International Journal of Body, Mind and Culture

Relationship between Organizational Climate and Psychological Empowerment among Nurses at Primary Health Care Centers

Kamal J. Ameen¹, Hassan A. Hussein²

1 PhD Student, Department of Psychiatric and Mental Health Nursing, College of Nursing, University of Baghdad, Baghdad, Iraq

2 Assistant Professor, Department of Psychiatric and Mental Health Nursing, College of Nursing, University of Baghdad, Baghdad, Iraq

Corresponding Author: Kamal J. Ameen; PhD Student, Department of Psychiatric and Mental Health Nursing, College of Nursing, University of Baghdad, Baghdad, Iraq Email: ka.psycho1973@gmail.com

Quantitative Study

Abstract

Background: The aim of the present study was to evaluate the level of organizational climate (OC) and psychological empowerment (PE), and to investigate the relationship between them from the nurses' point of view.

Methods: A descriptive correlational design study was performed on nurses working in psycho-social health units in primary health care centers from August 25, 2022 to October 10, 2022. A convenience sample of 84 nurses was used in the study, and the actual data were collected by using a self-report method, a questionnaire that included three parts: social-demographic variables, the Organizational Climate Questionnaire (OCQ), and the Psychological Empowerment Scale (PES). Descriptive data were determined through frequency, percentage, mean of the score, and standard deviation (SD). Additionally, inferential statistical analysis involved the use of analysis of variance (ANOVA), Pearson correlation, and linear regression. The data were analyzed using SPSS software.

Results: 73.8% of nurses reported a favorable perception of the OC, while 66.7% reported a high level of PE. The study also found a significant positive relationship between OC and PE (r = 0.637, P < 0.01), indicating that a more favorable OC was associated with higher levels of PE among nurses.

Conclusion: The nurses reported high PE and a positive perception of the OC. The study also found a mutually reinforcing relationship between PE and OC, indicating that higher levels of PE were associated with a more favorable OC, and vice versa.

Keywords: Organizational climate; Psychological empowerment; Nurses; Primary health care centers

Citation: Ameen KJ, Hussein HA. **Relationship between** Organizational Climate and Psychological Empowerment among Nurses at Primary Health Care Centers. Int J Body Mind Culture 2023; 10(3): 315-23.

Received: 26 Apr. 2023 Accepted: 15 June 2023 6

Int J Body Mind Culture, Vol. 10, No. 3, 2023

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Introduction

Organizational climate (OC) refers to the overall psychological atmosphere or environment of a workplace, which is shaped by the collective perceptions, attitudes, and behaviors of employees. It includes factors such as the degree of trust, collaboration, communication, supportiveness, recognition, and innovation within the workplace. The OC can have an important impact on a member of staff's satisfaction, motivation, job performance, and overall success of the organization (Vasudevan & Aslan, 2022).

OC is described as a multi-faceted concept representing an individual's workplace perception. This perception is subjective and varies greatly from person to person, and is based on personal values. Every employee in the organization perceives the climate, and it can have significant social and psychological impacts on them. It can influence their attitudes, behaviors, relationships, and overall job satisfaction. Therefore, managing the OC is essential for creating a positive and supportive work environment (Abun & Magallanes, 2021), which acts as a major force in determining employee performance and labor behavior (Abdullah Mohammed, 2022).

Analyzing the characteristics of OC can support gauging the current level of service production and suggesting ways to enhance it. By assessing factors such as communication, collaboration, trust, supportiveness, and innovation, it is possible to identify areas where service production may be hindered. This knowledge can be used to propose targeted interventions that aim to improve the OC. Enhancing the climate can lead to a more positive and productive workplace, ultimately enhancing the quality-of-service production (Wangombe & Yohannes, 2017), manifested in work quality, client satisfaction, and day-to-day transactions with them (Tuoma, 2021).

Improving the work environment across all dimensions of the organization can be achieved through two primary approaches. The first involves preventing negative experiences such as misbehavior, tension, fatigue, and conflict among employees. The second approach focuses on promoting positive experiences such as job satisfaction, active listening, mutual trust, effective communication of new ideas, and enhancing one's sense of self, belonging, self-worth, and dedication to one's work (Leitao, Pereira, & Goncalves, 2019).

