Research Article

Structural empowerment, job satisfaction, and turnover intention of Chinese clinical nurses

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Abstract

The purpose of this study was to examine the levels of workplace structural empowerment perceived by Chinese clinical nurses, as well as to identify the relationship between nurses’ perceptions of empowerment and job satisfaction, and turnover intention. A total of 189 staff nurses from two hospitals in central China completed a self-administered questionnaire. The results indicated that these nurses perceived moderate levels of workplace empowerment. Structural empowerment and job satisfaction were found to be negatively related to turnover intention. These findings have important implications for administrators providing an effective work environment for clinical nurses.

Key words

China, clinical nurses, job satisfaction, nurse retention, structural empowerment, turnover intention.

INTRODUCTION

In light of current concerns over nursing shortages, nurses with the intention of leaving the profession is a topic of great importance. There is evidence that low nurse retention in health-care practices is related to burdensome workloads and high levels of job-related burnout and job dissatisfaction (Aiken et al., 2002).

The absence of empowerment has been offered as one explanation for the growing worldwide shortage of nurses (Laschinger & Finegan, 2005). Numerous studies have linked empowerment to employees’ behavior and attitudes, such as the intent to stay (Nedd, 2006), work satisfaction, organizational commitment (Laschinger et al., 2001a), and performance (Laschinger et al., 2001b).

China is contending with a very serious nursing shortage compared to many other countries. After the launch of the opening-up policy in the 1980s, health-care institutions in China have been changing constantly in order to improve the efficiency of the system. The health-care system changed from a government-led to a more market-led system. Financial autonomy has given health providers the incentives to maximize revenues and focus on cost control and, because of nursing’s subordinate position within the context of an unequal power structure, many cost savings in health care have been realized by the downsizing of the professional nursing workforce. However, in order to control the emerging negative effects, such as escalating medical costs and conflict between hospitals and clients, the health administration institutions have published many regulations and have launched many movements to ensure quality control. As the first-line workers in hospitals, nurses have perceived the current work environment as highly stressful and professionally unfulfilling. These changes have influenced the work environment, resulting in cascade effects of a heavy workload, low hospital nurse-to-bed ratio (0.33:1), nurse burnout, and high turnover rate. In some cases, the turnover rate exceeds 20% per year (Peng & Liu, 2008).

In China, the public traditionally has viewed nurses as assistants for physicians and primarily responsible for making beds and giving medication. Although postgraduate nursing and higher-level university diploma programs in nursing have expanded in recent years (Li, 2001), currently the graduates of these programs only represent <5% of the workforce (Jiang et al., 2004). Many Chinese nurses still suffer from low self-esteem, predominantly because they do not obtain the public respect that they deserve (Pang et al., 2000).

Both nursing practice and nursing education have undergone major changes throughout mainland China since the 1980s. However, such changes are not always reflected in the role descriptions of most hospital-based nurses. In addition, there is no clinical career ladder and, unlike many other countries, role expansion opportunities have not been defined clearly, which may explain the negative attitudes towards the profession, especially among nurses with higher educational qualifications (Lu & Chen, 1999; Huang & Xiao, 2004).

In recent years, a large number of research studies has been conducted on work-related factors in China, such as mental health, job burnout, self-esteem, job stresses, job satisfaction, turnover intention, job control, and social support among nurses. The results revealed that nurses in China experience a low level of job satisfaction and a high level of
turnover intention; this is especially true among clinical front-line nurses (Jia & Li, 2006; Sun & Li, 2007; Huang et al., 2008). However, the number of studies about the relationship between nurses’ perceptions of empowerment and job satisfaction, and their turnover intention has been limited. Therefore, the aim of this study was to examine structural empowerment, job satisfaction, and turnover intention among Chinese clinical nurses. This study will help to inform Chinese health administrators, educators, and government officials regarding the importance of providing an effective work environment for clinical nurses.

