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NURSE MANAGERS' PERCEPTION OF JOB-RELATED EMPOWERMENT AND ORGANISATIONAL COMMITMENT: A REPLICATION STUDY

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SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

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ABSTRACT

The purpose of this study was to test Rosabeth Moss Kanter's (1997) structural theory of organisational behaviour in public hospital's nursing manager population in the Northern Province. Specifically, it is the examination of the relationship between nurse managers' perceptions of organisational commitment and job-related empowerment in their current work environment, a replication study of McDermott (1994), and Dubuc (1995).

Kanter (1993) sees power in the organisation as being derived from the structural conditions, not from personal characteristics or socialisation effects. Therefore the determination of how much power anybody has in the organisation depends on formal characteristics of the job, and the development of informal alliances; these influence access to the sources of job-related empowerment i.e. information, support, resources and opportunity for growth and advancement.

Organisational commitment for the purpose of this study is defined as "making the welfare of the organisation as one's responsibility; the willingness to go an extra mile for the benefit of the organisation or the client without being exploited".

A total sample of nurse managers in-charge of public hospitals in the Northern Province and their deputies was targeted (58% i.e. 48 of the 84 responded). Participants completed four questionnaires; Conditions for Work Effectiveness Questionnaire (CWEQ), Job Activity Scale (JAS), Organisational Relationship Scale (ORS), and Organisational Commitment Questionnaire (OCQ).

CWEQ measured the nurse manager's perception of power and opportunity (M = 3.51, SD = 0.86 and M = 3.47, SD - 0.74 while the other three (JAS, ORS and OCQ) measured the nurse managers' perceptions of their formal power characteristics (M = 3.50, SD = 0,54), their informal alliances - social and political, as predictors of job-related empowerment (M = 3.35, SD = 0.63), and the strength of their individual commitment to the organisation (M = 4.62, SD = 0.64) respectively.

There was a positive relationship between the nurse managers' perceptions of job-related empowerment and organisational commitment ($r = .546$, $p<0.0001$). There was a significant correlation between CWEQ and OCQ, however opportunity showed a significant correlation with organisational commitment (OCQ). Access to opportunity was a major determinant of their commitment to their respective organisations.

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- God Almighty "I Lift Up My Eyes To the Hills - Where Does My Help Come From? My Help Comes From The **LORD**, The Maker of Heaven and Earth" Ps 121:1-3

DEDICATION

I dedicate this work to my son and only child **RAMARISANE NGOAMOREI** to motivate him in the quest for academic excellence.

DECLARATION

I declare that, "Nurse Managers' Perception of Job-Related Empowerment and Organisational Commitment - A Replication Study" is my own work and that all sources and references are acknowledged.

SINGED: 

DATE: 24th March 1998

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CHAPTER I

1.1 INTRODUCTION

Managing public hospitals has not been easy during the transitional period between the old apartheid government and the new government of National Unity. There appears to be an increase in disturbances within the public hospitals with more strikes taking place and an increase in theft of hospital equipment, furniture and stock. These unpleasant developments have caused anxiety and frustration among nursing staff, who are becoming increasingly apathetic and demotivated. This is highlighted in resistance to change and increased absenteeism. Further, if nurse managers are perceived by their staff as having no organisational power and commitment to their job, staff lose confidence in their leadership and consumers complain about poor standards of nursing care. This scenario has prompted the nurse researcher to identify factors that affect the nurse managers' confidence to act and their commitment to the organisation's goals.

Many issues come to the fore as one looks into the situation:

- People (nurses in particular) were expecting much to be done at the start of the transitional period without themselves presenting an organized front and speaking with one voice.

- Trade unions, including the ruling party alliance Congress Of South African Trade Unions (COSATU) perpetuated the situation of destabilizing the health worker's environment by organizing strike actions for a living wage of workers using nurses as the backup group. COSATU took advantage of the effects of the past apartheid government where nurses were divided and grouped into Homeland Nursing Associations e.g. Bophuthatswana, Vhenda, Lebowa, Transkei, with some Blacks and the majority of Whites, Coloureds and Indians remaining with the South

African Nursing Association. This caused confusion and nurses did not know where they were to belong and continued the struggle against their own government. All the negotiations to form an organized united front by nurses themselves and the new association DENOSA (Democratic Nursing Organisation in South Africa) were seen as the perpetuation of apartheid policies by COSATU.

- The government seem to regard the status of nurses as inferior so much so that they could be replaced by people taken from the streets and given training for three months, or by doctors from countries such as Cuba. (Honourable Minister of Health 1995).
- Some nurses themselves lowered their status by embarking on strike actions with other health workers forgetting their responsibility to provide service to patients.
- The other health workers, e.g. hospital cleaners, kitchen and laundry staff failed to recognise their functions to provide service to patients and staff.
- Many nurse managers shirked their responsibilities and they themselves embarked on strike actions.
- Nurses seemed to be powerless. This was especially a problem with the nurse managers who were unable to use their position to stabilise the situation and promote the interests of the nurses.

According to Kanter, in Laschinger (1996:26), "power in organisations is derived from structural conditions, not personal characteristics or socialisation effects". Therefore those with access to the power and opportunity structures within an organisation are highly motivated and are able to motivate and empower others by sharing the sources of power. Studies conducted at the University of Western Ontario in Canada were consistent with these propositions posed by Kanter (Laschinger, 1996:39).

Kanter (1993) suggests that aspirations, work commitment and a sense of organisational responsibility could also be aroused by a dramatic increase in opportunity. She sees

commitment as the function of opportunity. People with career frustrations look for recognition outside the company. People have low aspirations when their chances for mobility are low; and those with low opportunity may also be less committed to the organisation or their work in general. Kanter (1993) proposes that people at the upper levels of organisation tend to be more motivated, involved and interested in their jobs than those at lower levels. Kanter's (1977) search for an explanation of her theory in a corporate setting proved that managers who experienced maximum career mobility were more strongly committed to the organisation than the less mobile. She saw opportunity for enhancing job features as prestige within the company, responsibility over others, influence and power, a chance to make autonomous decisions and learn new things. When there is decreased involvement with decreased opportunity; people in such dilemmas often consider leaving the organisation and those who remain with the organisation, do so because of perceived costs associated with leaving or discontinuing "calculated commitment" (McDermott, 1994:22). Such people may try to cheat the company where they can, e.g. high absenteeism rate and stealing organisational equipment.

Another concept in Kanter's theory is power. She sees it "as the ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the goals he or she is attempting to meet" (Kanter, 1993:166). Power is seen as close to autonomy and mastery, when more people are empowered, more is accomplished and more gets done.

1.2 PROBLEMS OBSERVED IN PUBLIC HEALTH SERVICES AT PRESENT

The researcher in her capacity as an observer in the area of management research has identified specific behaviours and attitudes which she feels need to be investigated in the Northern Province:

- Nurse managers have failed to share the power they have with their subordinates resulting in apathy amongst the nursing fraternity.
- There have been changes in the higher structures of nursing service for example the position of directors of nursing services has been abolished, with such directors either being redeployed or taking retirement packages. This policy decision has resulted in nursing services being neglected.
- Nurse managers in-charge of public hospitals are on their own in shaping the nursing services in their area of work.
- There has been a tremendous increase in the number of medical officers occupying most of the Department of Health Government posts, leaving nurse managers and nursing services at hospitals neglected.

1.3 PROBLEM STATEMENT

The deteriorating state of nursing services in (government owned) hospitals in the Northern Province has made the researcher question whether nurse managers in charge of these hospitals perceive themselves as empowered and committed to organisational goals and able to function with confidence and ability in performing specific behaviours that will provide quality patient care and a satisfied consumer.

This study will use Rosabeth Moss Kanter's (1997) structural theory of organisational behaviour.

1.4 PURPOSE OF STUDY

The purpose of this study is to test Rosabeth Moss Kanters (1977) structural theory of organisational behaviour in public hospitals in respect of nurse managers. Specifically, to examine the relationship between nurse mangers' perceptions of organisational commitment and job-related empowerment in their current work environment.

1.5 OBJECTIVES OF STUDY

The following objectives were identified for this study:

- To assess the structural positional power of nurse managers in-charge of public hospitals.

- To assess the organisational commitment of nurse managers in-charge of public hospitals.

- To identify nurse managers in-charge of hospitals' conditions for work effectiveness.

- To identify the demographic characteristics of the population of nurse managers in relation to job-related empowerment.

1.6 HYPOTHESES

If the study is to test Kanter's theory, there is a need to find the relationship between job-related empowerment and organisational commitment in a group of nurse managers in public hospital settings. The following hypotheses will be tested:

- There is a positive perception between nurse managers' formal and informal power and their perception of job-related empowerment.

- Nurse managers' perceptions of formal and informal sources of power and their perceptions of access to opportunity and power are predictive of organisational commitment.

- There is a positive relationship between nurse managers' perceptions of a job-related empowerment and their commitment to the organisation.

1.7 DEFINITION OF TERMS

Empowerment - is the release of power to one's associates/subordinates in order for them to take ownership of the organisation and to make decisions in their areas of work.

Job-related empowerment - the power that managers get through structural redesign of information, resources, opportunity and support.

Managerial self-efficacy - manager's confidence in his/her ability to perform specific behaviours in particular situations.

Nurse-manager - is the professional nurse with or without administration/management qualifications who is either first or second in-charge of a nursing service in a public hospital in the Northern Province.

Organisational commitment - making the welfare of the organisation as one's responsibility. Willingness to go an extra mile for the benefit of the organisation or client without being exploited.

Professional Nurse - is a person registered as a nurse (under section 16; (iii) of the South African Nursing Act 50 of 1978 as amended).

Public hospital - is a hospital that provides services by and through government structures for the benefit of all citizens irrespective of whether it is a district, regional or tertiary hospital.

NB Northern Province does not have an academic hospital.

1.8 SIGNIFICANCE OF STUDY

- The results of this study will benefit nurse managers in re-examining work structures that may need redesigning by sharing the sources of power and giving more control to the people that actually do the work in Public Hospitals in the Northern Province.

- The results will benefit the Northern Province Health Department: both the Human Resource Development and the Research Committee in identifying the learning needs of nurse managers.

- The study will benefit Academic Institutions (University of the North in particular) that provide development for nurse managers, in identifying key areas to include in the curriculum review for the changing situations.

The report is divided into five chapters. The first chapter provides background information to the problem under study, describes the problem and the purpose of study, states the objectives and hypotheses, defines terms and outlines the significance of the study. Chapter two presents the theoretical framework and literature review. Chapter three outlines the research methodology, and chapter four provides an analysis and discussion of data whilst chapter five being a concluding chapter makes recommendations for implementation by the government in general and by the Northern Province in particular.

CHAPTER II

LITERATURE REVIEW

2.1 INTRODUCTION

This literature review will provide an overview of Kanter's structural theory of organisational behaviour, discussion of selected concepts and their application to nursing and a detailed review of the modified studies of McDermott and Dubuc on which this replication study is based. There was a paucity of South African literature available on the topic thus the research done in Canada and the United States formed the basis of the literature review.

2.2 KANTER'S THEORY OF STRUCTURAL EMPOWERMENT AND ORGANISATIONAL BEHAVIOUR

Kanter developed her structural theory of organisational behaviour following her qualitative study of work environment in a large American Corporation (Kanter (1977, 1993). Kanter's structural theory of power describes power as "... the capacity to mobilize people and resources to get things done ...", and is ultimately connected with the ability to increase organisational effectiveness (Kanter 1993:166). She sees power in the organisation as being derived from structural conditions in the work area and not because of personal characteristics or socialisation effects. She insists that men and women are products of their circumstances and are necessarily limited by them (Kanter 1993).

In her theory Kanter shows how systemic power factors in the organisation provide access to job-related empowerment which in turn affect the manager's ability to impact positively on employees in achieving success and the organisation in reaching its goals and objectives. (See Figure 2.1). These will now be described separately.

2.2.1 Systemic power factors

Systematic power factors include formal and informal power.

2.2.1.1 Formal Power which is derived from the job definition and includes:

- Its discretion/flexibility

  Discretional power is derived from the non-routinized activities within the job where one is at liberty to make decisions as one thinks fit. It allows flexibility, and permits people to make creative and innovative contributions to the organisation (Kanter, 1993:177).

- Its recognition/visibility

  The positional location of the person in the organisational hierarchy can contribute to the recognition given to job activities which have a direct impact on the organisation. To gain recognition and prestige for the individual in the organisation one must participate in activities e.g. committees and task teams which involve risk taking, lead to innovations, and result in a level of performance that is beyond the mandatory or the expected (Kanter, 1993:179).

- Its relevance/centrality

  The job activities that are relevant and central to organisational goals and objectives maximize the power base of the individual because they can address organisational priorities and issues to solve pressing organisational problems (Dubuc, 1995:9).

2.2.1.2 Informal Power as discussed by Kanter is "the informal social network" (Kanter 1993:181), the political and social alliances that one develops. The network of connections needs to be long-term and stable, and is so important especially if the connections come from outside of the immediate workgroup. This network includes political influence, sponsors, peers and subordinates (Kanter, 1993:181).

This is how this network assists the individual to gain power:

- Sponsors provide advice that generates power for the people sponsored; they get inside information and the backing of influential persons.
- Peer alliances influence work attitudes and the accumulation of organisational power.
- Subordinates : the manager needs the powerful subordinates to support her/him; therefore alliances with powerful subordinates is important.

These networks of contacts not only allow managers access to power but are a source of power within themselves.

Both formal and informal power influence access to three organisational structures namely, opportunity structure, power structure, and the structure of proportions and social composition.

2.2.2 Organisational structures

2.2.2.1 *Opportunity structures*

"Opportunity structures refer to expectations and future prospects" (Kanter, 1993:246). They relate to job conditions that provide opportunity of mobility and growth for individuals. This is determined by career opportunities; access to work-related and personal challenges, as well as opportunities to increase one's knowledge and skills, the chances to be provided with exposure, visibility, and connections necessary for growth (Dubuc, 1995:11). People in high opportunity jobs tend to have a high self-esteem and tend to be more committed to the organisation/task and willing to make sacrifices for it.

