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Work Stress: Do Employee Empowerment And Social Support Matter?

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ABSTRACT
In this study, we surveyed 157 nurses at a private hospital in Melbourne to examine the role of social support and empowerment in the reduction of work stress among Australian nurses. Our findings reveal that social support, derived from either the supervisor or work colleagues, is negatively associated with the main work stressors, such as role conflict, role ambiguity, work overload and resource inadequacy. Empowerment, too, is negatively associated with the main work stressors, apart from work overload. Finally, we discuss the contributions of this study and implications for research and practice in health sector management.

Keywords: Empowerment, social support, work stress, nurses.

INTRODUCTION
Work related stress is becoming an epidemic in the workplace and is therefore recognised as one of the major issues with which managers and organisations must cope (Cooper and Arbose, 1984; Peterson et al., 1995). In Australia, nearly two-thirds of employees say they are under stress at work (Ryan, 2000). The management of stress in an organisation is important because work stress has been related to worker physical and mental well-being as well as organisational problems, such as decreased performance, increased accidents, absenteeism and turnover (Jamal, 1984; Hackett and Bycio, 1996).

Work stress can be defined as an adaptive response to a work situation that places special physical and/or psychological demands on a worker (Matteson and Ivancevich, 1987). The physical or psychological demands from the environment that cause stress are called stressors. The main stressors isolated in the literature are: role conflict, role ambiguity, work overload, task control (or lack of autonomy), career security and interpersonal relations (Kahn, et al., 1964; Kahn and Byosiere, 1992; Jex 1998).

Given the prevalence of work related stress and its significant negative consequences, a number of studies have addressed individual and organisational methods for coping with stress. Individual methods may include exercise, meditation, counselling or training, such as time management training. Social support, which refers to individual's interpersonal transactions with others and involves providing either emotional or informational support, has proved to be an effective individual method of reducing work stress (House, 1981). Although social support and work stress have enjoyed extensive coverage in the management literature, very few studies have adequately addressed the effect of social support on the specific stressors. In other words, does any form of social support reduce all stressors, or is one form of social support more effective in reducing a particular stressor? Apart from individual methods aimed at reducing or containing stress, organisational methods often target specific stressors present in the broader organisation environment. Some examples may include job redesign, change in workloads and deadlines, change in work schedules and role analysis workshops. Although some studies have examined the role of organisational programs aimed at increasing worker autonomy (e.g., job enrichment, establishing autonomous work groups), limited research has emerged on the role of empowerment in reducing work stress. Empowerment refers to giving employees the authority, skill and freedom to perform their tasks (Spreitzer, 1995). We argue that increased worker empowerment is likely to reduce experienced stress at work.

Given the foregoing, the aim of this study is to examine the role of social support and empowerment in the reduction of work stress among Australian nurses. Nurses were selected because health care settings are plagued by a wide variety of stressors, such as confrontation with severe illness and death, financial restraint and increased job demands, technological change, increased consumer expectations; moreover nursing, specifically, has been found to be a uniquely stressful occupation (Janssen, de Jonge and Bakker, 1999; Patrickson & Maddern, 1996). Among the unique sources of stress in

nursing are: stress derived from shift work and associated work/family balance issues, role conflict associated with the dual responsibilities of administration and patient care, inadequate resources and the perceived status of nurses as second-class citizens in healthcare organisations.

The next section develops the theory between social support and empowerment and its effect on nurse work stress and performance, developing two main testable hypotheses. The research method adopted to test the hypotheses is described and the results presented in the following two sections. The paper concludes with a discussion of the results along with a consideration of the limitations and future directions.

THEORY DEVELOPMENT AND HYPOTHESES
Social support
Social support has been defined as the flow of communication between people involving emotional, caring, informational and instrumental support (House, 1981). Social support may be derived from informal sources, such as family, friends and work colleagues, or from formal sources such as supervisors or teachers (House, 1981). This study focuses on social support derived from the nurses' supervisors and the nurses' work colleagues because they appear to be more pertinent to the working environment of nurses. Supervisors and colleagues are likely to provide valuable information and feedback on nurses' work, as well as provide emotional support in a difficult working environment as outlined above. Davis and Thornburn (1999) suggest that health care reform, with its emphasis on restructuring, reorganising and downsizing has profoundly affected the quality of nurses' work life. The authors suggest that peer-support (or collegial social support) was associated with reductions in stress and enhanced the quality of nurses' work life.