REVIEW OF THE LITERATURE

Kanter’s theory of organizational empowerment

During the past decade, organizational and management theories increasingly have integrated the concept of empowerment. Kanter’s theory of power and its structure in organizations provides one fundamental model of job-related empowerment. Kanter states that power can be derived from both the formal and informal systems of the organization. The basic element of empowerment is the opportunity to take action that will generate positive results at both the individual and organizational level. In fact, Kanter argues that the impact of organizational structures on organizational behavior is far greater than the impact of employee personality predispositions. Employees’ behavior is a reaction to the situation in which they find themselves (Laschinger et al., 2001b). The relationships among the constructs in Kanter’s theory can be found in Laschinger (1996). Access to these empowering structures is influenced by formal and informal power systems within the organization. Formal power refers to the job characteristics that contribute to job recognition within the organization through discretionary actions that are important to the organization’s goals. Informal power refers to the development of effective relationships with peers, superiors, and subordinates within the organization (Patrick & Laschinger, 2006). According to Kanter’s theory, empowered employees are more motivated at work than those without access to these empowering structures. They also experience greater job satisfaction and commitment to the organization (Laschinger & Finegan, 2005).

There is considerable support for Kanter’s theory within the nursing population. Studies of nurses have linked structural empowerment to factors identified as important for retaining nurses, including job satisfaction (Laschinger et al., 2003), job autonomy or control over practice (Laschinger & Sullivan Havens, 1996), and organizational commitment (Laschinger et al., 2000).

Job satisfaction and turnover intention

Occupational turnover refers to employee withdrawal from an organizational position or a career path of considerable duration (Feldman, 1994). There is extended evidence suggesting that dissatisfaction with the work environment is an important predictor of an employee’s decision to leave the organization or profession. In particular, characteristics of the direct working environment have been found to predict job satisfaction (Maertz & Campion, 1998; Griffeth et al., 2000). Moreover, job satisfaction has been related strongly to turnover intention. Studies of nurses considering retirement also have found that work-related variables, such as job satisfaction, are related to the decision to retire (Lu et al., 2002). Based on these findings, it was expected that job satisfaction also would be an important aspect of nurses’ consideration to leave the health-care industry.

A review of Chinese- and English-language journals from 1990 to the present revealed two articles focusing on the structural empowerment of Chinese nurses. Both were in Chinese-language journals (Jia & Li, 2006; Sun & Li, 2007). No studies that focused on the structural empowerment of Chinese nurses could be found in English journals. Jia and Li (2006) explored clinical nurses’ perceptions of structural empowerment and their sources of working stress. The findings suggested that there was a negative correlation between the clinical nurses’ empowerment and their working stress resources (r = −0.165, P < 0.01). Sun and Li (2007) found that there was a positive relationship between structural empowerment and clinical nurses’ job satisfaction.

In addition, some findings suggested that Chinese nurses who were satisfied with their job are not likely to leave nursing (Yi et al., 2007; Huang et al., 2008). These research findings show some similarities to studies conducted in Western countries.

In summary, the findings indicated that an unsupportive environment resulted in lower occupational commitment and job satisfaction and predicted nurses’ intention to leave the profession. Therefore, it is reasonable to expect that nurses who report high levels of empowerment also will report high levels of job satisfaction and low levels of turnover intention.

RESEARCH QUESTIONS

Based upon the limited existing research conducted on Chinese nurses and the few published studies examining the variables proposed for this study, the following research questions were proposed:
1. What is the level of structural empowerment perceived by Chinese clinical nurses?
2. What are the relationships among structural empowerment, job satisfaction, and turnover intention among Chinese nurses?

RESEARCH AIMS

The aim of the study was to describe the level of perceived structural empowerment and the relationships among structural empowerment, job satisfaction, and turnover intention among Chinese nurses.