2.2.2.2 *The structure of power*

According to Kanter, (1993:247) this is "the capacity for the person to act efficaciously within the constraints of the wider organisational system". Kanter, (1993:166) defines power as "... the ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the goals he or she is attempting to meet". Kanter (1993:166) says, "The powerful are the ones who have access to tools for action". Kanter (1979:66), identified organisational sources of power as lines of information, lines of support, and, lines of supply and to be empowered one needs access to them.

These are:

- access to information and 'being in the know' to carry out one's job e.g. technical knowledge, expertise and informal information on things happening in the organisation
- access to lines of support : support to do one's work effectively like getting feedback from one's peer group and supervisors; given a chance to make own decisions in one's area of work
- access to lines of supply refers to chances to obtain resources like money, materials, rewards for the job done, and decisions that can be taken without reference to an authority.

2.2.2.3 *The structure of proportions and social composition*

This refers to proportional distribution of people of different kinds; the social composition of peer clusters - the significance of numerical distribution for behaviour in organisations; the number of minorities among majorities, women among men, whites among blacks, foreigners among natives (Kanter 1993:207).

The structure of proportion is currently being addressed by affirmative action (1994 - 1999) in South Africa, particularly the numerical proportion of people of minorities in the organisations. Kanter (1997) looks at sex polarisation and sex segregation and how experiences are shaped by different distributions across administrative positions. This study will identify demographic characteristics of nurse managers' population in relation to job-related empowerment. Nursing is a female dominated profession.

2.2.3 Personal impact on employees

According to Kanter (1993) people who have access to job-related empowerment structures are induced to behave in a manner that generates empowerment to others. People with access to job-related empowerment structures become highly motivated, have increased efficacy, increased commitment to the organisation, increased perceived autonomy, increased job satisfaction, and increased perception of participative management with lowered burnout level.

People with access to high opportunity structures have high aspirations, high self-esteem, and are more committed to the organisation, wants to grow and develop and perceive themselves as having potential for upward mobility. Those with access to power structures foster high group morale, provide opportunities for subordinates, behave in a less rigid, directive, and authoritative manner and their actions are seen as enabling rather than hindering. Proportions also have impact on individuals. Those whose group is represented in very small proportions feel more pressure to conform, are more isolated, and stressed when working within a highly represented group. They seem to be "on display". The very high proportion represented individual fit easily in the situation (Kanter, 1993).

2.2.4 Work-effectiveness

Kanter (1993) hypothesized that feedback loops connect position and response. The powerful empower the others and get things done, and there is achievement and success in an organisation. Those with high opportunity and power foster organisational commitment, respect, and cooperation in the work setting, resulting in increased work effectiveness.

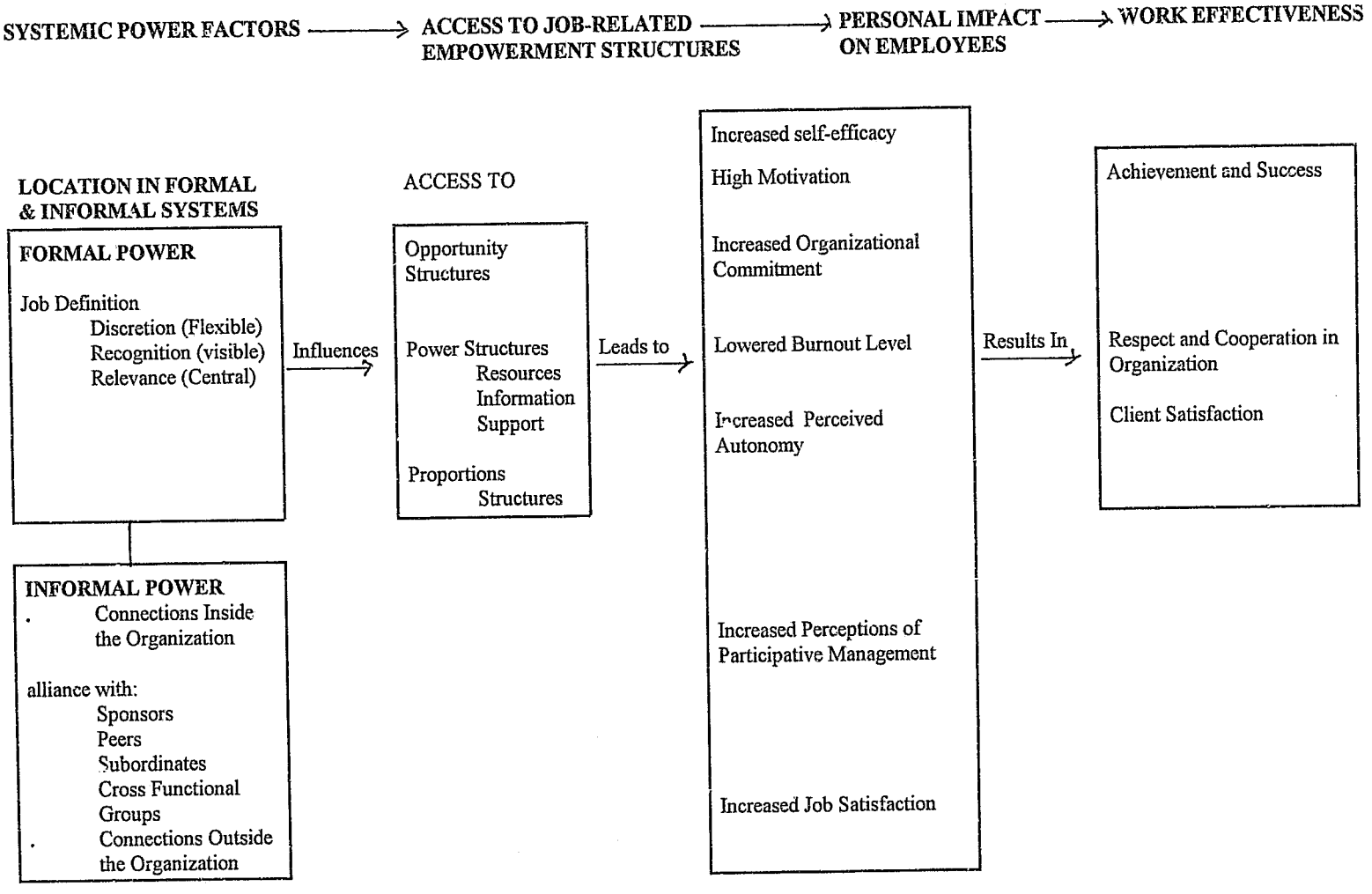

Figure 2.1 Adapted Model - Elements of Kanter's Theory (Laschinger 1996:27)

2.3 REVIEW OF GENERAL LITERATURE ON SELECTED BASIC CONCEPTS OF KANTER'S MODEL

2.3.1 Organisational Structures

Organisational structures in public hospitals (which are in the majority) in the Northern Province show a hierarchy which prevents nurse managers from having a flexible, and visible job description which is central to organisational goals.

Frank (1993) conducted a comparative descriptive study to investigate operating-room nurses' perceptions of access to information, resources, support, and opportunity in their positions. The findings supported Kanter's contention that power and empowerment are derived from the position the person occupies (Laschinger, 1996).

In another study staff nurses in Canada perceived themselves as having a moderate degree of job-related empowerment to moderate perceived access to the sources of empowerment (Sabiston & Laschinger, 1995:46). Blanchard, Carlos & Randolph (1996) say that empowerment is not given to people because people already have plenty of power in the wealth of their knowledge and motivation. The manager is to let go of this power by sharing information with everyone, and by replacing the hierarchy with self-directed teams. This will improve self-efficacy and organisational commitment.

Mills (1994) maintains that management's thinking needs to change in order to empower others in the organisation. This change would need to use empowerment techniques such as:

- building trust
- creating vision and mission
- developing competence
- supplying the necessary organisational information

- encourage risk takers.

Organisational commitment could be described as the willingness to go an extra mile in doing one's job for the benefit of the organisation or client, without being exploited or being deprived, to be able to say "NO"; is related to trust that the manager show to associates; honouring of agreements and meeting deadlines. Managers need to let their associates know that they value what is said, know that they depend on them, that they expect integrity within the organisation and in interaction with them; trust each other and be trusted by customers (Hyland & Yost, 1994).

McDermott (1994) and Dubuc (1995) both conducted studies that indicated that individual's perceptions of power and opportunities are related to organisational commitment. These studies were carried out in Canada (University of Western Ontario).

2.3.2 Power

Kanter (1979:66) defines power "as the ability to mobilize resources to get things done. Power is described in positive terms and deemed to be necessary to achieve organisational goals". In this context power is not associated with domination, control, oppression or fear; "it is intimately connected with the ability to produce; it is the capacity to mobilize people and resources to get things done" (Kanter 1983:213). Mintzberg in Blanchfield and Biordi (1996:43) defines power "as the capacity to effect (or affect) organisational outcomes". Brown and Brown (1994:19) discuss charismatic power as derived from the appeal of a strong and influential leader, and human behaviour as the result of power, and power as the result of the interplay between individual's consciousness and forces and pressures of the external world. According to Kanter (1993) an individuals' effectiveness on the job is a result of structural aspects of the job itself, not personal characteristics. Nurse behaviours and attitudes are shaped by challenges and situations in the job environment. The position and job context influence the individual's effectiveness and

success more than personal characteristics. Therefore empowerment is the orientation of all these forces, values and beliefs so that they support and liberate the individual rather than diminish their range of thought and actions. Empowerment is located within the perceptions of the individual, and links behaviour to power and the ability to strike a positive note. Kanter (1983) posits that consciousness and behaviour are formed by positions in organisation, and that men and women in organisations are the products of their circumstances - if not mechanically manufactured by their jobs, then at least limited by them. Marx in Kanter (1983) says that it is not consciousness of men that determines their existence, but their social existence determines their consciousness. Peter Drucker in the same text says that the shift in the structure and character of work has created a demand that work produce more than purely economic benefits. To make a living is no longer enough; work also has to make a life. The job makes a person and success is equated with vertical mobility. Engagement with work, ways of seeking social recognition and amount of risk-taking are all bound up with opportunity to determine the power one has in an organisation. Nurse managers in the organisation, by virtue of their location, affect their access to power. "Unless empowerment starts at the top its going nowhere" (Blanchard, 1996:15). Therefore, nurse managers need to perceive this power within themselves to be liberated from the forces and pressures of the external world.

"Productive organisational power is derived from having access to the resources, information and support necessary to complete tasks and through connections with others in the organisation" (McDermott, Laschinger & Shamian, 1996:44). Therefore the manager with power from within has interconnectedness and information exchange and sharing of influence and decision-making. This is in keeping with Kanter's (1979) notion that people who have access to sources of power can increase organisational effectiveness by sharing these sources of power with the people with whom they work. Sharing power with others will expand one's own power. According to Kanter (Dubuc 1995:74) "... power is critical to the effective behaviour of people in an organisation. Without power ... people are incapacitated, frustrated, and prone to failure".

Activities which enhance noticeability and recognition would not necessarily build power if they fail to be relevant or central to organisational goals or objectives. Therefore, people are in a position to maximize their power base if placed in situations where they can address organisational priorities and issues, and solve pressing organisational problems (Kanter, 1993).

Power has a social component, where connections and alliances within and across organisational boundaries with powerful and influential individuals can play a needed role by providing approval prestige, and support for planned activities. A network of contacts can be a source of power in itself (Kanter, 1993:181).

2.3.3 Powerlessness

"Powerlessness is a term which has often been associated with nurses and with the nursing profession. Nurses deal with struggles and issues concerning their own value, their role, and their contribution to health care. There is a general acceptance in the nursing profession that health care organisations have not been structured in a way that facilitates equilateral roles with other health care professionals in the workplace" (McDermott, 1994:10). This is a universal problem, for nursing, and the allied medical discipline students as most do a four-year degree/diploma but when it comes to recognition, the significance of the nursing role in patient care is less; although the nursing role is central to the organisation's goal of quality service. Porter O'Grady in McDermott (1994) notes that nurses' complaints regarding lack of opportunities for growth, lack of influence in decision-making and lack of control over their own practice are indicative of the internal struggles faced by professional nurses in the workplace. "The level of decision-making is way up. The level of accountability is way down. That's a problem" (Kanter 1993:164). "... absolute power ... renders everyone else powerless" (1993:166).

Powerlessness can be manifested by any individual in an organisation, especially the people who do not have access to opportunity, those who feel stuck in their jobs or have low self-esteem.

Kanter (1979) says that other positions are classically powerless such as "first line supervisor, staff professionals and chief executive officers" because of difficulties in maintaining open lines of information and support. Therefore restructuring and redesigning organisational structures in order to eliminate pockets of powerlessness is a must. Kanter (1979:66) says: "If organisational power can "ennoble" then ... organisational power-lessness can ... corrupt". People earn a salary without working; people steal hospital equipment because of this powerlessness that corrupts.

2.3.4 Job-related Empowerment

As indicated in the theoretical framework, the power and opportunity structures are sources of job-related empowerment; and these are influenced by systemic power factors. Structures of power include ability to access resources, information and support from one's position in the organisation. Structures of opportunity refer to expectations and prospects for advancement and growth within an organisation.

Laschinger & Shamian (1994), when testing Kanter's theory of structural power, discovered that, there is a relationship between nurse managers' perceived self-efficacy (confidence in own ability to get things done) and job-related empowerment.

According to Kanter (1993), access to resources, information and support is influenced by the position a person has in the organisation (formal power) and the relationships and connections an individual has with other parts of the system (informal power). People who accumulate systemic power (formal and informal) will have increased access to the job-related empowerment structures (McDermott, 1994).

"Power is most easily accumulated when one has a job that is designed and located to allow discretion, recognition and relevance" (Kanter 1979:66).