Numerous studies have linked social support with aspects of health and illness, including work stress (e.g., House, 1981; Ganster, et al., 1986; Anderson, 1991; Daniels and Guppy, 1995). Few studies in this area, however, have examined the role of social support on specific stressors. It is possible that particular forms of social support may be effective in reducing specific stressors. For example, nurse colleagues may be more useful in reducing role ambiguity, while the nurse's supervisor may be more useful in reducing stress derived from workload. Given the exploratory nature of this work a general hypothesis between social support and work stress is written in the null form.

> H1: Social support will not be associated with nurse work stressors.

Empowerment
Empowerment is conceived as a multifaceted construct comprised of four cognitions reflecting an individual's orientation to his or her work. The four cognitions are: meaning [the value of a work goal], competence [an individual's belief in their capacity to perform the job requirements], self-determination [autonomy or control over work behaviour processes], and impact [the extent to which an individual can influence outcomes at work] (Spreitzer, 1995). In sum, empowerment refers to the extent to which an individual can actively shape his or her work role and context (Daniels and Guppy, 1994). Viewing empowerment in this way has particular relevance for work stress, as some consider that empowerment represents a set of managerial activities and practices that give power, control and authority to subordinates (Conger and Kanungo, 1988). Research has consistently shown that job autonomy and participation in decision making (or worker control) is positively associated with health and well being (Savery and Luks, 2001). To the researchers knowledge there has been no study in the area of nursing that examines the affect of the four components of empowerment on work stressors. However, in the management literature there is some discussion of the relationship between empowerment and stressors. In Karasek's (1979) demands-control stress model, for example, the researcher argues that control at work buffers the impact of job stressors on well-being. Moreover, Niehoff, Moorman, Blakely and Fuller (2001) claim that empowerment and job enrichment are mechanisms that allow survivors to cope with the stress of downsizing. Spector et al, (2002:462) also reported that "the popularity of management approaches emphasizing autonomy and empowerment, beliefs of control are a vital element in the management of organizations…..management approaches

that promote individual autonomy and empowerment will work universally to enhance well-being". Again, given the exploratory nature of this research, the hypotheses between empowerment and stress is presented in the null form.

H2: Empowerment will not be associated with nurse work stressors

RESEARCH METHODS
Sample and procedures
The sample consisted of nursing staff working in a private hospital in Melbourne, Australia. The organisation employs approximately 1250 employees distributed over two inner-city sites. Nursing staff make up 59% of total employees, with other major sectors being environmental services [includes cleaning and food preparation] (24%), management (10%) and miscellaneous (7%). The majority of the hospital's nursing staff are casual nurses (45%), followed by permanent part time (38%) and full time nurses (17%).

The survey was randomly distributed to 600 nurses within this hospital by attaching an envelope to their pay slip. Respondents were informed that the questionnaire was voluntary, conducted by researchers not affiliated with the hospital, and that the information would be treated in the strictest confidence. Anonymity was protected by requesting respondents to return the questionnaire in a reply paid envelope addressed to the researchers. A total of 157 responses were returned representing a response rate of 26% [5 questionnaires were subsequently omitted due to substantial missing data]. The sample consisted of 97% women [industry average is 96%], mean age 41 years, mean tenure at the hospital 8 years, and clinical nurses represented 70% of the total while the remainder were nurse managers 26% and nurse educators 4%. The majority of respondents were part-time nurses (55%), followed by full-time (37%) and casual (8%). This is not representative of the organisations demographics, however, the lack of casual nurses may be explained by their lack of interest and/or due to their intermittent work hours they may not have received the questionnaire in time.

