



Structural Empowerment, Psychological Empowerment and Perceived Respect of Nurses in Affiliated Hospitals of Dali University, the People's Republic of China* การสร้างเสริมพลังอำนาจเชิงโครงสร้าง การสร้างเสริมพลังอำนาจด้านจิตใจ และการยอมรับนักถือ¹ตามการรับรู้ของพยาบาลในโรงพยาบาลในเครือของมหาวิทยาลัยต้าลี่ สาธารณรัฐประชาชนจีน*

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Abstract

Perceived respect is essential in the recruitment and retention of nurses, with structural empowerment and psychological empowerment contributing to perceived respect. The purposes of this descriptive correlational research were to examine structural empowerment, psychological empowerment, and perceived respect, and to examine the relationship between structural empowerment and perceived respect, as well as the relationship between psychological empowerment and perceived respect of nurses in Affiliated Hospitals of Dali University, the People's Republic of China. Data were collected in two affiliated hospitals of Dali University using proportional random sampling. The sample included 322 staff nurses who had worked for at least one year in the inpatient and outpatient departments of the affiliated hospital of Dali University and the Third People's Hospital of Yunnan Province. The instruments used for data collection were a set of questionnaires composed of three parts which included the Conditions of Work Effectiveness Questionnaire (CWEQ-II), the Psychological Empowerment Questionnaire (PEQ), and the measure respect scale. The validity and reliability of the instruments were tested. Descriptive statistics and Spearman's rank-order correlation were employed for data analysis.

The results of this study indicated that structural empowerment as perceived by nurses was at a moderate level ($\bar{X} = 18.62$, $SD = 3.94$). The subjects perceived psychological empowerment was at a high level ($\bar{X} = 42.39$, $SD = 7.44$). Furthermore, perceived respect was at a moderate level ($\bar{X} = 3.64$, $SD = 0.67$). There was a positive correlation between structural empowerment and perceived respect ($r = .26$, $p < .01$), and there was a positive correlation between psychological empowerment and perceived respect ($r = .36$, $p < .01$).

The findings of this study can be used by nurse administrators to improve structural and psychological empowerment, to promote perceived respect, so nurses can work more effectively and have an intention to continue working at the hospital.

Keywords: Structural empowerment; Psychological empowerment; Perceived respect; Nurses; China

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Received 3 April 2017; Revised 26 June 2017; Accepted 26 July 2017



บทคัดย่อ

การยอมรับนับถือตามการรับรู้เป็นสิ่งสำคัญในการสรรหารและ การคงอยู่ในงานของพยาบาล โดยการเสริมสร้างพลังอำนาจด้านโครงสร้าง และการเสริมสร้างพลังอำนาจด้านจิตใจ มีส่วนทำให้เกิดการยอมรับนับถือ ตามการรับรู้ การวิจัยเชิงพรรณนาแบบหาความสัมพันธ์ครั้งนี้มีวัตถุประสงค์ เพื่อศึกษาการเสริมสร้างพลังอำนาจด้านโครงสร้าง การเสริมสร้างพลังอำนาจด้านจิตใจ และการยอมรับนับถือตามการรับรู้ และศึกษาความสัมพันธ์ระหว่างการเสริมสร้างพลังอำนาจด้านโครงสร้าง และการยอมรับนับถือตามการรับรู้ของพยาบาลในโรงพยาบาลในเครือของมหาวิทยาลัยต้าลี่ สาธารณรัฐประชาชนจีน รวบรวมข้อมูลจาก 2 โรงพยาบาลในเครือของมหาวิทยาลัยต้าลี่ กลุ่มตัวอย่าง ประกอบด้วย พยาบาลจำนวน 322 ราย ที่ปฏิบัติงานอย่างน้อย 1 ปี ในหอผู้ป่วยในและผู้ป่วยนอก โรงพยาบาลในเครือของมหาวิทยาลัยต้าลี่ และโรงพยาบาลแห่งประชาชนมณฑลยูนนานที่ 3 แบบสอบถามที่ใช้ในการรวบรวมข้อมูล ประกอบด้วย 3 ส่วน ได้แก่ แบบสอบถามสภาพการทำงานที่มีประสิทธิผล แบบสอบถามการเสริมสร้างพลังอำนาจด้านจิตใจ และแบบสอบถามการยอมรับนับถือ แบบสอบถามทั้งหมดผ่านการตรวจสอบความเชื่อมั่น วิเคราะห์ข้อมูลโดยใช้สถิติพรรณนา และวิเคราะห์ความสัมพันธ์ระหว่างตัวแปรที่ศึกษาโดยใช้สถิติ Spearman's rank-order correlation

