Effect of Workplace Civility, Structural and Psychological Empowerment on Newly Graduated Nurses' Organizational Commitment at Hospitals in Assiut City

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Abstract: *Civility constitutes an important part of the organizational climate perceived by employees. Also structural and psychological empowerment lead to positive outcomes for work environments, leading to positive outcomes such as increased organizational commitment for health care workers, especially newly graduated nurses.*

The aim of this study *to determine effect of workplace civility climate, structural and psychological empowerment on organizational commitment of newly graduated nurses.*

Subject and methods: Setting: *the study was conducted at Assiut University Hospitals, Health Insurance Hospital and two hospitals affiliated to Ministry of Health namely: Assiut General Hospital (El-Shamla Hospital) and El-Eman General Hospital in Assiut city.*

Design *using a descriptive correlational design.*

Subjects *It included all staff nurses who had two years' experience (n = 136).*

Tools *data collection tools included socio demographic data sheet, workplace civility climate scale, conditions of work effectiveness questionnaire, psychological empowerment questionnaire, and organizational commitment scale.*

Results: *a high percent of study nurses were females, graduated from technical institute of nurse, and single. More nurses reported workplace civility low in Health insurance hospital and Assuit university hospitals. Below half of them reported there no information available about the values and goals of top management. Majority of nurses in different hospitals are psychologically empowered.*

Conclusion: *There was a weak negative relationship between workplace civility climate and organizational commitment, and between structural empowerment and organizational commitment. Also, there was a moderate negative relationship between psychological empowerment and organizational commitment.*

Recommendation: *Conduct an educational program for all nurses at all levels about the civil work climate. Carry out a job orientation program for newly graduated nurses at the beginning of employment with the profession of employee policy handbook.*

Keywords: *Workplace Civility Climate, Empowerment, Organizational Commitment, New Graduated Nurses.*

I. Introduction

Workplace civility can be defined as "behaviors that help to preserve the norms for mutual respect in the workplace; civility reflects concern for others" (**Andersson and Pearson, 1999**).Whereas particular civility norms vary among cultures and work environments (**Hartman, 1996**). Promoting civility at the workplace may be best conceived at the organizational rather than purely individual level. Organizational in-civility may be thought of as an interactive process occurring within a situational context whether a workgroup or entire organization rather than single static events between separate individuals (**Pearson et al., 2005).**

Encouraging civility in the workplace is becoming one of the fundamental corporate goals in our diverse, hurried, stressed, and litigation prone society. A civil workplace is good for workers, since the workers' quality of life is improved in such environment and also good for the customers, since the quality of the service they receive happier and more relaxed service providers is improved (**Forni, 2002**).

There are two concepts of empowerment stated in the management and organizational literature. **First**, according to Kanter's theory of structural empowerment, employees are empowered when they are given access to empowerment structures to accomplish their work **Kanter (1977, 1993) cited by Bushell (2013)** stated that promotion of an empowering workplace is largely dependent on the presence of two important social structures: opportunity and power. The structure of opportunity provides employees with the prospect of advancing within an organization, as well as the chance to develop their knowledge and skills. Employees with low access to opportunity have been found to exhibit stuck behavior, resulting in decreased organizational commitment. The structure of power results from having access to three important sources: Information, support and resources

(Kanter 1979). **Second,** a psychological perspective is another form of empowerment. In this approach, empowerment is described as the manifestation of four cognitions regarding a worker's orientation to their role: meaning, competence, self-determination, and impact or outcome.

