and to raise the standard of the hospital staff. These include:

1. Theater committee.
2. Infection-control committee.
3. Disaster committee.
4. Intensive-care committee.
5. Pharmacy committee.
6. Medical records committee.
7. Blood bank committee.
8. Library committee.
9. Research committee.
10. Quality assurance committee.

Makassed hospital consists of the following wards: Obstetric and Gynecology, Orthopedic, Medical, Pediatric, Neonatal Intensive Care Unit, Pediatric Intensive Care Unit, Intensive Care Unit, Coronary Care Unit, Emergency, Out Patients Clinics, Labor, Normal Nursery, Neurology and General Surgery, Theater, Open Heart and Central Sterile Supply Department.

The open-heart ward, which is provided with 8 beds, has been established, and it serves as a referral unit for most of the heart surgeries in the West Bank and Gaza Strip.

Renovation of the emergency ward was completed one year ago, which expanded the capacity to 25 beds. It now includes a minor operating room, a holding area for 24 hours, 2 intensive beds (pediatric and medical), and 2 trauma beds with plain x-ray service.

By looking at the organizational structures of both Makassed and Ramallah hospitals (as shown in figures 1, 2 and 3), it is clear that nursing executives in Makassed hospital created structures in their organization that provide higher access to the sources of job-related empowerment than in Ramallah hospital. These structures increased the recognition of the contributions of the nurses made to patients' care. For example, in Makassed hospital, opportunities were created for the nurses to participate in interdepartmental committees, as mentioned previously. Moreover, in Makassed hospital the number of nurses is much greater than that in Ramallah hospital (about the double), and responsibilities of the nursing director are shared with efficient assistants who are highly educated and experienced, whereas Ramallah hospital lacks such a structures.

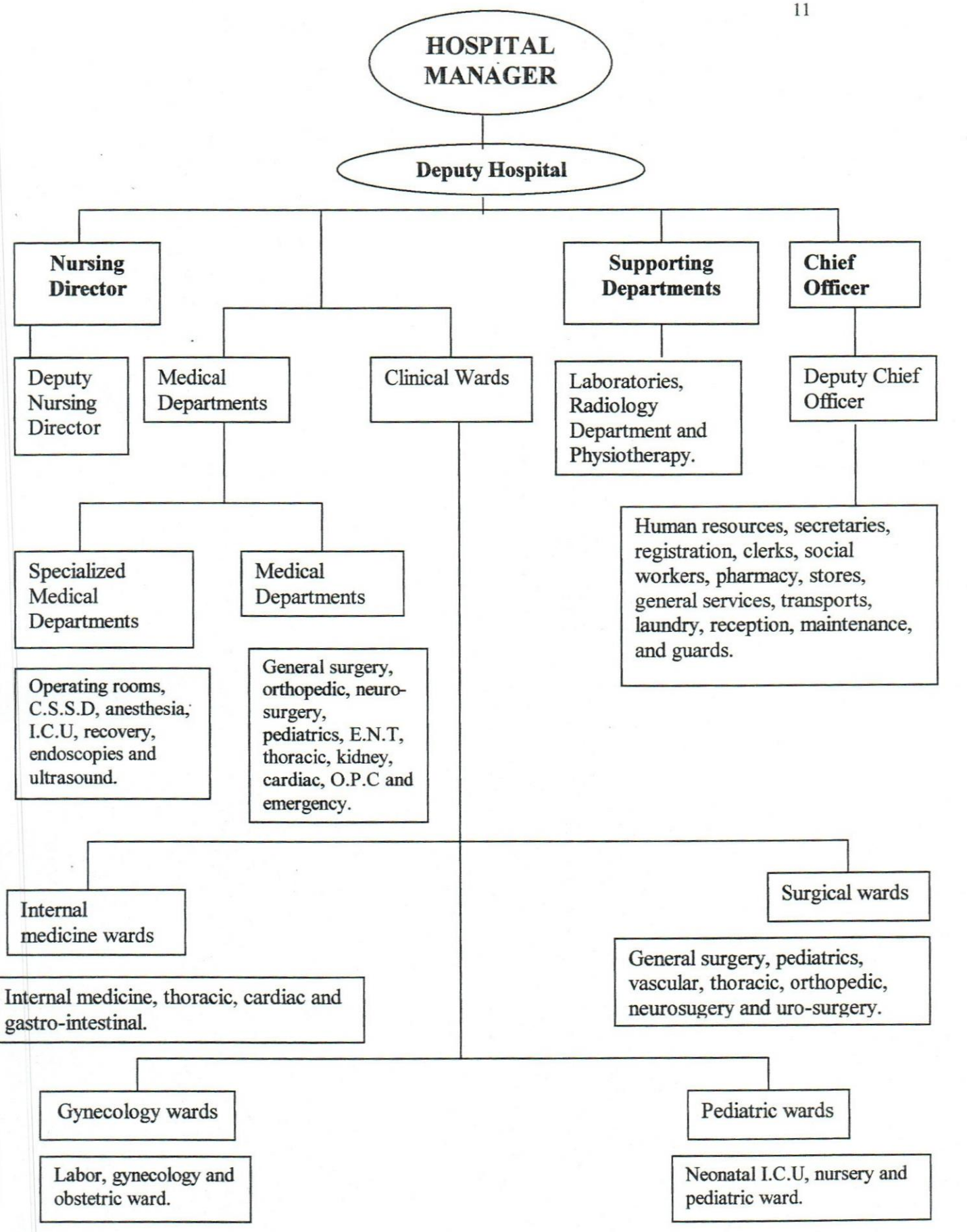

Figure 1: Organizational Chart for Ramallah hospital.

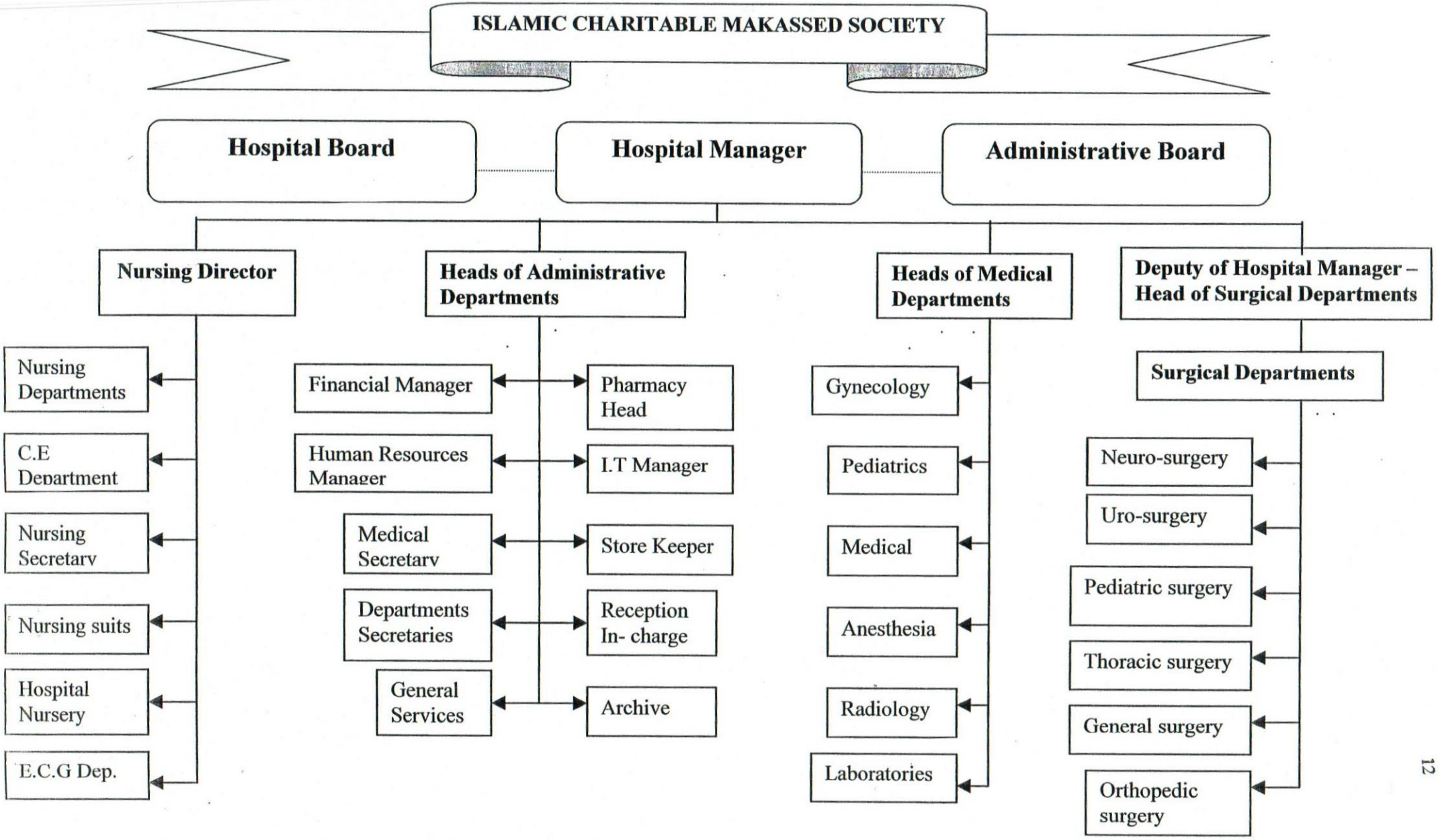

Figure 2: Organizational chart for Makassed hospital.

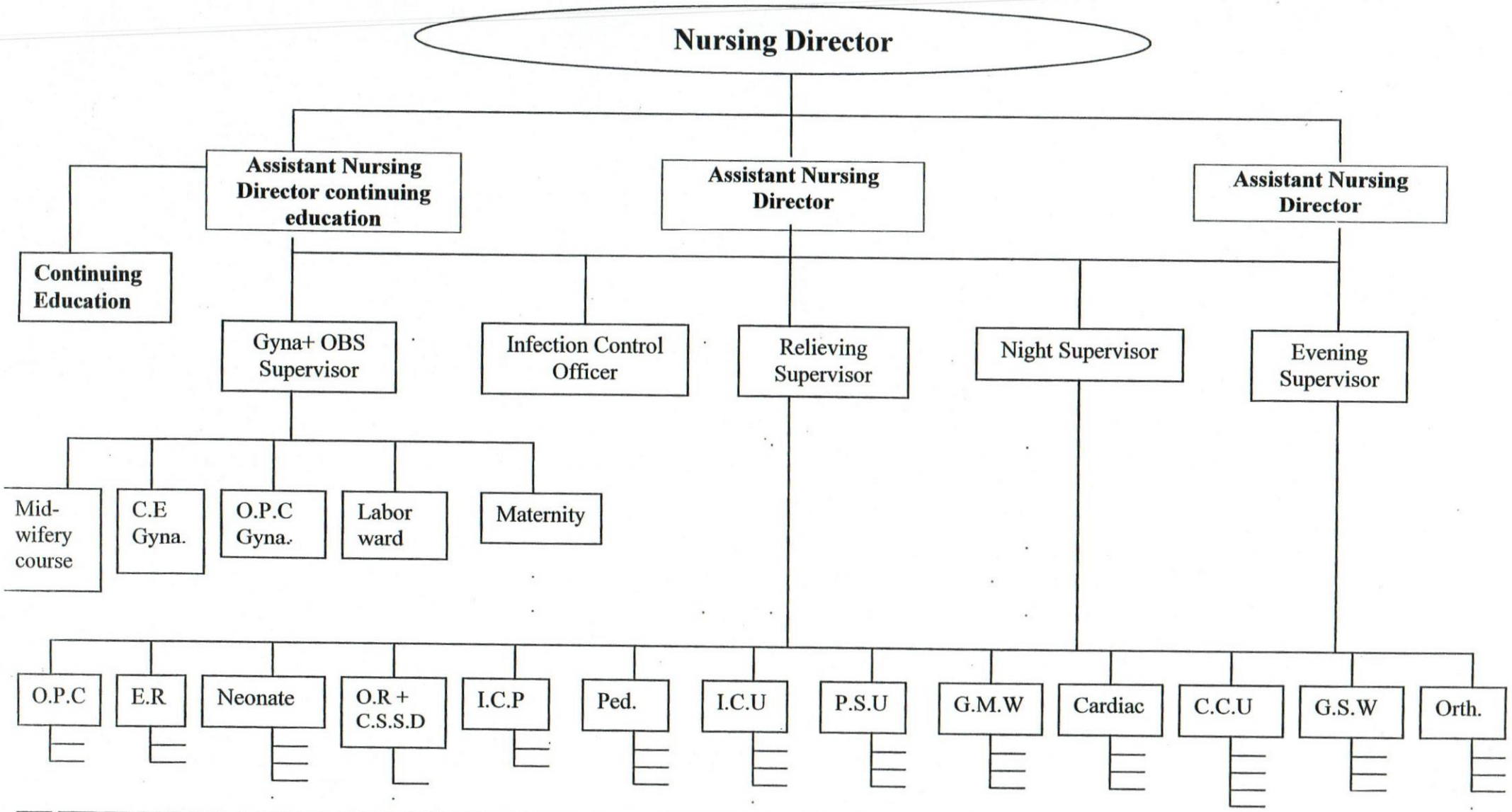

Figure 3: Organizational Chart for Nursing Department in Makassed hospital.

Chapter Three

LITERATURE REVIEW

Introduction

This chapter is divided into three parts: Part one reviews Kanter's Theory of Structural Power in Organizations, which is adopted as a theoretical framework to study the effect of perceived empowerment on perceived occupational stress and perceived work effectiveness among nurses in the two Palestinian hospitals. Part two, presents the empirical literature that examines Kanter's theory of structural power in organizations, specifically that which tested nursing empowerment and its consequences on different health, personal and organizational outcomes. Part three reviews the empirical literature, which examines the levels, sources, and the determinants of nursing occupational stress.

Kanter's Structural Theory of Power

The theoretical basis for this study was derived from Rosabeth Kanter's theory of structural power and its effect on employee attitudes and behaviors within organizations (Kanter, 1977).

Kanter proposes that "Power in organizations is derived from structural conditions, not personal characteristics or socialization effects. Employee work behaviors are responses to work conditions, not manifestations of inherent personality traits. Power is obtained from the ability to access and mobilize support, information, resources, and opportunities from one's position in the organization. Access to these empowerment structures is influenced by the degree

of formal and informal power an individual has in the organization. Formal power evolved from having a job that affords flexibility and visibility and relevant to key organizational processes. Informal power is determined by the extent of an individual's networks and alliances with sponsors, peers and subordinates, both within and outside of the organization" (Laschinger 1996, p. 26).

Kanter also claimed that "individuals who do not have access to resources, information, support and opportunity experience powerlessness. They are accountable without power, which creates feelings of frustration and failure. While, empowered individuals have control over conditions that make their actions possible resulting in improved organizational effectiveness. Moreover, Kanter said that those with access to the power and opportunity structures within an organization are highly motivated and are able to motivate and empower others by sharing the sources of power" (Laschinger and Havens 1997, p. 27).

Depending on the previous propositions made by Kanter, nurses who have access to the structures of power are expected to have access to job-related empowerment, and they are simultaneously expected to be less stressed at the job. The nurses who have more access to job-related empowerment and less occupational stress in the organization, are expected to enhance their perceptions of high work effectiveness. Finally, perceptions of job-related empowerment and occupational stress are influenced by personal differences.

Empirical Studies Testing Kanter's Theory

In this section, the empirical literature, which examines Kanter's theory of structural power among nursing populations, is reviewed.

Sagaria (1980) examined the effect of 11 selected factors on the perceptions of power among 74 senior female and 160 male academic administrators working in different colleges and universities in the United States. Three out of the 11 factors represented the formal organizational characteristics, 6 factors represented the informal organizational characteristics, and 2 factors represented the personal characteristics.