Discretion is derived in the job that is nonroutinized action permitting flexible, adaptive, and creative contributions to the organisation.

Job-related empowerment is also derived from the positional location of the person in the organisational hierarchy, the recognition given to job activities which have a direct impact on the organisation and, job activities that are relevant and central to organisational goals and objectives (Kanter, 1993).

Informal power relates to alliances with sponsors, peer networks, and subordinates are needed to give more backing or support for proposed activities. "Such connections facilitate the work of the organisation as people use these networks to cut through red tape, gather pertinent information from sources outside the formal system and obtain the necessary assistance and support to get things done" (Kanter, 1993:181).

McClosky in McDermott (1994:9) says: "Peer networks and collegial relationships are an important source of support and connectedness ... positively affecting their commitment and motivation to their job". This is consistent with Kanter's (1993) assertion that peer network and alliances are sources of access to job-related empowerment. Managers who perceive themselves to be in powerful positions are more likely to be highly motivated and in turn motivate others. These managers gain the respect and cooperation that attributed power brings. "Because powerful managers have so many lines of connection and are thus oriented outward, they tend to let go of control downward, developing more independently functioning lieutenants" (Kanter, 1979:67).

Laschinger (1996) has a problem with the hierarchical nature of the current work environment which appear to give more access to work empowerment structures to those

in higher positions, which she thinks may demotivate workers from being effective in their work. She maintains that Kanter's model application in nursing work environments deserves serious attention as nursing struggles to retain its professional edge in current health settings.

Fetterman, Kaftarian & Wandersman (1996) talk of empowering processes as fundamental if it attempts to gain control, obtain needed resources and critically understand the social environment, help people develop skills so that they can become independent problem solvers, decision-makers and share the leadership.

Mason in Rodwel (1996) suggests that empowerment includes enabling people to recognize their strengths, abilities and personal power and indicates power-sharing, respect for self and others as part of the process. No one can value others unless they value themselves. Nurse managers cannot therefore empower others unless they themselves are empowered. Weis and Schauk in the same text (Rodwel, 1996:307) suggest "that the profession does not value its professional roots, which may explain why nursing does not enjoy empowerment". To expand power means to share it. If one wants to foster far-reaching influence, make followers feel powerful and able to accomplish things on their own (Kanter, 1979).

"Where power is "on" the system can be productive and where it is "off" the system bogs down" (Kanter, 1979:66). In her study of the power of women as nurses, Van der Merwe (1996) says that nurse managers are perceived to be very powerful human beings within a given health system. They need to be sensitively made aware of this power and simultaneously be guided and supported to carry this difficult load. They need development of their interpersonal and communication skills as well as the skills to empower others and they as leaders need to make themselves as human beings known to their co-workers and move beyond a telling or directive mode.

2.3 5 Organisational Commitment

Wheeler and Chinn in Rodwel (1996) believe that empowerment entails commitment to both self and others (one's customers or patients; one's organisation, and one's job) whilst according to McNeese-Smith (1995) organisational commitment can be defined as the strength of an individual's identification with and involvement in a particular organisation with strong belief in the goals and values of the organisation; a willingness to work hard for the organisation and desire to maintain a membership in the organisation. Dressler (1993) looks at the rapidly changing world and advantage that lies not in the machines but in people; - people who will improvise, innovate and invest themselves personally in their companies. He sees committed managers as those who give the competitive edge to their institutions. These institutions then promote participation, teamwork, flatter hierarchies, and give autonomy and responsibilities to the lower-level managers.

Dressler (1993) says that only people and not the machines can invest themselves personally in their companies. Therefore commitment is seen as forging synthesis from both the organisational and individual's goals, so that when one pursues his own goals he will at the same time be pursuing the organisational goals as well. The committed manager will act in the interest of the organisation just as he would in his own interest, for he perceives them as identical.

Kanter (1983) says that there is emotional and value commitment between the person and the organisation, where people feel that they belong to a meaningful entity and can realise cherished values by their contributions.

In the studies conducted by McDermott (1994) and Dubuc (1995), both indicated that an individuals' perceptions of power and opportunity are related to organisational commitment. These will be described in more detail later in this chapter. "Commitment

is characterised by three related factors: (a) strong belief in and acceptance of organisational goals, (b) a willingness to expend considerable effort for the organisation, and (c) a desire to remain with the organisation" (McDermott 1994:23).

McDermott (1994) further looks on organisational commitment as the strength of an individual's identification with and involvement in an organisation.

In their study McDermott, Laschinger, and Shamian (1996) identified that in an organisation there are two different conceptualisations of commitment:

- "Calculated commitment" where individuals remain with the organisation because of perceived cost associated with leaving or discontinuing. McDermott (1994) identifies this with the concept she calls "continuance commitment" where the individual stays with the organisation because she feels she needs to.

- "Attitudinal commitment" individuals remain with the organisation because they want to. It is also related to McDermott's concept of "affective commitment" where people remain with the organisation because they want to.

Calculated commitment has been found to be related to tardiness, intent to leave and turnover.

There is evidence to link organisational commitment with superior job performance. Perceptions of positive job-related empowerment is linked to organisational commitment (Kanter, 1993).

Gurney, Mueller and Price (1997) conducted a study on job satisfaction and organisational attachment (commitment and intent to leave) of nurses holding doctoral degrees. They looked at job satisfaction as the degree to which the person likes his/her

job and hypothesized to positively affect organisational commitment. Organisational commitment is defined by Gurney *et al* (1997:164) "... as the degree to which the person is loyal to the organisation which, in turn negatively affects intent to leave (intent to leave taken as the degree to which the person plans to quit the organisation). Employees who like their job will be more loyal to the organisation and decide not to leave".

Almost related to Kanter's structural theory of power in organisation, the causal model of Gurney *et al*, (1997) on job satisfaction and organisational commitment or intent to leave (attachment) has a number of identical variables. In this model job satisfaction increases organisational commitment. In Kanter's (1993) theory, access to opportunity and power structures lead to increased organisational commitment and increased job satisfaction.

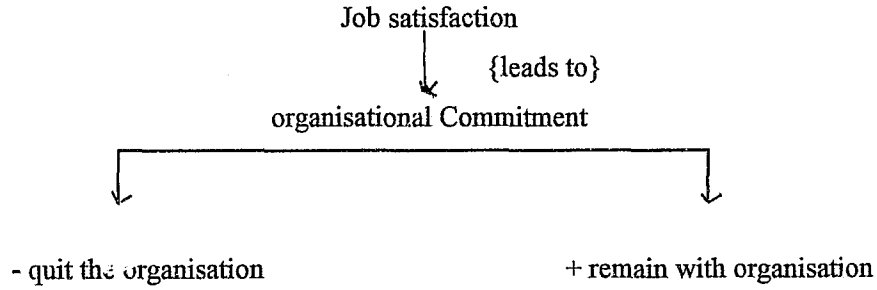

Figure 2.2 Gurney, Mueller & Price Causal Model (1993)

"Organisational commitment is the measure determinant of organisational behaviour" (McDermott 1994:21), hence the concern of the researcher in the Northern Province - situation in the public hospitals. The work behaviours in calculated and in attitudinal commitment is different. The comparison being that those who value their membership and are willing to stay will exert considerable performance on behalf of the organisation. McDermott comments that commitment is more than a mere loyalty to an organisation, it "... involves an active relationship with the organisation to the extent that individuals

are willing to give of themselves and to exert appreciable energy for the good of the organisation" (McDermott 1994:24). According to Mowday *et al* in McDermott (1994) organisational commitment is not the same as job satisfaction, it emphasises linkages with the organisation, including its goals and values. In Zulu culture when the men or women work in an organisation that they like, and are committed to, they call it "kwethu" meaning "our home". Job satisfaction reflects an individual's response to his or her immediate environment.

McCloskey and McCain in McDermott (1994:25) suggested that "... while organisational commitment was related to turnover, in times of limited opportunity for alternative employment, uncommitted nurses staying on the job could result in increased absenteeism, poor performance, and decreased patient satisfaction". Nurses, according to Corley and Maursch in McDermott (1994) have multiple commitments to their organisation, to their profession, to patients and to other personnel. "The concept of organisational commitment is significant because of the behavioural consequences of employees' commitment to their employer organisations. Positive relationships between commitment and employee's willingness to engage in strategies for career development have been found" (McDermott 1994:27). There has been on the one hand, some evidence to link organisational commitment with a high standard of job performance. On the other, hand, calculated organisational commitment is found to negatively affect the behaviour and the willingness of the employees, bringing the feeling of being stuck in the organisation. Kanter and Stein, in Dubuc (1995), advocate that by creating more opportunities, and treating people with respect, sharing information, and managing expectations other ways of avoiding the feeling of being stuck by employees are created. The researcher feels that an analysis of the relatedness of the two variables in the health industry in general will make health professionals to perceive their positions differently.

2.3.6 Review of Studies by McDermott (1994) and Dubuc (1995)

McDermott (1994) based her study on examining the relationship between job-related empowerment perceptions of hospital staff nurses and their commitment to the organisation. A random sample of 112 full time registered nurses from one acute care teaching hospital, employed in a position of staff nurse for at least one year, participated in the study. The Conditions for Work Effectiveness Questionnaire, Organisational Descriptive Questionnaire developed by Lashinger (1991) which combines - Part A items in the Job Activities Scale; and Part B items to examine the individual's perception of the power held by his immediate manager, the Organisational Commitment Questionnaire and a demographic questionnaire were used to collect data in this study. Nurses perceived themselves to be moderately empowered (M = 1.65) and reported themselves to be moderately committed (M = 4.89) to their organisation. Their perceptions of structural power characteristics in their work environment were also moderate (M = 2.78) as were their perceptions of their immediate manager's power (M = 2.80).

Dubuc (1995) examined the relationship between Canadian Forces Nursing Officers' perceptions of organisational commitment and job-related empowerment in their current work environment. A sample of 44 military staff nurses from a military, acute care teaching hospital, employed in their current position for at least 6 months, participated in the study. Data were collected using the Conditions for Work effectiveness Questionnaire, the Job Activities Scale, the Organisational Relationships Scale, the Organisational Commitment Questionnaire, and a demographic questionnaire. The Nursing Officers in her study perceived themselves to be moderately empowered (M = 11.47, SD = 2.17) and reported moderate commitment (M = 4.29, SD = 1.05) to their current place of employment. A strong positive correlation was found between Nursing Officers' perceptions of job-related empowerment and organisational commitment ($r = .6989$, $p < .001$). The perceptions of formal and informal power were significantly related to perceptions of job-related empowerment. No statistically significant relationships were

found to exist between the demographic variables and perceptions of job-related empowerment and organisational commitment.

2.4 SUMMARY

Kanter's theory of organisational power is derived from the structural position. The position (formal) that is flexible, visible and central to organisational goals; the position (informal) that influences alliance with sponsors, peers, subordinates, cross functional groups, and connections outside the organisation. This structural position (formal and informal) influences access to job-related empowerment structures which leads to increased organisational commitment and result in work effectiveness. The empowering techniques the manager can use are building trust, creating vision and mission, developing competence, supplying the necessary organisational information and encouraging risk takers.

Power is perceived positively as intimately connected with ability to produce. It is seen as derived from having access to the resources, information and support. When power is off, powerlessness results.

Therefore, for work effectiveness, people need to be committed to their tasks. Commitment comes when the person is empowered, that is having access to opportunity resources and support. This is seen in positions that are flexible, visible, and central to organisational goals. The formal power is derived from having alliances with people inside and outside the organisation.

CHAPTER III

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

A descriptive correlational study design was used to explore the relationship between nurse managers' organisational commitment and perceived access to power and opportunity structures in their current work setting.

This design enables collection of data and analysis of the relationships between job-related empowerment and organisational commitment amongst nurse managers, specifically aspects like access to opportunity, information, support, resources, job activities and organisational relations.

3.1.1 The Setting

The development of public hospitals in the Northern Province determines the expectations from nurse managers by the health service. Northern Province is the most rural of the nine provinces in South Africa. The majority of the hospitals in this area were established by the churches. Later, with the development of the black homeland governments (Gazankulu, Lebowa, Vhenda) by the previous apartheid government, these hospitals were subsidized by the state and became partial state (homeland) and mission hospitals. The matron in addition to managing the nursing service and patient care was expected to oversee different areas in the hospital such as the kitchen, laundry, nurses' home, community services and the nurse training school. This meant that she was unable to devote her full attention to patient care and the development of the nursing personnel. Most hospitals are now public hospitals and function as either district, regional or tertiary hospitals (determined by the size of the hospital, bed occupancy, and the area). Nurse managers have to offer services according to the type of hospital.

3.2 POPULATION AND SAMPLE

The population consisted of all nurse managers and their deputies in the public hospitals in the Northern Province regardless of rank, management qualification or the size of the hospital.

The total number of public hospitals was 41, thus giving a sample of 84. As this was a relatively small number the total population formed the sample. A final total of 48 nurse managers responded.

3.3 METHODOLOGY

3.3.1 Instruments

This is a replication study adapted from the studies done in Western Ontario University specifically the studies done by McDermott, (1994) & Dubuc, (1995). Permission to use the tools was requested and was granted by Doctor Heather Spence Laschinger, who is in-charge of and an advisor for these studies done at this University (see Annexure 1). She has also been involved in the formulation of some of these tools.

Since these study instruments were developed for the situation in Western Ontario, the researcher in consultation with her supervisor saw the need to modify the wording - adjusting it to suit the situation in the Northern Province and the target population e.g. "Unit" changed to "hospital" in most of the items. "Physician" replaced by "superintendent"; "Headnurse" by "Director" - as the person the nurse manager-in-charge is answerable to.

Four instruments were used to measure the variables in the study. These were:

3.3.1.1 *Conditions for Work Effectiveness Questionnaire (CWEQ) (Chandler, 1986)*

The CWEQ instrument items were originally developed from Kanter's (1977) study of cooperation and adapted by Chandler (1986) for use in a nursing population. "Chandler (1991) reported alpha reliability coefficients for the four subscales as follows: support, .88; information, .81; opportunity, .76; and supplies/resources .69."