ผลการศึกษาครั้งนี้ พบว่า การเสริมสร้างพลังอำนาจด้านโครงสร้างของพยาบาลอยู่ในระดับปานกลาง ($\bar{X} = 18.62$, $SD = 3.94$) การเสริมสร้างพลังอำนาจด้านจิตใจอยู่ในระดับสูง ($\bar{X} = 42.39$, $SD = 7.44$) การยอมรับนับถือตามการรับรู้อยู่ในระดับปานกลาง ($\bar{X} = 3.64$, $SD = 0.67$) และพบว่า การเสริมสร้างพลังอำนาจด้านโครงสร้าง มีความสัมพันธ์ทางบวกกับการยอมรับนับถือตามการรับรู้ของพยาบาล ($r = .26$, $p < .01$) และการเสริมสร้างพลังอำนาจด้านจิตใจ มีความสัมพันธ์ทางบวกกับการยอมรับนับถือตามการรับรู้ของพยาบาล ($r = .36$, $p < .01$)

ผลจากการศึกษาครั้งนี้ ผู้บริหารทางพยาบาลสามารถนำไปใช้ในการเสริมสร้างพลังอำนาจด้านโครงสร้าง การเสริมสร้างพลังอำนาจด้านจิตใจ เพื่อให้พยาบาลได้รับการยอมรับนับถือ และสามารถทำงานได้อย่างมีประสิทธิภาพ และตั้งใจที่จะปฏิบัติงานในโรงพยาบาลต่อไป

คำสำคัญ: การสร้างเสริมพลังอำนาจเชิงโครงสร้าง การสร้างเสริมพลังอำนาจด้านจิตใจ การยอมรับนับถือตามการรับรู้ พยาบาล สาธารณรัฐประชาชนจีน

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Background and significance

Due to periodic nursing shortages, today's healthcare organizations are confronting numerous challenges which include the health and safety of a diverse workforce and the challenge of recruiting and retaining qualified staff (Delellis, 2000; Wilson, Squires, Widger, Cranley, & Tourangeau, 2008). In health care, nurses constitute the largest group and provide the majority of health services in almost every country (International Council of Nurses, 2009), and nursing personnel play a vital role within healthcare organizations. In China however, historically, the nurses' status is lower than that of other healthcare professionals. Even if they work hard, they have not yet gained respect from society. Nursing professionals have reported that a "lack of being understood and respected" was one of the biggest challenges (Sun et al., 2001; Wang, Zheng, & Wang, 2007). McGuire, Houser, Jarrar, Moy, and Wall (2003) found that perceived respect was a strong indicator of job satisfaction, which predicts employees will remain in the organization and generally stay within health care.

Perceived respect was defined as a status perception that reflects people's evaluations of their position in the workplace (Smith & Tyler, 1997). In other words, it refers to the degree to which people acquire esteem from others. This esteem is often a result of their excellent use of technology, achievements, or other desired qualities that they bring to a job. As people receive more and more respect, they believe that they have an increased social status in their organizations, as socially included instead of excluded by most of their colleagues, and as increasingly valued members of their organizations (Bartel, Wrzesnewski, & Wiesenfeld, 2012; Fuller, Hester, Barnett, Frey, & Relyea, 2006).

Prior studies have presented that structural and psychological empowerment is associated with perceived respect (DeCicco, Laschinger, & Kerr, 2006; Laschinger & Finegan, 2005; Faulkner & Laschinger, 2008). Structural empowerment was defined as six structural organizational conditions conducive to workplace empowerment: access to information, support, resources, opportunities, formal power, and informal power. Access to information refers to the expertise and technical knowledge required to work effectively within the organization. Access to support involves receiving feedback and guidance from subordinates, peers, and superiors. Access to resources refers to the necessary time and materials to complete a job effectively and efficiently. Access to opportunity refers to a workplace condition that reflects the possibilities for learning and advancement within the organization. Formal power stems from workplace positions that are visible and essential to achieving organizational goals. Finally, informal power evolves from peer relationships and organizational alliances that facilitate organizational goal accomplishment (Kanter, 1977; Kanter, 1993).