METHOD

Sample

This study used a convenience sample that consisted of nurses working in two teaching hospitals that were located in
Table 1. Type of hospital unit where the participants worked (n = 189)

<table>
<thead>
<tr>
<th>Hospital clinical unit</th>
<th>Hospital A (%</th>
<th>Hospital B (%</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room</td>
<td>15 (7.9)</td>
<td>13 (6.9)</td>
<td>28 (14.8)</td>
</tr>
<tr>
<td>Intensive care unit</td>
<td>5 (2.6)</td>
<td>5 (2.6)</td>
<td>10 (5.3)</td>
</tr>
<tr>
<td>Medical nursing (adult)</td>
<td>24 (12.7)</td>
<td>25 (13.2)</td>
<td>49 (25.9)</td>
</tr>
<tr>
<td>Surgical nursing (adult)</td>
<td>21 (11.1)</td>
<td>22 (11.6)</td>
<td>43 (22.8)</td>
</tr>
<tr>
<td>Oncology nursing</td>
<td>4 (2.1)</td>
<td>6 (3.2)</td>
<td>10 (5.3)</td>
</tr>
<tr>
<td>Maternity nursing</td>
<td>6 (3.2)</td>
<td>6 (3.2)</td>
<td>12 (6.3)</td>
</tr>
<tr>
<td>Pediatric nursing</td>
<td>7 (3.7)</td>
<td>8 (4.2)</td>
<td>15 (7.9)</td>
</tr>
<tr>
<td>Other†</td>
<td>11 (5.8)</td>
<td>11 (5.8)</td>
<td>22 (11.6)</td>
</tr>
</tbody>
</table>

†Other includes such units as consultation, rehabilitation, supply room, outpatient department, and wound dressing room.

A major metropolitan city in central China. The hospitals are categorized as tertiary first-class hospitals, the highest rank in the Chinese health-care system. However, their size (~600 beds each) and annual income place them in the category of "medium"-sized hospitals and, thus, they are representative of other hospitals in the city. All the nurses who were on duty on a given day in each hospital were recruited as the participants (n = 189), which represented 30% of the total population of nurses in the two hospitals. Eighty-five (45%) of the participants came from one hospital, with the remaining 104 (55%) coming from the other hospital.

The respondents were all female and their ages ranged from 19–55 years (mean = 30.45, standard deviation [SD] = 7.27). The mean number of years of nursing experience was 19.64 (SD = 9.60), with a mean of 8.12 years (SD = 8.09) in the current position. In this sample, the majority of the nurses reported working in the medical-surgical and critical care departments (Table 1). All the units had similar organizational structures and all the respondents were responsible for direct care.

Procedure

In both of the hospitals used for the gathering of data, all the ethical requirements for conducting research on human participants were met, as well as the ethical research requirements of the authors’ university. The researcher contacted the nursing department of the two hospitals and obtained consent from the directors of nursing to approach the nurses to be research participants. The directors informed the nurses within their respective hospital that the nurses would receive a packet of questionnaires that they were to complete (if they were willing to take part in the study). The questionnaires were distributed to the nurses by the researchers.

The participants were informed, both orally and in writing, of the study’s purpose. It was made clear that the participants could withdraw from the study at any time. All the completed questionnaires were placed in a sealed envelope and were returned to the nursing department within 7 days of receipt of the questionnaires. A small gift was given to each partici-

pant once the questionnaires were completed as a thank you for her time and effort. The investigator then retrieved the sealed envelopes containing the completed questionnaires. The total number of questionnaires distributed was 192, with 189 usable ones being returned (98.4%).

All the completed questionnaires were kept in a confidential manner, examined only by the investigators, and placed in a locked cabinet for security. To assure anonymity, code numbers were placed on the completed questionnaires after their return to the investigators.

Instruments

Five self-reported scales were used in this study. The content of these questionnaires was examined by several Chinese nursing researchers to ensure that the questionnaires were appropriate and applicable to the Chinese culture. All employed five-point Likert scales, with the exception of the Global Job Satisfaction Questionnaire, which measured responses on a seven-point Likert scale.

In addition, a Demographic Questionnaire was designed by the investigators. It consisted of questions that asked the participants about their age, educational level, marital status, the number of years worked as a nurse, and their clinical department of employment.