Haugh (1992) altered the supplies/resources subscale for her study based on Chandler's recommendations. The supplies/resource subscale was further modified. Adequate alpha reliability scores for supplies/resource subscale have been reported by Goddard (1993), Haugh (1992), Laschinger & Shamain (1994), McDermott (1994) and Dubuc (1995) (Dubuc, 1995:65).

This (CWEQ) is a (40) forty item Likert scale questionnaire. (See Annexure II.) Participants are asked to circle the number that best describe their response on a 5-point-Likert-type scale for items in each subscale. The scale provides alternatives ranging from "none" (1) to "a lot" (5) on the three subscales opportunity, support, and resources, and from "no knowledge" (1) to "know a lot" (5) on the information subscale.

This was used to measure nurse managers' perception of power and opportunity. The idea was to find out whether nurse managers (Northern Province) perceive their position and access to opportunity structure as empowering, measured by access to three power structures that is access to information, support, and resources. Conditions for work effectiveness questionnaire was designed to measure the job-related empowerment. This is to support Kanter's, (1993) proposition that structure variables of work design can be empowering.

This questionnaire consist of four subscales:

- opportunity: for growth, development, and advancement that nurse managers might have in their jobs.
- information: how much information nurse managers have about what goes on in their hospitals.
- support: types of support that might be available to nurse managers.
- resources/supplies: required to do nurse managers' job.

Demographic data were also included as part of this questionnaire (CWEQ). Participants were asked to indicate gender, age in years, years of experience in nursing, current position held, years of experience in present position and highest level of education.

The variables were examined to see if they affected the participants' perceptions of job-related empowerment or their organisational commitment. (See Annexure II.)

3.3.1.2 *Job Activities Scale (JAS) (Laschinger Kutzcher, and Sabiston, 1993)*

The JAS instrument was derived from Kanter's (1993) theory. According to Dubuc (1995:66) this is a modified version of the Organisational Description Opinionnaire (ODO) originally developed by Laschinger (1991).

This was used to measure nurse managers' perceptions of their formal power characteristics in the current work setting (the amount of discretion, visibility, and relevance in the work position).
This 5-point Likert type scale (JAS) has (13) thirteen items. The scale ranges from "none" (1) to "a lot" (5). The participants are asked to circle the number that best describes their organisation situation. (See Annexure III.)

3.3.1.3 *Organisational Relationship Scale (ORS) (Laschinger, Sabiston and Kutzcher, 1993)*

Chandler (1992) originally developed this scale. It was further developed by Laschinger et al., following a review of Kanter's theory (Dubuc, 1995:67).

This was used to measure nurse managers' perceptions of informal alliances as predictor of job-related empowerment.
This Likert type scale (ORS) consists of (24) twenty four items, rated from "none" (1) to "a lot" (5). Participants are requested to circle the most appropriate response. (See Annexure IV.)

3.3.1.4 *Organisational Commitment Questionnaire (OCQ) (Mowday, Steers, and Porter, 1979)*

The OCQ was developed by Porter and Smith (1970), further developed by Cook, Hepworth, Wall, & Warr, (1981) and furthermore by Mowday et al. (1979). There is no mention in literature of further development of the scale (Dubuc, 1995).

This was used to measure nurse managers' self-reported perception of identification and involvement in their particular organisation. This 7-point Likert-type scale, (OCQ), consists of (15) fifteen items. The scale ranges from "strongly disagree" (1) to "strongly agree" (7). The participants are asked to circle the number that best describe their individual feeling about the organisation. (See Annexure V.)

All the scales have been previously validated. Reliability, using Cronbach's reliability coefficient for the study instruments was done in Western Ontario (see Table 3.1).

Table 3.1

CRONBACH'S RELIABILITY COEFFICIENTS FOR STUDY INSTRUMENTS BY DUBUC (1995) AND McDERMOTT (1994)

INSTRUMENT	ALPHA COEFFICIENTS	
	DUBUC	McDERMOTT
CWEQ SUBSCALES		
OPPORTUNITY	.8287	.8058
INFORMATION	.8551	.8692
SUPPORT	.8952	.8738
RESOURCES	.7927	.7328
CWEQ JOB-RELATED EMPOWERMENT	.8983	-
JAS	.5880	-
PRS	.8849	-
OCQ	.9085	.8906

Source : Dubuc, 1995:76

These results demonstrate the reliability of the scale as a measure of job-related empowerment.

3.4 DATA GATHERING METHODS

3.4.1 Ethical Issues

- Permission was granted by the Northern Province Research Department to conduct the study in the Northern Province. (See Annexure VI.)
- Permission was also requested and granted by the six regions in the Northern Province Department of Health. (See Annexure VII.)

- Permission was also requested and granted by the Medical Superintendents of the forty-one Public Hospitals in the Northern Province. (See Annexure VIII.)
- Permission to use the study instruments was granted by the University of Western Ontario (Annexure I).
- Permission from the University of the Witwatersrand (Medical) Committee for Research on Human Subjects (form CRHS 1996) was obtained. (See Annexure XI.)
- The self administered questionnaires with an information sheet were sent to all prospective respondents, with a stamped self addressed envelope for return of the questionnaires. Return of questionnaire was taken as consent. (See Annexure IX.)
- Privacy, anonymity and confidentiality were guaranteed since no name (only numbers) appeared on the instrument, and results will not show who the respondents were.

3.4.2 Pilot Study

This was conducted in two phases:

The informal phase was done to test the drafted questionnaires. Three respondents (from academic and management areas other than the hospital manager) were verbally requested to complete the questionnaire and to comment on the time taken to fill in the questionnaires and if they had any difficulties in understanding any of the questions. Only one change was necessitated namely, changing of the word 'boss' to senior (item 4 CWEQ).

In the formal phase six respondents were selected randomly; Chief Professional Nurses doing supervisory work at six different hospitals were requested verbally and permission obtained. The questionnaires were sent to them.

3.4.2.1 *Results of Pilot Study*

Only mean and standard deviations were done to analyse data at this juncture (For summary of the statistics see Table 3.2).

HYPOTHESIS 1

There is a positive perception between nurse managers' formal and informal power and their perception of job related empowerment.

- Job activities and organisational relationships against access to opportunity structures and power structures (access to information, support and resources) was looked into.

Job Activities M = 3.41; Organisational Relationships M=3.33; Opportunity Structures M = 2.81; Information M = 2.95; Support M = 2.75; Resources M = 3.20.

The rating on the above scales was 1-5 therefore the mean (M) of these scales is 2.5. The above results showed that:

- Respondents perceived a moderate degree of job-related empowerment (formal and informal) and low to moderate access to opportunity structures and power structures.

HYPOTHESIS 2

Nurse managers' perceptions of formal and informal sources of power and their perceptions of access to opportunity and power are predictive of organisational commitment.

- Respondents displayed a moderate job-related empowerment in relation to job activities in their work situation (formal) M = 3.41; SD = 0.87 and moderate job related empowerment in relation to organisational relationships (informal) M = 33,3; SD = 0.79.
- Respondents perceived a moderately low degree of job-related empowerment in relation to opportunity structures M = 2.81; SD = 1.53; access to power structures information M = 2.95, SD = 0.89: support M = 2.75, SD = 1.00: resources M = 3.20, SD = 0.79.
- Respondents displayed moderately high commitment to their organisation M = 4.12, SD = 1.52.

HYPOTHESIS 3

There is a positive relationship between nurse managers' perceptions of job-related empowerment and their commitment to the organisation. Pearson's correlation coefficient will be done in the main research by getting a mean for the scales in CWEQ, JAS & JRS and correlate it with OCQ mean.

Job-related empowerment M = 2.90

Organisational commitment M = 4.12

There is moderate job-related empowerment and moderate high organisational commitment.

- The study as revealed by summary statistics (mean and standard deviation) showed moderate job-related empowerment and organisational commitment.
- Moderate to low access to opportunity structures may indicate a problem, staff adopting a "calculated commitment" which McDermott (1994:22) says, people stay because of perceived cost associated with leaving or discontinuing. Therefore displaying a moderately high commitment to their organisation may not always mean identifying with or involvement in an organisation.

Table 3.2

MEANS AND STANDARD DEVIATIONS FOR SCALES AND SUB-SCALES USED IN THE PILOT STUDY (CWEQ SUB-SCALES, JAS, ORS, AND OCQ)

INSTRUMENT	M	SD
CWEQ Subscales		
- Opportunity	2.81	1.53
Information	2.95	0.89
Support	2.75	1.00
Resources	3.20	0.79
Job Activities Scale	3.41	0.87
Organisational Relationship Scale	3.33	0.79
Organisational Commitment Questionnaire	4.12	1.52

(M = mean & SD = standard deviation)

3.4.3 Appointment with Statistician

- A statistician was consulted in order to rate the instruments and regular consultations took place.

3.4.4 Collection of Data

- The four self administered questionnaires with an information sheet were sent to all members of the sample, with a stamped self-addressed envelope for return of the questionnaires (see Annexure IX).
- A reminder with the four questionnaire package (see Annexure X) was sent to those who did not return the questionnaires, with a stamped self-addressed envelope for return of the questionnaires.

3.4.5 Proposed Analysis of Data

- For hypotheses 1 and 2 multiple regression was used and Pearsons' correlation coefficient for hypothesis 3.
- Psychometric analysis was used to test reliability.

3.4.6 Validity and Reliability

All the four questionnaires were subject to face and content validity testing at the University of Western Ontario, Canada. The Conditions for Work Effectiveness Questionnaire has been considerably revised since it was designed by Kanter in 1977 and has been further validated (Dubuc, 1995). The three other scales (JAS, ORS and OCQ) have likewise been accepted as valid. In addition the OCQ scale has demonstrated construct, convergent and predictive validity (Dubuc, 1995:69).

With the exception of minor word changes to make the questions more appropriate to South Africa, no further validity testing was deemed necessary (See section 3.3.1 above for fuller description of the changes that we made).

Polit and Hungler (1993:323) state "a measuring device that is unreliable cannot possibly be valid". All the four questionnaires were subject to extensive reliability testing both in Canada and in this study (See Table 3.1 and section 4.3 for fuller description of this aspect).

3.4.7 Summary

The pilot study results as revealed by summary statistics (mean and standard deviation) showed moderate job-related empowerment and organisational commitment.

- Moderate low access to opportunity structures may have indicated a problem, staff adopting a "calculated commitment" which McDermott, (1994:22) says, people stay in the service because of perceived cost associated with learning or discontinuing. Therefore displayed moderately high commitment to their organisation may not mean identifying with or involvement in an organisation.

No further changes were made after the pilot study.

CHAPTER IV

DATA ANALYSIS

4.1 INTRODUCTION

This study was done to test Kanter's structural theory of organisational behaviour on a population of nurse managers, specifically their perceptions of job-related empowerment and organisational commitment. Permission was first requested and granted from the Northern Province, the six regions, the (41) forty one hospitals and from the individuals. Follow ups had to be made to get permission from the six regions through phone calls. This was a tedious process. The sample size was 84 taken from the 41 public hospitals in the Northern Province, the in-charge managers and their deputies. Of the 84 thirty nine (39) questionnaires were returned after the first contact and ten (10) following the reminder. In all forty nine (49) respondents (58%) completed the questionnaires.

The demographic data of the respondents (see Table 4.1) revealed that 2 (4.3%) were males and 45 (95.7%) were females. Of the 48 respondents 34 (70.8%) indicated that they were the manager in-charge, and 14 (29.2%) were deputy managers. The age range was between 30 years and 64 years (59 - 64 = 1 each). The mean age was 54 years. The managers were well qualified with 5 (10.4%) having honours degrees and 24 (50%) having a baccalaureate degree. The remainder 19 (39.6%) had diplomas and certificates.

The statistician was consulted about the sample size and he was satisfied with the above fifty eight (58) percent number of respondents.

Table 4.1

DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

SEX

SEX	FREQUENCY	PERCENT
MALE	2	4.3
FEMALE	45	95.7

N = 48 Frequency Missing = 1

CURP = CURRENT POSITION

CURP	FREQUENCY	PERCENT
IN-CHARGE	34	70.8
DEPUTY	14	29.2

N = 48 Frequency Missing = 1

HLE = Highest Level of Education

HLE	FREQUENCY	PERCENT
DEGREE	24	50.0
HONOURS	5	10.4
OTHER	19	39.6

N = 48 Frequency Missing = 1

Table 4.1 (Continued)

AGE

AGE	FREQUENCY	PERCENT
30	1	2.1
37	1	2.1
39	1	2.1
41	2	4.3
42	1	2.1
44	1	2.1
45	2	4.3
46	4	8.5
47	5	10.6
48	3	6.4
50	1	2.1
51	2	4.3
52	2	4.3
53	1	2.1
54	8	17.0
56	2	4.3
57	1	2.1
58	4	8.5
59	1	2.1
60	1	2.1
61	1	2.1
63	1	2.1
64	1	2.1
N = 48 Frequency Missing = 1		

4.2 DESCRIPTIVE RESULTS

Four instruments were used to measure the variables in this study. These were Conditions for Work Effectiveness Questionnaire (CWEQ); Job Activities Scale (JAS); Organisational Relationships Scale (ORS); and Organisational Commitment Questionnaire (OCQ). Dubuc (1995) and McDermott (1994) computed Cronbach's

reliability coefficients for these instruments, in London University of Western Ontario (see Table 3.1).