The results of a multiple regression analysis revealed that formal organizational characteristics were more important to the prediction of perceived power than informal organizational characteristics. Also, the gender of the participants does not affect the relation between both formal and informal organizational characteristics and perceived power.

Carlson (1983) used structured interviews and a self-administered questionnaire to explain the perceptions of power of 30 female administrators in Minnesota institutions of higher learning. Comparison established between those perceptions and the organizational power characteristics described by Kanter, revealed similarity between both.

Moreover, participants in Carlson's study, perceived more access to formal power structures than to informal power structures. This finding is consistent with Kanter's contention that "women often hold jobs with low power because of poorly developed informal networks" (Laschinger, 1996 – p. 29).

Moscato (1987) used a self-administered questionnaire and in-depth interviews to investigate self-perceptions of power of 20 female nurse executives from five major acute hospitals in the United States. He examined the relationship between organizational factors (formal and informal power) and self-perceptions of power. Results revealed that the participants perceived high levels of formal and informal power. Accordingly, this resulted in them having high levels of perceived power. Their intent to adopt participatory leadership styles, team work, mentoring subordinates and risk taking reflected those high perceptions of power. "These findings supported Kanter's theory that organizational-structures shape work behaviors" (Laschinger 1996, p. 29).

Frank (1993) made comparisons between Operating Room (OR) managers, specialists and generalists concerning their perceptions of empowerment and their perceptions of their immediate managers' power, using a survey design. A stratified, proportionate to size random sampling was used to select the 22 managers 36 specialists and 90 generalists. As predicted, managers were found to be more empowered and they scored higher than generalists and specialists on all subscales. Analysis Of Variance (ANOVA) results revealed that no differences were found among the participants in regard to access to resources structures. Strong correlations were found between perception of empowerment and perceived immediate managers' power among all groups. "These findings supported Kanter's contention that, power and empowerment are derived from the position the person occupies and from access to empowering organizational structures" (Laschinger 1996, p. 36).

Goddard (1993) compared perceptions of work empowerment between 75 first-line and 16 middle managers in three acute hospitals in Canada using a survey design. As predicted, middle managers were found to be more empowered than first-line managers. Furthermore, strong correlations were found between empowerment and personal power for both categories. Nursing experience is more important than education level to the first-line managers for having an access to support structures. Also, more administrative experience led to more empowerment among first-line managers. "These findings support Kanter's contention that first-line managers are often in powerless positions and that higher positions in the organizational hierarchy have increased access to sources of empowerment" (Laschinger 1996, p. 34 - 35).

Hamdan (1993) described the reasons for 50 staff nurses' resignation in Makassed and Ittihad hospitals in the West Bank. He randomly selected 50 nurses from 93 resigned staff nurses from the two hospitals during 1990-1992. The questionnaire used, included demographic questions and 44 questions to assess the reasons for staff nurses' resign from their hospitals (personal, demographic, work-related, management related and family related reasons). Results of summary statistics indicated that work-related reasons were the major factors that caused staff nurses to leave their jobs; management-related reasons contributed to most of staffs' resignations; 79.6% left because there was no appreciation or evaluation when they worked hard or did well on the job; 75% left because of absence of rewards and promotions; 70.5% left because of unfair assessment of work performance by people in-charge; 68.2% left because of lack of participation in decision making and65.9% left because of lack of development in profession.

Wilson and Laschinger (1994) used a survey design to examine the relationship between staff nurses' perception of job empowerment and organizational commitment. The study was done on 92 randomly selected staff nurse who met two criteria :being in current practice for 1 year at least, and being in staff or management position within the organization .

A modified version of Chandler's Conditions for Work Effectiveness Questionnaire (CWEQ) was used to measure staff nurses' perceptions of power and opportunity in their positions. Organizational Descriptive Opinionnaire (ODO) was used to measure staff nurses' perception of their immediate managers' power in the organization and their perceptions of the existence of structural power characteristics in the work place. Organizational Commitment Questionnaire was used to measure nurses' identification with and involvement in their organization, and a Demographic Questionnaire was used to measure the personal and the professional data.

Correlations showed that staff nurses' perceptions of access to power and opportunity are related to their degree of commitment to the organization and to the higher levels of perceived managerial power. Also, staff nurses' perceived job empowerment was found to be related to the perceptions of empowering structural characteristics. Age of the staff nurses related positively to two dimensions of empowerment (opportunity and resources), and related positively to the organizational commitment. The results of this study lent support to Kanter's proposition that perceptions of power and opportunity are related to commitment to the organization.

Laschinger and Shamian (1994) examined the differences in perceived job related empowerment between staff nurses and their managers, in addition to the relationship between staff nurses' perceptions of empowerment and their perceptions of their managers' power. They used a survey design on a 27 first-line managers and a proportionate random sample of 112 full-time staff nurses in a teaching hospital in Canada. The T-test of significance results showed that first-line managers were significantly more empowered than staff nurses, and significantly had more access to all empowerment structures (opportunity, support, information and resources) than staff nurses. Correlations indicated that staff nurses' perceptions of empowerment were related to their perceptions of their immediate managers' power. Also, staff nurses age was found to be related to their perceptions of empowerment and opportunity. These findings supported Kanter's contentions that access to power and opportunity varies with hierarchical position, and those staff nurses' perceptions of work empowerment are strongly related to perceptions of their immediate mangers' power. This supports Kanter's belief that powerful bosses can empower their staff.

Sabiston and Laschinger (1995) examined staff nurse perceived work empowerment and perceived autonomy on a sample of 101 staff nurses selected by a stratified proportional random selection from a large acute care center. They used a revised 40 items Conditional for Work Effectiveness Questionnaire (CWEQ) by Chandler (1986) to measure perceptions of job related empowerment and Job Activities Scale to measure the access to the formal system. They also used Organizational Relationship Scale to measure the access to the informal system, Organizational Description Opinionnaire to measure employees'

perceptions of the immediate supervisors' power in the organization and Job Description Questionnaire to measure perceptions of autonomy. The results of multiple regression and descriptive analysis revealed that nurses' perceptions of job related empowerment and autonomy are positively and significantly related. Perception of registered nurses about formal and informal power contributed significantly to the prediction of job related empowerment. Registered nurses' perceptions' of formal and informal power and job related empowerment is positively and significantly related to autonomy. Moreover, nurses' perceptions of job-related empowerment was found to be related positively and significantly to their perceptions of the immediate managers' power in the organization. Weak but significant relationship was found between years of experience and overall job-related empowerment; and familiarity with the work area may allow greater control over work.

These results supported the expanded model of Kanter's theory in that formal and informal power was found to be significant predictors of access to the sources of job-related empowerment and, subsequently, control over work.

McDermott, Laschinger, and Shamian (1996) used a survey design study to examine the relationship between 112 staff nurses' perceptions of job-related empowerment and their commitment to their organization. CWEQ questionnaire was used to measure perceptions of job-related empowerment structures: resources, support, information and opportunity. ODO part-B was used to measure perceptions of immediate managers' power. OCQ was used to measure self-reported strength of identification and involvement in their employing organization. Correlations results revealed that both nurses' perceptions of

empowerment and their perceptions of commitment to the organization are positively and significantly related. Also, opportunity subscale of the empowerment subscales was found to be the strongest one correlating with the commitment. Moreover, results revealed strong relations between staff nurses' perceptions of empowerment and their perceptions of immediate managers' power. Finally, age and years of experience of the staff nurses was found to be related to their perceptions of empowerment.

Haugh and Laschinger (1996) investigated the perceptions of work empowerment for public health nurses' and their managers' in their job. They used a sample of 46 staff nurses and 10 managers from three health units in a Central Canadian province. Similar to the previous studies, managers in this study were found to be significantly more empowered than staff nurses and having more access to both opportunity and information structures of the overall empowerment than their staff. Again these results supported Kanter's contention that access to empowerment structures increased as one rises in the organizational hierarchy.

Hatcher and Laschinger (1996) explored the relationship between job empowerment and levels of burnout among 78 randomly selected nurses working in one acute care hospital in Canada. Human Services Survey (HSS) was used to measure the aspects of burn out among nurses. Correlations results showed that overall empowerment was found to be moderately related to the levels of burnout. Also, overall empowerment was found to be related significantly to the participants' perceptions of their immediate mangers' power.

Laschinger and Havens (1996) examined staff nurse work empowerment and perceived control over nursing practice among a sample of 127 staff nurses randomly selected from two urban teaching hospitals in the U S A. They used Conditions of Work Effectiveness Questionnaire (CWEQ) to measure perceptions of access to sources of work empowerment (information, support, resources, and opportunity). Job Activities Scale (JAS) and Organizational Relationships Scale (ORS) to measure formal and informal power respectively. Gerber's Control over Nursing Practice Questionnaire to measure nursing work autonomy or control over issues within the nurse's scope of practice, and Bass's Multifactor Leadership Questionnaire to measure job satisfaction and work effectiveness. The results of descriptive analysis and correlation revealed that perceived work empowerment was strongly and positively related to perception of control over nursing practice. The informal power was the strongest positive effect on control over nursing practice. Strong positive correlation was found between access to empowerment structures and over all work satisfaction and perceived work effectiveness.

These results support Kanter's suggestion that work empowerment structures have an impact on factors that influence employees work effectiveness, such as control over professional nursing practice and work satisfaction" (Laschinger and Havens 1996, P. 32).

Laschinger and Havens (1997) used a survey design study to examine the effect of work empowerment on staff nurses' occupational mental health and work effectiveness on a sample of 62 staff nurses randomly selected from the North Carolina State Board of Nursing registry list. They used Condition for Work Effectiveness scale to measure access to opportunity, information, support and

sources; Job Activities Scale to measure formal position power; Organizational Relationships Scale to measure informal power or alliances; Lyon's Job Tension Index to measure occupational mental health; Higher Order Need Strength Scale to measure achievement needs; and a global measure of perceived Work Effectiveness contained in Job Diagnostic Survey to measure perceived work effectiveness.

The result of a multiple regression and correlations revealed that perceived work empowerment are strongly and negatively related to perceptions of job tension or occupational mental health. Predisposition need for achievement through work did not moderate the relation between perceived work empowerment and occupational mental health or job tension. Access to empowerment structure and occupational mental health were strongly related (positively and negatively respectively) to perceptions of work effectiveness. "These results supported Kanter's contention that lack of access to empowering work structures such as opportunity, information, resources, and support is likely to lead to frustration and a sense of disempowerment among employees" (Laschinger and Havens 1997, P. 45).

Empirical Studies of Nursing Occupational Stress

Pamela Gray-Toft and James G. Anderson (1981) examined the causes and effects of nursing stress in the hospital environment, on a sample of 122 nurses from five patient care units (medicine, surgery, cardiovascular surgery, oncology and hospice) in a private general hospital in the United States of America (U.S.A). Data were collected through a survey design with a personally administered questionnaire which consisted of three parts: Nursing Stress Scale (NSS) where 34

potentially stressful situations were used to assess stressful nursing situations; Anxiety Scale (IPAT) was used to measure trait anxiety; and finally Job Description Index was used to measure job satisfaction. The results of a path-analysis and correlations indicated that nurses' level of trait anxiety and training are the most important predictors of stress even after controlling for age, marital status, religious commitment, race and years of experience. Moreover, stress negatively influenced job satisfaction even after the effects of the socio-demographic factors were controlled for. Three major sources of stress were identified; work overload, feeling inadequately prepared to meet the emotional demands of patients and their families, and death and dying. Finally, stress was also found as an intervening variable between trait anxiety and job satisfaction.

McCranie, Lambert and Lambert, JR (1987) used a survey design study to examine the moderating effect of hardiness on the impact of job stressors on burnout on a sample of 107 staff registered nurses working in a large community hospital in the U. S. A. They used a 36-item abridged scale, developed by Kobasa et al (1984) to measure the dimensions of hardiness (commitment, control, and challenge); the Tedium scale (Pines and Anderson, 1981) to measure three components of burnout syndrome: physical, emotional and mental exhaustion; and the Nursing Stress Scale (NSS) to measure perceived job stress. Correlations results indicated that burnout is related significantly and positively to perceived job stress. The results of a regression analysis indicated that burnout is significantly associated with higher levels of perceived job stress and lower levels of personality hardiness. Also, hardiness did not moderate the effect of job stress on the burnout.

Cary L. Cooper, Usha Route, Brain Faragher (1989) studied sources of job stress and its association with levels of job dissatisfaction and mental well-being among 1817 randomly selected general practitioners throughout England. The authors used Warr-Cook-Wall job satisfaction scale to measure job satisfaction; the most reliable and appropriate 3 sub-scales of the Crown-Crisp experimental index to measure psychological well-being and mental health; two items to measure alcohol consumption; cigarette smoking to measure health behavior; nine demographic characteristics to measure personal and job demographic factors; slightly adapted version of Bortner type A questionnaire to measure type A behavior; Job Stressors Questionnaire constructed by the authors to identify the most common stressors for the general practitioners; and two items with six point-likert type to measure alcohol and cigarette consumptions included in the questionnaire to assess health behaviors. The results of a stepwise multiple regression analysis and unpaired t-test and analysis of variance indicated that women general practitioners were significantly more satisfied with their job than male general practitioners. Four of the job stressors (the demands of the job and patients' expectations, work: home interface, and social life interruptions and practice administration) were negatively predictive of high levels of job satisfaction among general practitioners. Women general practitioners had significantly lower anxiety scores than British normative sample of women, while the male general practitioners had significantly higher anxiety scores than a British normative male population. Men general practitioners drank more alcohol than their counterparts (women general practitioners).

Using a survey study, A. Hipwell, P. Tyler and C. Wilson (1989) described the sources of stress and dissatisfaction among 65 nurses from four wards (CCU, Renal, Medical and Geriatric units) in two general hospitals. They used "Nursing Stress Scale" constructed by Gray-Toft and Anderson (1981) to measure intensity and frequency of stressful nursing situations; the "real" and "ideal" "Work Environment Scale" to measure nurses' real and ideal work environments; the discrepancy between the "real" and "ideal" forms of the "Work Environment Scale" to measure nurses' dissatisfaction with the work environment.

Results of descriptive statistics, one-way (ANOVA) and regression analysis revealed that there is not a big difference in the levels of stress experienced between the nurses in the different environments. On the other hand, the sizes of the differences between stress levels increase when they are analyzed in terms of specialized and non-specialized environments. Stress from workload and death and dying were the major stressors for all nurses. The non-specialized nurses experienced significantly more stress than specialized nurses from lack of support, and workload. Poor "support, feedback, handling of mistakes, and staff relationships" were recognized to be significantly greater stressors for the specialized nurses than non-specialized nurses. Geriatric nurses were found to be the most dissatisfied with the environment among all participants. Dissatisfaction with the environment contributed significantly to the prediction of occupational stress experienced by the participants.

J. Cohen-Mansfield (1989) used an exploratory survey study to explore the factors, which contribute, to nursing satisfaction and stress. The study was done on all the 30 nurses (RNs, LPNs and nursing assistants) working on two units of a

long-term nursing facility in the United States of America. She used open-ended questions to specify the reasons contributing to their attitudes towards their job; and self-reported instrument to describe negative and positive events and to rate the level and the type of emotions associated with these events. Demographic questions were also included. Descriptive statistics revealed that nurses had a positive feeling toward their work. Patient care and interpersonal relations with their colleagues in the unit were the first two reasons for that positive feeling toward the work; whereas conflict with colleagues and supervisors as well as workload were the first three reasons for the negative feelings toward the work. Correlations results revealed that years of education significantly and positively are related to the amount of liking the job among the nurses.

Similar to the causes of the feelings toward the work satisfaction, relations with patients was the first reason for the daily positive events; whereas role conflict and insufficient staffing at the unit were the most institutional reasons that lead to negative events. Nevertheless, relationships with colleagues were affected both by positive and negative events of the work.