Spreitzer (1995) described psychological empowerment as a motivational construct manifested in four dimensions: meaning, competence, self-determination, and impact. Meaning refers to the fit between employees' behaviors, job requirements, and systemic organizational goals. Competence is related to individuals' job performance and their confidence in performing



to their best ability. Self-determination refers to the control individuals perceive in their work environments. Impact describes how much influence employees feel they have over critical organizational outcomes.

The literature review revealed that structural empowerment and psychological empowerment were related to perceived respect (DeCicco et al., 2006; Faulkner & Laschinger, 2008). Kanter's theory of workplace empowerment can explain the relationship between structural empowerment and psychological empowerment on perceived respect. When employees are exposed to and receptive to empowering working conditions, they are more likely to feel that their managers and colleagues are facilitating their ability to work effectively in accordance with professional nursing standards. Consequently, they will feel respected in their workplace and perceive themselves as having an increased social status in their organizations. They are more likely to work harder, participate in extra-role activities, and increase work effectiveness.

Based on previous information, it is essential to better understand the correlation between structural empowerment, psychological empowerment, and perceived respect among nurses. There is limited information about structural empowerment, psychological empowerment, and perceived respect in China. Therefore, this study aims to describe the level of structural empowerment, psychological empowerment, and perceived respect of nurses in Affiliated Hospitals of Dali University, the People's Republic of China, and explore the relationships between perceived respect and its two related factors, including structural empowerment and psychological empowerment. The results of this study provide information and evidence for hospital managers and nursing managers to develop effective strategies to improve recruitment and retention of nurses.

Objectives

This descriptive correlational study aimed to describe the levels of structural empowerment, psychological empowerment, and perceived respect, and to examine the relationship between structural empowerment and perceived respect of nurses, as well as to examine the relationship between the psychological empowerment and perceived respect of nurses in Affiliated Hospitals of Dali University, the People's Republic of China.

Conceptual Framework

The conceptual framework of this study was based on Kanter's structural power theory (Kanter, 1977; Kanter, 1993), psychological empowerment (Spreitzer, 1995), and perceived respect (Smith & Tyler, 1997). Structural empowerment refers to six structural organizational conditions conducive to workplace empowerment: access to information, support, resources, opportunities, and formal and informal power. Psychological empowerment is a motivational construct, and individual psychological experience is manifested in four dimensions: meaning, competence, self-



determination, and impact. Perceived respect is a status perception that reflects people's evaluations of their position in the workplace. In other words, it refers to the extent to which one receives esteem from others. When employees are given access to information, support, resources, opportunities, formal power, and informal power, they may perceive more power; when they feel autonomous within their scope of practice, they are confident in their job performance, and have a sense of contribution towards the materialization of those goals. Staff nurses with more power can do their job more effectively and receive respect from colleagues. The relationship between structural empowerment, psychological empowerment, and perceived respect was explored in this study.

Methodology

This descriptive correlational research was designed to describe the level of structural empowerment, psychological empowerment, and perceived respect, in order to examine the relationship between structural empowerment and perceived respect of nurses, and to examine the relationship between structural empowerment and perceived respect of nurses, as well as to examine the relationship between psychological empowerment and perceived respect of nurses in Affiliated Hospitals of Dali University, the People's Republic of China.

Population and Sample

The study population was 1091 nurses who had worked for at least one year in two Affiliated Hospitals of Dali University, the People's Republic of China.

The sample, calculated using Yamane (1973), consisted of 293 nurses. Considering the possible loss of subjects, 20% (59) was added (Israel, 2003). Thus, data was collected from 352 nurses. Proportional random sampling was used to determine the number of nurses from each hospital and department. Subjects were selected by random sampling from the list of nurses' names in the nursing unit.

Research Instruments

The instruments used in this study consisted of four parts:

1. The demographic data form was developed by the researcher. It collected information on gender, age, marital status, education level, professional title, employment status, work department, and years of work experience.