Numerous studies have linked both structural and psychological empowerment to important organizational outcomes such as increased workplace respect **(DeCicco et al. 2006)** and organizational commitment **(Laschinger et al. 2009a). Fred (2008)** defines organizational commitment as "an attitude reflecting employees' loyalty to their organization and is an ongoing process through which organizational participants express their concern for the organization and its continued success and well-being". **Meyer and Allen (1997)** divided organizational commitment into three sub-dimensions, namely they: 1) affective commitment, 2) continuance commitment and 3) normative commitment

II.   Significance of the study:

The early years of practice represents a significant confidence building phase for newly graduated nurses. Yet many new members are exposed to disempowering experiences and incivility in the workplace, along with many nurses approaching retirement and the nursing shortage is projected to increase. Understanding the factors that influence new graduates' sense of organizational commitment is therefore critical to prevent further attrition of new members (**Longo, 2007**). There it was felt newly nurses to carry out this study of newly nurses in the different health care sectors

Aims of the study
General aim:
Determine the effect of workplace civility, structural and psychological empowerment on new graduated nurses' organizational commitment. In term of**:**
1. Measure workplace civility.
 2. Assess structural and psychological empowerment.
3. Assess organizational commitment.

Research Hypothesis
Newly graduated nurses who experience high levels of workplace civility, structural and psychological empowerment, will have higher levels of organizational commitment.

The methodology had been portrayed according to the four following designs:
    1- Technical design;
    2- Administrative design;
    3- Operational design; and
    4- Statistical design.

1. Technical Design:
Sub technical design included Study design, the study settings, study subjects, and the data collection tools.

Study design:
A descriptive correlational design will be used to carry out this study.

Study settings.
The present study had been conducted at three main health care sectors:namely; (1) Assiut university hospitals namely: main Assiut University Hospital; Pediatric Health Hospital; Woman Health Hospital; South Egypt Cancer Institute, (2) Assiut Health Insurance Hospital (El-Mabarra Hospital) and (3) two hospitals affiliated to Ministry of Health included Assiut General Hospital (El-Shamlla) and El- Eman General Hospital. At Assiut City.

Study subjects:
The present study included all newly graduated nurses who had work at the predetermined study settings and who welcomed to participate in the study. The total staff nurses who had participated in the study were (136).

III.   Study tools:

There were five tools were used for data collection through structured interviews with the study participants.

1- Socio demographic data sheet:

It was designed to collect the socio demographic data about the study participants as age, gender, marital status, educational level, and years of experience.

2- Workplace civility climate scale (WCCS):

It had been developed by **Ottinot (2010)** and translated by the researcher. It was used to measure workplace civility climate. It consists of twenty four items, asking respondents to indicate their agreement or disagreement with the statements measured on a three- point Likert scale agree (3), neutral(2) and disagree(1).

3- Structural empowerment (Conditions of Work Effectiveness Questionnaire) (CWEQ-II):

It had been developed by **Laschinger et al (2001b)**; and translated by the researcher, the questionnaire consists of 19 items it used to measure structure empowerment according to kanter's, namely: 1) Access to opportunity; 2) Access to information; 3) Access to support; 4) Access to resources; 5) Formal power; and 6) Informal power; each subscale includes three items, except informal power which includes four items. It was measured on a three- point Likert Scale from a lot (3), sometimes (2), and non(1).

4- **Psychological Empowerment Questionnaire:**

It had been developed by **Spreitzer (1995);** and translated by the researcher, it used to measure nurses' psychological empowerment. The questionnaire includes four subscale, namely: 1) meaning (three items), 2) competence (three items), 3) self- actualization (three items), and 4) affecting (three items). It was measured on a three point Likert Scale agree (3), neutral(2) and disagree(1).

5- Organizational Commitment Scale (OCS):

It was developed by **Meyer et al (1993)**, and translated by the researcher. It was used to measure nurses' organizational commitment. It consists of three subscales, namely: 1) affective occupational commitment (six items), 2) continuous occupational commitment (six items), and 3) normative occupational commitment (six items). It is measured on a three point likert scale agree (3), neutral (2) and disagree (1).

Scoring system:

Regarding the workplace civility climate, psychological empowerment, and organizational commitment scales, when the participants' responses were "agree" scored (3), "neutral" scored (2), and "disagree" scored (1). While regarding the structural empowerment the responses were "a lot" scored (3), "sometime" scored (2), and "non" scored (1). The scores of the items were summed-up and divided by the number of the items, giving the mean score. These scores were converted into a percent score. Then the means and standard deviations of the scores were computed. If the mean scores percent of responses were $\geq$ 60% this means high but if $\leq$ 60% this means low.