A statistician was engaged to process and analyse the data using the SAS statistical package. Means and standard deviations were calculated for all scales and subscales in the study (see Table 4.2). Nurse managers' perception of the overall job-related empowerment showed a moderate access to structures of power (M = 3.33, SD = 0.63). This result was slightly lower than that found by Haugh and Laschinger (1996). The means of the subscales also showed moderate access to structures of power. Nurse managers who participated in the study perceived access to information to be the empowering factor (M - 3.51, SD = 0.86) followed closely by access to opportunity (M = 3.47, SD - 0.74). Access to resources was rated the lowest (M = 3.02, SD = 0.71), indicating that access to resources contributed least to their perceptions of job-related empowerment. Results of the CWEQ scale and subscales were similar to findings reported by McDermott (1994) but slightly different from the findings reported by Dubuc (1995), where military staff nurses who participated in this study perceived access to opportunity to be the most empowering factor (M = 3.21, SD = .63) and access to information rated the lowest (M = 2.63, SD = .63).

The perceptions of formal power using Job Activities Scale (JAS) were moderate (M = 3.50, SD = 0.54), for nurse managers who participated in this study, as well as their perceptions of informal power (M = 3.35, SD = 0.63) measured by the Organisational Relationship scale (ORS). Nurse managers rated informal power higher than formal power. Similar results were reported by Sabiston and Laschinger (1995).

Nurse managers reported moderate commitment (M = 4.62, SD = 0.64) to their organisations in which they were employed. However, this was slightly lower than the results reported by McDermott (1994) but slightly higher than the results reported by Dubuc (1995), (M = 4.29, SD = 1.05).

Table 4.2

MEANS AND STANDARD DEVIATIONS FOR THE CWEQ SUBSCALES, JAS, ORS, AND OCQ

INSTRUMENTS	N	MEAN	SD
- CWEQ Subscales			
- Opportunity	49	3.47	0.74
- Information	48	3.51	0.86
- Support	48	3.29	0.91
- Resources	49	3.02	0.71
- Job Related Empowerment	48	3.31	2.52
- Job Activities Scale (JAS)	48	3.50	0.54
- Organisational Relationship Scale (ORS)	48	3.63	0.63
	48	4.62	0.64
- Organisational Commitment Questionnaire (OCQ)	48	3.33	0.63
Conditions of Work Effectiveness Questionnaire			

4.3 PSYCHOMETRIC ANALYSIS FOR INSTRUMENT RELIABILITY

Reliability analysis was conducted on all the instruments used in the study. Internal consistency of each of the four subscales within CWEQ (i.e., opportunity, support, information, and resources), as well as for the JAS, ORS and OCQ, was determined using Cronbach's reliability coefficient. The reliability coefficient for the CWEQ subscales were .7696 for opportunity, .8789 for information; .8527 for support, and .8197 for resources (see Table 4.3). These results are comparable to those reported by previous researchers (see Table 4.4). CWEQ internal consistency was evaluated at .9273 which shows stronger than results reported by Dubuc (1995) at .8983.

Job Activities Scale internal consistency results were higher (.8362) than reported by Dubuc (1995) at .5880 (see Table 4.5). Organisational Relationship Scale Cronbach alpha coefficient results reported higher (.9013) than the results reported by Dubuc (1995) at .8849.

Contrary to the other studies as reported by Dubuc (1995) and McDermott (1994) for Organisational Commitment Cronbach's alpha coefficient was reported lower at .7203 (see Table 4.5).

Individual item reliability analysis of the Job Activities Scale was done for this study to test whether any item in the instrument would lower or increase the reliability. The listwise deletion indicated homogeneity between items within the scale. This differs with the results on Dubuc (1995) study. The same instrument was used with no modification (see table 4.6).

Table 4.3

CRONBACH'S ALPHA COEFFICIENT FOR THE STUDY INSTRUMENTS

INSTRUMENTS	ALPHA COEFFICIENT
CWEQ Subscales	
Opportunity	.7696
Information	.8789
Support	.8527
Resources	.8197
CWEQ Job Related Empowerment	.9273
JAS Activities Scale	.8363
Organisational Relationship Scale	.9013
Organisational Commitment Questionnaire	.7203

Table 4.4

CRONBACH'S ALPHA RELIABILITY RESEARCH PROGRAM RESULTS - CONDITIONS FOR WORK EFFECTIVENESS (CWEQ)

	Opportunity	Information	Support	Resources
Haugh (1992) Managers	.9122	.7320	.7275	.6599
Goddard (1993)				
First-time Managers	.7744	.7788	.8775	.7971
Middle Managers	.7646	.8873	.9162	.9030
Laschinger & Shamain (1994)				
Managers	.85	.89	.89	.67
McDermott (1994)	.8058	.8692	.8738	.7328
Dubuc (1995)	.8287	.8551	.8952	.7929

Source : Dubuc, 1995:65

Table 4.5

CRONBACH ALPHA COEFFICIENT RESEARCH PROGRAMME RESULTS - JAS, ORS, OCQ

This Study	Dubuc	McDermott
JAS .8362	.5880	-
ORS .9013	.8849	-
OCQ .7203	.9085	.8906

4.4 HYPOTHESES

4.4.1 Hypothesis 1

In the first hypothesis the prediction was that there was a positive perception between nurse managers' formal and informal power and their perception of job-related empowerment. Multiple regression was used to determine the effect of perception of informal and formal power on the prediction of job-related empowerment. The results revealed that positive perceptions of formal and informal power levels, combined, explained 68% of the variance of the job-related empowerment score ($R^2 = .6833$, $F(2,44) = 47.46$, $\rho<0.0001$). The regression coefficients of both the formal ($\beta = .4345$, $t = 3.886$, $\rho<0.003$) and informal ($\beta = .5349$, $\rho<0.0001$) measures of power were significant. These results suggest that both the two variables were significant predictors of job-related empowerment. However, informal power contributed more significantly to prediction of access to empowerment. The results differ slightly from Dubuc (1995) who found that formal power was more significant to the prediction of job-related empowerment. Thus, the results of this hypothesis provide support for Kanter's (1993) propositions that individuals with positions that have formal power and who develop informal power through alliances within the organisation and connections outside the organisational structure would have greater access to sources of job related empowerment.

Table 4.6

RELIABILITY ANALYSIS OF THE JOB ACTIVITIES SCALE (JAS)

Reliability Analysis of the Job Activities Scale (JAS)

	Dubuc (1995)	This Study
Item	Alpha if Item Deleted	Alpha if Item Deleted
1. Rules that regulate job activities	.5678	.7901
2. Estimated routines	.5559	.7848
3. Variety in tasks	.5888	.7784
4. Rewards for predictability	.7218	.7487
5. Rewards for unusual performance	.4773	.7560
6. Rewards for innovation	.4608	.7443
7. Flexibility in job	.5181	.8008
8. Approvals for non-routine decisions	.6253	.7865
9. Publicity about job activities	.5419	.7794
10. Relation of task to problem areas	.5829	.7792
11. Participation in educational programs	.5421	.7769
12. Participation in problem solving	.5549	.7874
13. Visibility of work-related activities	.5432	.8026
Job Activities Scale - Cronbach's Alpha	.5888	.8362

Note. Alpha can range from 0 (no internal consistency) to 1 (perfect internal consistency)

4.4.2 Hypothesis 2

In the second hypothesis the prediction was that the nurse managers' perceptions of formal and informal sources of power and their perceptions of access to opportunity and power were predictive of organisational commitment. Again, multiple regression was used to determine the effect of formal and informal power and job-related empowerment in the prediction of organisational commitment. Regression analysis revealed that 44% of the variance in organisational commitment was explained by the combination of informal and formal power, and job-related empowerment ($R^2 = .4362$, $F(3,46) = 11.09$, $\rho<0.0001$). However, only informal power significantly contributed to the prediction of organisational commitment ($\beta = .5580$, $t = 3.118$, $\rho<0.0032$). Both formal and job-related empowerment did not significantly contribute to the prediction of organisational commitment, with job-related empowerment contributing the least ($\beta = .0441$, $t = .206$, $\rho<0.8375$). Therefore, the organisational relationship scale (ORS) was found to be the most important predictor of organisational commitment. This is in contrast to the results of Dubuc (1995) who found that job-related empowerment was the most important predictor of organisational commitment (see Table 4.7). Therefore Organisational Relationships Scale (ORS) was found to be the most important predictor of organisational commitment.

Table 4.7

JAS, ORS, AND CWEQ IN RELATION TO OCQ

SCALE	β	ρ
JAS	.1521	0.4121
ORS	.5580	0.0032
CWEQ	.0441	0.8375

4.4.3 Hypothesis 3

In the third hypothesis the prediction was that there was a positive relationship between the nurse managers' perception of job-related empowerment and their commitment to their organisation. Pearson's correlation was computed to determine the magnitude of the relationship.

Correlation results revealed that there was a significant positive relationship between nurse managers' perception of job-related empowerment and organisational commitment ($r = .5455$, $\rho < 0.0001$). The results are consistent with theoretical expectations and also with the results reported by Dubuc (1995), who found a correlation of $r = .6989$. All the four CWEQ subscales (opportunity and information, resources, and support) showed a significant positive correlation with organisational commitment (see Table 4.8). Opportunity showed the strongest correlation with organisational commitment, followed closely by support. The information subscale showed the weakest correlation with organisational commitment. The reason being that nurse managers, who responded in CWEQ did not all respond in the OCQ showing different statistical measure as reflected in Table 4.2.

TABLE 4.8

PEARSON'S CORRELATION COEFFICIENTS FOR THE RELATIONSHIP BETWEEN THE CWEQ SUBSCALES, AND THE OCQ

SCALE	r	ρ
CWEQ Subscales		
Opportunity	.5217	0.0001
Information	.2981	0.0418
Support	.4891	.0.0005
Resources	.3561	.0.0130
CWEQ	.5455	.0.0001

In Dubuc (1995), the strongest relationship was found to exist between perceptions of organisational commitment and the information empowerment factor ($r = .6966$, $\rho<.001$); and resources empowerment factor was found to have the weakest relationship to organisational commitment ($r = .5902$, $\rho<.001$). The information empowerment factor in this study was found to have the weakest relationship to organisational commitment ($r = .2981$, $\rho<0.0418$). Therefore access to opportunity was a major determinant of their commitment to their respective organisations.

In summary, all three hypotheses were supported in this study. There was a positive perception of formal and informal power levels of job-related empowerment. Formal and informal powers were found to be significant predictors of nurse managers' perceptions of job-related empowerment. Formal and informal powers as well as job-related empowerment were also significant predictors of organisational commitment. However, informal power contributed more significantly to the prediction of organisational commitment.

There was a significant positive relationship between nurse managers' perception of job-related empowerment and organisational commitment. Opportunity showed the strongest correlation with organisational commitment. Reliability analysis conducted on all the instruments showed internal consistency.

4.5 DEMOGRAPHIC RELATIONSHIPS AND STUDY VARIABLES

Further analysis was done on demographic variables. There was a positive relationship between nurse managers' highest level of education and their commitment to their respective organisations ($r = 0.3051$, $\rho<0369$). No further statistical significant relationship was found to exist between the rest of demographic variables and perceptions of job-related empowerment and organisational commitment. Dubuc (1995) did not find any statistically significant relationship between demographic variables and commitment

or job related empowerment. McDermott (1994) found significant positive correlations between age and job related empowerment (r = .2994, p = .01): length of experience on unit and access to opportunity (r = .3054, p = .01): years of nursing experience and job-related empowerment (r = .2860, p = .01).

4.6 DISCUSSION OF FINDINGS

The results of this study support Kanter's (1993) structural theory of organisational behaviour, that posits that behaviour and attitudes are shaped in response to an individual's position and to situations that arise in an organisation and by structural determinants such as power and opportunity. This study supports Kanter's propositions that the degree of formal and informal power within the work environment influences access to opportunity and power structures. Results also support Kanters argument that individuals who have formal and informal power, and have access to job-related empowerment structures of the organisation are more likely to be committed to their respective organisations.

The results of this study are consistent with Kutzscher (1994) and Sabiston (1994) as reported by Dubuc (1995:89), who found the strength of the relationship between perceptions of informal power and job-related empowerment to be greater than the strength of relationship between formal power and job-related empowerment. The implication is that nurse managers perceived connections and social alliances to have contributed more extensively to their access to job-related empowerment than did formal job characteristics. The results provide support to Kanter's (1997) propositions that individuals in positions that have formal power and who develop alliances within the organisation and connections outside the organisational structure would have greater access to sources of job-related empowerment. Dubuc's (1995) study on the other hand found formal job characteristics and the formal position the military nurses occupy within

an organisation to be a more important factor in influencing access to power and opportunity in their work environment.

The second prediction on Kanter's (1993) theory was that nurse managers' perceptions of formal and informal sources of power and their perceptions of access to opportunity and power were predictive of organisational commitment. Multiple regression was used to determine the effect of formal and informal power and job-related empowerment in the prediction of organisational commitment.

Informal power (ORS) was found to contribute more significantly to the prediction of organisational commitment with job-related empowerment contributing the least. Nurse managers' have alliances with sponsors, peers, subordinates, cross-functional groups and also connections outside the organisation and these contribute more to organisational commitment than the formal system of the organisation.

Access to power structures, according to Kanter (1993) is dependent on one's location in the formal and informal systems of the organisation. The location or one's structural position in formal job characteristic increases one's power base in an organisation. The second prediction raises a question on what limits nurse managers access to empowerment structures? Does this limitation have any impact on managing a service?

These are important questions to be dealt with, especially that nurse managers' positions are supposed to give them access to power and opportunity structures. The questions are even more important in a society in transition; where the transformation of the health sector may sometimes be perceived to shift the locus of power from higher to lower level positions.

The third prediction was that there was positive relationship between nurse managers' perception of job-related empowerment and their commitment to their organisation.

Correlation results revealed a significant positive relationship between nurse managers' perception of job-related empowerment and organisational commitment. This is in support of Kanter's theory that an individual's location in formal and informal power influences their access to power structures and this makes the individual to feel empowered and more likely to be committed to one's employing organisation.

All four CWEQ subscales showed a significant positive correlation with organisational commitment, with opportunity showing the strongest correlation with organisational commitment. However, the information subscale showed the weakest correlation with organisational commitment.

The results present a lot of doubt as to whether the job environment is conducive for nurse managers to act with confidence in their organisations to stabilise the current crisis situation in hospitals and to improve their commitment to the organisation's goals.