The Conditions for Work Effectiveness Questionnaire (CWEQ-II), a modification of the original 35 item CWEQ (Laschinger et al., 2001b), was used to measure nurses’ perceptions of their access to the four work empowerment structures described by Kanter: access to opportunity, information, support, and resources. The mean scores for each subscale were obtained by summing and averaging the items. An overall empowerment score was calculated by summing the means of the four subscales (score range: 4–20). A higher score indicates greater perceived structural empowerment. The Cronbach’s alpha reliability coefficients from previous studies ranged from 0.79–0.82. In this study, the alpha reliability coefficient for the four subscales ranged from 0.76–0.85. A two-item global empowerment scale, which is used for validation purposes, correlated positively with the CWEQ-II (r = 0.55), supporting the construct validity of this instrument.

The Job Activities Scale (JAS) contains 12 items that measure the perceived formal power within the work environment. The JAS measures perceptions of job flexibility, discretion, visibility, and recognition within the work environment. The items are summed and averaged to yield a mean score ranging from 1–5. The reported alpha reliability coefficients ranged from 0.71–0.86 in previous research, and was 0.80 in this study.

The Organizational Relationship Scale (ORS) contains 18 items that measure informal power within the work environment. The items are designed to measure perceptions of political alliances, sponsor support, peer networking, and subordinate relationships in the workplace. Acceptable alpha reliability coefficients, ranging from 0.85–0.90, have been reported; the alpha reliability coefficient was 0.89 in this study.
As the above three questionnaires originally were written in English, they required translation and back-translation until no changes in the meaning occurred between the back-translated versions and the original English versions. Some of the items were reworded on the basis of the experts' suggestions. Subsequently, a pilot test was carried out among nurses in one hospital unit to check the nurses' understanding and clarity of the expressions. The construct validity was calculated by confirmatory factor analysis. The results indicated that the questionnaires had good construct validity, the equal of the original English scales.

The Global Job Satisfaction Questionnaire is a five-item global measure adapted from the Revised Job Diagnostic Survey (Chinese version) (Peng & Liu, 2008). This measure has been used in many Chinese studies and has acceptable internal consistency reliability; it was 0.82 in this study.

Turnover intention was measured by the three-item turnover intention scale from the Michigan Organizational Assessment Questionnaire (Chinese version) (Zhang et al., 2005). The scale has been used widely in past research. The alpha reliability coefficient was 0.86 in our study.

**Data analysis**

All the descriptions and analyses were carried out by using the SPSS program (v. 14.0; SPSS, Chicago, IL., USA). Reliability analyses (Cronbach's alpha) were conducted for the measures of all the major study variables. Descriptive statistical analyses were carried out to answer the first research question. Pearson's correlation analysis was used to answer the second research question.

**RESULTS**

**Descriptive statistics**

Table 2 shows the mean values, SDs, and Cronbach's alpha coefficients of the major variables in this study. Nurses in central China perceived moderate levels of workplace empowerment, job satisfaction, and turnover intention.

**Correlation analysis**

There were no statistically significant relationships noted between the self-reported turnover intention and the demo-

<table>
<thead>
<tr>
<th>Variable</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions for Work Effectiveness Questionnaire sub-scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunity</td>
<td>1-5</td>
<td>3.43</td>
<td>0.70</td>
<td>0.76</td>
</tr>
<tr>
<td>Information</td>
<td>1-5</td>
<td>3.08</td>
<td>1.36</td>
<td>0.74</td>
</tr>
<tr>
<td>Support</td>
<td>1-5</td>
<td>3.17</td>
<td>0.92</td>
<td>0.75</td>
</tr>
<tr>
<td>Resources</td>
<td>1-5</td>
<td>3.56</td>
<td>0.74</td>
<td>0.77</td>
</tr>
<tr>
<td>Total empowerment</td>
<td>4-20</td>
<td>12.63</td>
<td>2.67</td>
<td>0.85</td>
</tr>
<tr>
<td>Global Empowerment Scale</td>
<td>1-5</td>
<td>3.23</td>
<td>0.84</td>
<td>0.78</td>
</tr>
<tr>
<td>Job Activities Scale</td>
<td>1-5</td>
<td>2.98</td>
<td>0.93</td>
<td>0.76</td>
</tr>
<tr>
<td>Organizational Relationship Scale</td>
<td>1-5</td>
<td>3.39</td>
<td>0.65</td>
<td>0.80</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>1-7</td>
<td>4.32</td>
<td>1.17</td>
<td>0.89</td>
</tr>
<tr>
<td>Turnover intention</td>
<td>1-5</td>
<td>3.39</td>
<td>0.82</td>
<td>0.86</td>
</tr>
</tbody>
</table>