Tyler and Ellison (1994) examined the individuals' differences in perceived sources of stress, psychological well-being and coping styles of 60 nurses in four high dependency areas of nursing (theatres, liver, hematology/oncology and elective surgery) in a large National Health Service (NHS) hospital in U.K.

The survey questionnaire was composed of five instruments: personnel background questionnaire to measure professional and demographic-information; Nursing Stress Scale (NSS) and Nursing Stress Index (NSI) both to measure

sources of stress; General Health Questionnaire (GHQ) to measure psychological well-being; and coping schedule to measure coping styles or techniques in a structured interviews.

The results of multivariate analysis of variance, correlations and a univariate F-test indicated that there were no significant differences between nurses in the four wards in perceived stress, but there was a difference among them in the sources of stress. Inadequate preparation was found to be the most important stressor for nurses in liver and elective surgery; and workload was found to be the most important one for nurses in theatres and hematology wards. Gender of the participants did not affect the level of perceived stress, while married nurses and those who have children experienced less stress than single and those who have no children respectively.

In Palestine, Yasmineh (1994) used a survey research to describe how personality traits, organizational policies, and culture affect the stress experienced and the coping mechanism of all of the 36 nursing directors and their assistants working in private Palestinian hospitals in the West Bank and Jerusalem. She constructed her own questionnaires to measure various personal and demographic data, personality traits, organizational policies, cultural factors, political factors and coping mechanisms. The validity and reliability of the instrument was not established.

Summary statistics revealed that many of the nurse managers showed tendencies to belonging to "type A" personality, which in itself is stress. Most of the nurse managers had a reduced authority, because they were directly related to the medical directors. Over half of the nurse managers performed conflicting roles.

Many of the nurse managers lacked the support of their organizations for growth and professional development. Only 10% of nurse managers had autonomy at their nursing department, 11 - 20% of nurse managers were involved in strategic planning, decision making and policy development. 8% were involved in budget preparation at their institutions; and 14% perceived the quality of the overall patient care at their organizations as being effective. They expressed that neither the patients and their relatives nor the doctors perceived nurses as professionals. Late arrivals and absenteeism of nursing staff due to check- points, curfews and roadblocks by Israelis, and the presence of informally conflicting political groups in their organizations created an added stress.

McLeod (1997) examined the levels and sources of stress among 60 community psychiatric nurses randomly selected from six health authorities in the central region of England. They were divided into three equal groups: 20 nurses working with a caseload of long-term mentally ill clients (chronic patients), 20 nurses working with a mixed case load (affect and anxiety disorders), and 20 nurses working with a caseload of primary or generic clients.

The author used a survey design with self-administered questionnaire to collect the data. The instrument consists of the General Health Questionnaire (GHQ-28) to measure distress and psychiatric disorders. Individual variables such as gender, age, grade, management experience, length of experience in community and lack of training were measured by a designed questionnaire by the author. He measured variables that may act as Buffer and reduce stress, such as supervision and support. The results of descriptive analysis and correlations (means and percentages) revealed that community psychiatric nurses working with severely mentally ill

experienced a higher levels of stress than community psychiatric nurses working with mixed caseload and community psychiatric nurses working with a caseload of primary or generic clients. Moreover, community psychiatric nurses working with severely mentally ill, reported higher caseload, less training, greater lack of respect and understanding of their role, and lesser supervision and support than community psychiatric nurses working whether with mixed caseload or with primary or generic clients. Stress was found to vary according to the type of clients catered for. Lack of resources was found to be the most source of stress for community psychiatric nurses working with severely mentally ill patients. Stress was also found to be not correlated to the gender.

Lim and Yuen (1998) examined the relationships among three potential sources of stress (Patients' / relatives' demands, doctors' demands and perceived job image) and several work-related outcomes (job satisfaction, organizational commitment, intention to quit, and job-induced tension) among 771 nurses randomly selected and working in two tertiary-care hospitals in Singapore.
They used Mowday et al. scale (1979) to assess organizational commitment; House and Rizzo scale (1972) to assess the job-induced tension; five items adopted from Wotruba's Job Image Scale (1990) to assess perceived job image; five items developed by the authors to assess patients' demands; three items used to tap the doctors' demands; general satisfaction scale adopted from the Job Diagnostic Survey (JDS) by Hackman and Oldham (1975) to measure satisfaction; and the three item-index developed by Cammann et al (1979) to assess the intention to quit.

The results of summary statistics, correlations and regression analysis revealed that the demands of patients and relatives affected job satisfaction and organizational commitment negatively among the participants in this study. Moreover, those demands were found to increase the levels of job stress and intention to quit from the job. Whereas perceived job image was found to be associated with lesser levels of job stress and intention to quit. Demands of doctors only increased the levels of job stress, and decreased the levels of both job satisfaction and organizational commitment.

Snelgrove (1998) investigated the effects of nursing tasks on occupational stress, the effect of occupational stress on psychological strain, and the effects of psychological strain on job satisfaction by using a survey questionnaire administered to all health visitors nurses 122, district nurses 122 and community psychiatric nurses 33 working in one health authority in the U.K. The questionnaire used consisted of 3 instruments; General Health Questionnaire (G.H.Q-12) to measure psychological strain, a 47-item questionnaire compiled by the author to measure sources of stress and job satisfaction and demographic items. Through analysis of variance, Pearson product moment correlation and factor analysis, the author found that the level of stress was a function of occupation with significant variation between the three groups. Health visitor nurses yielded the highest stress score and lowest job satisfaction scores. Emotional involvement, unpredictable events at work, change and instability at work and work content were found to be the main four factors concerned with sources of stress for this group. Sources of stress were found to correlate significantly and positively with General Health Questionnaire (GHQ). In

addition, he found that job satisfaction scores correlated significantly and negatively with psychological strain scores. Job satisfaction was particularly expressed as lack of support and information about changes in the work situation.

The above reviewed empirical studies assessed occupational stress and empowerment among nursing profession in different contexts using different definitions and instruments. Moreover, those studies established comparisons for the levels of occupational stress and empowerment among the participants. Also, results of those studies established links between occupational stress and the studied organizational and personal factors, and so forth for empowerment and other personal as well as organizational factors.

Laschinger and Havens' study (1997) indicated that there are significant relationships between empowerment and both occupational stress and work effectiveness.

In this thesis, I replicate the study conducted by Laschinger and Havens (1997) to examine the effect of nurses' perceptions of job empowerment on their perceived occupational stress and work effectiveness in two hospitals in the West Bank in Palestine. One of the hospitals is governmental (Ramallah) and the other is non-governmental (Makassed). However, the sample of this study included all levels of nursing in the two hospitals in order to assess their status of empowerment as well as their occupational stress and differentiate between managers and their staff. Finally, I used the same instruments used by Laschinger and Havens (1997) to measure the study concepts except for the measure of work effectiveness. This concept is measured by a single question.

Chapter Four

METHODOLOGY

In this chapter I will present the methodology of the research, the sample and population, the definition of the concepts and the instruments employed for conducting the study.

Design of the Research

This study uses a survey design with a self-administered closed-ended questionnaire to collect the data. This design was selected due to its effectiveness in obtaining information about attitudes, knowledge, feelings, and the study concepts that cannot be easily observed or measured physiologically. In addition, it is less costly and quicker to administer than face-to-face interviews. Moreover, the participants are more likely to feel that they can remain anonymous and thus they are more likely expected to express controversial opinions.

Sampled Population

The population of this study encompasses all levels of nursing at Ramallah and Makassed hospitals which include the nurse managers (nursing directors and their deputies, supervisors, head nurses and their assistants) as well as bedside nurses (staff nurses and practical nurses) who work full time and have been employed in their institutions more than one year at Ramallah and at Makassed hospitals.

Two lists of unordered nurses' names were obtained from both hospitals. The lists indicated the nurses' names, employment date and position. The complete list contained 238 nurses from Makassed and 115 nurses from Ramallah hospital. 23 nurses from Makassed and 24 nurses from Ramallah were excluded because they haven't finished their first year of employment, as shown in table 1.

Table 1: Total number of full-time nurses who have been employed for more than one year in both hospitals.

Hospital	Nursing director	Deputy nsg. Director	Supervisor	Head nurse	Assistant head nurse	Staff nurse	Practical nurse	Total
Ramallah hospital	1	0	3	10	9	38	32	93
Makassed hospital	1	2	8	14	13	88	87	213

These lists were stratified on the basis of the nurses' position into three strata: The managers (nursing director, deputy of nursing director, supervisors, head nurses and assistant nurses). The first stratum includes 38 nurse managers at Makassed and 23 nurse managers at Ramallah. The second stratum includes 88 staff nurses at Makassed and 38 at Ramallah. The third stratum includes 87 practical nurses at Makassed and 32 of Ramallah.

All the managers from both hospitals were included in the study due to their small number (38 from Makassed and 23 from Ramallah). With the use of simple random table, a simple random selection was used to select 35 staff nurses and 35 practical nurses from each corresponding stratum at Makassed hospital; and 25 staff nurses and 25 practical nurses from Ramallah hospital.
To replace the absent selected nurses, new ones were selected using the same criteria. The absenteeism of 15 nurses in Makassed and 4 nurses in Ramallah was due to vacations, sick leaves, maternity leaves or annual leaves.

Absenteeism occurred in accordance with previously planned annual and maternal leaves and not due to unordinary circumstances.

The total number of selected nurses in the sample was 181: 108 from Makassed hospital and 73 from Ramallah hospital.

Data Collection

Nursing offices in both hospitals were officially contacted through letters sent by the university to their administrations in order to obtain the permission for the nurses to participate in the study. The letter included information about the importance and purpose of the study. After the permission was obtained, complete lists of all nurses in the two hospitals were requested for the purposes of sampling. All questionnaires with the names of the selected nurses were distributed to the head nurses.

Data collection began on March 25, 2000. Participants were asked to return the completed questionnaires to a special box assigned in each department within a period of two weeks. Personal visits to the two hospitals every two days and on different shifts were made in order to remind the participants to complete the questionnaires.

154 participants returned completed questionnaires out of the 181 questionnaires distributed, which gave a response rate of (84%). Most of respondents (74.1%) were bedside nurses and (25.9%) were managers. (53.2%) work in Makassed hospital. There have been no special happenings such as strikes, political crises, checkpoints or administrative changes or events in either hospital during the period of data collection.

Definitions and measurements of the Concepts

Empowerment: According to Rosabeth M. Kanter, empowerment on the job is access to information, support and resources necessary for getting the job done, as well as access to opportunities to learn and grow (Wilson and Laschinger, 1994 – p. 40).

The revised 31 items of the Chandler's Conditions of Work effectiveness scale (CWEQ) (1986) by Laschinger (1999) measure the perceptions of job-related empowerment. The scale has four subsections that measure opportunity, information, support, and resources.

The supervisor and I modified the scale (Laschinger 1999, CWEQ) by the elimination of 10 items, because of replication and inapplicability to some of the participants in the study (bedside nurses). The questions eliminated were: number 4 and 7 from the opportunity sub-scale, number 3, 4 and 8 from the information sub-scale, number 5,7 and 8 from the support sub-scale and number 2 and 4 from the resources sub-scale. Moreover, 4 items were added to the information and support sub-scales to find out how much knowledge a person has about what goes on in his work unit on a daily basis. The items added were: number 6, 7 and 8 to the information sub-scale, and number 7 to the support sub-scale in the final revised scale (Arabic version). Some questions were reworded to assure clarity and simplicity. These modifications reduced the scale to twenty-five questions instead of thirty-one.

The overall empowerment scores were calculated by averaging the scores of four empowerment structures (opportunity, information, support and resources).

Job Activity Scale (Laschinger and Sabiston, 1993) measures the perception of formal position power. Two items were eliminated: the first one (the rewards for unusual performance on the job) was eliminated because it has the same meaning as the next item in the scale. On the other hand, the second item (the relation of tasks in my job to current problem areas of the organization) was eliminated because of its unclear and confusing meaning to the participants. One item was added to the original sub-scale to assess Kanter's descriptions of formal power characteristics (recognition, relevance, and discretion) in the job. This item was number 8 of (J.A.S) of the (Arabic version).

Organizational Relationship Scale (Laschinger and Sabiston, 1993) measures perception of informal power or alliances within the organization. Nine items out of the 18 items of the original scale were eliminated to make the focus on the relations within the unit the nurses belonged to, and to exclude the duplication of questions; no items were added. Those items eliminated were: number 7, 8, 12, 13, 14, 15, 16, 17 and 18 of the original (O.R.S) scale.

Occupational stress: "...the primarily on the job (but also off the job) experience by the nurse of unpleasant emotions, such as anger, fear, uncertainty, frustration, anxiety, lack of concentration; diminished efficiency and effectiveness in thinking decision-making and practical nursing activities; depression and nervousness resulting from aspects of the job which are perceived by the nurse in the light of his/her personal perception of his/her ability to cope". (Wheeler, 1994 – p. 711).

Lyons' Job Tension Index (Lyon's, 1971) measures perceived occupational stress. One item was added to the original scale regarding the salary because it was not assessed anywhere else and it is expected to be a stressful issue for the nurses (10 questions).

Work effectiveness: In this study, the term reflects the perceived efforts exerted by a nurse toward achieving the ideal work performances.

To measure perceived work effectiveness I phrased a conceptual definition of the term, building on others' definitions. Elaine Monica (1990) in her book "Management in Health Care" claims that the effectiveness of the leader is when he/she reaches (approximately or exactly) the desired goals. Gibson, Ivancevich, and Donnelly (1997) claim that the distinction between causes of effectiveness and indicators of effectiveness could be difficult to make for both managers and researchers. They considered the individual effectiveness as a task performance of specific employees or members of the organization. Also, the term effectiveness is derived from the term effect. They used the term in the context of cause-and-effect relationships.

Based on these definitions in the literature, I define work effectiveness as "the perceived efforts exerted by a nurse toward achieving the ideal work performances". A single likert-scaled item was constructed to measure the perceived work effectiveness.

Higher order needs strength: "employees' need for satisfaction and achievement through skilled and autonomous work". (Warr, Cook and Wall, 1979 – p. 131).

Higher Order Need Strength Scale (Warr, Cook and Wall. 1979) measures dispositional need for achievement through work, and is composed of 6 questions.

The demographic and personal data questions consisted of 13 questions to assess the sex, age, place of birth, social status, place of residency, place of work, time needed to arrive work, education and its institution, position, department, experience and salary.

Reliability and Validity

All instruments, except for the single item measuring work effectiveness, were used before in different research, and they were found to be reliable and valid. In an attempt to increase reliability, a panel of experts from nursing and social fields (one of them from outside, and two of them from inside my committee) checked the instruments for content validity, and for their applicability in a Palestinian context. Some modifications were performed by eliminating double or irrelevant questions. Rewording of some questions to insure clarity, and adding three questions. The outsider consultant was Dr. Varseen Shaheen (PhD in educational administration) and the insiders were Dr. Randa Nasser (PhD in sociology) and Mrs. Asma Imam (M.A in nursing management).

A pilot study to assess instruments' reliability and validity was conducted on 32 nurses comprising all levels of nursing in Augusta Victoria Hospital in East Jerusalem. Cronbach's Coefficient Alphas were calculated. They were 0.68 for the Higher Order Need Strength Scale, 0.95 for the CWEQ scale and 0.82 for the Lyons' Job Tension Index.

Data Analysis

Summary statistics, t-test, correlations and multiple regressions were employed to analyze the data and to test the various research hypotheses.

Chapter Five

RESULTS AND DISCUSSION

In this chapter the results of the summary statistics, t-test of significance, correlations and regression analysis are presented.

