

## Organizational Climate versus Nurses Empowerment among Nurses

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### Abstract

**Chronic Background:** Organizational climate is the emotional state, perceptions and feelings shared by members of the system. Organizational climate has a major influence on motivation, productivity, satisfaction, and empowerment. **Aim:** The present study aimed to assess organizational climate versus nurses' empowerment. **Research design:** A descriptive, correlational design was used. **Setting:** This study conducted at Sirs Elian hospital. **Research Subjects:** A simple random sample of 150 staff nurses who selected from total 184 staff nurses. They are working in the study setting, and had work experience at least one year. **Tools of data collection:** Two tools were used namely organizational climate and empowerment questionnaires sheets. **Results:** majority of staff nurses have positive perception about organizational climate regarding client service, also majority of staff nurses have high level of empowerment. **Conclusion:** There was statistically significant correlation between organizational climate and empowerment. **Recommendations:** Regular surveys should be done to examine employees' perception of organizational climate, establish a system of promotion and rewards, and encourage nurses' participation in goal setting, problem solving, and decision-making.

**Key words:** empowerment, organizational climate, nurses.

### Introduction

The organizational climate and work job empowerment is considered as a vital component that is essential for the progress of the organization. The organizational climate is a key to corporate success, which determines the actions and behaviors of Workers. It comprises a set of attitudes, values and practices that characterize the members of a particular organization. Job empowerment is theoretically defined as an organization's ability to offer access to information, resources, support and

opportunity in the work environment (Nakalembe, 2010).

Various research and educational studies have defined organizational climate in so many ways, but there seems to be agreement that the concept deals with human perceptions of their working environment, which in turn influence their behavior, and is itself shaped by group perceptions. Organizational climate have been proven to influence employee's behavior such as participation, absenteeism, level of stress and work commitment (Gupta & Singh, 2014).

Organizational climate as referring to current situations in an organization and the linkages among work groups and their performance. According to this statement, organizational climate is seen as having current situations that are taking place in the organization and current situations can influence employee's performance, depending on how these employees view their current situation in organizations as positive or negative. Organizational climate is the feeling that is conveyed by the physical layout, the way participants interact and the members of the organization conduct themselves with customers or other outsiders (*Hunter et al., 2007*).

Health care arena presents enormous challenges and responsibilities to nurses as they seek to actualize personal and professional goals. Mounting evidence indicates the provision of quality health care parallels a nurse's professional progress. High levels of motivation for professional performance and development strengthen nurses' critical thinking skills and increase confidence and empowerment to manage complex health care problems and ensure cost-effective and quality care across the health care continuum (*Al-Dweik, 2015*).

The term empowerment in an organization refers to deliberate and purposeful allocation or delegation of supervisor's responsibility for effective discharge of duties aimed at achieving organizational goals. This definition of empowerment is articulated in the hierarchy of power whereby power is devolved from the manager to the subordinate. Employees' empowerment has received much attention from researchers who study its relationships with organizational outcomes (*Pelit et al., 2011*). So, the organizational empowerment of employee towards achieving a collective vision basically, provide them with ideas and learning opportunities, which further influences their work, attitudes, and behaviors (*Laschinger and Finegan ,2005*), and (*Laschinger et al., 2010*).

Empowerment means engaging employees in the thinking processes of an organization in ways that matter. Empowerment means having input that is heard and used and it means getting employees ownership of their jobs and the resulting products or services produced by it. It requires a change in the organizational culture, but it does not mean that managers abdicate their responsibility or authority (*Goetsch, and Davis, 2013*).

Empowerment is classified in terms of five stages. The first stage entails the diagnosis of conditions within the organization that are responsible for the feelings of powerlessness among employees. This leads to the use of empowerment strategies by managers in stage two, directed at removing the external conditions responsible for powerlessness. In stage, three employees are provided with self-efficacy information. Because of receiving such information, employees feel empowered in stage four. In stage, five the behavioral effects of empowerment are noticed (*Marius, 2009*).

Empowerment of professional nurses can go a long way in developing employee autonomy and accountability. To increase the level of nurse accountability and autonomy, the leadership needs to increase the level of employee empowerment in the organization. Nurse executives must understand that the level of nurse autonomy and accountability seldom increase without leadership making efforts to increase the level of empowerment first. To increase empowerment and thus nurse accountability training is needs to leadership and supervisors (*Knol & Van, 2009*).