The negative dealing of the administration may cause the nurse staff to feel vulnerable, unable to complete the tasks, and annoyed by the working environment (Oshodi, Bruneau, Crockett, Kinchington, Nayar, & West, 2019). This situation is an obvious indicator that requires rapid intervention, with psychological empowerment (PE) activities and enthusiastic nurse participation which strengthens their sense of self-control, motivation, making serious decisions, the reputation and energy of the organization (Ali, Zhang, Shah, Khan, & Shah, 2020), where employees work hard and are highly efficient, are not affected by changes in the interest of workers in the organization, and generate organizational power in an effective manner (AL-Ghraibawy, 2022).

PE is a real cognitive state of mind completely different from what the employee was previously, based on acquiring new qualitative knowledge that leads to a state of confidence and credibility for complete and productive control over the reality and needs of work, to provide what is required according to the vision and goals of an organization (Marin-Garcia & Bonavia, 2021).

Effective dealing of nurses with management and supervisors with new ideas and constructive proposals is the basis for enhancing their activity, appreciating their abilities, and supporting them to revive the work environment with vitality and production, and retain them and their remarkable role in providing services (Cummings et al., 2018).

In this study, the researchers seek to investigate the obvious relationship between the two variables, OC and PE, for their importance in improving efficient work (Beng, et al., 2021). If proven in the workplace, it will be reflected in the arrangement and enhancement of the quality of the organization's internal environment and the reputation of its service among clients, and manifests itself in two areas, either provide (such as job satisfaction, effective communication and mutual trust in the workplace, support and sound decision), or prevent (such as reducing employee displacement, fatigue, misconduct, job-related stress, and nurse conflict) (Travers, Schroeder, Norful, & Aliyu, 2020).

Methods

Sample: A descriptive correlational design was utilized to carry out the present study. A convenience (non-probability) sample study of 84 male and female nurses participated, and the necessary data were gathered by the researchers using self-report techniques method, between August 25, 2022 and October 10, 2022, at psycho-social health units in primary health centers, Kirkuk governate, Iraq. **Measures**

Socio-demographic variables: The study questionnaire consisted of three parts. The first part was social-demographic variables, aimed to capture detailed information about participants' background characteristics, including age, gender, marital status, qualification in nursing, and years of employment.

Organizational Climate Questionnaire (OCQ): It was the second part of the questionnaire, and was originally developed by Berra and García in 2003 and further refined by Sandoval-Caraveo et al. in 2015. The scale encompassed eight dimensions: structure, motivation, communication, identity, salary and recognition, training and learning, friendship, and support. Participants were asked to rate their agreement with statements on a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The total score of the OCQ was calculated by summing the responses across all dimensions. The range score for the total scale was then used to assess the overall OC. The scores were categorized into four levels: unfavorable (32-64), moderately favorable (64.1-96), favorable (96.1-128), and highly favorable (128.1-160).

Psychological Empowerment Scale (PES): The third part was the PES designed by Thomas and Velthouse (1990) (Harhash, Shrief, & Ahmed Higazee, 2021) and developed by Spreitzer (1995) (Abou Hashish, Abdel All, & Mousa, 2018), and consists of meaning, competence, self-determination, and impact. The overall score of PE was calculated by estimation of the range score for the total score of the scale, divided into three levels, and scored as follows: low = 12-28, moderate = 28.1-44, and high = 44.1-60. The level of them was estimated based on the interquartile range (IQR) which was divided into three quartiles: low, moderate, and high, and participants provided responses using a five-point scale, which ranged from 1 to 5. The options on the scale were "strongly disagree", "loss of the scale", "agree", and "strongly agree".

Validity and reliability: A panel of 12 experts with at least ten years of experience was used to ensure both the content and the face validity of the study questionnaire, to review the clarity and suitability of the instrument. In addition, the reliability was evaluated by applying the Cronbach's alpha coefficient for the total of OCQ and PE being 0.78 and 0.81, respectively. It made the questionnaire statistically acceptable and proper for data collection.

Ethical considerations: The Institutional Review Board (IRB) at the College of Nursing, University of Baghdad, Baghdad, Iraq, examined the tool's content. In addition, the participants' prior consent was obtained for them to take part in this study. According to the "World Medical Association"'s Code of Ethics for Studies, this work was completed, where the approval of the "Scientific Research Committee" was obtained at the Nursing College of University of Baghdad. Moreover, the formal approval of the Kirkuk Health Directorate/Health Centers was obtained to facilitate the task of conducting the study and interviewing the participant nurses in the psychosocial health units of the workplace verbally before starting, and the confidentiality of the data was also emphasized.