2) Administrative design:
- Before conducting this study, the researcher obtaining the approval from the concerned bodies (prosecutor district attorney of health, and chief head leader faculty of medicine, and executive of health insurance hospitals) to carry out the present study at the hospitals they headed. Then the researcher meet with the directors of nursing service were to inform them about the objectives of the study, gain needed support and cooperation, and copy of official approval were given to them (each one as related to her hospital).

Ethical consideration:
- The study proposal took agreement from the ethical committee in the faculty of nursing, Assiut University through conducting committee meeting to discuss the proposal with researcher and supervisors.
- New graduated nurses have rights to participate or refuse participation in the present study.
- Informed consent were obtained from the study participants orally before being involved in the study after explanation of the nature and purpose of the study and they assured that are no risks or cost in participation, confidentiality of information for each subject who agree to participate and to fill the questionnaire.

IV.   Operational Design:

It included preparatory phase, pilot study, and field work:

Preparatory phase:

This phase consumed about ten months from "May 2011 to February 2012", and includes reviewing the relevant literatures concerning the study topics, and Translation of the study tools into Arabic language.

Pilot study:

A Pilot study had been conducted to test the clarity, reliability, feasibility, and understandability of study tools by measuring its internal consistency using Cronbach's alpha coefficients method. The pilot study included 10 % of the total sample size (n = 16 nurses). The pilot study data were analyzed, and necessary modifications were done prior to finalization of the study tools. Pilot study has also served in estimating the time needed for filling the forms, and it revealed that the questionnaire would take about half an hour for filling. A brief explanation of the purpose of the study was provided to every participant in the pilot study. New graduated nurses included in the pilot study were not excluded from study sample.

Field work:

The researcher met with the study subjects individually to explain the purpose of the study; then seek their participation. After obtaining approval to participate in the study, the study tool handled to all of them to be filled. All of them welcomed to participate in the study. Each interview took about half an hour. The whole duration for data collection took about five months from September 2013 to January 2014.

V.   Results:

Table (1): Socio demographic data of the study nurses at different health care sectors Assiut City (n=136).

Demographic Characteristics of the study nurses	Assiut University Hospitals N = 55		Health Insurance Hospital N = 18		Ministry of Health Hospitals N = 63	
	No.	%	No.	%	No.	%
Age:(years)						
< 20	3	5.4	1	5.6	1	1.6
20-	51	**91.1**	17	**94.4**	59	**95.2**
25+	2	3.5	0	0.0	2	3.2
Mean + SD	21.41+1.29		21.33+0.97		21.52+1.25	
Gender:						
Female	53	**94.6**	17	**94.4**	56	**90.3**
Male	3	5.4	1	5.6	6	9.7
Marital status:						
Single	35	**62.5**	17	**94.4**	43	**69.4**
Married	21	37.5	1	5.6	19	30.6
Qualification						
Technical Institute of Nursing	48	**85.8**	17	**94.5**	59	**95.2**
Secondary Nursing School	8	14.2	1	5.5	3	4.8

Table (2): Workplace civility climate as reported by the study nurses at different health care sectors at Assiut City, (n=136)

Study setting	Workplace civility climate				P. Value
	High		Low		
	No.	%	No.	%	
Ministry of Health hospitals (n= 63)	31	49.2	32	50.8	
Health Insurance hospital (n=18)	5	28.0	13	**72.0**	0.053
Assiut University hospital (n=55)	16	30.0	39	**70.0**	

Table (3): Mean scores of structural empowerment as reported by newly graduated nurses at different health care sectors at Assiut City, (n=136)