Structural empowerment is theoretically defined as an organization's ability to offer access to information, resources, support and opportunity in the work environment. Structural empowerment is a concept developed by (*Kanter, 1993*). Structural empowerment explains, when the

organization provides opportunity and power through resources, information and support, nurses are more effective and ultimately satisfied at the workplace. The impact of structural empowerment on nurses' professional work environment may contribute to job satisfaction. Empowerment is a central theme within the nursing work environment, job strain, nurse retention, and delivery of patient care. Nurses who exhibit high levels of work-related empowerment in combination with strongly predictive of nurse job satisfaction (*Laura, 2012*).

Psychological empowerment is theoretically defined as one's perception that he or she has control over their environment and feels congruence between his or her values and those of the organization. This is a four dimensional construct consisting of: (a) meaning, (b) competence, (c) self-determination, autonomy, and (d) impact. Psychological empowerment exists when employees perceive that they exercise some control over their work life and reflects an individual's active orientation to his or her work role and consists of cognitions that are shaped by the work environment rather than a fixed personality attribute (*Janice, 2010*).

Nurse Managers play an essential role in creating an empowering work environment for their staff. Management must provide access to resources. The organizational power structure itself must be identified, because it can affect perceptions of empowerment at all levels. In practice, a leader must have a sense of empowerment in order to empower others. However, little is known about how Nurse Managers themselves are empowered and experience empowerment in their role (*Heather and Spence, 2006*).

### **Significance of the Study**

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The organizational climate is key to organizational success since it determines the attitude and behavior of workers.

Empowering work environment make nurses feel that do important things for client and the profession. Therefore, exploring the relationship between organizational climate and nurse's empowerment is significantly important for promoting an empowering work environment and ensuring organizational success. It is hoped that the results will form a basis for recommended improvements of organizational climate and empowerment so that nurses will be motivated to excel (*Tylor, 2010; Greco et al., 2006*).

### **Aim of the study**

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The study aimed to assess organizational climate versus nurses' empowerment through:

1. Assessing organizational climate from nurses' point of view.
2. Measuring nurses' empowerment levels.
3. Finding out the relationship between organizational climate and nurses' empowerment.

### **Research Question:**

Is there a relationship between organizational climate and nurses' empowerment?

## **SUBJECTS AND METHODS**

### **I. Technical design:**

- **Research Design:**

A descriptive, correlational design was followed in carrying out this study.

• **Research Setting:**

The study was conducted at Sirs Elian Hospital in El Monufia governorate that affiliated to Ministry of Health. This hospital contains (110) beds. It provides general and special medical services and its specialties. It consists of (13) departments as follows emergency, central sterilization, ICU, incubators, operation room, obstetrics/gynecology, Ward (female), Physiotherapy, ward (male), insurance (male), hemodialysis, pediatrics, and outpatient.

• **Research Subjects:**

A simple random sample of 150 staff nurses who selected from total 184 staff nurses. They are working in the study setting, and had work experience at least one year.

• **Tools of data collection:**

Two types of questionnaires sheets were used to collect data for this study.

**1. Organizational climate questionnaire:**

It consists of two parts:

**First part:** This part aimed at collecting data related to personal and job characteristics of nurses such as: age, gender, educational qualification, department and experience years.

**Second part:** It was adapted from (Martin&Cullen, 2006) and used to assess organizational climate from nurses' point of view. It consists of (56) items were grouped under ten dimensions.

**Scoring system:** Nurse Responses were measured on a 5- point Likert scale ranging from "1=Never" to "5= Always". The scores of items were summed-up and the total divided by number of the items. Also

calculation of the mean and standard deviation was done. These scores were converted into a percent score. The total climate was considered positive if the percent score was (60%) or more and negative if less than (60%) (El-Adly, 2014).

**1. Empowerment questionnaire sheet:**

This tool aimed at determining levels of empowerment among staff nurses. It consists of two parts:

**The first part: Structural empowerment questionnaire sheet:**

It was adopted from Laschinger et al., (2001) and used to determine levels of structural empowerment among staff nurses, it consisted of (19) items. These items were grouped under (6) main dimensions.

**Scoring system:**

Nurse responses were measured on a 5 point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. A score (60%) or more indicates a high level of structural empowerment and low level if less than (60%) (Laschinger et al., 2001).