Measures
The social support scale developed by House and Wells (1978) was used to measure supervisory support [6 items] and co-worker support [3 items]. This measure has been used previously with satisfactory reliabilities (Deery and Iverson, 1995). Although the scale appears not to have been used previously in a nursing context, three nurses [not included in the sample] considered the wording of the items to be appropriate.

Empowerment was measured using Spreitzer's (1995) 12 item scale, which comprises the four components of empowerment, meaning, competence, self-determination and impact. This scale has been used extensively and within health care settings. The four components of empowerment emerged following a principal components factor analysis of Spreitzer's instrument [eigen values > 1 retained and the factor solution rotated using the varimax orthogonal method].

The 15 item instrument developed by Kahn et al. (1964) was used to assess nurse's work related stress. The instrument has been used extensively within the management literature with satisfactory reliabilities. Again, although the scale appears not to have been used previously in a nursing context, three nurses [not included in the sample] considered the wording of the items to be appropriate. The instrument requires self-report perceptions of how frequently respondent feel "bothered" by certain aspects of the work environment. The instrument attempts to tap into the main work stressors, such as role conflict, role ambiguity, work overload and resource inadequacy. Following a principal component factor analysis using a varimax orthogonal rotation and eigenvalues of > 1 retained, four factors [stressors] emerged within the current sample of nurses, labelled: work control [e.g., "I am unable to influence my supervisors decision/actions that affect me"], role conflict/ambiguity [e.g., "The scope and responsibilities of my job are unclear"], resource inadequacy [e.g., "I do not feel fully qualified to handle my job"] and work overload [e.g., "My workload's too heavy"].

RESULTS

The means, standard deviation and alpha reliabilities of the main variables are shown in Table 1 and a correlation matrix is presented in Table 2.

Table 1: Descriptive Statistics

	Theoretical range	Mean	Standard deviation	Cronbach alpha
Supervisor support	6-30	20.70	5.46	0.92
Co-worker support	3-15	11.18	2.01	0.76
Meaning	3-15	12.45	1.97	0.85
Impact	3-15	8.53	2.95	0.98
Competence	3-15	12.70	1.62	0.91
Self-determination	3-15	10.63	2.38	0.78
Work control	5-25	13.35	3.60	0.70
Conflict/ambiguity	3-15	6.76	2.29	0.72
Resource inadequacy	3-15	5.73	1.94	0.66
Work overload	4-20	11.32	2.88	0.55

Table 2: Correlation Matrix

	1	2	3	4	5	6	7	8	9	10
1. Supervisor support	1.00									
2. Co-worker support	.30**	1.00								
3. Meaning	.19*	.17*	1.00							
4. Impact	.25**	.11	.33**	1.00						
5. Competence	-.06	.06	.39**	.24**	1.00					
6. Self-determination	.26**	.18*	.33**	.51**	.35**	1.00				
7. Work control	**-.57****	**-.37****	**-.26****	**-.44****	**-.13**	**-.28****	1.00			
8. Conflict /ambiguity	**-.39****	**-.37****	**-.25****	**-.16***	**-.13**	**-.33****	.49**	1.00		
9. Resource inadequacy	**-.21****	**-.25****	**-.31****	**-.19***	**-.35****	**-.08**	.47**	.45**	1.00	
10. Work overload	**-.25****	**-.24****	**-.06**	**-.03**	**-.04**	**-.05**	.48**	.31**	.30**	1.00

$* p < .05$
$** p < .01$

Referring to Table 2, hypotheses 1 and 2 can be tested be examining the bolded correlations between the social support variables and the nurse work stressor variables (H1), and the four empowerment cognition variables and the nurse stressor variables (H2). Firstly, it is clear that social support, derived from either the supervisor or work colleagues, is negatively associated with all nurse work stressors (refer to the bolded correlation coefficients in columns 1 and 2 of the matrix). Further these relationships were all statistically significant at the one per cent level or better. Thus the null hypothesis that social support will not be associated with nurse work stressors can be rejected.