2. The Condition for Work Effectiveness Questionnaire-II (CWEQ II) was developed by Laschinger, Finegan, & Shamian (2001c). It consisted of 19 items in six subscales which measured six dimensions of structural empowerment: formal power (3 items), informal power (4 items), information (3 items), resources (3 items), support (3 items), and opportunity (3 items). The items were scored on a 5-point Likert scale: "1 = none", "2 = little", "3 = some", "4 = many", and "5 = a lot". Nurses who scored 6-13 were perceived to have low structural empowerment, between 14-22 was moderate, and nurses who scored 23-30 perceived high levels of structural empowerment. The instrument was translated into Chinese by Sun and Lee (2007). In this study,



the Cronbach's alpha of the overall CWEQ-II was 0.88.

3. The psychological empowerment of nurses was measured by the Psychological Empowerment Questionnaire (PEQ) (Spreitzer, 1995), which included four dimensions: meaning (3 items), competence (3 items), self-determination (3 items), and impact (3 items). Responses to all items were made on a five-point Likert scale (1 = strongly disagree and 5 = strongly agree). A total psychological empowerment score was obtained by adding the mean scores of these four subscales, with a possible range from 12 to 60. Nurses who scored between 12-28 were perceived to have low psychological empowerment, between 28.01-40 was moderate, and between 40.01-60 were perceived to have high levels of psychological empowerment. The instrument was translated into Chinese by Yang et al. (2014). The Cronbach's alpha of the overall PEQ was 0.88.

4. Respect, as perceived by nurses, was measured by the modified Smith and Tyler's (1997) scale, which consisted of 7 items and used a five-point Likert-type scale; a higher score suggests a high degree of nurse's perceived respect. Nurses who scored between 1.00-2.33 perceived respect as low, 2.34-3.66 was moderate, and 3.67-5.00 perceived high respect. The Cronbach's alpha of the modified Smith and Tyler scale (1997) was 0.92.

The modified Smith and Tyler (1997) scale was translated into Chinese by the researcher using translation and then backtranslated from Chinese into English by one bilingual Chinese expert. The back-translated questionnaires' accuracy and equivalence were confirmed by a native English speaker.

Ethical considerations

The study was approved by the Research Ethics Review committee at the Faculty of Nursing, Chiang Mai University, Thailand, before data collection. A volunteer agreement was obtained from the nurses who were willing to participate in the study after being informed about the research's purpose, benefits, and method. Moreover, anonymity and confidentiality of all the information were maintained by using numerical codes in the questionnaires instead of subjects' names.

Data collection

Data were collected at the Affiliated Hospital of Dali University and the Third People's Hospital of Yunnan Province. Three hundred fifty-two questionnaires were distributed to the participants by the researcher or by coordinators, and 337 questionnaires were returned. Among those, 322 questionnaires (91.48%) were completed and used for data analysis.

Data analysis

Data were analyzed using the SPSS 13.0 statistical software package. Frequency, percentage, range, mean, and standard deviation (SD) were used to analyze the demographic data, structural empowerment, psychological empowerment, and perceived respect. Before testing the correlation between structural empowerment and perceived respect, psychological empowerment, and perceived respect, the Kolmogorov-Smirnov (KS) statistic was applied to test the bivariate normal and non-normal distribution of data for structural empowerment,



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psychological empowerment, and perceived respect. As a result, perceived respect was divided at normal distribution, while the data of structural and psychological empowerment were at non-normal distribution. Therefore, Spearman's rank-order correlation was used to examine the relationship between structural empowerment and perceived respect, as well as the relationship between psychological empowerment and perceived respect.

Results

1. The majority of the 322 subjects were female (95.65%). The age of the subjects ranged from 20 to 55, with an average age of 30.23 years old ($SD = 7.22$), and 72.36% of the subjects were married. 43.48% of the subjects had earned a bachelor's degree; 48.76% of the subjects were junior nurses; 81.99% of the subjects were temporary nurses; and 38.21% worked in the medical department. The work experience of the subjects ranged from 1 to 36 with a mean of 8.33 ($SD = 7.78$).

2. The overall structural empowerment perceived by nurses was at a moderate level ($\bar{X} = 18.62$, $SD = 3.94$) (Table 1).