**The second part: Psychological empowerment questionnaire sheet:**

It was adopted by (Spreitzer, 1995), and used to determine levels of Psychological empowerment among staff nurses, it consisted of (12) items. These items were grouped under (4) main dimensions.

**Scoring system:**

Nurse responses were measured on a 5 point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. A score (60%) or more indicates a high level of Psychological empowerment and low level if less than (60%) (Spreitzer, 1995).

## II. Operational Design:

The operational design for this study includes preparatory phase, ethical considerations, pilot study and fieldwork.

### • Preparatory phase:

During this phase, the researcher had reviewed current and past, local and international related literature and theoretical knowledge of various aspects of the study using books, articles, periodicals, magazines and internet. This was helpful in processing the data collection tool and in writing up the scientific background of the study.

### Ethical consideration:

Prior to the study conduction, approval was obtained from the scientific research ethical committee in faculty of nursing/Ain Shams University. In addition, the researcher met the director of hospital and explained the aim of the study to gain their approval. Additionally the researcher met the study subjects in their work place and explained the aim of the study to them to get an oral consent from subjects before conducting the study. The study subjects assured that anonymity, confidentiality would be guaranteed, and they informed that their participation is voluntary and that they have the right to withdraw from the study at any time.

### • Pilot study:

The aim of the pilot study was to determine the applicability of the tools, determine the time consumed for filling in the questionnaire sheet, and to test clarity of language. The pilot study was conducted one week before collection of the data. It was carried out on 15 staff nurses (10%). These

subjects were excluded from the main study sample, data obtained from pilot study was analyzed and no modifications were made. According to pilot study the completion of each questionnaire sheet ranged between 20 – 25 minutes. This stage took one week.

### • Fieldwork:

The data collection phase of the study lasted along two months, from beginning of October / 2015 to the end of November / 2015, four days per week from 8 am to 2pm. Before distributing the questionnaire, the purpose of the study and the components of the tools were explained to the participants in the study settings. Then, the researcher distributed the data collection sheets to the respondents individually in their workplace, and was present all the time for any needed clarification. The researcher checked the completeness of each sheet to ensure the absence of any missing data.

### • Statistical Design:

Data entry was done using quartile computer software package. Quality control was done at the stages of coding and data entry. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, 1<sup>st</sup> quartile and 3<sup>rd</sup> quartile, p-value, X<sup>2</sup> test and means  $\pm$ , median, and standard deviations for quantitative variables. The confidence level chosen for the study was (95%). The differences were considered significant if the p-value was less than (0.05) and p-value was less than (0.001) at the appropriate degrees of freedom. In addition, Chi-square test and Spearman analysis was used for assessment of interrelationship among quantitative variables and scores, to assess the relationship between nurses' perception and nurses' socio demographic characteristic.

**Results**

**Table 1: Frequency and percentage distribution of studied nurses regarding their personal and job characteristics (n=150)**

<b>Personal and job characteristics</b>	<b>Frequency</b>	<b>Percent</b>
Age:		
< 30	17	11.3
30- < 40	37	24.7
40+	96	64.0
Gender:		
Male	8	5.3
Female	124	94.7
Department:		
Emergency	15	10.0
Obstetrics/gynecology	10	6.7
Ward (female)	14	9.3
Operation Room	10	6.7
Insurance (male)	10	6.7
Hemodialysis	21	14.0
Physiotherapy	5	3.3
Pediatrics	10	6.7
I C U	25	16.7
Central Sterilization	6	4.0
Family Planning	3	2.0
Incubators	21	14.0
educational qualification:		
Bachelor	28	18.7
Technical institute diploma	8	5.3
Secondary nursing diploma	114	76.0
Experience years:		
<10	37	24.7
10 -<20	42	28.0
20+	71	47.3

Table (1) illustrates that, more than three fifths (64.0%) of nurses had age more than (40) years old, and minority of than (11.3%) had age less than (30) years old. As regarding to gender, majority (94.7%) of samples was female. Moreover, less than one-fifths (16.7%) of nurses working in ICU, while minority of them (2.0%) work in family planning. Regarding to educational qualification, slightly more than three quarters (76.0%) had secondary nursing school, while (5.3%) had High average diploma. Finally, less than half (47.3%) of nurses had more than 20 years of experience, while (24.7%) of staff nurses had less than (10) experience years.