Moderate commitment as reported by nurse managers (M = 4.62, SD = 0.64) to their organisations in which they were employed makes one wonder whether there is a sense of organisational responsibility. Do they really see themselves as valued by the organisation in which they are employed? How does their reported moderate commitment impact on the job satisfaction and motivation of their subordinates?

Kanter (1993:158) states that, commitment is a function of opportunity: "those people set on high-mobility tracks tend to develop attitudes and values that impel them further along the track : work commitment, high aspirations, and upward orientations" and that opportunity structures shape behaviours. The results of this study show that nurse managers perceived their access to opportunity structures as a moderately empowering factor (M = 3.47, SD = 0.74). Do they really have access to opportunity structures?

Kanter (1993) maintains that people at the upper levels of organisation tend to be more motivated, involved, and interested in their jobs than those at lower levels! The result of the study shows that nurse managers have only moderate perception of job-related empowerment. This could pose a problem for the Provincial Government. Kanter (1979) states that lack of job-related empowerment affects leadership and can result in ineffective, passive and rank-bound management styles where lack of accountability leads to frustration and failures.

Questions which need to be asked and further researched:

- How far does the government empower nurse managers in charge of public hospitals?
- Are nurse managers valued by their authorities?
- Are nurse managers part of the crises because they are poorly prepared for their posts?

Informal power contributed significantly to the prediction of organisational commitment. Therefore, the organisational relationship was found to be the most important predictor of organisational commitment therefore the government need to use this strength to build a united work force who are motivated and enjoy job satisfaction.

4.7 LIMITATIONS

One limitation of the study is that it took place in one province out of the nine provinces of South Africa and concentrated on nurse managers in-charge of public hospitals and their deputies.

Another limitation of this study is the poor response by the deputy nurse managers. Of the 42 targeted respondents only 14 (33%) responded. The preceding two limitations mean that the findings of the study cannot be generalized.

There was paucity of South African literature available on the topic. Thus the research done in Canada and the United States formed the basis of the literature review.

CHAPTER V

5.1 CONCLUSIONS AND RECOMMENDATIONS

Rosabeth Kanter's structural theory of organisational behaviour posits that an individual's effectiveness on the job is as a result of structural aspects of the job itself. The position and the job context influence the individual's effectiveness and success more than personal characteristics. Kanter's contention that access to the power structures is the main determinant of effective work behaviours and organisational commitment has been supported by this replication study on nurse managers' perceptions of job-related empowerment and organisational commitment. Nurse managers' have access to the power structures. The relationship between nurse managers' perceptions of job-related empowerment and organisational commitment showed a strong correlation more especially in relation to opportunity and commitment. What has happened to nurse managers' power? Do they have appropriate skills to empower their subordinates? Access to productive power sources is influenced by formal and informal power (the formal position a person has in the organisation and the informal relationships and connections an individual has with other parts of the system). In this study nurse managers reported informal power to be more predictive of organisational commitment.

Public hospitals are non-profit making organisations in South Africa. The money used to run these service institutions comes from the taxpayer. The importance of empowerment and commitment of the nurses cannot be neglected. For the nursing services to be improved, nurse managers have to take a serious look at how they utilize their power in maintaining a quality service for the community. Dubuc (1995:15) says, "... administrators would benefit from interrupting the cycle of powerlessness by increasing access to opportunity and power rather than by continuing to punish individuals for their ineffectiveness and thus perpetuating or reinforcing a powerless state of mind". Ineffective nurse managers will not empower their subordinates with the tools

to get the job done. Nurse managers who are not interested in professional growth are labelled by Chandler in McDermott *et al* (1996:45) as "appliance or blue collar nurses". These are the nurses that reported calculated commitment. They remain with the organisation because they feel they need to; either being compelled by pension plan, or simply to receive pay and buy appliances or by disruption in searching for a new job. These are the nurse managers who destroy the nursing services, who destroy human resources and destroy the image of nursing. These nurse managers need attention, development and self actualisation. In this study all the hypotheses were supported. Nurse managers' perceived information (being on the know) to be the most empowering factor. This is consistent with Kanter's contention that access to information is an empowering factor. Information is power. When it is shared, it will be to the advantage of the organisation since information empowers for productivity.

5.2 RECOMMENDATIONS

5.2.1 Research

- Based on the limitations of this study further research needs to be done to support these findings. The study could be extended to include the 8 other provinces in the country.
- It would also be of interest to replicate this study on unit managers (ward sisters).
- Further research is needed on empowerment and the effects of the bureaucratic public services system and too rapid changes in the health system.
- Preparedness for management, increased responsibility and accountability are further aspects related to job definition that need investigation.

5.2.2 Health Service and Nurse Managers

Kanter's theory of organisational behaviour is a useful model for nurse managers who have to implement change and maintain work effectiveness and quality care in a public hospital. It could be used in inservice education.

- Nurse managers could form a forum from where they would discuss issues that affect them in their area of work. The forum could from time to time run short courses for them on communication and empowering skills. A consultant in the province can be identified to assist them. Empowered nurse managers need to be aware of the power that they possess and need to share this power with their subordinates.

- The service must direct its efforts towards creating an empowering environment and providing access to power and opportunity structures for personnel. To ensure the commitment of the nurse managers to the goals and objectives of the service, the service should provide the necessary resources, commend nurse managers for the work well done and provide information needed for their job.

- The development of personnel should be a priority and a special programme should be developed e.g. two weeks per year could be set aside for short courses for nurse managers to address deficits in knowledge, problem solving and the implementation of new departmental policies. In this way job satisfaction and commitment would be improved.

5.2.3 Nursing Education

- Academic Institutions (University of the North in particular) should embark on curriculum review based on broadening nurse managers' focus in their area of

work and to use empowering techniques as mentioned by Mills (1994); building trust, creating vision and mission, developing competence, supplying the necessary organisational information, and encourage risk takers. This blends well with the thirteen empowering strategies as stipulated by Dubuc (1995:95) see Table 5.1.

Table 5.1

EMPOWERING STRATEGIES
♦ Facilitate two-way flow of information at all organisational levels - keep people informed about critical issues - communicate vision, values, and goals
♦ Provide feedback in a frank and honest way
♦ Involve nurses in planning and decision-making
♦ Delegate responsibility in order to provide opportunity to increase knowledge and skills, as well as to increase visibility and demonstrate creativity
♦ Find alternative ways to reward and recognize success and accomplishment
♦ Encourage staff development and education, emphasizing the need for individual responsibility for professional growth
♦ Utilize the annual performance evaluation system as a learning and self-improvement opportunity and as a motivational tool
♦ Promote participation in projects and at conferences and meetings
♦ Help nurses develop team attitude and spirit and encourage networking
♦ Introduce nurses to people they need to know and facilitate access to influential and powerful people within the organisation
♦ Create a system to connect nurses with sponsors and mentors
♦ Find or establish ways to encourage nurses to build relationships and alliances within and outside the organisation
♦ Create a sense of responsibility and pride in nursing practice and in other activities that can contribute to the achievement of organisational goals

- For successful management nurse managers should:

- develop an understanding of the structural conditions that have an impact on human behaviour in organisations e.g. the benefits of a flattened hierarchy and self-directed teams
- improve the quality of the work life of nurses
- make access to opportunity and power structures possible for nurses in the organisation and therefore increase commitment to the organisation and effective behaviour.
- encourage interaction between individuals to meet their own needs and manage their situations.

- By actively supporting the nurse managers and actually becoming role models, authorities may help develop a culture of professionalism that would give good quality care.

5.3 CONCLUDING REMARKS

The purpose of this study was to test Rosabeth Kanter's structural theory of organisational behaviour in a nurse managers' population. This study specifically examined the relationship between nurse managers' perceptions of their access to power and opportunity structures and their commitment in their current work environment.

The results of this study support Kanter's (1993) structural theory of organisational behaviour in nurse managers' population. This study has also replicated and increased the generalisability of the results reported by McDermott (1994) and Dubuc (1995). It further suggests that nurse managers who are provided with access to information, support, resources, and opportunity in their work environment are more likely to be committed to their employing organisations.

In this study, as well as in McDermott (1994) and Dubuc (1995), both formal and informal sources of power were found to be contributing significantly to job-related empowerment. The strength of the relationship between perceptions of informal power and job-related empowerment were found to be greater than the strength of relationship between formal power and job-related empowerment.

Kanter's structural theory of organisational behaviour is a useful model for nursing and nurse managers who are concerned about job performance commitment, and staff empowerment.

BIBLIOGRAPHY

Blanchard, K. Carlos, J.P. & Randolph, A. 1996. **Empowerment takes more than a minute**. San Francisco: Blanchard.

Blanchfield, K.C. & Biordi, D.L. 1996. Power in Practice : A Study of Nursing Authority and Autonomy. **Nursing Administration Quarterly**. Spring 20 (3) 42-49.

Block, P. 1987. **The Empowered Manager : Positive Political Skill at Work**. San Francisco: Jossey Bass.

Bolon, S.D. 1997. Organisational Citizenship Behavior Among Hospital Employees : A Multidimensional Analysis Involving Job Satisfaction and Organisational Commitment. **Hospital & Health Service Administration**. Summer, 42 (2) : 221-241.

Brown, R. & Brown, M. 1994. **Empowered! A Practical Guide to Leadership in the Liberated Organisation**. London: Nicholas Breamley.

Dressler, G. 1993. **Winning Commitment : How to Build and Keep a Competitive Workforce**. New York: McGraw-Hill.

Dubuc, M.L.L. 1995. **Job Empowerment and Commitment in Military Nursing: An Extension Study**. Ontario: The University of Western Ontario. Unpublished Research Project.

Faulkner, D. 1995. Believing You Can Do It. **The Canadian Nurse**. April:35-38.

Fetterman, D.M.; Kaftarian, S.J. & Wandersman, A. **Empowerment Evaluation : Knowledge and Tools for Self-assessment and Accountability**. Thousand Okas: Sage.
Flarey, L.D. 1994. Flight of Buffalo. **Journal of Nursing Administration** 24, (10) 12-13.

Fraenkel, J.R. & Wallen, N.E. 1993. **How to Design and Evaluate Research in Education**. 2nd ed. New York: McGraw-Hill.

Funr, I. 1995. Lighting Those Fires. **People Dynamic**. 13 (5) 16-21.

Gurney, C.A.; Mueller, C.W. & Price, L.J. 1997. Job Satisfaction and Organisational Attachment of Nurses Holding Doctoral Degrees. **Nursing Research**. 4 (3): 163-171.

Harrington-Mackin, D. 1994. **The Team Building Tool Kit : Tips Tactics, and Rules for Effective Workplace Teams**. New York: American Management Association.

Hirschhort, L. 1991. **Managing in the New Team Environment : Skills, Tools. and Methods**. Philadelphia: Temple University Press.

Hyland, B.N. & Yost, M.J. 1993. **Reflections for Managers**. New York: McGraw-Hill.

Kanter, R.M. 1977. **Men and Women of the Corporation**. New York: Basic Books.

Kanter, R.M. 1979. Power failure in Management Circuits. **Havard Business Review** 57, (4) 65-75.

Kanter, R.M. 1984. **The Change Masters : Innovation and Entrepreneurship in the American Corporation**. New York: Basic Books.

Kanter, R.M. 1989. **When Giants Learn to Dance : Mastering the Challenges of Strategy Management and Careers in the 1990s**. New York: Simon & Schuster.
Kanter, R.M. 1993. **Men and Women of the Corporation**. New York: Basic Books.

Katzenbach, J.R. & Smith, D.K. 1993. **The Wisdom of Teams : Creating the High-Performance Organisation**. Boston: Harvard Business School Press.

Klakovich, M.D. 1996. Registered Nurse Empowerment: Model testing and Implications for Nurse Administrators. **Journal of Nursing Administration** 26, (5) 29-35.

Koestenbaum, P. 1991. **Leadership : The Innerside of Greatness**. San Francisco: Jossey-Bass.

Laschinger, H.K.S. 1996. A Theoretical Approach to Studying Work Empowerment in Nursing: A Review of Studies Testing Kanter's Theory of Structural Power in Organisations. **Nursing Administration Quarterly**. Winter 25-41.

Laschinger, H.K.S. & Shamian, J. 1994. Staff Nurses' and Nurse Managers' Perceptions of Job-related Empowerment and Managerial self-efficacy. **Journal of Nursing Administration** 24, (10) 38-47.

Leedy, P.D. 1993. **Practial Research : Planning and Design**. 5th Ed. New York: MacMillan.

McDermott, K; Laschinger, H.K.S. & Shamian, J. 1996. Work Empowerment and Organisational Commitment. **Nursing Management**. 27 (5) 44-47.

McDermott, K.A. 1994. **The Relationship between Registered Nurses' Perception of Job-related Empowerment and Organisational Commitment : A Replication Study**. Masters Thesis. Ontario: University of Western Ontario.

McNeese-Smith, D. 1995. Job Satisfaction, Productivity, and Organisational Commitment : The Result of Leadership. **Journal of Nursing Administration** 25, (9) 17-26.

Mills, D.Q. 1994. **The Empowerment Imperative: Six Steps to High Performance**. Massachusetts: Human Resources.

Morris, S. & Willcocks, G. 1995. **Successful Empowerment in a Week**. London: Headway.

Parker, L.E. & Price, R.H. 1994. Empowered Managers and Empowered Workers : The Effects of Managerial Support and Managerial Perceived Control on Workers' Sense of Control Over Decision Making. **Human Relations**, 47 (8) 911-927.

Polit, F.D. & Hungler, B.P. 1993. **Essentials of Nursing Research: Methods, Appraisal, and Utilisation**. 3rd Ed. Philadelphia: J.B. Lippincott.

Rodwell, C.M. 1996. An Analysis of the Concept of Empowerment. **Journal of Advanced Nursing**. (23) 305-313.

