



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 C.I.

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



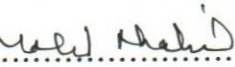
Registration No: 9711021.

Supervisor: Dr. Randa Nasser

Co-Supervisor: Mrs. Asma Al-Imam

Master thesis submitted and accepted, Date: November 15<sup>th</sup>, 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

<b>Chapter</b>	<b>Contents</b>	<b>Page</b>
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
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.