Statistical analysis: Descriptive statistics, such as frequency and percentage, were used to describe socio-demographic characteristics, whereas mean and standard deviation (SD) were used to evaluate the level of OC and PE. The relationship between OC and PE among nurses was analyzed using inferential statistical methods, such as analysis of variance (ANOVA), Pearson correlation, and linear regression. The SPSS software (version 26.0, IBM Corporation, Armonk, NY, USA) was used to analyze the data in order to test the study hypotheses.

Results

The descriptive data analysis in table 1 shows that nurses' average age was 39 ± 11 years; 26.2% of nurses were seen with both age groups of 20-29 years and 30-39 years. Concerning gender, slightly more than half of nurses were women (52.4%) while the remaining were men (47.6%). Regarding the marital status, 79.8% of the nurses were married, and 15.5% of them were still unmarried. The qualification in nursing reveals that 64.3% of nurses graduated with a diploma degree, 22.6% graduated from nursing preparatory schools, and only 11.9% graduated with a bachelor's degree. The average of years of employment among nurses was 4.5 ± 3.0 years, which 64.3% of them were seen with 1-5 years of employment.

Characteristics		n (%)
Age (year) (mean \pm SD = 39 \pm 11)	20-29	22 (26.2)
	30-39	22 (26.2)
	40-49	19 (22.6)
	50-59	21 (25.0)
	Total	84 (100)
Gender	Men	40 (47.6)
	Women	44 (52.4)
	Total	84 (100)
Marital status	Unmarried	13 (15.5)
	Married	67 (79.8)
	Divorced	2 (2.4)
	Widowed/er	1 (1.2)
	Separated	1 (1.2)
	Total	84 (100)
Qualification in nursing	Preparatory school	19 (22.6)
	Diploma	54 (64.3)
	Bachelor	10 (11.9)
	Postgraduate	1 (1.2)
	Total	84 (100)
Years of employment (mean \pm SD = 4.5 \pm 3.0)	1-5	54 (64.3)
	6-10	25 (29.8)
	≥ 11	5 (6.0)
	Total	84 (100)

Table 1. Distribution of nurses according to their socio-demographic characteristics

SD: Standard deviation

among nurses		
Levels	n (%)	Mean ± SD
Unfavorable	0 (0)	120.44 ± 12.98
Moderately favorable	3 (3.6)	
Favorable	62 (73.8)	
Highly favorable	19 (22.6)	
Total	84 (100)	

Table 2	2. Overall	assessment	of	organizational	climate	(OC)
among	nurses					

SD: Standard deviation

Unfavorable = 32-64; Moderately favorable = 64.1-96; Favorable = 96.1-128; Highly favorable = 128.1-160

The overall assessment showed that nurses experienced a favorable OC (120.44 \pm 12.98), in which 73.8% were associated with favorable level assessment (Table 2).

Table 3 indicates that nurses perceived a favorable OC related to dimensions of structure, motivation, communication, training and learning, friendship, and support, and perceived a moderately favorable OC regarding salary and recognition, while perceiving a high OC regarding identity.

Table 4 indicates that nurses showed high PE (47.24 ± 5.88), in which 66.7% of them were associated with high levels.

There was a significant relationship between organizational climate (120.44 \pm 12.98) and psychological empowerment (47.24 \pm 5.88) with a significant correlation (r = 0.637; P = 0.01).

Discussion

The aim of this study was to evaluate the level of OC and PE among nurses in psycho-social health units and explore the relationship between these factors from the nurses' perspective. The result of the overall assessment of the OC perceived by nurses reveals that nurses experienced favorable OC, 73.8% of them were associated with favorable level assessment; the high-level was related to "identity" whereas the lowest was the "salary and recognition" dimension. This finding is somewhat similar to the results of the previous studies conducted in Iran by Shahnavazi et al. (2021), on nurses working in private hospitals in Rasht, Iran. They showed that 61.11% of the nurses reported a "positive assessment" of OC in the hospitals; the highest perception was related to dimensions of "client service" and "hospital reputation", while "compensation payments" was given the lowest average point (Shahnavazi, Eshkiki, Shahnavazi, & Bouraghi, 2021).

nurses $(n = 84)$		
OC dimensions	Mean ± SD	Assessment
Structure	15.62 ± 2.08	Favorable
Motivation	15.77 ± 2.24	Favorable
Communication	15.86 ± 2.27	Favorable
Identity	16.05 ± 2.13	High
Salary and recognition	11.27 ± 2.15	Moderate
Training and learning	14.55 ± 2.59	Favorable
Friendship	15.04 ± 2.08	Favorable
Support	15.29 ± 2.42	Favorable