Sabiston, J.A. & Laschinger, H.K.S. 1995. Staff Nurse Work Empowerment and Perceived Autonomy : Testing Kanter's Theory of Structural Power in Organisations. **Journal of Nursing Administration** 25, (9) 42-49.

Terry, R.W. 1993. **Authentic Leadership : Courage in Action**. San Francisco: Jossey-Bass.

Van der Merwe, A.S. 1996. **An Epistemological Study of the Power of Women as Nurses : A Phenomenological Approach**. A thesis submitted to the Faculty of Social Science, University of Natal, Durban. S.A. in Fulfilment of the Degree of Doctoral of Philosophy.

Warfel, W.; Allen, R.; McGoldrick, T.; McLaue, S. & Martin, S.G. 1994. Organisational Innovations that Nourish Staff Leadership. **Holistic Nursing Practice**. (19) 58-67.

Wilson, B. & Laschinger, H.K.S. 1994. Staff Nurse Perception of Job Empowerment and Organisational Commitment. **Journal of Nursing Administration** 24, (4) Supp:39-47.

Wilson, H.S. 1993. **Introducing Research in Nursing**. 2nd Ed. California: Addison-Wesley.

Author unknown
Annual Report. 1995 Pretoria: Department of Health.

ANNEXURE I

NURSING WORK EMPOWERMENT SCALE

Request Form

I request permission to copy the Nursing Work Empowerment Scale as developed by Dr. G. Chandler and Dr. Heather K. Spence Laschinger. Upon completion of the research, I will provide Dr. Laschinger with a brief summary of the results, including information related to the use of the Nursing Work Empowerment Scale used in my study.

Form(s) used:

- ___ Conditions of Work Effectiveness (CWEQ) (staff version)
- ___ CWEQ (manager version)
- ___ Job Activity Scale (JAS)
- ___ Organizational Relationship Scale (ORS)
- ___ ODO-B or MAS (Manager Activity Scale)

Population Under Study: NURSE MANAGER

Name: Mrs. B.L. Dolamo Signature: [signature]

Title: _____ Date: 1996 October 31

Address: BOX 829 SEVENOA 0727
SOUTH AFRICA Phone: 0152 2670631

Permission is hereby granted to copy Nursing Work Empowerment Scale.

Date: Oct 30/96 Signature: [signature]
Dr. Heather Spence Laschinger

Heather Spence Laschinger, RN, PhD
Associate Dean Research and Associate Professor
Faculty of Nursing
The University of Western Ontario
London, Ontario N6A 5C1
(519) 661-4065
FAX (519) 661-3410
EMAIL: HKL@julian.uwo.ca

ANNEXURE II

Serial No. _____

CONDITIONS FOR WORK EFFECTIVENESS (S) (CHANDLER, 1986)

PURPOSE OF SURVEY

This survey is designed to get your ideas about certain aspects of your job and your hospital. Specifically, it explores access to:

1. Opportunities
2. Information
3. Support
4. Supplies or resources

Your answers to this questionnaire are important. Please take your time and answer each question as honestly as possible. All of your answers are strictly confidential.

A. OPPORTUNITIES

Here is a list of some different opportunities for growth, development, and advancement that people might have in their jobs. For each one listed, circle the number that best describes the opportunities available to you.

HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU HAVE IN YOUR PRESENT JOB?

		None		Some		A Lot
1.	Challenging work	1	2	3	4	5
2.	The chance to gain new skills and knowledge on the job.	1	2	3	4	5
3.	Access to training programs for learning new things.	1	2	3	4	5
4.	The chance to work together closely with your senior.	1	2	3	4	5
5.	The chance to learn how the hospital works.	1	2	3	4	5
6.	Tasks that use all of your own skills and knowledge.	1	2	3	4	5
7.	The chance to advance to better jobs.	1	2	3	4	5
8.	Rewards for jobs well done.	1	2	3	4	5
9.	Other, please specify _____	1	2	3	4	5

B. INFORMATION

Another issue is how much information you have about what goes on in your hospital. FOR EACH ITEM PLEASE CIRCLE THE NUMBER THAT BEST INDICATES YOUR ACCESS TO INFORMATION IN THE FOLLOWING AREAS:

		No Knowledge		Some Knowledge		Know ALot
1.	The current state of the hospital.	1	2	3	4	5
2.	The relationship of your work to the hospital.	1	2	3	4	5
3.	How other people in positions like yours do their work.	1	2	3	4	5
4.	The values of top management in your hospital.	1	2	3	4	5
5.	The goals of top management in your hospital.	1	2	3	4	5
6.	This year's plan for your hospital.	1	2	3	4	5
7.	How salary decisions are made for people in positions like yours.	1	2	3	4	5
8.	What other hospitals think of your hospital.	1	2	3	4	5
9.	What patients think of the work in your hospital.	1	2	3	4	5
10.	Other, specify _____	1	2	3	4	5

C. SUPPORT

Here is a list of different types of support that might be available to you. For EACH ITEM PLEASE CIRCLE THE NUMBER THAT BEST INDICATES YOUR ACCESS TO SUPPORT IN THE FOLLOWING AREAS:

		None		Some		ALot
1.	Specific information about things you do well.	1	2	3	4	5
2.	Specific comments about things you could improve.	1	2	3	4	5
3.	Helpful hints or problem solving advice.	1	2	3	4	5
4.	Information or suggestions about job possibilities.	1	2	3	4	5
5.	Discussion of further training or education.	1	2	3	4	5
6.	Help when there is a work crisis.	1	2	3	4	5
7.	Help in gaining access to people who can get the job done.	1	2	3	4	5
8.	Help in getting materials and supplies needed to get the job done.	1	2	3	4	5
9.	The chance to work together with your boss.	1	2	3	4	5
10.	Rewards and recognition for a job well done.	1	2	3	4	5
11.	Other, specify _____	1	2	3	4	5

D. RESOURCES/SUPPLIES

The following are examples of resources or supplies required to do your job. FOR EACH ITEM, CIRCLE THE NUMBER THAT BEST INDICATES YOUR ACCESS TO RESOURCES IN THE FOLLOWING AREAS:

		None		Some		A Lot
1.	Having supplies necessary for the job.	1	2	3	4	5
2.	Time available to do necessary paperwork.	1	2	3	4	5
3.	Time available to accomplish job requirements.	1	2	3	4	5
4.	Acquiring temporary help when needed.	1	2	3	4	5
5.	Choosing rewards for nursing colleagues.	1	2	3	4	5
5.	Getting rewards for a job well done.	1	2	3	4	5
7.	Influencing decisions about obtaining human resources (permanent) for your hospital.	1	2	3	4	5
8.	Influencing decisions about obtaining supplies for your hospital.	1	2	3	4	5
9.	Influencing decisions about obtaining equipment for your hospital.	1	2	3	4	5
10.	Other, specify _____	1	2	3	4	5

DEMOGRAPHIC QUESTIONNAIRE

1. Gender: _____ Male _____ Female
2. Age in years: _____ years
3. Years of experience in nursing: _____ years
4. Current position held - in-charge _____
   - deputy _____
5. Years of experience in present position: _____ years
6. Highest level of education:

   _____ Degree
   _____ Honours
   _____ Masters
   _____ Other, please specify

NURSING QUALIFICATIONS:

_____
_____
_____
_____

ANNEXURE III

Job Activities Scale (Laschinger, Kutzscher, & Sabiston, 1993)

Please select and circle the response that best describes your organisational situation for each statement.

In my work setting/job:		None				A Lot
1.	the number of rules that regulate my job activities is	1	2	3	4	5
2.	the number of established routines required for doing my job is	1	2	3	4	5
3.	the amount of variety in tasks associated with my job is	1	2	3	4	5
4.	the rewards for predictability in carrying out my job are	1	2	3	4	5
5.	the rewards for unusual performance on the job are	1	2	3	4	5
6.	the rewards for innovation on the job are	1	2	3	4	5
7.	the amount of flexibility in my job is	1	2	3	4	5
8.	the number of approvals needed for non-routine decisions are	1	2	3	4	5
9.	the amount of publicity about my job activities is	1	2	3	4	5
10.	the relation of tasks in my job to current problem areas of the organisation is	1	2	3	4	5
11.	my amount of participation in educational programs is	1	2	3	4	5
12.	my amount of participation in problem solving task forces is	1	2	3	4	5
13.	the amount of visibility of my work-related activities within the institution is	1	2	3	4	5

ANNEXURE IV

Organisational Relationships Scale (Laschinger, Sabiston, Kutzscher, 1993)

Here is a list of people, nurses interact with frequently. For each item listed circle the number that best describes the opportunities available to you.

How much of an opportunity do you have for these activities in your present job?

		None		Some		A Lot
1.	Collaborating on patient care with superintendent.	1	2	3	4	5
2.	Receiving helpful feedback from superintendent.	1	2	3	4	5
3.	Being sought out by superintendent for patient information.	1	2	3	4	5
4.	Receiving recognition by superintendent.	1	2	3	4	5
5.	Having physicians ask for your opinion.	1	2	3	4	5
6.	Being sought out by director for areas about hospital management issues.	1	2	3	4	5
7.	Having immediate supervisor ask for your opinion.	1	2	3	4	5
8.	Receiving early information of upcoming changes from your immediate supervisor.	1	2	3	4	5
9.	Receiving chances to increase your influence outside your hospital e.g., nomination to influential committees by supervisor.	1	2	3	4	5
10.	Seeking out ideas from auxiliary workers on the hospital e.g., secretaries, clerks, housekeeping.	1	2	3	4	5
11.	Getting to know auxiliary workers as people.	1	2	3	4	5
12.	Seeking out ideas from auxiliary workers outside the unit, e.g., admission clerks, technicians.	1	2	3	4	5
13.	Being sought out by peers for information.	1	2	3	4	5
14.	Receiving helpful feedback from peers.	1	2	3	4	5
15.	Having peers asking your opinion.	1	2	3	4	5
16.	Being sought out by peers for help with problem.	1	2	3	4	5
17.	Exchanging favours with peers.	1	2	3	4	5
18.	Working out conflicts with peers without going above.	1	2	3	4	5
19.	Seeking out ideas from professionals other than physicians, e.g., physio, OT, dietitian.	1	2	3	4	5

20.	Being recommended by supervisor for promising job opportunities.	1	2	3	4	5
21.	Being given chances to assume different roles not related to current job.	1	2	3	4	5
22.	Getting inside information from sources other than your immediate supervisor.	1	2	3	4	5
23.	Circumventing the system or "cutting red tape" to get things done.	1	2	3	4	5
24.	Receiving credit for ideas or achievements from superiors.	1	2	3	4	5

ANNEXURE V

ORGANISATIONAL COMMITMENT QUESTIONNAIRE (OCQ)
(Mowday, Steers, & Porter, 1979)

Instructions

Listed below are a series of statements that represent possible feelings that individuals might have about the company or organisation for which they work. With respect to your own feelings about the particular organisation for which you are now working please indicate the degree of your agreement or disagreement with each statement by circling one of the seven alternatives beside each statement according to the following scale:

1	=	Strongly Disagree
2	=	Moderately Disagree
3	=	Slightly Disagree
4	=	Uncertain
5	=	Slightly Agree
6	=	Moderately Agree
7	=	Strongly Agree

		Strongly Disagree			Uncertain			Strongly Agree
1.	I am willing to put in a great deal of effort beyond that normally expected in order to help this organisation be successful.	1	2	3	4	5	6	7
2.	I talk about this organisation to my friend as a great organisation to work for.	1	2	3	4	5	6	7
3.	I feel very little loyalty to this organisation.	1	2	3	4	5	6	7
4.	I would accept almost any type of job assignment in order to keep working for this organisation.	1	2	3	4	5	6	7
5.	I find that my values and the organisation's values are very similar.	1	2	3	4	5	6	7
6.	I am proud to tell others that I am part of this organisation.	1	2	3	4	5	6	

		Strongly Disagree			Uncertain			Strongly Agree
7.	I could just as well be working for a different organisation as long as the type of work was similar.	1	2	3	4	5	6	7
8.	This organisation really inspires the very best in me in the way of job performance.	1	2	3	4	5	6	7
9.	It would take very little change in my present circumstances to cause me to leave this organisation.	1	2	3	4	5	6	7
10.	I am extremely glad that I chose this organisation to work for over others I was considering at the time I joined.	1	2	3	4	5	6	7
11.	There's not too much to be gained by sticking with this organisation indefinitely.	1	2	3	4	5	6	7
12.	Often, I find it difficult to agree with this organisation's policies on important matter relating to its employees.	1	2	3	4	5	6	7
13.	I really care about the fate of this organisation.	1	2	3	4	5	6	7
14.	For me this is the best of all possible organisations for which to work.	1	2	3	4	5	6	7
15.	Deciding to work for this organisation was a definite mistake on my part.	1	2	3	4	5	6	7

ANNEXURE VI

Northern Province

DEPARTMENT OF HEALTH & WELFARE

Enquiries : N .S Mahlangu

Reference : Research

9 December 1996

P O .BOX 829
SOVENGA
0727.

Dear: Ms. Dolamo.

RE : PERMISSION TO INVESTIGATE ON "NURSE MANAGERS PERCEPTION OF JOB - RELATED EMPOWERMENT AND ORGANISATIONAL COMMITMENT "

1. Permission is hereby granted to investigate on:" Nurse Managers Perception of Job-related Empowerment and Organisational Commitment "

2. The Department of Health needs a copy of research study findings for its own resource centre .

3. The researcher should be prepared to assist in interpretation and implementation of the recommendation where possible .

4. Implications :Permission should be requested from regional and institutional management .

Sincerely,

Nicholas Casp

SUPERINTENDENT- GENERAL

DEPARTMENT OF HEALTH & WELFARE

NORTHERN PROVINCE

TEL: 0152 - 291-2010/7
291-2637
295-2851/2
295-2897/8

FAX: 0152 - 291-5961
291-5146

34 HANS VAN RENSBURG STREET,
PIETERSBURG
0700

DR JAN MOOLMAN BUILDING
PRIVATE BAG X9302

ANNEXURE VII

P O Box 829
SOVENGA
0727
03/03/97

The Regional Director

.....