With respect to empowerment and stress, mixed findings emerged. Meaning was negatively associated with the stressors, work control, role conflict/ambiguity and resource inadequacy. All relationships were statistically significant at the one per cent level or better. The empowerment cognition, impact, was also negatively associated with the same three nurse stressors (significance levels were slightly lower, however). Competence was negatively associated with resource inadequacy

(r = -0.35, p <0.01), and self-determination was negatively associated with both work control (r = -0.28, p<0.01) and role conflict/ambiguity (r = -0.33, p<0.01). The stressor, workload, was not associated with any of the four cognitions of empowerment. On this basis of these results hypothesis two can be rejected.

DISCUSSION AND CONCLUSIONS

The aim of this study was to examine the role of social support and empowerment in the reduction of work stress among Australian nurses. It has been well stated in the literature that the problem of work related stress could have serious implications for the quality of patient care (Johnstone, 1999). Our results clearly illustrate that the presence of social support structures, namely through supervisors and work colleagues, is associated negatively with all of the main work stressors. Hospital management may choose to implement strategies aimed at the health and well-being of nursing staff by promoting supervisor and co-worker communication and support. This may be achieved by providing forums for communication between co-workers and between workers and their supervisors. For example, weekly ward meetings for nursing staff may be scheduled to provide a forum for discussing work related issues. Management could also encourage the development of informal social groups, particularly for new staff, to promote greater cohesion between co-workers and their supervisors. Given the financial pressures in the public health sector, developing social support structures may be relatively inexpensive methods of managing and reducing occupational stressors.

With respect to empowerment, it is clear that the relationships between the four cognitions of empowerment and occupational stressors are complex. Firstly, increasing the psychological empowerment of nurses was not associated with stress derived from work overload. Secondly, the finding that empowerment (meaning, impact and self-determination) was negatively associated with work control is consistent with previous overseas studies in the management literature (e.g., Savery and Luks, 2001). Clearly, for this sample of Australian nurses, increased psychological empowerment is associated with reduced stress derived from lack of control over work tasks. Third, it has been argued that whilst increased empowerment may result in disagreements and challenges to authority (perhaps leading to greater role conflict/ambiguity), ultimately organisational members benefit because they become active partners in solving organisational problems (Laschinger and Havens, 1997). This appears to be the case for this sample of Australian nurses where increased psychological empowerment (all four cognitions) was associated with reduced role conflict/ambiguity. Finally, increased empowerment (meaning, impact and competence) was negatively associated with resource inadequacy, particularly feeling underqualified for the job. Essentially those nurses who feel confident in their jobs (possibly through appropriate experience and training/development) experience less stress.

Hospital management may need to consider the implementation of a range of empowerment strategies to manage nurse work stress. Developing management strategies that cultivate a sense of meaning would be particularly beneficial. Management might consider the provision of greater feedback to nurses concerning organisational and patient well-being, unit and individual performance to promote greater understanding of how nurses impact patients and the hospital as a whole. Conger (1989) also suggests that rewards and encouragement for exceptional achievement should be provided in visible and personal ways to increase employees (in this case nurses) sense of belonging to the organisation (hospital) and indeed that they are a valued contributor. Developing a sense of competence and confidence through ongoing training and development may be an important way to reduce stress derived from feeling underqualified. Formal mentoring might also play a role here as well so that more experienced nurses can transmit their skills, knowledge and abilities to less confident nurses. Self-determination can be enhanced by increasing decision latitude over nursing practices and tasks. Thus, encouraging greater participation in important work-related decisions, particularly participation in setting performance targets is vital to ameliorate stress derived from work control and role conflict/ambiguity.

Further research within a hospital setting is required to explore other social support mechanisms (e.g., friends and partners) and their impact on occupational stressors. Further research would also be useful to better understand the impact of social support structures and empowerment schemes on nursing absenteeism, retention rates and the quality of patient care. Qualitative research should also be conducted within a hospital setting to better understand and develop appropriate social support and empowerment interventions.

In conclusion, hospital administrators and managers may find it productive to encourage and develop strong social support networks among supervisors and co-workers, and employment practices that empower employees. Given, the crucial role nurses play in the health sector, the development of management practices that reduce occupational stressors should be seen by administrators and managers as a fundamental part of health sector management.

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