**Table 2: Nurses' perception regarding organizational climate (n=150)**

<b>perception of organizational climate (60%+):Positive</b>	<b>Frequency</b>	<b>Percent</b>
Availability of resources	116	77.3
Care of nurses	84	56.0
Team building	95	63.3
Decision-making	37	24.7
Participation	36	24.0
Communication	90	60.0
Client service	139	92.7
Hospital quality	62	41.3
Relation between nurses and physicians	107	71.3
Compensation	32	21.3
Total climate perception:		
Positive	69	46.0
Negative	81	54.0

Table (2) presents that, most of the studied nurses had positive perception (92.7%) regarding to organizational climate among nurses was related to client service dimension, whereas the lowest positive perception (21.3%) was related to compensation. In addition, the result shows that less than half (46.0%) of nurses had the positive perception of total organizational climate, while more than half (54.0%) of nurses had negative perception of total organizational climate.

**Table 3: Total empowerment perceived by staff nurses (n=150)**

Empowerment	Score (max=5)				
	Mean	SD	Median	Quartiles	
				1 <sup>st</sup>	3 <sup>rd</sup>
<b>Structural empowerment:</b>					
Job opportunities	3.78	0.61	4.00	3.33	4.00
Support	3.81	0.69	4.00	3.33	4.00
Information availability	2.89	0.94	3.00	2.00	3.67
Resources	3.63	0.72	4.00	3.00	4.00
Relations (informal power)	3.08	0.90	3.00	2.33	4.00
Job activities (formal power)	3.79	0.71	4.00	3.50	4.00
Total structural empowerment	3.50	0.52	3.50	3.26	3.86
<b>Psychological empowerment:</b>					
Meaning	4.09	0.56	4.00	4.00	4.33
Abilities	4.38	0.52	4.33	4.00	5.00
Self-assessment	3.93	0.73	4.00	3.67	4.00
Influence	3.74	0.88	4.00	3.00	4.25
Total psychological empowerment	4.04	0.46	4.00	3.69	4.33
Total empowerment	3.77	0.41	3.72	3.55	4.06

Table (3) portrays that, the highest mean (3.81) among nurses regarding to structural empowerment was related to support, while the lowest mean (2.89) was related to information availability. Regarding psychological empowerment, the highest mean (4.38) among nurses was related to competence, whereas the lowest perception mean (3.74) was related to impact. While, 1<sup>st</sup> quartile (2.33) of nurses were disagreeing related to relations (informal power), whereas, 3<sup>rd</sup> quartile (4.00) of nurses were agreeing related to relations (informal power).

**Table 4: Relation between nurses' perception of organizational climate and the dimensions of structural empowerment**

Structural empowerment	Organizational climate				X <sup>2</sup>	p-value
	High		Low			
	No.	%	No.	%		
Job opportunities :						
High	67	46.9	73	52.1	Fisher	0.11
Low	2	20.0	8	80.0		
Support :						
High	64	46.4	74	53.6	0.10	0.75
Low	5	41.7	7	58.3		
Information availability:						
High	48	59.3	33	40.7	12.46	<0.001*
Low	21	30.4	48	69.6		
Resources:						
High	64	50.4	63	49.6	6.44	0.01*
Low	5	21.7	18	78.3		
Relations (informal power):						
High	54	56.3	42	43.8	11.28	<0.001*
Low	15	27.8	39	72.2		
Job activities (formal power) :						
High	68	50.4	67	49.6	10.38	0.001*
Low	1	6.7	14	93.3		
Total structural empowerment:						
High	49	61.3	31	38.8	16.05	<0.001*
Low	20	28.6	50	71.4		

(\*) *Statistically significant at p<0.05*

Table (4) shows that, there are statistically significant relations between nurses' perception of organizational climate and the dimensions of structural empowerment except job opportunities dimension, and support dimension. In addition, there is a statistically significant relation between nurses' perception of organizational climate and total structural empowerment.