.....

.....

.....

Dear Sir

REQUEST FOR PERMISSION TO DO RESEARCH IN REGION ..... NORTHERN PROVINCE

I hereby request a permission to conduct a research study in Region ..... Northern Province.

The study examines nurse managers' perceptions in job-related empowerment in relation to organisational commitment. The sample is requested from the population of nurse managers in-charge of nursing services in all public hospitals and their deputies in Region ..... Northern Province.

This study is a requirement in partial fulfilment for the degree of Master of Science in Nursing, Faculty of Health Science - University of the Witwatersrand - Johannesburg.

Enclosed is the copy for permission granted to do research in the Northern Province - Department of Health.

I hope my request will meet your favourable consideration.

Yours faithfully

MRS BL DOLAMO
BETHABILE LOVELY DOLAMO

ANNEXURE VIII

P O Box 829
SOVENGA
0727
1997 03 17

The Superintendent

.....

.....

.....

.....

Dear Sir/Madam

REQUEST FOR PERMISSION TO DO RESEARCH IN YOUR INSTITUTION

I hereby request a permission to conduct a research study in your institution.

The study examines nurse managers' perceptions of job-related empowerment in relation to organisational commitment. The sample is requested from the population of nurse managers in-charge of nursing services in all public hospitals and their deputies in the Northern Province.

This study is a requirement in partial fulfilment for the Degree of Master of Science in Nursing, Faculty of Health Science - University of the Witwatersrand - Johannesburg.

Enclosed is the copy for permission granted to do research in the Northern Province - Department of Health.

I hope my request will meet your favourable consideration.

Yours faithfully

MRS. B.L. DOLAMO
BETHABILE LOVELY DOLAMO

ANNEXURE IX

P O Box 829
SOVENGA
0727
1997-05-08

Dear Colleague

I am conducting a Nursing Administration research project to examine nurse managers access to power and organisational commitment. The study seeks to understand whether power (formal and informal) for the nurse managers job come from her position and job description (systemic power) or from opportunities provided within the organisation. The identification of such activities may provide a clear understanding of which aspects may be linked to nurse managers commitment to their employing body.

The questionnaires will take approximately twenty minutes to complete. Your information will be handled confidentially. You have the right to choose not to answer any of the questions. For your convenience a pre-addressed stamped envelope is provided for the return of the completed questionnaires.

You will note that there is an identifying number on the top of the questionnaire which relates to your name as a selected participant. The identifying number will ensure that you do not receive a reminder to return the questionnaire already returned.

The return of the completed questionnaire will signify your consent to participate in the study. Please return the questionnaire using the stamped addressed envelope by 11th April 1997. Would you have any questions or concerns about the study - I can be contacted by telephone (0152) 267-2378 (working hours) or 082 200 5267 all hours.

Thank you for your time and your support.

Yours sincerely

BETHABILE LOVELY DOLAMO

ANNEXURE X

P O Box 829
SOVENGA
0727
1997-08-03

Dear Colleague

On the 17th March 1997, you were sent a package containing four (4) questionnaires and an information letter related to a research study concerning nurse managers access to power and organisational Commitment. This letter informs you of your rights and request you to be a participant.

Participation is voluntary and I understand that you may have chosen not to take part. However, if you have misplaced the first questionnaire package and are still interested in participating in this study, there is still time. A replacement package is enclosed with a pre-addressed stamped return envelope for your convenience.

I thank you for your time and support.

Yours sincerely

MRS. BETHABILE LOVELY DOLAMO

ANNEXURE XI

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

APPLICATION TO THE COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (MEDICAL) FOR CLEARANCE OF RESEARCH INVOLVING HUMAN SUBJECTS, OR PATIENT RECORDS [1]

CLEARANCE NUMER (for office use only): _____

This application must be typed or handwritten in capitals

NAME: Prof/Dr/Mr/Mrs/Miss/Ms MRS. BETHABILE LOVELY DOLAMO

PROFESSIONAL STATUS (if student, year of study) SECOND YEAR

UNIVERSITY DEPARTMENT [2] DEPARTMENT OF NURSING EDUCATION

HOSPITAL/INSTITUTION WHERE EMPLOYED UNIVERSITY OF THE NORTH

FULL-TIME OR PART-TIME FULL-TIME

TELEPHONE NO AND EXTENSION (0152) 268-2378

TITLE OF RESEARCH PROJECT: *(Use no abbreviations)*

NURSE MANAGERS' PERCEPTION OF JOB-RELATED EMPOWERMENT AND ORGANIZATIONAL COMMITMENT : A REPLICATION STUDY

WHERE WILL THE RESEARCH BE CARRIED OUT? *(Please furnish name of hospital/institution and particular department)*

ALL PUBLIC HOSPITALS IN THE NORTHERN PROVINCE

All the following sections must be completed. [3] *Please tick all relevant boxes*

1. PURPOSE OF THE RESEARCH:

- postgraduate: degree/diploma *(state which)* [✓] MSc COURSE WORK AND
- undergraduate: degree/diploma *(state which)* [ ] RESEARCH REPORT
- not for degree purposes [ ]

2. OBJECTIVES OF THE RESEARCH *(please list):*

2.1 TO ASSESS THE STRUCTURAL POSITIONAL POWER IN NURSE MANAGERS IN-CHARGE OF PUBLIC HOSPITALS.

2.2 TO ASSESS THE ORGANISATIONAL COMMITMENT OF NURSE MANAGERS IN-CHARGE OF PUBLIC HOSPITALS.

2.3 TO IDENTIFY NURSE MANAGERS (IN-CHARGE OF PUBLIC HOSPITALS) CONDITIONS FOR WORK EFFECTIVENESS.

[1] *Unless received by the 15th of the month, applications will be carried over to the next month for consideration.*

[2] *If not employed by the University or one of the University's teaching hospitals, please indicate clearly where correspondence should be sent.*

[3] *This requirement holds even if, to assist the Committee, a protocol detailing the background to the research, the design of the investigation and all procedures, is submitted with the application.*

6.3 Who will carry out the procedure(s)? (State name(s) and position(s) held) THE RESEARCHER

6.4 When will the research commence, and over what approximate time period will the research be conducted?
FOR FIVE MONTHS

7. RISKS OF THE PROCEDURE(S) subjects/controls will suffer:

- [x] No risks
- [ ] Pain
- [ ] Side effects from agents used
- [ ] Discomfort
- [ ] Possible complications

If you have checked any of the above boxes except "No risks" provide details here:

8. GENERAL

8.1 Has permission of relevant authority/ies been obtained? Yes [x] No [ ] N/A [ ]
State name of authority/ies:
RESEARCH COMMITTEE NORTHERN PROVINCE

8.2 Confidentiality: how will confidentiality be maintained so that patients/subjects/controls are not identifiable to persons not involved in the research?
NUMBERS USED / NO NAMES

8.3 Results: to whom will results be made available? UNIVERSITY OF WESTERN ONTARIO NORTHERN PROVINCE DEPARTMENT OF HEALTH/UNIVERSITY OF THE NORTH

8.4 Finances. There will be financial costs to:

Patient/subject	Yes [ ]	No [x]
Hospital/institution	Yes [ ]	No [x]
Other	Yes [ ]	No [x]

Explain any box marked "yes":
PROVIDED WITH QUALITY CARE

How will the research be funded?
UNIVERSITY OF THE NORTH RESEARCH ADMINISTRATION

8.5 Any other information which may be of value to the committee should be provided here:

Date: 1997-01-15 Applicant's signature: [signature]

Who will supervise the project?

Name MS DAWN LEE Department NURSING EDUCATION

Telephone no. (011) 488-4267 Date _____ Signature _____

Head/Research Coordinator of Department/Institution in which study will be conducted:

Name _____

Date _____ Signature _____

5.2 Where the subjects are not patients, they will be asked to volunteer ☐ they will be selected ☐
State how the subjects are selected, or who is asked to volunteer:

TOTAL SAMPLE

Are the subjects subordinate to the person doing the recruiting? Yes ☐ No ☑
If yes, justify the selection of subordinate subjects:

5.3 Will control subjects be used? Yes ☐ No ☑
If yes, explain how they will be recruited:

5.4 Subject records: state what records will be used and how they will be selected: NA

5.5 Age range of patients/subjects/controls: ABOVE THIRTY
If under 18 years, from who will the consent be obtained?

5.6 Sex: Male ☑ Female ☑

5.7 Number of: patients ☐ non-patient subjects 84 controls ☐

5.8 Benefit to patients or subjects: will the research benefit the patient(s) or subject(s) in any direct way?
If yes, explain in what way: Yes ☑ No ☐

5.9 Disadvantages to patients/subjects/controls. Will participation or non-participation disadvantage them in any way? If yes, explain in what way: Yes ☐ No ☑

6. PROCEDURES:

6.1 Mark research procedure(s) that will be used:

- ☐ Record review
- ☐ Interview form *(must be attached)*
- ☑ Questionnaire *(must be attached)*
- ☐ Examination *(state below nature and frequency of examination)*
- ☐ Drug or other substance administration *(state below name(s) of drug(s)/substances(s) and dose(s) and frequency of administration)*
- ☐ X-rays
- ☐ Isotope administration *(state below name(s) of isotope(s) and frequency)*
- ☐ Blood sampling ☐ venous ☐ arterial *(state below amount to be taken and the frequency of blood sampling)*
- ☐ Biopsy *(state below what will be biopsied and frequency thereof.)*
- ☐ Other procedures *(explain)*

Use this space to elaborate procedures marked above: THE QUESTIONNAIRES HAVE BEEN DEVELOPED BY RESEARCHERS AT THE UNIVERSITY OF WESTERN ONTARIO - CANADA AND ADOPTED FOR USE IN THE SA CONTEXT. PERMISSION TO USE THE FOUR INSTRUMENTS (CWEQ, JAS, ORS, DCQ) HAS BEEN GRANTED.

6.2 Is/are procedure(s) routine for diagosis/management? ☐ specific to the research? ☐ NA

3. SUMMARY OF THE RESEARCH *(give a brief outline of the research plan):*

THE STUDY WILL TEST ROSABETH MOSS KANTER'S STRUCTURAL THEORY OF ORGANIZATIONAL BEHAVIOUR IN A PUBLIC HOSPITAL, NURSING MANAGERS POPULATION. SPECIFICALLY, THE EXAMINATION OF THE RELATIONSHIP BETWEEN NURSE MANAGERS' PERCEPTIONS OF ORGANIZATIONAL COMMITMENT AND NON-RELATED EMPOWERMENT IN THEIR CURRENT WORK ENVIRONMENT.

4. REQUIREMENTS:

4.1 If this project involves studies with drugs at a teaching hospital associated with this University, approval must first be obtained from the relevant Pharmacy and Therapeutics (P&T) Committee [4].

Is this attached? *If not, the application cannot be considered.* Yes ☐ N/A ☐

4.2 If radiation or isotopes are to be used, written approval must be obtained from the Nuclear Medicine Department, Diagnostic Radiology Department, Radiation Therapy Department, or NUCOR representative.

Is this attached? *If not, the application cannot be considered.* Yes ☐ N/A ☐

4.3 Subject Information Sheet [5] is attached Yes ☑ N/A ☐
(for written and verbal consent).
Informed Consent Form [6] is attached *(for written consent)* Yes ☐ N/A ☐
Consent will be verbal Yes ☐ N/A ☐
Informed consent is not necessary. If not, state why not: Yes ☐ N/A ☐

4.4 If a questionnaire or interview form is to be used in the research, it must be attached.
Is it attached? *If not, the application cannot be considered.* Yes ☑ N/A ☐

5. SUBJECTS FOR STUDY

5.1 If patients are being studied, state where and how the subjects are selected:

NURSE MANAGERS IN-CHARGE (AND DEPUTIES) OF PUBLIC HOSPITALS IN THE NORTHERN PROVINCE

Johannesburg Hospital	Ms Karen Robertson	488-4310
Baragwanath Hospital	Ms Sonette Schwarz	933-8136
Hillbrow Hospital	Miss Lenore Terreblanche	720-1121 ext 2516
Coronation Hospital	Dr S Levin	470-9287
Faculty of Health Sciences (Dentistry)	The Dean	407-8596
J G Strijdom Hospital	Miss Judy Fuller	489-0283
Tara Hospital	Matron E Jackson	783-2010
Sterkfontein Hospital	Mr D M C de Kokar	956-6324 ext 261

[4] Whether written or verbal consent is to be obtained, the CRHS requires a Subject Information Sheet written in language understandable to the subject (or guardian) detailing what the subject will be told. This should normally include the following: (1) participation is voluntary, and refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled; (2) the subject may discontinue participation at any time without penalty or loss of benefits; (3) a brief description of the research, its duration, procedures, and what the subject may expect and/or be expected to do; (4) any foreseable risks, discomforts, side-effects, or benefits, including those for placebo; and (5) disclosure of alternatives available to the subject. If risks are involved, (6) a professional contact and telephone number; and (7) explanation whether medical treatment will be provided in the case of a complication developing.* The Subject Information Sheet may be incorporated into the consent form, or the consent form may be submitted separately. Examples are available from the Deputy Registrar (Research).

[6] The Informed Consent Form should include a clear statement that the subject is consenting to involvement in research and not to treatment which will necessarily provide personal benefit. Any personal benefit should be mentioned when this is possible. In a trial containing a placebo, the subject must be made aware that, although the potential risks and benefits of all the substances under trial have been explained, none of the active substances may be administered and it will not be possible for the researcher to reveal whether an active substance or placebo is being administered. An important piece of information is that the subject is free to withdraw from the trial at any time without prejudicing any treatment that is required for existing or future medical conditions. If this is not made clear, the researcher risks the accusation that consent was obtained by subtle coercion (that is, the possibility of prejudice against the subject as a current or future patient).

* See attached guidelines on compensation.

Author Dolamo B
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