Summary statistics of demographic and other characteristics for the whole sample (n = 154)

As shown in tables 2 and 4, the sample is evenly split between males and females: 49.4% and 50.6% respectively. Most of the respondents (63%) are married. Subjects who hold a masters degree make up 9.1%of the sample, 21.4% hold a three-year diploma, 33.8% hold a two-year diploma and 35.7% hold a B.A. degree in nursing. The mean age of the respondents is 33.4 (SD = 7.18) years, with a mean of 11.26 (SD = 7) years of experience in nursing and a mean of 2513 (SD = 949) NIS as a monthly salary. However, Makassed salaries are significantly higher than Ramallah salaries (mean = 3322, SD = 225) and (mean = 1602, SD = 507) respectively.

Summary statistics for all managers in the whole sample (n = 40)

As shown in tables 2 and 4, the number of male managers is slightly greater than that of females: 52.5% and 47.5% respectively. Most of the managers in the sample are married (77.5%). Those who hold a three-year diploma make up 25% of the sample, 35% hold a masters degree and 40% hold a B.A. degree. The mean age for the managers is 37.7 (SD = 5.9) years, with a mean of 15.5 (SD = 6) years of experience in nursing and a mean of 3056 (SD = 1116) NIS as a monthly salary.

Summary statistics for all bedside nurses in the whole sample (n = 114)

As shown in tables 2 and 4, the number of female nurses in the bedside level is slightly greater than that of males (i.e. 51.8% and 48.2% respectively). (57.9%) of them are married. Subjects who hold a three-year diploma make up 20.2% of the sample, 34.2.7% hold a B.A. degree and 45.6% hold a two-year diploma. The mean age of the bedside nurses is 31.9 (SD = 7) years, with a mean of 9.8 (SD = 6.8) years of experience in nursing and a mean of 2327 (SD = 809) NIS as a monthly salary.

Table 2: Frequencies and percentages for the nominal level variables for the whole sample.

		Frequency			Percent		
		M	BS	Total	M	BS	Total
sex	Male	21	55	76	52.5	48.2	49.4
	Female	19	59	78	47.5	51.8	50.6
	Total	40	114	154	100.0	100.0	100.0
Social status	Single	9	48	57	22.5	42.1	37.0
	Married	31	66	97	77.5	57.9	63.0
	Total	40	114	154	100.0	100.0	100.0
Last	Two years diploma	000	52	52	000	45.6	33.8
	Three years diploma	10	23	33	25	20.2	21.4
	Baccalaureate degree	16	39	55	40	34.2	35.7
	Masters degree	14	000	14	35	000	9.1
	Total	40	114	154	100.0	100.0	100.0
Place of current work	Ramallah hospital	15	57	72	37.5	50	46.8
	Makassed hospital	25	57	82	62.5	50	53.2
	Total	40	114	154	100.0	100.0	100.0
Current position	Practical nurse	000	52	52	000	45.6	33.8
	Staff nurse	000	62	62	000	54.4	40.3
	Assistant head nurse	10	000	10	25	000	6.5
	Head nurse	19	000	19	47.5	000	12.3
	Supervisor	9	000	9	22.5	000	5.8
	Nursing director	2	000	2	5	000	1.3
	Total	40	114	154	100.0	100.0	100.0

M = managers.
BS = bedside nurses.

Descriptive Statistics

Table 4 presents the nurses' mean scores regarding measures of overall empowerment (CWEQ), empowerment structures (opportunity, information, support and resources), formal power (JAS), informal power (ORS), occupational stress (JTI), Higher Order Need Strength (HON) and Work effectiveness for the whole sample.

Mean scores for the Conditions of Work Effectiveness Questionnaire (CWEQ) sub-scales are within the range found in previous studies in Canadian and American settings as shown in table 3. This suggests that nurses perceive their work environment in a similar way. They have moderate scores on all empowerment measures. Their information and opportunity sub-scales average slightly over the midpoint of the 5-point scale (mean = 3.11, SD = .77), and (3.08, SD = 1.03) respectively. Consistent with the Canadian studies, access to support and resources is the lowest score of the Conditions of Work Effectiveness Questionnaire sub-scales (means = 2.69, SD = 0.98), and (2.8, SD = 0.9) respectively. Consequently, the nurses have a moderate level of overall empowerment (mean = 2.93, SD = 0.72).

In this study, nurses perceive greater access to the informal power measured by Organizational Relationship Scale than to the formal power measured by Job Activity Scale (means = 3.03, SD = .89) and (2.65, SD = .77), respectively. These results are similar to the Americans' and Canadians' studies conducted by Sabiston and Laschinger (1995), Laschinger and Havens (1996, 1997).

Nurses report moderate levels of occupational stress (mean = 2.88, SD = 0.74). This is consistent with Laschinger and Havens (1997), who used the same instrument to measure stress of staff nurses in North Carolina State (mean = 2.75, SD = .63).

In congruence with the findings of Laschinger and Havens (1996, 1997), the nurses in the present study perceive their own effectiveness on the job as being high (means = 4.07, SD = 1.03). They also perceive a high level of Higher Order Need Strength (mean = 4.14, SD = 0.77).

Table 3: Mean Scores and Standard Deviations for the Conditions of Work Effectiveness Questionnaire Sub-scales, Empowerment, Higher Order Need Strength, Occupational Stress and Work Effectiveness for the present and previous studies.

	Opportunity -	Information -	Support -	Resources -	Empowerment #	JAS -	ORS -
Goddard (1993) ♦×							
First-line managers	3.48 (.52)	3.36 (.51)	3.01 (.60)	2.85 (.55)	12.82 (1.77)	--	--
Middle managers	4.14 (.46)	3.52 (.72)	3.79 (.69)	3.14 (.71)	14.66 (2.32)	--	--
Frank (1993) ♦×							
OR generalist RNs	2.75 (.61)	2.82 (.68)	2.77 (.68)	2.71 (.58)	10.97 (2.14)	--	--
OR specialist RNs	3.20 (.51)	3.00 (.74)	3.05 (.88)	2.85 (.58)	12.18 (2.46)	--	--
OR managers	4.03 (.62)	3.77 (.64)	3.42 (.90)	2.98 (.66)	14.40 (2.53)	--	--
Wilson &Laschinger (1994) ×							
Staff nurses	3.25 (.75)	2.83 (.79)	3.07 (.84)	2.97 (.67)	12.22 (2.20)	--	--
Laschinger & Shamian (1994)♦ ×							
Managers	3.86 (.58)	3.95 (.51)	3.48 (.68)	3.30 (.60)	14.65 (1.40)	--	--
Staff nurses	2.97 (.66)	2.98 (.71)	2.77 (.70)	2.96 (.59)	11.65 (2.21)	--	--
Kutzscher (1994) ♦×							
Staff nurses	3.03 (.64)	2.70 (.67)	2.76 (.70)	2.59 (.54)	11.08 (2.17)	2.69 (.40)	3.20 (.56)
Sabiston & Laschinger (1995) ×							
Staff nurses	2.92 (.57)	2.81 (.63)	2.76 (.63)	2.81 (.59)	11.20 (1.90)	2.72 (.35)	3.06 (.46)
Hatcher & Laschinger (1996) ♦×							
Staff nurses	2.82 (.64)	2.51 (.71)	2.66 (.77)	2.67 (.56)	10.66 (2.22)	--	--
Haugh & Laschinger (1996) ♦×							
Managers (public health)	3.81 (.75)	3.83 (.71)	3.12 (.68)	3.20 (.60)	13.71 (2.28)	--	--
Staff nurses (public health)	3.19 (.55)	2.90 (.59)	2.95 (.81)	2.75 (.65)	11.77 (2.08)	--	--
Laschinger & Havens (1996) +							
Staff nurses	3.03 (.73)	2.77 (.77)	2.72 (.77)	2.38 (.70)	10.90 (2.62)	2.92 (.54)	2.97 (.65)
McDermott, Laschinger & Shamian (1996) ×							
Staff nurses	2.98 (.67)	2.98 (.71)	2.78 (.70)	2.97 (.59)	11.65 (2.20)	--	--
Laschinger & Havens (1997) +							
Staff nurses	2.59 (.70)	2.59 (.47)	2.75 (.75)	2.79 (.72)	11.39 (2.26)	2.85 (.57)	3.17 (.64)
The Auther (2000)					▼		
Mangers (first-line & middle)	3.53 (.93)	3.06 (.72)	3.09 (.96)	3.40 (.80)	3.41 (.68)	3.28 (.71)	3.59 (.80)
Staff nurses & practical nurses	2.92 (1.02)	2.93 (.71)	2.55 (.95)	2.62 (.85)	2.75 (.66)	2.44 (.67)	2.84 (.84)
Combined sample	3.08 (1.03)	3.11 (.78)	2.69 (.98)	2.82 (.90)	2.93 (.72)	2.65 (.77)	3.03 (.89)

♦Laschinger H.K.S. (1996). +American study. × Canadian study. # Scale range 4-20. • Scale range 1-5. ▼ Scale range 1-5.

Table 4: summary statistics and T-ratios along with their significance of dependent and independent variables for managers and bedside nurses in the whole sample.

		Mean	SD	T-ratios	df	Sig.
Overall Empowerment	Managers	3.41	.68	---	---	---
	Bedside	2.75	.66	---	---	---
	Total	2.93	.72	5.414	152	.000
Opportunity	Managers	3.53	.93	---	---	---
	Bedside	2.92	1.02	---	---	---
	Total	3.08	1.03	3.313	152	.001
Information	Managers	3.65	.72	---	---	---
	Bedside	2.93	.71	---	---	---
	Total	3.11	.77	5.511	152	.000
Support	Managers	3.06	.96	---	---	---
	Bedside	2.55	.95	---	---	---
	Total	2.69	.98	3.066	152	.003
Resources	Managers	3.4	.80	---	---	---
	Bedside	2.6	.85	---	---	---
	Total	2.8	.90	5.039	152	.000
Formal power	Managers	3.28	.71	---	---	---
	Bedside	2.44	.67	---	---	---
	Total	2.65	.77	6.723	152	.000
Informal power	Managers	3.59	.80	---	---	---
	Bedside	2.84	.84	---	---	---
	Total	3.03	.89	4.872	152	.000
Occupational stress	Managers	2.98	.69	---	---	---
	Bedside	2.85	.75	---	---	---
	Total	2.88	.74	.946	152	.346
Work effectiveness	Managers	4.23	.83	---	---	---
	Bedside	4.01	1.09	---	---	---
	Total	4.07	1.03	1.147	152	.253
Higher order need strength	Managers	4.26	.81	---	---	---
	Bedside	4.1	.75	---	---	---
	Total	4.14	.77	1.190	152	.236
Age	Managers	37.7	5.9	---	---	---
	Bedside	31.9	7	---	---	---
	Total	33.4	7.18	4.653	151	.000
Experience in nursing	Managers	15.5	6	---	---	---
	Bedside	9.8	6.8	---	---	---
	Total	11.26	7	4.639	152	.000
Salary in NIS	Managers	3056	1116	---	---	---
	Bedside	2327	809	---	---	---
	Total	2513	949	3.755	52.3	.000

Note: SD = standard deviation.
df = degree of freedom.
Sig. = significance level.

T-test Analysis

As predicted in the first hypothesis, the nurse managers perceive significantly more access to overall empowerment (mean = 3.41, SD = .68) than bedside nurses do (mean = 2.75, SD = .66), (t = 5.414, P = .000) in the whole sample, (see table 4). This result is similar to those of Haugh and Laschinger (1996), Frank (1993), and Sabiston and Laschinger (1995), who found that nursing managers are significantly more empowered than their staff. This finding supports Kanter's contention that access to empowerment structures increases as one rises in the organizational hierarchy.

The same hypothesis was examined in each hospital separately, and similar results were obtained. At Ramallah hospital, managers perceive themselves significantly more empowered (mean = 3.42, SD = .76) than bedside nurses (mean = 2.53, SD = .60), (t = 4.846, P = .001), (see table 5). Similarly, nurse managers in Makassed hospital perceive more empowerment (mean = 3.41, SD = .64) than bedside nurses (mean = 2.97, SD = .65), (t = 2.807, P = .006), (see table 6). These results point out that there are differences in empowerment levels regarding the two levels of nursing in each hospital.

Regarding the access to the empowerment structures (opportunity, information, support and resources), nurse managers in the whole sample perceive significantly more access to all the empowerment structures than their staff (bedside nurses) do, (see table 4). Ramallah nurses behaved the same way as the whole sample, while Makassed nurses did not have significant differences in the access to opportunity and support structures between managers and bedside nurses. It can be concluded that both managers and bedside nurses at Makassed

hospital nearly have an equal access to these aspects of empowerment, as displayed in table 6. Moreover, Makassed hospital appears to be making positive changes in the work environment for the lower rank employees. Contrary to the results of the previous studies conducted by (Frank 1993, Laschinger and Shamian 1994, and Haugh and Laschinger 1996), (see table 3), which indicated significant differences between managers and staff nurses in all empowerment structures, there was no significant difference between managers and staff nurses at Makassed hospital for two of these structures – opportunity and support.

Regarding formal and informal power, managers in the whole sample ($t = 6.723$, $p = .000$) ($t = 4.872$, $p = .000$), (see table 4), and in both hospitals perceive greater access to these structures than their staff do (see tables 5 & 6).

Managers and their staff in the whole sample perceive the same level of occupational stress, as there is no significant difference between them (mean 2.98, SD=.69) and (mean = 2.85, SD =. 75) respectively, ($t = .946$, $p = .346$). Moreover, the same results were found in each hospital separately, (see tables 5 & 6).

Similar to the results of occupational stress, there is no significant difference between managers (mean = 4.23, SD =. 83) and their staff (mean = 4.01, SD =1.09) in their perceptions of work effectiveness ($t = 1.147$, $p = .253$), (see table 4). The same pattern is observed in both hospitals separately, (see tables 5 & 6).

Meanwhile, there is no significant difference between managers and their staff in both hospitals on Higher Order Need Strength scale, (mean = 4.26, SD = .81) and (mean = 4.1, SD = .75) respectively, ($t = 1.190$, $p =. 236$), see table 3. The same results were found in Ramallah and Makassed hospitals ($t (70) = .303$, $p = .763$) and ($t = 1.147$, $p =. 255$) respectively, (see tables 5 & 6).

Regarding experience, managers were significantly more experienced than bedside nurses (mean = 15.5, SD = .6) and (mean = 9.8, SD = 6.8) respectively, (t = 4.639, p =. 000). Moreover, they receive significantly higher salaries than bedside nurses (mean = 3056, SD = 1116) and (mean = 2327, SD = 809) respectively, (t = 3.755, p =. 000), (see table 4).

Table 5: summary statistics and T-ratios along with their significance of dependent and independent variables for managers and bedside nurses in Ramallah hospital.

		Mean	SD	T-ratios	df	Sig.
Overall Empowerment	Managers	3.42	.76	---	---	---
	Bedside	2.53	.60	---	---	---
	Total	2.72	.72	4.846	70	.000
Opportunity	Managers	3.4	.85	---	---	---
	Bedside	2.59	.98	---	---	---
	Total	2.76	1.02	2.854	70	.006
Information	Managers	3.64	.78	---	---	---
	Bedside	2.83	.69	---	---	---
	Total	2.99	.78	3.958	70	.000
Support	Managers	3.30	1.1	---	---	---
	Bedside	2.31	.84	---	---	---
	Total	2.51	.97	3.755	70	.000
Resources	Managers	3.73	.92	---	---	---
	Bedside	2.41	.75	---	---	---
	Total	2.61	.88	4.188	70	.000
Formal power	Managers	3.03	.71	---	---	---
	Bedside	2.27	.66	---	---	---
	Total	2.43	.74	3.896	70	.000
Informal power	Managers	3.35	.80	---	---	---
	Bedside	2.75	.84	---	---	---
	Total	2.87	.86	2.503	70	.015
Occupational stress	Managers	3.25	.58	---	---	---
	Bedside	3.08	.82	---	---	---
	Total	3.12	.78	.758	70	.451
Work effectiveness	Managers	4.00	1.13	---	---	---
	Bedside	3.95	1.07	---	---	---
	Total	3.96	1.08	.167	70	.868
Higher order need strength	Managers	3.97	1.14	---	---	---
	Bedside	3.88	.90	---	---	---
	Total	3.90	.94	.303	70	.763
Age	Managers	36.80	7.27	---	---	---
	Bedside	31.25	7.79	---	---	---
	Total	32.40	7.97	2.489	70	.015
Experience in nursing	Managers	14.53	8.26	---	---	---
	Bedside	9.09	7.56	---	---	---
	Total	10.22	7.97	2.435	70	.017
Salary in NIS	Managers	1733	279	---	---	---
	Bedside	1568	197	---	---	---
	Total	1602	225	2.627	70	.011

Note: SD = standard deviation.
df = degree of freedom.
Sig. = significance level.