Structural Empowerment items	Assiut University Hospitals (n=55)	Health Insurance Hospital (n=18)	Ministry of Health Hospitals (n=63)	F. value	P. value
	Mean + SD	Mean + SD	Mean + SD		
A. Access to opportunity	6.0 + 2.5	6.5 + 2.5	6.4 + 2.7	1.74	0.179
B. Access to information	5.2 + 2.4	5.6 + 2.5	5.6 + 2.4	0.57	0.569
C. Access to support	5.7 + 2.4	4.9 + 2.2	6.4 + 2.3	5.02	**0.008****
D. Access to resources	5.9 + 2.4	5.8 + 2.6	6.4 + 2.3	2.37	0.098
E. Formal power	5.4 + 2.6	5.2 + 1.8	5.8 + 2.4	1.35	0.262
F. Informal power	8.1 + 2.8	8.5 + 2.9	8.2 + 2.7	0.01	0.992

ANOVA test   Statistical significant difference (P < 0.05)

Table (4): Mean scores of psychological empowerment as reported by newly graduated nurses at different health care sectors at Assiut City, (n=136)

Items of Psychological empowerment	Assiut University Hospitals (n=55)	Health Insurance Hospital (n=18)	Ministry of Health Hospitals (n=63)	F. value	P. value
	Mean + SD	Mean + SD	Mean + SD		
A. Meaning.	7.5 + 1.9	7.1 + 1.5	7.5 + 2.8	0.78	0.463
B. Competence (self-efficacy).	7.9 + 1.7	7.5 + 1.8	7.9 + 1.6	0.06	0.939
C. Self- determination.	7.0 + 2.2	7.6 + 1.5	7.3 + 2.1	1.14	0.322
D. Impact.	5.6 + 2.0	6.0 + 2.0	5.7 + 2.2	0.34	0.712

Table (5): Mean scores of organizational commitment as reported by new graduated nurses at different health care sectors at Assiut City, (n=136)

Items of organizational commitment	Assiut University Hospitals (n=55)	Health Insurance Hospital (n=18)	Ministry of Health Hospitals (n=63)	F. value	P. value
	Mean + SD	Mean + SD	Mean + SD		
A. Affective occupational commitment.	12.6 + 4.4	14.0 + 3.8	11.9 + 5.0	1.53	0.221
B. Continuous occupational commitment.	12.3 + 4.8	12.3 + 4.6	11.0 + 4.8	3.42	**0.036***
C. Normative occupational commitment.	10.4 + 4.6	12.0 + 4.4	10.5 + 4.5	3.30	**0.040***

Table (6): Correlation matrix of the independent and dependent variables among the study nurses at different health care sectors at Assiut City, (n=136)

Variables	Workplace civility climate	Structural Empowerment	Psychological Empowerment	Organizational Commitment
1-workplace civility climate				
2-Structural Empowerment	0.464			
3-Psychological Empowerment	0.156	0.298		
4-Organizational Commitment	**-0.111**	**-0.090**	**-0.448**	

Independent variables: (Workplace civility climate, Structural and Psychological empowerment
Dependent variables: (Organizational commitment)

Socio demographic characteristics of the study nurses in the study sample depicted at **table (1).**). As regarding to Assiut University Hospital, a high percent of them are females, graduated from the technical institute, and single (94.6%, 85.8% and 62.5%) respectively. Their mean age was (21.41). As regarding to Health insurance Hospital, a high percent of them are females, graduated from the technical institute, and single (94.4%, 94.5% and 94.4%) respectively. Their mean age was (21.33). As regarding to Ministry of Health

Hospital, a high percent of them are females, graduated from the technical institute, and single (90.3%, 95.2% and 69.4%) respectively. Their mean age was (21.52).

Table (2) depicts workplace civility climate as reported by the study nurses. The highest percentage of nurses reported low civility level in Health insurance hospital and Assuit university hospitals (72.0 % &70.0 %) respectively. There were no statistical significant differences among the three hospitals regarding workplace civility climate.

Table 3 Demonstrate the mean score of structural empowerment as reported by new graduated nurses. There were highly statistically significance differences between studied nurses in different hospitals regarding to access to support at (0.008**). And there were no statistically significant differences between studied nurses in different hospitals regarding to Access to opportunity, Access to information, resources, formal power, and informal power.

Table 4 Showed the mean score of psychological empowerment as reported by new graduated nurses. There were no statistically significant differences between studied nurses in different hospitals regarding to meaning, competence, self- determination, and impact.