Table 1 Mean, Standard Deviation, and the Level of Overall and Each Dimension of Structural Empowerment as Perceived by the Subjects (n = 322)

Structural empowerment	\bar{X}	SD	Level
Overall	18.62	3.94	Moderate
Informal power	3.66	0.80	
Support	3.18	0.85	
Formal power	3.10	0.80	
Opportunity	2.99	0.84	
Information	2.86	0.92	
Resources	2.83	0.87	

3. The subjects perceived total psychological empowerment at a high level ($\bar{X} = 42.39$, $SD = 7.44$). (Table 2)

Table 2 Mean, Standard Deviation and the Level of Overall and Each Dimension of Psychological Empowerment as Perceived by the Subjects (n = 322)

Psychological empowerment	\bar{X}	SD	Level
Overall	43.79	7.44	High
Competence	11.93	1.98	
Meaning	11.19	2.40	
Self-determination	10.71	2.39	
Impact	8.57	3.06	



4. The subjects perceived respect at a moderate level ($\bar{X} = 3.64$, SD = 0.67).
5. There was a significant positive relationship between structural empowerment and perceived respect ($r = .26$, $p < 0.01$), and there was a significant positive relationship between psychological empowerment and perceived respect ($r = .36$, $p < 0.01$). (Table 3)

Table 3 The Correlation Coefficient between Structural Empowerment, Psychological Empowerment and Respect as Perceived by the Subjects (n = 322)

	Perceived respect
	r
Structural empowerment	0.26**
Psychological empowerment	0.36**

** $P < 0.01$

Discussion

1. Structural empowerment

The results of this study showed that nurses in Affiliated Hospitals of Dali University perceived the overall structural empowerment at a moderate level ($\bar{X} = 18.62$, SD = 3.94) Table 1). One possible reason for this finding was that collaborative work environments could contribute to a sense of structural empowerment (Almost & Laschinger, 2002). Recently, team building has promoted communication and cooperation openly among healthcare professionals in Chinese hospitals that results in information and resource sharing. Long-term stable relationships in each department make nurses feel more support from their colleagues and managers. Moreover, since the implementation of the nursing career development outline (2005-2010) (Ministry of Health of China, 2005) aimed to improve nurses' competency and the quality of nursing care, hospitals managers have tried to provide more opportunities, information sharing channels, support, and resources for nurses to learn and grow. Hence, the aforementioned factors positively impact the overall structural empowerment of nurses.

However, the power is still centralized in the public hospital structure in China. Decisions related to the vision and goals of hospitals were made by hospital managers without communication with staff members (Ma, Jin, Lee, & Liu, 2004). In addition, hospital administrators paid more attention to medical services than nursing care (MOHC, 2006a). The hospital managers in China are doctors, and nursing administration is not independent in most Chinese hospitals. The nursing department is under the supervision of a vice dean who is responsible for medical affairs. Head nurses and staff nurses are under the direction of department leaders who are medical supervisors rather than from the nursing department (Yang & Hu, 2009). This kind of situation results in a sense of powerlessness for nurses.



2. Psychological empowerment

Nurses in this study perceived total psychological empowerment at a high level ($\bar{X} = 43.79$, $SD = 7.44$). One possible explanation would be that in this study, a large proportion (81.99%) of temporary staff nurses may influence perceived psychological empowerment, as Guan (2011) reported that permanent nurses' perceived overall psychological empowerment ($\bar{X} = 57.32$, $SD = 5.03$) was higher than that of temporary nurses ($\bar{X} = 55.6$, $SD = 4.70$). Temporary nurses receive lower salaries but also fewer opportunities to participate in decision-making and training than permanent nurses. Therefore, in this study, many temporary nurses may affect the nurses' perception of psychological empowerment.

Another possible reason was that the higher professional title nurses have enough working experience to be able to finish their work. At the same time, staff nurses with a high professional title can control their practice and solve problems encountered in their work by themselves. Guan (2011) found that professional title was positively related to nurses' psychological empowerment. Nevertheless, in this study, only 13.04% of staff nurses had a nurse-in-charge or assistant chief senior nurse. Therefore, staff nurses perceived only a slightly high level of psychological empowerment.