Table 6: summary statistics and T-ratios along with their significance of dependent and independent variables for managers and bedside nurses in Makassed hospital.

		Mean	SD	T-ratios	df	Sig.
Overall Empowerment	Managers	3.41	.64	---	---	---
	Bedside	2.97	.65	---	---	---
	Total	3.11	.68	2.807	80	.006
Opportunity	Managers	3.61	.94	---	---	---
	Bedside	3.25	.96	---	---	---
	Total	3.36	.96	1.567	79	.121
Information	Managers	3.65	.70	---	---	---
	Bedside	3.03	.71	---	---	---
	Total	3.21	.77	3.653	80	.000
Support	Managers	2.97	.89	---	---	---
	Bedside	2.79	1.00	---	---	---
	Total	2.85	.97	.774	80	.441
Resources	Managers	3.41	.74	---	---	---
	Bedside	2.82	.89	---	---	---
	Total	3.00	.89	2.849	80	.006
Formal power	Managers	3.43	.68	---	---	---
	Bedside	2.60	.65	---	---	---
	Total	2.85	.76	5.242	80	.000
Informal power	Managers	3.73	.78	---	---	---
	Bedside	2.94	.84	---	---	---
	Total	3.18	.90	3.998	80	.000
Occupational stress	Managers	2.81	.71	---	---	---
	Bedside	2.61	.59	---	---	---
	Total	2.67	.63	1.298	80	.198
Work effectiveness	Managers	4.36	.57	---	---	---
	Bedside	4.07	1.09	---	---	---
	Total	4.16	.97	1.244	80	.217
Higher order need strength	Managers	4.44	.48	---	---	---
	Bedside	4.30	.49	---	---	---
	Total	4.35	.48	1.147	80	.255
Age	Managers	38.16	4.9	---	---	---
	Bedside	32.53	6.1	---	---	---
	Total	34.27	6.3	4.042	80	.000
Experience in nursing	Managers	16.00	4.26	---	---	---
	Bedside	10.49	6.02	---	---	---
	Total	12.17	6.08	4.134	80	.000
Salary in NIS	Managers	3883	395	---	---	---
	Bedside	3085	335	---	---	---
	Total	3322	507	9.265	80	.000

Note: SD = standard deviation.
df = degree of freedom.
Sig. = significance level.

Comparisons between the two Participating Hospitals (Ramallah and Makassed)

Comparisons between nurses at Ramallah hospital on the one hand and their counterparts at Makassed on the other revealed that Makassed nurses perceive significantly more access to overall empowerment and to all empowerment structures (opportunity, information, support and resources) than Ramallah nurses do ($t = 3.42$, $p = .001$), ($t = 3.73$, $p = .000$), ($t = 1.76$, $p = .081$), ($t = 2.17$, $p = .032$), and ($t = 2.74$, $p = .007$) respectively, as shown in table 7.

Makassed nurses perceive significantly more access to formal and informal structures than Ramallah nurses ($t = 3.46$, $p = .001$) and ($t = 2.16$, $p = .032$) respectively, (see table 7).

Also, Makassed nurses significantly feel less stressed than Ramallah nurses do ($t = -3.93$, $P = .000$) but they do not perceive themselves to be more effective than Ramallah hospital nurses ($t = 1.20$, $p = .229$), (see table 7).

It is worthwhile to mention that Makassed nurses are significantly paid higher than their counterparts at Ramallah nurses (mean = 3322, SD = 507) and (mean = 1602, SD = 225) respectively, ($t = 27.582$, $p = .000$).

Table 7: summary statistics and T-ratios along with their significance of dependent and independent variables for Ramallah and Makassed hospitals.

		Mean	SD	T-ratios	df	Sig.
Overall Empowerment	Ramallah hospital	2.72	.73	---	---	---
	Makassed hospital	3.10	.68	---	---	---
	t-test	---	---	-3.423	152	.001
Opportunity	Ramallah hospital	2.76	1.02	---	---	---
	Makassed hospital	3.36	.96	---	---	---
	t-test	---	---	-3.731	152	.000
Information	Ramallah hospital	2.99	.77	---	---	---
	Makassed hospital	3.22	.77	---	---	---
	t-test	---	---	-1.756	152	.081
Support	Ramallah hospital	2.51	.97	---	---	---
	Makassed hospital	2.85	.97	---	---	---
	t-test	---	---	-2.166	152	.032
Resources	Ramallah hospital	2.61	.88	---	---	---
	Makassed hospital	3.00	.89	---	---	---
	t-test	---	---	-2.737	152	.007
Formal power	Ramallah hospital	2.43	.74	---	---	---
	Makassed hospital	2.85	.76	---	---	---
	t-test	---	---	-3.465	152	.001
Informal power	Ramallah hospital	2.87	.86	---	---	---
	Makassed hospital	3.18	.89	---	---	---
	t-test	---	---	-2.161	152	.032
Occupational stress	Ramallah hospital	3.12	.77	---	---	---
	Makassed hospital	2.67	.63	---	---	---
	t-test	---	---	3.925	152	.000
Work effectiveness	Ramallah hospital	3.96	1.08	---	---	---
	Makassed hospital	4.16	.97	---	---	---
	t-test	---	---	1.209	152	.229
H.O.N.	Ramallah hospital	3.90	.94	---	---	---
	Makassed hospital	4.35	.48	---	---	---
	t-test	---	---	-3.622	102.8	.000
Age	Ramallah hospital	32.4	7.9	---	---	---
	Makassed hospital	34.2	6.3	---	---	---
	t-test	---	---	1.595	135.1	.113
Experience in nursing	Ramallah hospital	10.2	7.9	---	---	---
	Makassed hospital	12.2	6.1	---	---	---
	t-test	---	---	-1.688	131.9	.094
Salary in NIS	Ramallah hospital	1602	225	---	---	---
	Makassed hospital	3322	507	---	---	---
	t-test	---	---	-27.582	113.0	.000

Note: SD = standard deviation.
df = degree of freedom.
Sig. = significance level.

Comparisons between managers in Ramallah Hospital and their counterparts in Makassed Hospital

These two groups do not differ in their perceptions of overall empowerment and access to empowerment structures. Makassed managers, however, perceive slightly more access to formal power structures and perceive less occupational stress than Ramallah managers ($t = 1.742$, $p = .090$) and ($t = -2.053$, $p = .05$) respectively, as shown in table 8. Makassed managers receive significantly higher salaries than the managers in Ramallah hospital (mean = 3883, SD = 395) and (mean = 1733, SD = 279) respectively, ($t = 18.354$, $p = .000$).

Comparisons between bedside nurses in Ramallah Hospital and their counterparts in Makassed Hospital

Makassed bedside nurses perceive significantly more access to overall empowerment, opportunity structures, support structures, resources structures and formal power structures than Ramallah bedside nurses do ($t = 3.744$, $p = .000$) ($t = 3.604$, $p = .000$), ($t = 2.807$, $p = .006$), ($t = 2.666$, $p = .009$), and ($t = 2.641$, $p = .009$) respectively. Moreover, and similar to the result among the managers in both hospitals, Makassed bedside nurses perceive significantly less stress than their counterparts in Ramallah hospital ($t = 3.503$, $p = .001$). And they receive significantly higher salaries than Ramallah bedside nurses ($t = 29.457$, $p = .000$), see table 9.

Table 8: summary statistics and T-ratios along with their significance of dependent and independent variables for managers in Ramallah and Makassed hospitals.

		mea	SD	T-ratios	df	Sig.
Overall Empowerment	Ramallah / managers	3.43	.76	---	---	---
	Makassed / managers	3.41	.64	---	---	---
	t-test	---	---	.058	38	.95
Opportunity	Ramallah / managers	3.40	.95	---	---	---
	Makassed / managers	3.61	.93	---	---	---
	t-test	---	---	.677	38	.50
Information	Ramallah / managers	3.64	.78	---	---	---
	Makassed / managers	3.65	.70	---	---	---
	t-test	---	---	.042	38	.96
Support	Ramallah / managers	3.27	1.0	---	---	---
	Makassed / managers	2.97	.89	---	---	---
	t-test	---	---	.973	38	.33
Resources	Ramallah / managers	3.37	.92	---	---	---
	Makassed / managers	3.41	.74	---	---	---
	t-test	---	---	.130	38	.89
Formal power	Ramallah / managers	3.03	.71	---	---	---
	Makassed / managers	3.43	.68	---	---	---
	t-test	---	---	-1.742	38	.09
Informal power	Ramallah / managers	3.35	.79	---	---	---
	Makassed / managers	3.73	.78	---	---	---
	t-test	---	---	1.474	38	.14
Occupational stress	Ramallah / managers	3.25	.58	---	---	---
	Makassed / managers	2.81	.71	---	---	---
	t-test	---	---	2.053	38	.05
Work effectiveness	Ramallah / managers	4.00	1.1	---	---	---
	Makassed / managers	4.36	.57	---	---	---
	t-test	---	---	1.339	38	.18
H.O.N.	Ramallah / managers	3.97	1.1	---	---	---
	Makassed / managers	4.44	.48	---	---	---
	t-test	---	---	1.530	17.	.14
Age	Ramallah / managers	36.8	7.3	---	---	---
	Makassed / managers	38.2	4.9	---	---	---
	t-test	---	---	.705	38	.48
Experience in nursing	Ramallah / managers	14.5	8.3	---	---	---
	Makassed / managers	16.0	4.3	---	---	---
	t-test	---	---	.638	18.	.53
Salary in NIS	Ramallah / managers	1733	279	---	---	---
	Makassed / managers	3883	395	---	---	---
	t-test	---	---	-18.354	37	.00

Note: SD = standard deviation.
df = degree of freedom.
Sig. = significance level.

Bivariate Correlations

In this study, it has been found that neither access to overall empowerment nor accesses to all empowerment structures (opportunity, information, support and resources) are related to occupational stress among all participants, as shown in table 10. Contrary to the former finding, empowerment has been found to be related to work effectiveness among all participants. The strongest correlation found between the various empowerment structures and work effectiveness is the correlation between opportunity and work effectiveness ($r = .284$, $p = .000$). The second strongest correlation found is that between support and work effectiveness ($r = .192$, $p = .017$).

Access to formal power has stronger effect on work effectiveness ($r = .207$, $p = .010$) than access to informal power ($r = .141$, $p = .081$). Since Ramallah hospital nurses perceive more informal power than formal power, this result should be taken in to consideration by Ramallah hospital managers in order to enhance work effectiveness in their institution.

Bivariate correlations with personal variables

Empowerment is significantly correlated to some personal variables amongst all participants. It is correlated to education ($r = .260$, $P = .001$), nursing experience ($r = .231$, $P = .004$), and age ($r = .219$, $P = .006$), as shown in table 10.

Empowerment was found to be strongly related to age in Ramallah hospital in both levels of nursing ($r = .261$, $p = .027$) unlike the case at Makassed hospital.

Seniority seems to be a factor in empowering nurses at Ramallah hospital but not at Makassed hospital. This finding at Ramallah hospital corroborates those of Laschinger and Shamian (1994) who found similar results among staff nurses and managers in urban teaching hospitals in Canada. "This result suggests that as age increases, nurses may perceive that they have more opportunities to receive recognition and rewards and use their knowledge and skills, and have access to challenging work" (Wilson and Laschinger 1994, p. 45).

Similarly, empowerment was found to be significantly related to experience at Ramallah hospital in both levels of nursing i.e. management and bedside nurses ($r = .260$, $p = .027$). Surprisingly, results indicate that this was not the case at Makassed hospital and in both levels of nursing (managers and bedside nurses).

Contrary to the relation between empowerment and both age and experience at Ramallah hospital, empowerment is related significantly to education in Makassed hospital only ($r = .225$, $p = .042$). This result could be attributed to the uneven balance regarding the levels of education received by nurses in each hospital. The nurses at Makassed hospital have obtained higher educational levels than their counterparts at Ramallah hospital. For example; whereas 14 managers at Makassed hospital have the masters degree, no one at Ramallah hospital has this degree.

Occupational stress was found to be significantly related to salary ($r = -.254$, $P = .002$) for the whole sample. Empowerment was also found to be significantly correlated to the salary ($r = .330$, $p = .000$). Good paying jobs appear to empower nurses and reduce their occupational stress.

Empowerment was found to be related significantly to salary at Makassed hospital ($r = .283$, $p = .010$) and in bedside nursing ($r = .311$, $p = .001$). Nevertheless, it was not found to be related to the salary at Ramallah hospital and in management level.

Table 10: Bivariate (Zero-order) correlation coefficients between all variables for the whole sample.

	Age	Salary	Experience	Education	position	Formal power	Informal power	HON	Empowerment	Stress	Work effectiveness	Opportunity	Information	Support	Resources
Age	1														
Salary	.270 †	1													
Experience	.956 †	.279 †	1												
Education	-.053	.450 †	-.073	1											
Position	.261 †	.363 †	.264 †	.707 †	1										
Formal power	.289 †	.398 †	.280 †	.346 †	.452 †	1									
Informal power	.108	.265 †	.103	.323 †	.363 †	.665 †	1								
HON	.013	.271 †	.014	.256 †	.137 •	.262 †	.327 †	1							
Empowerment	.219 †	.330 †	.231 †	.260 †	.359 †	.772 †	.627 †	.313 †	1						
Stress	-.019	-.254†	-.040	-.003	.073	-.020	.030	.032	-.103	1					
Work	.115	.101	.132	-.088	.004	.207 †	.141 •	.238 †	.259 †	-.130	1				
Opportunity	.147 •	.311 †	.149 •	.185 ■	.185 ■	.608 †	.551 †	.324 †	.820 †	-.078	.284 †	1			
Information	.208 †	.248 †	.216 †	.237 †	.237 †	.511 †	.437 †	.165 ■	.716 †	-.037	.175 ■	.410 †	1		
Support	.131	.196 ■	.153 •	.148 •	.148 •	.529 †	.504 †	.156 •	.842 †	-.098	.192 ■	.649 †	.481 †	1	
Resources	.215 †	.247 †	.219 †	.257 †	.257 †	.606 †	.456 †	.319 †	.737 †	-.105	.146 •	.426 †	.442 †	.456 †	1

† $p < 0.01$, ■ $p < .05$, • $p < 0.1$ (a). Minimum N = 152 (N varies due to missing data)

Multivariate Regression Results

To examine the second hypothesis, which states that "Nurses' perceptions of job empowerment are negatively related to their perceptions of occupational stress", occupational stress was regressed on overall empowerment while controlling for the effects of position, education and salary. Logical reasoning was the motive behind the use of position, education and salary as controlling variables.

Overall empowerment, as perceived by nurses, is found to have a negative effect on occupational stress only among Makassed hospital nurses (b = -. 268, p = .014), as shown in tables 11, 12 & 13. These results suggest the need for further investigations for wide-ranging hospitals in Palestine, in order to ascertain the kind of the relationship between the two variables.

The independent variables in this model (empowerment, education, position and salary), account for 10% of the variance in occupational stress (R^2 = .102, F = 4.191, p = .003) for the whole sample, as shown in table 11. The variables that have an effect on occupational stress are salary and position. Salary has a significant negative effect on occupational stress, while position has a positive significant effect (b = -.00024, p = .001) (b = .114, p = .076) respectively.