Table 5 Revealed the mean score of organizational commitment as reported by new graduated nurses. There were statistically significant differences between studied nurses at different hospitals regarding continuous, and normative occupational commitment at (P < 0.05).

Table 6 depicts that correlation matrix between independent and dependent variables among study nurses at study sample. There was weak negative correlation between workplace civility climate and organizational commitment (0.111), and structural empowerment and organizational commitment (0.090). Also, there was negative moderate correlation between psychological empowerment and organizational commitment (-0.448).

VI. Discussion:

High-quality patient care is dependent on a fully committed and engaged workforce in an environment that empowers nurses to provide the care they were educated to provide (Cho et al. 2006). As newly-graduated nurses have characterized their transition to the workforce as stressful, wrought with conflict, and leading to withdrawal. Their ability to provide such care may be compromised. Thus, to retain new members in today-s health care organizations, providing empowering, civil working conditions may facilitate future retention efforts to combat these negative outcomes.

The results of the present study (table 2) revealed that, more new graduated nurses reported low civility in Assiut University Hospitals and Health Insurance Hospital. This might be due to lack of support from management and the fact that new graduate nurses are low power and authority. New graduates use their first year to build confidence in addition to skills. With this respect, **Kelly and Ahern (2008)** shown that new graduates are often the targets of incivility because they are at the bottom of a power-related hierarchy associated with the unit culture. Also, **Kanter's (1977 and 1993)** noted that level of civility were low overall. Also, **Leiter et al. (2010)** reported that novice nurses experienced workplaces with fewer qualities of civility.

According to **(Carter and Ryan 2011)** mistrust of management creates a poor work environment and decreased organizational commitment. Empowering work environments enable employees to accomplish work and increase work satisfaction and trust in management. The newest generations of nurses are reporting high levels of stress associated with their work **(Lavoie-Tremblay et al., 2010)**.

Laschinger et al. (2012) suggests that when new graduates work in settings that empower them for professional nursing practice and are characterized by civil interpersonal relationships among their co-workers, they are less likely to experience work stress or burnout. Reducing workplace incivility is crucial in this transition period to improve nurse retention and provide for a healthier work environment. When workplaces address unit culture and empower nurses, they demonstrate greater job satisfaction and organizational commitment **(Laschinger et al., 2009; Smith et al., 2010; Kramer et al., 2012).**

These results not congruent with **Smith et al. (2010)** who found that, overall; incivility levels were low, also, empowering work environments, civil working relationships and positive reinforcement can decrease new graduate nurse turnover, and reported new graduate nurses' experience of frequent uncivil behaviors in their work environment.

A study finding of (table 3) demonstrates highly statistical significant differences among study nurses regarding access to support in different health care sectors. This might be related to new graduated nurses in any health care setting find support from other nurses and their supervisors. Influential partnerships with other staff are likely to increase the commitment of novice nurses who might otherwise feel like outsiders amongst more senior colleagues. As supported by the finding of this table regarding to informal power that has the highest mean scores in different health care sectors. With this respect, **Cho et al. (2006)** reported new graduated nurses feel more engaged and committed to their work place when empowerment structures are in place.

Also, the study finding demonstrates low mean scores as regard to access to opportunity, resources, information, and formal power in different health care sectors. This result is congruent with **Yakob (2002)** cited in **(El- Salam, 2008)** who reported that staff nurses' total empowerment mean scores were relatively low, and by **Safaan (2003)** cited in **(El-Salam, 2008)** who stated that staff nurses had lower mean scores of work empowerment than nurse managers.

The findings of table (4) included in the present study reveal that, the majority of study nurses perceived moderate mean scores regarding to meaning, competence, and self-determination and lowest mean scores related to impact in different health care sectors. This might be related to new graduated nurses at the bottom of the organizational hierarchy, less experience, and knowledge making their effect in their workplace is weak, as related to the finding of this study new graduated nurses experienced low structural empowerment, where structural empowerment had a direct effect on psychological empowerment, when staff nurses become psychologically empowered; they can be adapting, able to cope with stressors, and more satisfied with the work. Their intent to stay in the organization increased and they become more loyal, more productive, and have the power to work in the organization. **Spreitzer (2007)** contended that the four components of her psychological empowerment model each contribute to workers' self-efficacy and that they make a difference in organizational success.