**DISCUSSION**

Consistent with previous studies (Laschinger et al., 2001a; Sarmiento et al., 2004; Jia & Li, 2006), nurses in central Chinese hospitals perceived moderate levels of empowerment in their workplaces, suggesting that there is still room for increasing nurses' perceptions of access to opportunity, information, resources, and support. The nurses in this study had a slightly higher overall empowerment score (mean = 12.63, SD = 2.67), compared to the nurses in the aforementioned studies, where the overall empowerment score means ranged from 11.04–12.18. One possible explanation is that the expectation of power of Chinese nurses is lower than that of nurses in a Western culture, because they are accustomed, to some extent, to a traditionally subordinate status as nurses in the health-care system. Although they reported significantly greater access to empowerment structures than some other research samples, they were not highly empowered. This suggests that they might have insufficient access to the factors that are necessary for ensuring their most effective job performance.

As opposed to previous Western studies (Ellefson & Hamilton, 2000; Sarmiento et al., 2004), the nurses in this study perceived that their greatest access was to resources in their position, followed by opportunity, support, and information. Different from previous Western studies, the subscale of resources had the highest mean score, 3.56, suggesting that nurses in Wuhan, this large, central Chinese city, perceived that their greatest access was to the empowerment structure of resources, involving the time available to do paperwork and accomplish job requirements and acquiring temporary help when needed. Similar to previous Chinese findings (Jia & Li, 2006), the respondents reported the lowest score on access to information. During recent years, with the influence

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of Western management theories, many Chinese institutions have completed dramatic administration system reforms. However, compared to business institutions, hospitals sustain a more traditional organization that still maintains a hierarchy of power. This score might indicate that the clinical nurses perceived they knew little about the current state of the hospital and the values and goals of top management.

Clinical nurses in central China have better informal access to power, via personal network and support systems, than formal access to power, such as rewards for unusual performance on the job and job flexibility. Perhaps guanxi (a common term used in China), which is usually conceptualized as interpersonal ties, can help to explain this result. When formal institutions and resources are unavailable, guanxi becomes a significant governing structure in China’s power system (Xin and Pearce, 1996). In China, nurses have limited opportunity to access formal power; however, almost everyone has interpersonal relationship networks. That is why clinical nurses in China perceived more informal access to power, compared to formal access to power.

There were no statistically significant relationships noted between the self-reported turnover intention and the demographic variables of age, number of years worked in nursing, number of years worked in the current job, and level of education in this study. Previous studies have revealed that new graduates (1–5 years) have the highest turnover rates (Yang et al., 2006), especially among contract nurses. As a result of healthcare system reform in China in the past two decades, some hospitals have adopted a multiple personnel management policy, so that many new graduates are employed as contract nurses. Compared with formal nurses, their salary and allowances are much less. Subsequently, they are likely to move frequently among different hospitals. Nevertheless, the two hospitals that were included in this study adopted a more traditional style of employee management, limiting the amount of contract nurses to <10%. Additionally, because of competitive employment for new graduates in recent years, those newly graduated nurses who were employed by a first-class hospital in recent years are less likely to leave their position. These factors might contribute to the insignificant relationships between turnover intention and the demographic variables.

Perceived structural empowerment and job satisfaction were negatively related to turnover intention. This finding is consistent with previous studies of nurses, both in Western countries and in China (Laschinger et al., 2001a; Jia & Li, 2006). There is a growing body of literature examining the effects of the work environment, job characteristics, job satisfaction, and the commitment of nursing staff (Sarmiento et al., 2004; Karsh et al., 2005) that provides support for Kantor’s organizational empowerment theory in the nursing population.