Table 11: Regression results for occupational stress for the whole sample.

Regressors	Unstandardized Regression coeff.	OLS Betas	Sig.
Empowerment	-.073	-.072	.406
Position	.114	.203	.076
Education	.012	.017	.886
Salary	-.00024	-.312	.001
$R^2 = .102$	significance = .003 F = 4.191		N = 152

Only the results in Makassed hospital are consistent with those of Laschinger and Havens (1997), who examined the relationship between staff nurses' perceptions of empowerment and their perceptions of occupational stress in urban acute care hospitals in North Carolina, and their results showed a strong negative correlation between empowerment and occupational stress ($r = -.69$, $p = .000$). In their study, empowerment was the only variable which contributed significantly to the prediction of occupational stress when the three power variables (formal and informal power and overall empowerment) regressed on occupational stress. The results in Makassed hospital support Kanter's contention that lack of access to empowering structures such as opportunity, information, support and resources is likely to lead to frustration and a sense of disempowerment among employees.

Table 12: Regression results for occupational stress for Ramallah hospital.

Regressors	Unstandardized Regression coeff.	OLS Betas	Sig.
Empowerment	.137	.128	.320
Position	-.029	-.046	.774
Education	.228	.237	.107
Salary	-.00035	-.101	.444
$R^2 = .063$	significance = .349 F = 1.132		N = 71

Table 13: Regression results for occupational stress for Makassed hospital.

Regressors	Unstandardized Regression coeff.	OLS Betas	Sig.
Empowerment	-.268	-.286	.014
Position	.237	.513	.034
Education	-.173	-.302	.098
Salary	-.000076	-.061	.724
$R^2 = .119$	significance = .046 F = 2.555		N = 80

In order to examine the third hypothesis, which states that "Nurses' perceptions of empowerment and their perceptions of occupational stress are predictive of their perceptions of work effectiveness", work effectiveness was regressed on both empowerment and occupational stress while controlling for personal motivation as measured by Higher Order Need Strength (H.O.N). The independent variables in this model (empowerment, occupational stress and (H.O.N) account for 11% of the variation in work effectiveness ($R^2 = .108$, $F = 6.030$, $p = .001$) in the sample as a whole, as shown in table 14. Empowerment and H.O.N have an effect on work effectiveness ($b = .27$, $p = .021$) and ($b = .24$, $p = .027$), while occupational stress does not.

Table 14: Regression results for work effectiveness for the whole sample.

Regressors	Unstandardized Regression coeff.	OLS Betas	Sig.
Empowerment	.270	.190	.021
Occupational stress	-.162	-.116	.137
H.O.N	.243	.182	.027
$R^2 = .108$	significance = .001 F = 6.030		N = 153

The same results were found at Ramallah hospital as shown in table 15. In Makassed hospital, however, only occupational stress has been found to have an effect on work effectiveness, as shown in table 16. These contradictory results in the two hospitals impose priorities on both administrations to take an action regarding the nurses' effectiveness in their hospitals.

Personal motivation, as measured by the Higher Order Need Strength Scale, which is considered as one of the personal characteristics in this study, was found to be important for the prediction of how nurses perceive their work effectiveness in the sample as a whole and in Ramallah hospital, while it was not found to have a similar effect regarding nurses at Makassed hospital.

Table 15: Regression results for work effectiveness for Ramallah hospital.

Regressors	Unstandardized Regression coeff.	OLS Betas	Sig.
Empowerment	.296	.199	.090
Occupational stress	-.076	-.054	.632
H.O.N	.387	.338	.006
$R^2 = .189$	significance = .003 F = 5.269		N = 71

Table 16: Regression results for work effectiveness for Makassed hospital.

Regressors	Unstandardized Regression coeff.	OLS Betas	Sig.
Empowerment	.208	.144	.194
Occupational stress	-.429	-.278	.013
H.O.N	-.252	-.125	.248
$R^2 = .119$	significance = .019 F = 3.514		N = 81

Chapter Six

CONCLUSION

This study aimed to: first, measure the levels of perceived empowerment, occupational stress and work effectiveness and second, to assess the effect of perceived empowerment on perceived occupational stress as well as on perceived work effectiveness among nurses in two Palestinian hospitals - Makassed and Ramallah.

To achieve this purpose, a survey design with self-administered questionnaire was used to collect the data. Stratified random sampling was used to select 120 bedside nurses from the two hospitals, while all the 61 managers from both hospitals were included in the study. Moreover, this study adopted Kanter's theory of power in the organization to guide its hypotheses.

The concepts of the study were measured by a modified version of the Conditions for Work Effectiveness Questionnaire (CWEQ) developed by Chandler (1986) to measure perceived empowerment, Job Activity Scale (JAS) to measure perceived formal power, Organizational Relationship Scale (ORS) to measure perceived informal power, Job Tension Index (JTI) designed by (Lyons', 1971) to measure perceived occupational stress Higher Order Need Strength Scale built by (Warr, Cook and Wall, 1979) to measure the perceived dispositional need for achievement through work and a single likert-scaled item constructed for this research to measure the perceived work effectiveness. Summary statistics, t-test, correlations and multiple regression analysis were used to analyze the data collected. Discussion of the results in the previous chapter concluded the following:

The nurses in this study perceived moderate levels of empowerment and occupational stress. Similarly, their perceptions of access to the sources of job-related empowerment (opportunity, information, support and resources) were found to be moderate as well. These results are consistent with those of previous American and Canadian studies.

To differentiate between the two levels of nurses (managers and bedside nurses) in the sample as a whole, and between the nurses in the two hospitals who participated in this study, comparisons have been established in regard to their perception of occupational stress and empowerment. The results revealed that there was no difference in perceived occupational stress between the managers and bedside nurses in the sample as a whole. The same results were found in both hospitals regarding the same two levels of nursing. However, the interesting difference, which was found between the nurses in both hospitals, is that Makassed nurses are less stressed than Ramallah hospital nurses.

Furthermore, the results showed that the managers were found to be more empowered ($M = 3.41$, $SD = 0.68$) than bedside nurses ($M = 2.75$, $SD = 0.66$) in the sample as a whole and in each hospital separately. These results support the first hypothesis, which assumed that nursing managers are more empowered than their staff. Moreover, nursing managers were also found to have significantly more access to formal and informal power structures in the organization than their staff. Consequently, these results support the earlier work by Frank (1993), Goddard (1993), Laschinger and Shamian (1994) and Haugh and Laschinger (1996), and beget the need for administrative modifications and changes in the work structures through which the two hospital administrations increase and enhance the nurses' ability to

have an access to the sources of power in their positions, in order to upgrade their levels of empowerment.

Moreover, results of comparisons indicated that both levels of nursing (managers and bedside nurses) in Makassed were found to perceive more access to the sources of opportunity, support and resources than their counterparts in Ramallah hospital, while there was no difference between their perceptions of access to information structures. Consequently, as Makassed nurses perceived more empowerment than Ramallah nurses, there is a pressing need for intervention in Ramallah hospital in order to implement the administrative changes necessary to enhance the nurses' access to these structures so as to increase their empowerment.

The later result pointed out that there are remarkable differences in the structural organizational characteristics between the two hospitals, i.e. Makassed hospital offers more opportunities for the nurses for growing, learning and participating in decision making through variant positions and committees they are involved with, and clearly identified the organizational structure for nurses, i.e. job description, rules, regulations, mission, and lines of authority and delegation policies. On the other hand, such aspects in Ramallah hospital especially and within the nursing division in the Ministry of Health generally are merely absent.

Furthermore, and consistent with the findings by Laschinger and Havens (1997), results revealed that empowerment was found to have a negative relationship with occupational stress only at Makassed hospital, but there was no influence on occupational stress in the sample as a whole and at Ramallah hospital. The effect of empowerment on occupational stress was examined while controlling for the position, education and salary ($r = -.073$, $p = .406$). In the sample as a whole, the results revealed that only salary and position have an effect on occupational stress,

whereas at Makassed hospital the results revealed that only empowerment and education have a negative effect on occupational stress. However, position was found to have a positive effect on occupational stress at the same hospital i.e. Makassed, while, at Ramallah hospital all the four variables (empowerment, position, education and salary) were found to have no effect on occupational stress.

There are vital variations between the two hospitals (Makassed and Ramallah) in many aspects. Besides being a charitable and teaching hospital, the board of Makassed has taken many steps ahead like putting forward their philosophy, mission, strategy and policy. The board has also stated their vision to guide and direct the work of the hospital. That helps in creating an environment, in which the nursing department works independently within the general policies of Makassed hospital and provides the nurses with a conductive environment to utilizing more opportunities for experiencing discretion, recognition and relevance on the part of professionals as well as nurses (systemic power factors described by Kanter). On the contrary of Makassed, Ramallah hospital is deprived from similar conditions. It is completely operated, funded and controlled by Ministry of Health in Palestine whose all hospitals are obliged to comply with the central policies, plans and vision toward providing the health services.

In addition, a wide gap was found between nurses' salaries at Makassed and at Ramallah hospitals (M = 3322 NIS, SD = 507) and (M = 1602 NIS, SD = 225) respectively. Another point, which can be noticed, is the strong significant positive relationship between salary and empowerment, and the significant negative relationship between salary and occupational stress of the participants in this study. This could be attributed to the previous indistinguishable results as was exposed by the results of the second hypothesis, which was supported only at Makassed hospital.

The third hypothesis which assumes that "as the nurse becomes more empowered and less stressed, he / she becomes more effective at the work" was not supported in all settings of the present study. Results indicated that only empowerment and the higher order need strength positively affected the work effectiveness in the sample as a whole. Similarly, the same result was remarkably noticed within Ramallah hospital separately, whereas, at Makassed hospital, only the occupational stress affected the work effectiveness negatively. What is interesting is that despite all varied responses among nurses toward empowerment, occupational stress and the remaining variables, there was a common agreement on work effectiveness by all the participants in this study, and there were mutual and similar anticipations toward the nursing profession among Palestinian nurses that compel them to achieve work effectiveness through their task fulfillment.

In spite of the previous assumption, an important question should be raised, "How could nurses of higher levels of empowerment and lesser levels of occupational stress at Makassed hospital be possibly equal in levels of work effectiveness with nurses at Ramallah hospital?" This question requires an explanation and a thorough investigation into the phenomenon of work effectiveness among the nurses in different hospitals.

The results of this study can serve as a foundation to the nursing professionals in Palestine for further and wider examination of the nursing empowerment in the Palestinian context, since it is the first time that is locally examined. Moreover, it can be employed by nursing administrators in the two hospitals participated in this study to re-examine and to restructure their organizations' structures so as to increase their nursing staff ability to have more access to the structures of the empowerment, and to decrease the incidence of occupational stress. This purpose can be attained through

various strategies such as developing methods to increase the recognition of contributions the nurses make, creating opportunities for nurses to participate on interdepartmental committees, developing participative management structures and multidisciplinary patient care teams, providing ongoing support through feedback and positive reinforcement and encouragement of innovative ideas the nurses put forward, sharing of materials and supplies between nursing units, making educational programs available to all nurses and creating organizational policies that support educational leaves and educational incentives, and opening both formal and informal lines of communication. Considering the strong positive correlations observed in this study between the salary and perceived empowerment and the strong negative correlations between the salary and perceived occupational stress, reviewing and developing of the salaries scales in both hospitals look compulsory.

Furthermore, results suggest the need for replicating this study in different nursing settings in different healthcare sectors across Palestine, and among different nursing levels separately according to the classification adopted in this study. Moreover, the instrument of work effectiveness used in the current study should be reconsidered.

The results of this study cannot be generalized to the Palestinian context as a whole since it was only restricted to two hospitals. Further studies are recommended in this respect.

RECOMMENDATIONS

Specific Recommendations to Ramallah Hospital

1. Ramallah Hospital needs further research to examine the causes of occupational stress.
2. Efforts must be made to facilitate nurses' access to empowerment structures, especially for bedside nurses.
3. Nurses' salaries at Ramallah hospital in particular and in the governmental sector in general should be reviewed.
4. Nursing qualifications at Ramallah hospital should be upgraded by providing nurses with more opportunities for training and learning.

Specific Recommendations to Makassed Hospital

1. Existing strategies of empowering all nurses ought to be continued through facilitating both bedside nurses and managers access on equal footing to all empowerment structures.
2. Some attention should be given to the occupational stress so as to increase work effectiveness among nurses.

General Recommendations

1. This study has intended to measure quantitative issues (empowerment, occupational stress and work effectiveness). Such studies are not available in

Palestine. Researchers and institutions in Palestine are invited to emphasize this kind of quantitative studies and to develop their own scales through extensive work with professionals in group dynamics and discussions.

2. Target population of this study should be expanded to include all Palestinian nurses in different health care sectors in order to examine the relation between empowerment and occupational stress on a national scale.
3. Examining the effect of other independent variables on occupational stress and work effectiveness could provide more understanding to the phenomenon.
4. Research process should be adopted as a strategy for problem solving in health care settings.

REFERENCES

1. (Bennis/Nanus, 1985) as cited in Laschinger HKS" .A theoretical approach to studying work empowerment in nursing: A review of studies testing Kanter's theory of structural power in organizations". Nursing Administration Quarry. 1996; 20(2): 25-41.
2. Beehr TA, Walsh JT, Taber TD" .Relationship of Stress to Individually and Organizationally Valued States: Higher Order Need as a Moderator". Journal of Applied Psychology. 1976; 61(1): 41-47.
3. (Campell, 1987), as cited in Laschinger HKS. "A theoretical approach to studying work empowerment in nursing: A review of studies testing Kanter's theory of structural power in organizations". Nursing Administration Quarry. 1996; 20(2): 25-41.
4. (Cassem and Hacket, 1972), as cited in Gray-Toft P, Anderson JG. "Stress among Hospital Nursing Staff: Its Causes and Effects". Social Science and Medicine.1981; 15: 639-647.
5. (Cherniss, 1980), as cited in Wheeler HH" .Nurse Occupational Stress Research 2: definition and conceptualization". British Journal of Nursing. 1997; 6 (12): 710-713.
6. Clifford PG" .The Myth of Empowerment". Nursing Administration Quarterly. 1992; 16(3): 1-5.
7. Cohen-Mansfield J" .Sources of satisfaction and stress in nursing home caregivers: preliminary results". Journal of Advanced Nursing. 1989; 14: 383-388.
8. (Colligan et al, 1977), as cited in Wheeler HH" .Nurse Occupational Stress Research 2: definition and conceptualization". British Journal of Nursing. 1997; 6 (12): 710-713.
9. Cooper CL, Rout A, Faragher B. " Mental Health, Job Satisfaction, and Job Stress among General Practitioners ". British Medical Journal. 1989; 298, 366-370.
10. Davis, B. L. (1994) Assessment of the National D[illegible]

8. (Colligan et al, 1977), as cited in Wheeler HH" .Nurse Occupational Stress Research 2: definition and conceptualization". British Journal of Nursing. 1997; 6 (12): 710-713.

9. Cooper CL, Rout A, Faragher B. " Mental Health, Job Satisfaction, and Job Stress among General Practitioners ". British Medical Journal. 1989; 298, 366-370.

10. Davis, B. L. (1994) Assessment of the National Development by Crossnational Comparisons: Statistical and Methodological Obstacles to Empirical Varification. Doctoral dissertation, University of Utah, Sall hata City.

11. (Dewe, 1989). As cited in Wheeler HH" .Nurse Occupational Stress Research 2: definition and conceptualization". British Journal of Nursing. 1997; 6 (12): 710-713.

12. Elaine La Monica. Management in Health Care: A theoretical and Experiential Approach. London: The Macmillan Press LTD, 1994.

13. (Frank, 1996), as cited in Laschinger HKS" .A theoretical approach to studying work empowerment in nursing: A review of studies testing Kanter's theory of structural power in organizations". Nursing Administration Quarry. 1996; 20(2): 25-41.