Table 3. Level	of organizational	climate (OC)	dimensions	among
nurses $(n = 84)$				

OC: Organizational climate; SD: Standard deviation

Unfavorable = 4-8; Moderately favorable = 8.1-12; Favorable = 12.1-16; Highly favorable = 16.1-20

able 4. Overall assessment of psychological empowerment (1 E) allong hurses		
Levels	n (%)	Mean ± SD
Low	0 (0)	120.44 ± 12.98
Moderate	28 (33.3)	
High	56 (66.7)	
Total	84 (100)	
SD: Standard deviation		

Table 4. Overall assessment of psychological	empowerment (PE) among nurses
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Low = 12-28; Moderate = 28.1-44; High = 44.1-60

In addition, a study carried out among nurses in Egypt, in departments of the main "Mansoura University Hospital" revealed that more than half of the nurses perceived a high level of OC (Mohamed & Gaballah, 2018); yet the result of study recorded that more than 3/4 of nurses had a higher positive OC perception (Ahmed, Abdeldayem Ata, & Naiem Abd-Elhamid, 2019). Besides, the result of the current study differs from and ontradictsother studies in Egypt, among nurses at "Zagazig University Hospitals", showing that more than half of the nurses perceived OC negatively (Abed El-Moez Radwan, Adam, & Ali, 2017).

The interpretation of the finding in this study is that nurses in psychosocial units feel positive about their workplace environment to some extent. This is considered necessary to achieve the best, and this may be related to fair and supportive treatment, motivation, effective communication, a sense of importance and contribution to daily achievement, receiving job-related training, recognition among colleagues, friendship and support by the manager and supervisor confidently within the work team.

The findings of current study about the of the overall assessment of nurses' PE reveal a high level. This finding is supported by many recent and previous studies conducted in many countries, such as in Iran among nurses, showed a high level of PE (Arshadi et al., 2022) and in Iraq, hospitals in Mosul reported a high level of PE (Yaseen & Al-Hussein, 2020).

On the other hand, this result is inconsistent with the results of other studies conducted in two hospitals that have a similar work environment in the capital city of Jordan, Amman, which reported a low level of PE (Saleh, Eshah, & Rayan, 2022) and another PE study in Iran, which examined nurses at two hospitals affiliated with the two universities of medical sciences (Khatam-al-Anbia and Shahid Beheshti, Tehran, Iran), also revealed a moderate level of nurses' PE (Khoshmehr, Barkhordari-Sharifabad, Nasiriani, & Fallahzadeh, 2020).

A reasonable explanation for the current result may be the fact that the effectiveness of training courses related to the provision of mental health services, the existence of a genuine desire to work in the psychiatric field services, and the selection of the right employee and his or her academic qualifications according to enhanced standards of service quality have played a decisive role in obtaining high empowerment.

The result of the current study elucidates that there is a significant relationship between the OC and PE variables among nurses (Table 5). There is supportive evidence conducted among nurses in Egypt, one of them on the sample study of 150 nurses selected randomly at Sirs Elian Hospital in El Monufia Governorate affiliated to the Ministry of Health (Abed El-Moez Radwan, et al., 2017), and another study conducted in Lithuania among 193 nurse managers in seven hospitals; they found that nurse managers are more likely to be empowered when there is an appropriate organizational culture and climate in the workplace (Trus, et al., 2019). In the same vein, there is no result of a study that proves the contradictoryopposite or contradiction result between the two variables, OC and PE.

This proves that both variables affect and are related to each other, and their relationship is direct, i.e., an increase in one of them corresponds to an increase in the other variable, and that they are in one direction, and change in one variable causes a change in the other variable positively.

Conclusion

The study found that nurses working in psycho-social health units in primary health care centers reported high levels of PE and a positive perception of the OC. The study also confirmed that there was a mutually reinforcing relationship between PE and OC, suggesting that a more favorable OC was associated with an elevated level of PE among nurses, and vice versa. These findings highlight the importance of promoting a positive work environment and supporting nurses' PE, as this can ultimately lead to improved quality of services provided to patients and enhanced organizational performance.

Based on the obtained findings, it is recommended that the administration regularly assesses the OC to ensure a favorable work environment for nurses. To maintain a high level of nurses' PE, appropriate techniques and actions should be taken. These actions can include providing opportunities for professional development, recognizing and rewarding nurses' contributions, promoting effective communication, and supporting a culture of autonomy and decision-making. By ensuring a favorable level of OC and PE, the administration can enhance the quality of the services provided by nurses, ultimately benefiting patients and the healthcare organization as a whole.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgements

I extend my thanks and gratitude to everyone who helped me and supported me in completing the thesis.

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