These findings are congruent with the findings of **(Ahmed, 2005)** who study the relationship between leadership style and psychological empowerment and its effect on job satisfaction of nurses in Assiut University Hospitals. It indicates that the level of psychological empowerment was mostly weak among study nurses.

As regards organizational commitment (table 5), there are statistical significant differences among study nurses in different health care sectors regarding to normative and continuous occupational commitment. This might be related to the fact that they are just graduated with few months experience, and a sense of loyalty not developed yet. The finding of this table also reveals that affective occupational commitment has the highest mean scores than other two variables. According to **Noor and Noor (2006)** employees who have strong affective commitment will more likely to remain in the organization because they want to. This may be attributed to that receiving support leads to more willingness of nurses to extra- effort, praise their job, and feel proud of organization, so their intent to stay increase. The commitment level among employee can be seen as a predictor whether the employee will stay longer or leave the organization **(Nabila and Ambad, 2012).**

Table (6) of the present study revealed negative moderate correlation of psychological empowerment and organizational commitment. In this respect, organizational commitment of nurses may be understood as a response to several environmental occurrence and personal characteristics **(Acron et al., 1997)**. Nurses with high self-efficacy feel a greater sense of power, which in turn would be expected to yield greater commitment to the organization **(Bowen and Lawler, 2006)**.

These findings are supported by the findings of **Laschinger et al. (2001a)** who found that no published studies of newly-graduated nurses' experiences of psychological empowerment. The data from the current study supports Spreitzer's hypothesis that empowered workers exhibit higher levels of organizational commitment.

On the other hand, **Jafari et al., (2013); Chang et al., (2010); & Laschinger et al., (2009)** found that the organizational commitment can be predicted by psychological empowerment. However, congruent with other studies of **(Jha, 2009; Joo, 2010; Laschinger et al., 2009; and Ambad. 2012**) that found only two or three psychological empowerment dimensions predicting organizational commitment.

From another perspective in the present study revealed there was weak negative correlation between workplace civility climate and organizational commitment. In this respect **Lim et al. (2008)** found uncivil behaviors from colleagues can create a feeling of unhappiness and dissatisfaction with work, which in turn reduce motivation and increase thoughts of leaving the job. Work environment that lacks such structured co-worker support, perceiving such disparities as uncivil; leading to decreased commitment. Civility constitutes an important part of the organizational climate perceived by employees. **Smith et al., (2010)** reported that low levels of incivility and high levels of structural and psychological empowerment perceived by new graduate nurses in their workplaces had high levels of overall commitment and tend to stay at work.

Also the findings revealed weak negative correlation between structural empowerment and organizational commitment. This might be related to that the study nurses are few months of experience with workplace characterized by uncooperative relationships in a bureaucratic structure. **Roche et al. (2004)** found an orientation program resulted in higher retention rates for both newly graduated and newly-hired nurses. These results support the importance of empowering work structures as a means of enhancing the retention and commitment of newly-graduated nurses.

VII.   Conclusions

New graduated nurses reported low civility and low structural empowerment in Assiut University Hospitals and Health Insurance Hospital, while they are reported high commitment in same hospitals. New graduated nurses reported high psychological empowerment in all study hospitals.

VIII.   Recommendation

In light of the results of this study, the following recommendations are suggested: Conduct an educational program for all nurses at all levels about the civil work climate to spread the civil behaviors among them because it can create feeling of happiness which in turn employee become more motivated and satisfied at work. Carry out orientation program for newly graduated nurses at the beginning of employment with the profession of employee policy handbook to inform them about hospital policies.

Allow nurses to have opportunities to make significant decisions, and giving them more chances to voice their personal opinions to access formal power. All managers at all levels should recognize that the nurses should have power to work in the organization as they are sharing in the organization success. Further studies on large number of nurses with different categories are needed.

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