**Table (5): Relation between nurses' perception of organizational climate and the dimensions of psychological empowerment**

Psychological empowerment	Organizational climate				X <sup>2</sup>	p-value
	High		Low			
	No.	%	No.	%		
Meaning:						
High	68	46.3	79	53.7	Fisher	1.00
Low	1	33.3	2	66.7		
Abilities:						
High	69	46.0	81	54.0	0.00	1.00
Low	0	0.0	0	0.0		
Self-assessment:						
High	67	47.9	73	52.1	Fisher	0.11
Low	2	20.0	8	80.0		
Influence:						
High	65	51.2	62	48.8	8.95	0.003*
Low	4	17.4	19	82.6		
Total psychological empowerment:						
High	69	48.6	73	51.4	Fisher	0.008*
Low	0	0.0	8	100.0		
Total empowerment:						
High	63	52.1	58	47.9	9.27	0.002*
Low	6	20.7	23	79.3		

(\*) *Statistically significant at  $p < 0.05$*

Table (5) constitutes that, there is statistically significant relation between nurses' perception of organizational climate and the dimensions of psychological empowerment except impact of psychological empowerment. Furthermore, there is a statistically significant relation between nurses' perception of organizational climate and total psychological empowerment level. Finally, there is a statistically significant relation between nurses' perception of organizational climate and the total empowerment level.

**Table 6: Relation between nurses' perception of psychological empowerment and the dimensions of structural empowerment**

Structural empowerment	Psychological empowerment				X <sup>2</sup>	p-value
	High		Low			
	No.	%	No.	%		
Job opportunities : High Low	136 6	97.1 60.0	4 4	2.9 40.0	Fisher	0.001*
Support : High Low	130 12	94.2 100.0	8 0	5.8 0.0	Fisher	1.00
Information availability: High Low	80 62	98.8 89.9	1 7	1.2 10.1	Fisher	0.02*
Resources: High Low	123 19	96.9 82.6	4 4	3.1 9.3	Fisher	0.02*
Relations (informal power): High Low	93 49	96.9 90.7	3 5	3.7 20.0	Fisher	0.14
Job activities (formal power): High Low	130 12	96.3 80.0	5 3	3.7 20.0	Fisher	0.04*
Total structural empowerment: High Low	79 63	98.8 90.0	1 7	1.3 10	Fisher	0.03*

(\*) Statistically significant at  $p < 0.05$

Table (6) clarifies that, there is no statistically significant relation between structural empowerment and psychological empowerment dimensions except impact dimension. In addition, there is a statistically significant relation between structural empowerment level and total psychological empowerment.

**Table 7: Correlation between organizational climate and empowerment**

	Spearman's rank correlation coefficient			
	Organizational climate	Structural empowerment	Psychological empowerment	Total empowerment
Organizational climate				
Structural empowerment	.395**			
Psychological empowerment	0.15	.414**		
Total empowerment	.336**	.846**	.808**	

(\*\*) Statistically significant at  $p < 0.01$

Table (7) illustrates that, there are highly statistical significant positive correlations between organizational climate and empowerment except psychological empowerment.

**Table 8: Correlation between nurses' scores of perception of organizational climate and empowerment and their characteristics**

Nurses characteristic	Spearman's rank correlation coefficient			
	Organizational climate	Structural empowerment	Psychological empowerment	Total empowerment
Age	0.13	.169*	.295**	.282**
Qualification	0.15	0.09	0.12	0.13
Experience	0.13	0.13	.273**	.241**

(\*) Statistically significant at  $p < 0.05$

(\*\*) statistically significant at  $p < 0.01$

Table (8) reveals that, there is positive correlation between structural empowerment and staff nurses' age. In addition, there is weak correlation between psychological empowerment and nurses' age, and years of experience. Finally, the result clarifies that there is positive correlation between total empowerment and staff nurses' age, and staff nurses' experience.

## Discussion

As regard to job characteristics: more than three fifths of staff nurses had age >40 years old, and minority had age less 30 years old. As regarding to gender, the most of samples was female. Regarding to qualification, slightly more than two thirds had secondary nursing school, while the minority had technical institute diploma. Moreover, less than one-fifths of nurses were work in ICU, while minority of them works in family planning. Finally, less than half of the studied nurses had experience years more than 20 years, while less than one quarter of studied nurses had <10 experience years (table 1).

Regarding organizational climate, (table 2), the present study finding that, more than half of the studied nurses perceived their organizational climate negatively. This study finding due to lack of participation in goal-setting, decision-making processes and scheduling, there are inadequate facilities and financial resources, pressure on time, and lack of rewards, in addition administration wasn't interested in the moral aspects and welfare of nurses, and the nurse managers didn't praise nurses' who had good work.