14. Gibson JL, Ivancevich JM, Donnelly JH. Organizations: Behaviors, Structures, and Processes. USA: Richard D. Irwin, a Times Mirror Higher Education Group, Inc. company, 1997.

15. Goldberger L and Breznitz S. Handbook of Stress: Theoretical and Clinical Aspects. London: Collier Macmillan Publishers, 1982.

16. Gorman S, Clark N" .Power and Effective Nursing Practice". Nursing Outlook. 1986; 34(3): 129-134.

17. Gray-Toft P, Anderson JG" .The Nursing Stress Scale: Development of an Instrument". Journal of Behavioral Assessment. 1981; 3(1): 11-22.

18. Gray-Toft P, Anderson JG" .Stress among Hospital Nursing Staff: Its Causes and Effects". Social Science and Medicine.1981; 15: 639-647.

19. (Hackman and Lawler, 1971), as cited in Beehr et al" .Relationship of Stress to Individually and Organizationally Valued States: Higher Order Need as a Moderator". Journal of Applied Psychology. 1976; 61(1): 41-47.

20. Hackman JR, Oldham GR" .Motivation through the design of work: Test of a theory". Organizational Behavior and Human Performance. 1976; 11: 250-79.

21. Hamdan H. Turnover of Staff Nurses at Makassed and Ittihad Hospital. Unpublished masters thesis, Jerusalem, Palestine: Al-Quds University ،1993.

22. (Hammer et al, 1985), as cited in Hipwell AE, Tyler PA, Wilson CM" .Sources of stress and dissatisfaction among nurses in four hospital environments". British Journal of Medical Psychology. 1989; 62: 71-79.

23. Hipwell AE, Tyler PA, Wilson CM" .Sources of stress and dissatisfaction among nurses in four hospital environments". British Journal of Medical Psychology. 1989; 62: 71-79.

24. (Hullin and Blood, 1968), as cited in Beehr et al" .Relationship of Stress to Individually and Organizationally Valued States: Higher Order Need as a Moderator". Journal of Applied Psychology. 1976; 61(1): 41-47.

25. (Kanter, 1977, 1993, as cited in Laschinger HKS" .A theoretical approach to studying work empowerment in nursing: A review of studies testing Kanter's theory of structural power in organizations". Nursing Administration Quarry. 1996; 20(2): 25-41.

26. Landsbergis PA" 'Occupational stress among health care workers: A test of the job demands control model". Journal of Organizational Behavior. 1988; 9: 217-239.

27. Laschinger HKS" .A theoretical approach to studying work empowerment in nursing: A review of studies testing Kanter's theory of structural power in organizations". Nursing Administration Quarry. 1996; 20(2): 25-41.

28. Laschinger HKS, Havens DS" .The Effect of Workplace Empowerment on Staff Nurses' Occupational Mental Health and Work Effectiveness". Journal of Nursing Administration. 1997; 27(6): 42-50.

29. Laschinger HKS, Havens DS" .Staff Nurses Workplace Empowerment and Perceived Control over Nursing Practice: Conditions for Work Effectiveness". Journal of Nursing Administration. 1996; 26(9): 25-35.

30. Lim VK, Yuen EC" .Doctors, Patients, and Perceived Job Image: An Empirical Study of Stress and Nurses in Singapore". Journal of Behavioral Medicine. 1998; 21(3): 269-282.

31. Lyons TF" .Role Clarity, Need for Clarity, Satisfaction, Tension, and Withdrawal". Organizational Behavior and Human Performance. 1971; 6: 99-110.

32. (Mangold, 1991), as cited in Gray-Toft P, Anderson JG" .Stress among Hospital Nursing Staff: Its Causes and Effects". Social Science and Medicine.1981; 15: 639-647.

33. (Maslow, 1943), as cited in Beehr et al" .Relationship of Stress to Individually and Organizationally Valued States: Higher Order Need as a Moderator". Journal of Applied Psychology. 1976; 61(1): 41-47.

34. (Matteson and ivancevich, 1987), as cited in Wheeler HH. "Nurse Occupational Stress Research 2: definition and conceptualization". British Journal of Nursing. 1997; 6 (12): 710-713. c

35. McCranie EW, Lambert VA, Lambert, JR CE" .Work Stress, Hardiness, and Burnout among Hospital Staff Nurses". Nursing Research. 1987; 36(6): 374-378.

36. McDermott K, Laschinger HKS, Shamian J" .Work Empowerment and Organizational Commitment". Nursing Management. 1996; 27(5): 44-47.

37. (McGrath et al, 1989), As cited in Wheeler HH" .Nurse Occupational Stress Research 2: definition and conceptualization". British Journal of Nursing. 1997; 6 (12): 710-713.

38. McLeod T" .Work Stress among Psychiatric Nurses". British Journal of Nursing. 1997; 6(10): 569-574.

39. (Ridding and Wheeler, 1995 a,b), As cited in Wheeler HH. "Nurse Occupational Stress Research 2: definition and conceptualization". British Journal of Nursing. 1997; 6 (12): 710-713.

40. Sabiston JA, Laschinger HKS" .Staff Nurse Work Empowerment and Perceived Autonomy: Testing Kanter's Theory of Structural Power in Organizations". Journal of Nursing Administration. 1995; 24(9): 42-50.

41. Schermerhorn JR, Hunt JG, and Obsorn RN. (1994). Managing Organizational Behavior. New York: John Wily & Sons, Inc.

42. Snelgrove SR" .Occupational stress and job satisfaction: a comparative study of health visitors, district nurses and community psychiatric nurses". Journal of Nursing Management. 1998; 6: 97-114.

43. (Turner and Lawrence, 1965), as cited in Beehr et al" .Relationship of Stress to Individually and Organizationally Valued States: Higher Order Need as a Moderator". Journal of Applied Psychology. 1976; 61(1): 41-47.

44. Tyler PA, Ellison RN" .Sources of Stress and Psychological Well-Being in High-Dependency Nursing". Journal of Advanced Nursing. 1994; 19, 469-476.

45. Warr P, Cook J, Wall T. "Scale for the Measurement of some work attitudes and aspects of psychological well being". Journal of Occupational Psychology. 1979; 52: 129-48.

46. (Wertzel et al, 1977), as cited in Gray-Toft P, Anderson JG" .Stress among Hospital Nursing Staff: Its Causes and Effects". Social Science and Medicine.1981; 15: 639-647.

47. Wheeler HH" .A Review of Nurse Occupational Stress Research: 1". British Journal of Nursing. 1997; 6 (11): 642-645.

48. Wheeler HH" .Nurse Occupational Stress Research 2: definition and conceptualization". British Journal of Nursing. 1997; 6 (12): 710-713.

49. Wilson B, Laschinger HKS" .Staff Nurse Perception of Job Empowerment and Organizational commitment: A Test of Kanter's Theory of Structural Power in Organizations". Journal of Nursing Administration. 1994; 24(48): 39-47.

50. Yasmineh M. Stress Experienced by Nurse Managers at Non-Governmental Hospitals on the West Bank. Unpublished masters thesis, Jerusalem, Palestine: Al-Quds University,

APPENDIX 1

The Researcher Scale: Arabic Version.

زملائي الأعزاء.....

أنا طالب خريج في برنامج ماجستير إدارة في التمريض في جامعة القدس، وأقوم بعمل بحث بعنوان "أثر التمكين الإداري للممرضين/ات الفلسطينيين/ات على الضغط النفسي في العمل ، والكفاءة في العمل".

مشاركتكم في هذه الدراسة ستكون محل تقدير، كما أن المعلومات التي سيتم جمعها ستستخدم لأغراض البحث العلمي فقط، وستعامل بسريَة تامة. لذلك لا تكتب اسمك على الإستبانة. هذا مع العلم بأنني سوف اطلع جميع الزملاء المشاركين في البحث على نتائجه إذا رغبوا.

الإستبانة مقسمة إلى اثني عشر قسما. الرجاء الإجابة عليها بشكل كامل وبواقعية قدر المستطاع، مستمدا/ة ذلك من خبرتك وليس من ما تخمن/ ين بأنه الإجابة الصحيحة.

أرجو إعادة هذه الاستبانة إلى الصندوق المخصص لهذه الغاية في قسمك ، حال تعبئتها.

وشكرا لتعاونكم.

الباحث
بلال سعادة

الرجاء الإجابة على الأسئلة التالية، باختيارك الإجابة المناسبة ، و ملئ الفراغ .

.1	الجنس	ذكر أنثى
.2	الحالة الاجتماعية	أعزب/ باء متزوج/ة مطلق/ة أرمل/ة منفصل/ة
.3	مكان الولادة	مخيم قرية مدينة
.4	مكان السكن الحالي	مخيم قرية مدينة
.5	آخر شهادة حصلت/ي عليها	دبلوم/سنتين دبلوم/ثلاث سنوات بكالوريوس ماجستير
.6	مكان العمل الحالي	مستشفى رام الله / مستشفى المقاصد
.7	العمر	------- سنة.
.8	الوقت الذي تحتاجه/ ينه للوصول إلى العمل	------- دقيقة.
.9	عدد سنوات الخبرة	------- سنة.
.10	الراتب الشهري – تقريبا –	------- شيكل.
.11	الوظيفة الحالية	
.12	الكلية أو الجامعة التي تخرجت/ ي منها	
.13	القسم الذي تعمل/ ين فيه حاليا	

سأعرض عليك عددا من الخصائص التي يمكن أن تبحث/ي في وظيفة ما (ليس فقط وظيفتك الحالية ولكن أيضا أي وظيفة يمكن أن تعمل/ي بها أو تحصل/ي عليها).الرجاء تحديد مدى أهمية كل واحدة منها لك :

الخصائص هي:

		لا أهمية				بالغ الأهمية
الرقم	العبارة	1	2	3	4	5
.14	استخدام مهاراتك إلى أقصى حد					
.15	تحقيق شيء ما ذا قيمة بالنسبة لك					
.16	الفرصة لاتخاذ قراراتك					
.17	الفرصة لتعلم أشياء جديدة					
.18	عمل فيه تحد لك					
.19	عمل يوسع مدى قدراتك					

كم لديك من كل واحد من الفرص التالية في عملك الحالي:

لا يوجد — موجودة بكثرة

الرقم	العبارة	1	2	3	4	5
.20	فرص إثبات الكفاءة الشخصية في العمل					
.21	فرص لاكتساب مهارات ومعرفة في العمل					
.22	الحصول على برامج تدريبية لتعلم أشياء جديدة					
.23	مهام من خلالها تستخدم جميع مهاراتك ومعرفتك					
.24	فرص التقدم إلى منصب أفضل					

كم لديك من المعلومات عن الأمور التالية في عملك الحالي؟

لا علم لدي — أعلم كثيرا

الرقم	العبارة	1	2	3	4	5
.25	الوضع العام للمستشفى					
.26	علاقة عمل القسم الذي تعمل/ي فيه مع المستشفى					
.27	أهداف الإدارة العليا					
.28	الخطة السنوية الحالية للقسم الذي تعمل/ي به					
.29	طريقة تحديد الرواتب لوظائف مشابهة لوظيفتك					
.30	كيفية اتخاذ القرارات اليومية في القسم					
.31	كيفية تحديد المهام التي يقوم بها القسم					
.32	المهام التي يتوجب عليك القيام بها أثناء عملك					

كم تحظى/ي من الدعم في الأمور التالية في عملك الحالي؟

لا يوجد — كثيرا

الرقم	العبارة	1	2	3	4	5
.33	الإشادة بمهام تؤديها بشكل فعال والتنويه إليها					
.34	ملاحظات محدّدة حول أمور تستطيع/ ين تطويرها					
.35	نصائح أو تلميحات مساعدة لحل المشاكل					
.36	معلومات أو اقتراحات عن تطوير أدائك الوظيفي					
.37	مساعدتك عند حدوث أزمات في العمل					
.38	مكافآت واعتراف لأداء مميز قمت به					
.39	معلومات أو اقتراحات عن إمكانية تطوير مكانتك					

كم لديك من المصادر التالية في عملك الحالي؟

الرقم	العبارة	لا يوجد 1	2	3	4	كثيرا 5
40.	وجود مستلزمات ضرورية للعمل					
41.	وقت كافي لإنجاز متطلبات العمل					
42.	التأثير في القرارات المحددة للموارد البشرية الدائمة في قسمك					
43.	التأثير في القرارات المحددة لمستلزمات العمل في قسمك					
44.	التأثير في القرارات المحددة لأدوات العمل في قسمك					

كم يتضمن عملك الحالي من الأمور التالية؟

الرقم	العبارة	لا يوجد 1	2	3	4	كثيرا 5
45.	تنوع في مهام العمل					
46.	حوافز ومكافآت لأي تميُز في الأداء					
47.	مرونة في العمل					
48.	عدد الموافقات التي تحتاجها لقرارات غير روتينية					
49.	مساهمتك ومشاركتك في برامج تعليمية					
50.	مساهمتك ومشاركتك في حل المشكلات					
51.	وضوح آثار نشاطات العمل داخل المؤسسة					
52.	أخذ قرارات عند حدوث مشكلة ما دون الرجوع إلى المسؤولين					

ما مقدار الفرص التي تتاح لك في أداء النشاطات التالية في عملك الحالي؟

الرقم	العبارة	لا يوجد 1	2	3	4	كثيرا 5
53.	المشاركة والتعاون مع الأطباء في تقديم الخدمة للمرضى					
54.	الحصول على ملاحظات مفيدة من قبل الأطباء					
55.	لجوء الأطباء لك بخصوص معلومات عن المرضى					
56.	اعتراف الأطباء وتقديرهم لأدائك					
57.	طلب الأطباء منك لإبداء رأيك					
58.	لجوء المشرفين التمريضيين لرأيك بخصوص قضايا إدارية في القسم					
59.	فرص تزيد من خلالها تأثيرك خارج نطاق قسمك، مثل المشاركة في لجان فاعلة في المستشفى					
60.	الاستعانة بأفكار من العاملين في الخدمات المساندة لعملك، مثل السكرتيرات والكتبة وأمناء المخازن					
61.	الفرصة للتعرف على العاملين في الخدمات المساندة على أنهم بشر كاملي الحقوق والواجبات					

التمكين الإداري هو : مقدار ما في العمل من (فرص للتقدم والتطور ، ومعلومات عن الوضع العام للمستشفى ، والدعم الإداري والمصادر اللازمة لإتمام العمل).

بصورة عامة كيف ترى مستوى التمكين الإداري في المستشفى؟ لا أوافق بشدة — أوافق بشدة

الرقم	العبارة	1	2	3	4	5
62.	بشكل عام، أعتبر مكان عملي على أنه بيئة تمكين إداريا					

ما مدى انزعاجك في العمل بسبب؟ نهائيا — تقريبا كل الوقت

الرقم	العبارة	1	2	3	4	5
63.	عدم وضوح مسؤوليات وحدود تأثير عملك					
64.	عدم معرفة فرص التقدم والمكافأة الممكنة في عملك					
65.	الشعور بوجود ضغط كبير في العمل بحيث لا تستطيع إتمامه في وقت عملك اليومي					
66.	التفكير بعدم مقدرتك على إرضاء وتلبية المتطلبات المتداخلة لمسؤوليك					
67.	عدم معرفة ما يعتقده مسؤولك المباشر عنك، وعدم معرفة كيف يقيم أداءك					
68.	عدم تمكنك من الحصول على المعلومات الضرورية لأداء عملك					
69.	عدم معرفة ما يتوقعه منك الأشخاص العاملين معك					
70.	التفكير بعدم كفاية ما تقوم به من جهد لأداء العمل بشكل كامل					
71.	الشعور بوجوب القيام بمهام في العمل تتعارض مع ما تراه مناسبا					
72.	الراتب المتدني					

الانطباع عن الفاعلية في العمل هو: ما يعتقده الممرِض/ ة عن جهود بذلها/ ها للوصول إلى الأداء الوظيفي المثالي.