The opinion that nurses’ job satisfaction is strongly related to turnover intention is well established (Laschinger et al., 2001c; Laschinger & Finegan, 2005). Compared to other occupational groups, nurses tend to leave the profession at a much greater rate. With the health-care system reform in China, the role of the clinical nurse has become more complex and difficult to carry out. The nurse not only has to assume the responsibility of ensuring quality patient care, but also enacts roles related to finance management, supply preparation, dispute handling, and collaboration with other staff members. Nursing staff members perceive immense work overload in China (Xianyu & Lambert, 2006). Given this situation, a greater understanding of the factors underlying nurses’ consideration to leave their profession is essential if health-care organizations are to meet clients’ needs for nursing care in the future (Karsh et al., 2005).

According to Kantor, work environments that provide access to information, resources, support, and opportunities to learn and develop are empowering structures that enhance employees’ power to accomplish work within an organization. The level of access to these empowering structures is influenced by formal and informal power systems within the organization (Laschinger et al., 2001a). In our research, access to these empowering structures did relate significantly to formal and informal access to power, although only access to formal power significantly related to turnover intention. It is surprising that access to informal power in the work environment was found to be positively related to turnover intention, although this relationship was not statistically significant. One would have anticipated that, as one has more access to informal power in the work environment, one would be more likely to stay in the organization or the profession. In Kantor’s model, both formal and informal systems are systematic power factors that influence the level of access to job-related empowerment structures. Many studies found that they were positively related to structural empowerment.
and negatively related to turnover intention (Laschinger et al., 2001a,b; Sarmiento et al., 2004; Armstrong & Laschinger, 2006). Such was not the case for the nurses in this study. The fact that access to informal power positively related to turnover intention suggests that the stronger that Chinese nurses perceived informal power to be in their working environment, the more likely they were to leave the organization.

In China, guanxi goes deeper as a governing mechanism; it is a direct out-growth of the Chinese collectivist culture. For centuries, the need to maintain harmonious interpersonal relationships has created a system of reciprocal exchange of gifts and favors that unites and expands interpersonal ties among the Chinese people. The guanxi network is instrumental in the daily lives of the Chinese people. It also has become a prominent governing structure in China’s community (Gu et al., 2008). Recently, researchers have begun to pay attention to the dark side of guanxi, concerned with its potentially damaging effects on firms’ performance. Some researchers have noted that the prevailing turnover theories and findings might not apply to other cultures (Coyne & Ong, 2007). Given the essentiality of guanxi in Chinese culture, the relationship between turnover intention and informal power perception is certainly worthy of further study.

Limitations of the research

This study has two limitations. First, as the hospitals used were only in one Chinese city and a non-random sample was used, the generalizability of the study’s findings is limited. Second, the instruments used in the study were developed by researchers from a Western culture. Even though these instruments were found to have good reliability for this study, one still wonders if the instruments were suitable for Chinese participants. This might be particularly true in the case of the instrument used to measure informal power in the workplace, as positive correlations were found between the turnover intention and the ORS. Nevertheless, we think that our results are noteworthy and provide challenges for future research and cross-validation in different settings.

Areas for future research

Future research is needed to assess the relationships among workplace empowerment, job satisfaction, and turnover intention on a larger scale that will include a more geographically diverse sample. In addition, more studies are needed to explore and compare a variety of assessment methods for the workplace empowerment of clinical nurses in China, so that cultural sensitivity is adequately taken into account. Finally, more studies are needed to examine the management strategies that create the conditions that empower nurses to practice and that foster positive working relations, with the aim of attracting and retaining sustainable nursing workforce numbers.

CONCLUSION

The present study suggested that nurses in central Chinese hospitals perceived moderate levels of workplace empow-

ment and perceived that their greatest access was to resources in their positions, followed by opportunities, support, and information. In addition, the perceived structural empowerment and job satisfaction were negatively related to turnover intention. Significant negative correlations were found between turnover intention and access to formal power. However, in contrast to previous Western studies, access to informal power in the work environment was found to be positively related to turnover intention. Although this relationship was not statistically significant, it suggests that future studies of empowerment should take cultural differences into consideration.

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