3. Perceived respect

Nurses in this study perceived that respect was at a moderate level ($\bar{X} = 3.64$, $SD = 0.67$). One possible explanation may be that nurses working in university hospitals afford part of the teaching task, and as a teacher, educational level and greater expertise are very important, while, in this study, 56.52% of staff nurses had under a bachelor's degree, and nobody had a master's degree or Ph.D. Therefore, when staff nurses are willing but unable to transfer knowledge and skills to students, they may not make a good impression on others. On the other hand, a professional title is also essential for nurses. Nurses with a higher professional title are more likely to hold a leadership position, which may increase nurses' social status, and people will actively react to their idea and behaviors. In this study, the professional title of most subjects (86.96%) was below nurse-in-charge. Therefore, educational levels and professional titles may impact staff nurses' perception of respect during work.

Another reason could be Chinese history and culture. China is regarded as harmonious, and people respect each other. Additionally, Laschinger (2004) proposed that interpersonal relationships were antecedents of respect meaning that a good interpersonal relationship may increase staff nurses' perception of respect. Moreover, in recent years, with nursing rapidly developing, the progress of society and patient needs are increasing. Nurses are not only focused on the diseases of patients, but also on patients' health knowledge and psychological status. Hence, the nature of nursing work reflects nurses' values and gives a good impression to others. However, doctors usually have a superior social status and are highly respected by people (Xu & Yang, 2001). People pay more attention to medical services than nursing care. They think that if



a patient is in better condition, it is due to the physician's contribution, not due to the nurse (Zhao, Li, Zhang, & Yin, 2006). Moreover, in the view of many hospital managers, nursing care includes only performing injections, delivering medicine, and providing primary nursing care (Liang & Hou, 2004). All of these reasons improve nurses' value.

4. Relationships between structural empowerment and perceived respect

There was a statistically significant positive correlation between overall structural empowerment and respect. The findings were consistent with previous studies by Laschinger (2004), which found a significant correlation between structural empowerment and respect among staff nurses. Similarly, DeCicco et al. (2006) found, among RNs and RPNs in Canada, that there was a significant correlation between overall structural empowerment and perceived respect. The results of this study were supported by Kanter's (1977, 1993) theory that staff nurses are more likely to feel their values and what they do to earn respect in their work setting. The higher level of structural empowerment that is perceived by staff nurses, the higher the level of respect that will be perceived by staff nurses. When nurses feel that collaborative relationships with managers, colleagues, and subordinates within the organization are effective, they can more easily accomplish their work and improve work efficiency.

5. Relationships between psychological empowerment and perceived respect

The results of these studies demonstrated that there was a positive relationship between psychological empowerment and respect among nurses. The findings agreed with a previous study by Faulkner and Laschinger (2008), which found a significant correlation between psychological empowerment and perceived respect. Additionally, the study findings were consistent with DeCicco et al. (2006), who found a positive correlation between psychological empowerment and perceived respect. This means that nurses with a high level of psychological empowerment are likely to perceive respect. When nurses feel confident in their job performance and the value of their work, they can finish the work well and receive acknowledgment and respect from others. Nurses who feel they have control over their work practices and are involved in making decisions are more likely to perceive more respect.

Conclusion

The purposes of this descriptive correlational research were to examine structural empowerment, psychological empowerment, and perceived respect, to examine the relationship between structural empowerment and perceived respect, and to examine the relationship between the psychological empowerment and perceived respect of nurses at Affiliated Hospitals of Dali University, the People's Republic of China. The structural empowerment perceived by nurses was at a moderate level whereas nurses perceived a high level of psychological empowerment. There was a weak positive relationship between overall structural empowerment and perceived respect for nurses. A moderate positive correlation was found between



Structural Empowerment, Psychological Empowerment and Perceived Respect of Nurses in Affiliated Hospitals of Dali University, the People's Republic of China

การสร้างเสริมพลังอำนาจเชิงโครงสร้าง การสร้างเสริมพลังอำนาจด้านจิตใจ และการยอมรับนับถือตามการรับรู้ของพยาบาลในโรงพยาบาลในเครือของมหาวิทยาลัยต้าลี่ สาธารณรัฐประชาชนจีน

psychological empowerment and perceived respect.

Implications and Recommendations

The result of this study would be a valuable contribution to nurse administrators for understanding structural empowerment, psychological empowerment, and respect as perceived by nurses. In addition, the results of this study will provide information and evidence for developing strategies to improve structural and psychological empowerment, which will enhance nurses' perception of respect. Further study is needed to replicate this study in other types of hospitals and other regions in China, and investigate factors influencing perceived respect.

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