ما مدى تأييدك للعبارة التالية: لا أوافق بشدة — أوافق بشدة

الرقم	العبارة	1	2	3	4	5
73.	بشكل عام، أشعر بأنني أقوم بتنفيذ مهام عملي بفاعلية					

الرجاء الإجابة على الأسئلة التالية:

قليلا كثيرا جدا

الرقم	العبارة	1	2	3	4	5
.74	أطمح بعمل جدي ومرهق لكنه ممتع					
.75	أطمح بعمل سهل وبسيط وراتبه عالي					
.76	أطمح بعمل روتيني ولا يحتاج لجهد كبير					
.77	أحب عملي الحالي وأشعر بأنني منتميا/ة له					

لإجابة هذا السؤال ضع إشارة (X) على الإجابة التي تلائمك.

الرقم						
.78	سأترك عملي الحالي إذا حصلت على عمل آخر براتب:	أقل	نفس الراتب	أكثر ب 100 دينار	أكثر ب 200 دينار	لن أترك عملي نهائيا

APPENDIX 2

The Researcher Scale: English Version.

Dear colleague,

I am a graduate student of the masters program in Al-Quds University, doing a required research in nursing management titled " The Effect of Nurses` Empowerment on Their Occupational Stress and Work Effectiveness ".

Your participation is highly appreciated and the obtained information will be used in strict confidentiality, therefore, don't place your name on the questionnaire or the envelope.

The questionnaire is divided into four sections (A, B, C and D). Please complete them in private and respond to each item as truthfully as you can based on your experience and not on your guesses about what might be the " right answer ".

Instructions: please answer the following questions

1. sex:
   ----- a. female.
   ----- b. male.
2. Age:
   ----- a. 21-30.
   ----- b. 31-40.
   ----- c. 41-50.
   ----- d. 50-60.
   ----- e. over 60.
3. Nursing experience:
   ----- a 1-5 years.
   ----- b. 6-10 years.
   ----- c. 11-15.
   ----- d. 15-20.
   ----- e. over 20 years.
4. Education (most recent degree):
   ----- a. Diploma (two years).
   ----- b. Diploma (three years).
   ----- c. Baccalaureate degree.
   ----- d. Masters degree.
5. Position:
   ----- a. practical nurse.
   ----- b. staff nurse.
   ----- c. assistant head nurse.
   ----- d. head nurse.
   ----- e. supervisor.
   ----- f. assistant matron.
   ----- g. matron.
6. Clinical practice area:
   ----- a. medical
   ----- b. surgical
   ----- c. obstetric/ gynecologic
   ----- d. pediatric
   ----- e. orthopedic
   ----- f. nursery
   ----- g. ICU/CCU
   ----- h. operating room
   ----- i. emergency room.
   ----- j. others, please specify ----------

7. Place of present job:
   ----- a. Ramallah Hospital.
   ----- c. Makassed Hospital.

Section-A

I am going to present a number of characteristics, which you might look for in a job (not only your present job, but also any paid job you might do or might like to do).
Please, indicate how important each one is, when you think about jobs
Characteristics are:

	Non		Some		Alot
1. Using your skills to the maximum	1	2	3	4	5
2. Achieving some thing that you personally value	1	2	3	4	5
3. The opportunity to make your own decisions	1	2	3	4	5
4. The opportunity to learn new things	1	2	3	4	5
5. Challenging work	1	2	3	4	5
6. Extending your range of abilities	1	2	3	4	5

Section-B

CONDITIONS OF WORK EFFECTIVENESS QUESTIONNAIRE

Opportunity
HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Challenging work	1	2	3	4	5
2. The chance to gain new skills and knowledge on the job.	1	2	3	4	5
3. Access to training programs for learning new things.	1	2	3	4	5
4. Tasks that use all of your own skills and knowledge.	1	2	3	4	5
5. The chance to advance to better jobs.	1	2	3	4	5

Information

HOW MUCH ACCESS TO INFORMATION DO YOU HAVE IN YOUR PRESENT JOB?

	No Knowledge		Some Knowledge		Know A Lot
1. The current state of the hospital.	1	2	3	4	5
2. The relationship of the work of your unit to the hospital.	1	2	3	4	5
3. The goals of top management.	1	2	3	4	5
4. This year's plan for your work unit.	1	2	3	4	5
5. How salary decisions are made for people in positions like yours.	1	2	3	4	5
6. How decisions are made in your unit on daily basis.	1	2	3	4	5
7. How tasks of your unit are carried out.	1	2	3	4	5
8. Your duties at work.	1	2	3	4	5

Support

HOW MUCH ACCESS TO SUPPORT DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Specific information about things you do well.	1	2	3	4	5
2. Specific comments about things you could improve.	1	2	3	4	5
3. Helpful hints or problem solving advice.	1	2	3	4	5
4. Information or suggestions about job-promotion.	1	2	3	4	5
5. Help when there is a work crisis.	1	2	3	4	5
6. Rewards and recognition for a job well done.	1	2	3	4	5
7. Information or suggestions regarding your advancement at work.	1	2	3	4	5

Resources

HOW MUCH ACCESS TO RESOURCES DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Having supplies necessary for the job.	1	2	3	4	5
2. Time available to accomplish job requirements.	1	2	3	4	5
3. Influencing decisions about obtaining human resources (permanent) for your unit.	1	2	3	4	5
4. Influencing decisions about obtaining supplies for your unit.	1	2	3	4	5
5. Influencing decisions about obtaining equipment for your unit.	1	2	3	4	5

JOB ACTIVITIES SCALE

IN MY WORK SETTING/JOB:

	None				A Lot
1. The amount of variety in tasks associated with my job is	1	2	3	4	5
2. The rewards for innovation on the job are	1	2	3	4	5
3. The amount of flexibility in my job is	1	2	3	4	5
4. The number of approvals needed for non-routine decisions are	1	2	3	4	5
5. My amount of participation in educational programs is	1	2	3	4	5
6. My amount of participation in problem solving task forces is	1	2	3	4	5
7. The amount of visibility of my work-related activities within the institution is	1	2	3	4	5
8. Making prompt decisions at work.	1	2	3	4	5

ORANIZATIONAL RELATIONSHIP SCALE

HOW MUCH OPPORTUNITY DO YOU HAVE FOR THESE ACTIVITIES IN YOUR PRESENT JOB?

	None				A Lot
1. Collaborating on patient care with physicians.	1	2	3	4	5
2. Receiving helpful feedback from physicians.	1	2	3	4	5
3. Being sought out by physicians for patient information.	1	2	3	4	5
4. Receiving recognition by physicians.	1	2	3	4	5
5. Having physicians ask for your opinion.	1	2	3	4	5
6. Being sought out by supervisor for ideas about ward management issues.	1	2	3	4	5
7. Chances to increase your influence outside your unit eg. nomination to influential committees by supervisor.	1	2	3	4	5
8. Seeking out ideas from auxiliary workers on the unit, e.g., secretaries, ward clerks, housekeeping.	1	2	3	4	5
9. Getting to know auxiliary workers as people.	1	2	3	4	5

Global Empowerment	Strongly Disagree				Strongly Agree
1. Overall, I consider my workplace to be an empowering environment.	1	2	3	4	5

Section-C

JOB TENSION INDEX

HOW FREQUENTLY ARE YOU BOTHERED AT WORK BY:

		Never	Rarely - Some Times	Some - Rather often	Rather - Nearly all the time	Nearly all the time
1.	Being unclear on just what the scope and responsibilities of your job are.	1	2	3	4	5
2.	Not knowing what opportunities for advancement or promotion exist for you.	1	2	3	4	5
3.	Feeling that you have too heavy a workload, one that can't possible finish during an ordinary workday.	1	2	3	4	5
4.	Thinking that you'll not be able to satisfy the conflicting demands of various people over you.	1	2	3	4	5
5.	Not knowing what your immediate supervisor thinks of you, how he or she evaluates your performance.	1	2	3	4	5
6.	The fact that you can't get information needed to carry out your job.	1	2	3	4	5
7.	Not knowing just what the people you work with expect of you.	1	2	3	4	5
8.	Thinking that the amount of work you have to do may interfere with how well it gets done.	1	2	3	4	5
9.	Feeling that you have to do things on the job that are against your better judgement.	1	2	3	4	5
10.	Low salary.	1	2	3	4	5

Section-D

PERCEIVED WORK EFFECTIVENESS SCALE:

DEFINING WORK EFFECTIVENESS AS:
"ACCOMPLISHMENT OF THE DESIRED GOALS WITHIN AN ACCEPTABLE RANGE"

		Never		Some what		A lot
1.	GENERALLY, I PERFORM MY JOB DUTIES IN AN EFFECTIVE MANNER.	1	2	3	4	5

APPENDIX 3

The Laschinger's, 1999 Original Scale.

The Original Scale of (Laschinger, 1999).

I am going to present a number of characteristics, which you might look for in a job (not only your present job, but also any paid job you might do or might like to do). Please, indicate how important each one is, when you think about jobs

Characteristics are:

1.	Using your skills to the maximum	1	2	3	4	5	6	7
2.	Achieving some thing that you personally value	1	2	3	4	5	6	7
3.	The opportunity to make your own decisions	1	2	3	4	5	6	7
4.	The opportunity to learn new things	1	2	3	4	5	6	7
5.	Challenging work	1	2	3	4	5	6	7
6.	Extending your range of abilities	1	2	3	4	5	6	7

CONDITIONS OF WORK EFFECTIVENESS QUESTIONNAIRE

Opportunity
HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU HAVE IN YOUR PRESENT JOB?

		None		Some		A Lot
1.	Challenging work	1	2	3	4	5
2.	The chance to gain new skills and knowledge on the job.	1	2	3	4	5
3.	Access to training programs for learning new things.	1	2	3	4	5
4.	The chance to learn how the hospital works.	1	2	3	4	5
5.	Tasks that use all of your own skills and knowledge.	1	2	3	4	5
6.	The chance to advance to better jobs.	1	2	3	4	5
7.	The chances to assume different roles not related to current job.	1	2	3	4	5

Information

HOW MUCH ACCESS TO INFORMATION DO YOU HAVE IN YOUR PRESENT JOB?

		No Knowledge		Some Knowledge		Know A Lot
1.	The current state of the hospital.	1	2	3	4	5
2.	The relationship of the work of your unit to the hospital.	1	2	3	4	5
3.	How other people in positions like yours do their work.	1	2	3	4	5
4.	The values of top management.	1	2	3	4	5
5.	The goals of top management.	1	2	3	4	5
6.	This year's plan for your work unit.	1	2	3	4	5
7.	How salary decisions are made for people in positions like yours.	1	2	3	4	5
8.	What other departments think of your unit.	1	2	3	4	5

Support

HOW MUCH ACCESS TO SUPPORT DO YOU HAVE IN YOUR PRESENT JOB?

		None		Some		A Lot
1.	Specific information about things you do well.	1	2	3	4	5
2.	Specific comments about things you could improve.	1	2	3	4	5
3.	Helpful hints or problem solving advice.	1	2	3	4	5
4.	Information or suggestions about job possibilities.	1	2	3	4	5
5.	Discussion of further training or education.	1	2	3	4	5
6.	Help when there is a work crisis.	1	2	3	4	5
7.	Help in gaining access to people who can get the job done.	1	2	3	4	5
8.	Help in getting materials and supplies needed to get the job done.	1	2	3	4	5
9.	Rewards and recognition for a job well done.	1	2	3	4	5

Resources

HOW MUCH ACCESS TO RESOURCES DO YOU HAVE IN YOUR PRESENT JOB?

		None		Some		A Lot
1.	Having supplies necessary for the job.	1	2	3	4	5
2.	Time available to do necessary paperwork.	1	2	3	4	5
3.	Time available to accomplish job requirements.	1	2	3	4	5
4.	Acquiring temporary help when needed.	1	2	3	4	5
5.	Influencing decisions about obtaining human resources (permanent) for your unit.	1	2	3	4	5
6.	Influencing decisions about obtaining supplies for your unit.	1	2	3	4	5
7.	Influencing decisions about obtaining equipment for your unit.	1	2	3	4	5

JAS
IN MY WORK SETTING/JOB:

		None				A Lot
1.	The amount of variety in tasks associated with my job is	1	2	3	4	5
2.	The rewards for unusual performance on the job are	1	2	3	4	5
3.	The rewards for innovation on the job are	1	2	3	4	5
4.	The amount of flexibility in my job is	1	2	3	4	5
5.	The number of approvals needed for non-routine decisions are	1	2	3	4	5
6.	The relation of tasks in my job to current problem areas of the organization is	1	2	3	4	5
7.	My amount of participation in educational programs is	1	2	3	4	5
8.	My amount of participation in problem solving task forces is	1	2	3	4	5
9.	The amount of visibility of my work-related activities within the institution is	1	2	3	4	5

ORS
HOW MUCH OPPORTUNITY DO YOU HAVE FOR THESE ACTIVITIES IN YOUR PRESENT JOB?

		None				A Lot
1.	Collaborating on patient care with physicians.	1	2	3	4	5
2.	Receiving helpful feedback from physicians.	1	2	3	4	5
3.	Being sought out by physicians for patient information.	1	2	3	4	5
4.	Receiving recognition by physicians.	1	2	3	4	5
5.	Having physicians ask for your opinion.	1	2	3	4	5
6.	Being sought out by supervisor for ideas about ward management issues.	1	2	3	4	5
7.	Having immediate supervisor ask for your opinion.	1	2	3	4	5
8.	Receiving early information of upcoming changes in work unit from your immediate supervisor.	1	2	3	4	5
9.	Chances to increase your influence outside your unit eg. nomination to influential committees by supervisor.	1	2	3	4	5
10.	Seeking out ideas from auxiliary workers on the unit, e.g., secretaries, ward clerks, housekeeping.	1	2	3	4	5
11.	Getting to know auxiliary workers as people.	1	2	3	4	5
12.	Seeking out ideas from auxiliary workers outside of the unit, e.g., admission clerks, technicians.	1	2	3	4	5
13.	Being sought out by peers for information.	1	2	3	4	5
14.	Receiving helpful feedback from peers.	1	2	3	4	5
15.	Having peers ask your opinion on patient care issues	1	2	3	4	5
16.	Being sought out by peers for help with problems	1	2	3	4	5
17.	Exchanging favours with peers.	1	2	3	4	5
18.	Seeking out ideas from professionals other than physicians, e.g., Physiotherapists, Occupational Therapists, Dietitians.	1	2	3	4	5

Global Empowerment	Strongly Disagree				Strongly Agree
1. Overall, my current work environment empowers me to accomplish my work in an effective manner.	1	2	3	4	5
2. Overall, I consider my workplace to be an empowering environment.	1	2	3	4	5

JOB TENSION INDEX

HOW FREQUENTLY ARE YOU BOTHERED AT WORK BY:

	Never	Rarely - Some Times	Some - Rather often	Rather - Nearly all the time	Nearly all the time
1. Being unclear on just what the Scope and responsibilities of Your job are.	1	2	3	4	5
2. Not knowing what opportunities for advancement or promotion exist for you.	1	2	3	4	5
3. Feeling that you have too heavy a workload, one that can't possible finish during an ordinary workday.	1	2	3	4	5
4. Thinking that you'll not be able to satisfy the conflicting demands of various people over you.	1	2	3	4	5
5. Not knowing what your immediate supervisor thinks of you, how he or she evaluates your performance.	1	2	3	4	5
6. The fact that you can't get information needed to carry out your job.	1	2	3	4	5
7. Not knowing just what the people you work with expect of you.	1	2	3	4	5
8. Thinking that the amount of work you have to do may interfere with how well it gets done.	1	2	3	4	5
9. Feeling that you have to do things on the job that are against your better judgement.	1	2	3	4	5