This is consistent **El-salam et al., 2008** has concluded that nurses in selected hospitals are dissatisfied with the organizational climate. The study finding is in contrary with what reported by **ElAdly, (2014)** who reported that, total mean score of organizational climate is positive in surgical and medical departments and medical departments at Ain Shams University Hospitals. Also, opposing to the study finding **Giacomo, (2011)** found in the study of the organizational climate at critical and intensive care units that, staff nurses perceived the climate positively, pointing to the presence of good spirits, good relationships and human treatment among staff (table 2).

Empowerment was the second variable in the study, which was affected by organizational climate, the finding of the present study revealed that study subjects reported that; most of studied nurses had high levels of empowerment. This result may be due to nurses receive recognition for their efforts, high discretion in how they do their jobs and have access to the support, resources and information required to perform their work effectively. In addition, they have opportunities to advance within the organization or to learn and grow through challenging work experiences or learning opportunities. This study finding is relevant

and consistence with **Kassem & Gaber, (2015)** who revealed that, the total mean score of empowering staff nurses was high.

However, this result was contradicted with **Yakob, (2002)** who reported that, staff nurses 'total empowerment scores were relatively low, & **Safaan, (2003)** who stated that, staff nurses had lower scores of work empowerment than nurse managers (**table 3**).

As findings of the current study, (**table 4**) clarified that total structural empowerment was high, and a greater sense of empowerment in the areas of support, job activities (formal power), job opportunities, and resources. In addition, there was a weak positive correlation between organizational climate and structural empowerment.

As findings of the current study, (**table 5**) clarified that; there was no statistically significant relation between nurses' perception of organizational and psychological empowerment. **Mok & Au-Yeung, (2002)** supported this result. Has stated that, there was a positive correlation between organizational climate and psychological empowerment. This result is also congruent with that of **Laschinger et al., (2001)** who was found that, nurses perceived that lack of access to empowerment structures was strongly related to the work environment of nurses.

In the context, (**table 6**) related of reported that there was a moderate correlation between structural empowerment and psychological empowerment. In the same context was **Janice, (2010)** who mentioned that, there was a statistically significant positive correlation was found between structural empowerment and psychological empowerment. Therefore, an environment provides structural empowerment is an important organizational strategy that contributes to staff nurse's psychological empowerment and ultimately leads to positive work behaviors and attitudes. Critical structural components of an

empowered workplace can contribute to a healthy, productive and innovative staff workforce with increased job satisfaction and retention.

As findings of the current study, (**table 7**) show that organizational climate have positive influence on psychological empowerment and total empowerment. This study finding may be due to open climate, which characterized by high morale, the superior acts as a role model, the superior is friendly and considerate to staff, no close supervision of staff, no need to push production and minimal bickering among staff, all that influence the psychological empowerment. In contrary **Kassem and Gaber. (2015)** who mentioned that, there was significant negative influence of organizational climate on psychological empowerment and total empowerment at Main University Hospital and urology center.

As findings of the current study (**table 8**) revealed that, there is weak correlation between structural empowerment and staff nurses' age. In addition, there is weak correlation between psychological empowerment and staff nurses' age, and staff nurses' experience. Finally, the result clarifies that there is weak correlation between total empowerment and staff nurses' age, and staff nurses' experience.

## Conclusion

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In the light of the study finding there were a relationship between organizational climate and nurses empowerment. It can be concluded that, more than half of studied nurses perceived their organizational climate negatively, also less than half of staff nurses had positive perception of total organizational climate, as well as staff nurses had high levels related to total empowerment. There were a statistically significant relation between nurses' perception of organizational climate and structural empowerment, as well as there were no statistically significant relation between nurses' perception of

organizational climate and psychological empowerment. There was statistically significant positive correlation between total organizational climate and total empowerment.

### **Recommendations**

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Based on the results of the current study It's recommend that:

- ◆ Hospitals have to conduct regular surveys to examine their employees' perception of organizational climate.
- ◆ Establishing a system of promotion and rewards, this should base on nurses performance.
- ◆ Encourage working department relations, team building to complete the work effectively and to gain the understanding of staff members for organization policies and programs.
- ◆ Encouraging nurses' participation in goal setting, problem solving, and decision-making.

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