An Investigation of Nurses Perception of the Organizational Power in the Paediatric Ward- Based on the King Model

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ABSTRACT

BACKGROUND

The organizational power in nurses makes them function more professionally, increasing their job satisfaction. Hence, a good understanding of this issue can have a significant effect. We wanted to investigate the nurses' perception of organizational power in the paediatric wards.

METHODS

This descriptive study was carried out in 2017 in the paediatric ward of Motahari Hospital in Urmia. A total of 175 nurses were recruited and studied using the organizational power questionnaire developed by Sietoff-King. Validity of the questionnaire was assessed using content validity, while its reliability was assessed using Cronbach's alpha, which was 0.89. Pearson's correlation test was also carried out to determine the relationship between the demographic variables and nurses' perception of organizational power.

RESULTS

The results showed that 52.52% of nurses had a good perception of organizational power, while overall perception of organizational power was 127.75 ± 17.99 . As far as the items in the power subsets are concerned, the highest score was gained by role play and the position of the nursing group. The lowest score was also obtained by the resource and environmental factors. Furthermore, there was an inverse relationship between age and position subsets, and younger nurses had better perception of this issue.

CONCLUSIONS

Based on the results of this study, it is necessary to set the scene for nurses to get more acquainted with the organizational power and its effect on the quality of health care. It is also necessary to improve nurses' perception of the organizational power and the nursing frameworks and models as part of an appropriate approach.

KEY WORDS

Paediatric Ward, Nursing, Organizational Power, King Model

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BACKGROUND

Power is inevitable in organizations⁽¹⁾ as there is no society and organization without power. The realization of organizational goals is contingent upon power, and managers need power to effectively play their role in the organization.^(1,2) There are different approaches to and definitions of power.⁽³⁾ Power originates from the organizational status of individuals.⁽⁴⁾ It can be potentially assumed that everyone in power can have an effect on an individual or a group.⁽⁵⁾ Grieffin and Moorhad defined power as the ability to do the work according to one's will. Power is a natural process.⁽⁶⁾ It is taken into account in various disciplines and has received a special attention in nursing, as an abstract concept for most nurses.⁽⁷⁾ It also has implications for health policies, organizational structure, and nursing practices.⁽⁸⁾ Nurses need power to succeed in the organization and play the roles of caring, treating, and communicating properly with their authorities and colleagues. Empowering nurses makes them more committed to their duties in the organization and care system and helps them work more professionally.⁽⁹⁾ Power in nurses leads to high participation, flexibility, and success in the care system.⁽¹⁰⁾ In fact, power is the determinant of job satisfaction,⁽¹¹⁾ as a lack of a sense of power and a negative nursing attitude to power cause frustration and dissatisfaction.⁽¹²⁾ As a result, others decide on nursing.

Although Sieloff believes most nursing groups have power, they often appear to be health care system theorists given the social status of the physicians. However, nurses, unlike physicians, are not able to comment at the organizational level.^(13,14) Considering the importance of power, studies show that in health care settings, power is in the hands of a particular group and nurses are often dominated by that group,^(7,15) resulting in disability and negative effects on the care quality and job satisfaction.⁽¹⁶⁾ Since nurses' position is not well defined and understood in Iran, the use and understanding of the nursing power is a must.^(17,18) A proper understanding of power is one of the ways in which nursing work can progress and goals can be realized.^(11,19) However, the misunderstanding of power by nurses leads to a negative perception and a sense of powerlessness and inefficiency in nurses and has side effects on the organization and organizational goals.

The benefits of power for the organizations, especially the hospital system, and its importance in achieving organizational success, especially for success in the care system, have not been addressed in the nursing profession despite the need for further clarifications.⁽²⁰⁾ One way of clarifying these points is to use the nursing frameworks and models. The Emotion King model is one of the models of organizational power. This model, which was introduced in 1981, is one of the most important and best-known models of power in the field of nursing. In this model, King refers to a systematic approach to the evolution of the systemic framework of the theory of goal achievement, and believes that knowing the complex and dynamic behaviours of human beings in different nursing situations leads to the formation of a conceptual framework and the individual, interpersonal and social systems in the field of nursing. Each of these three systems considers human beings to be the core of the system.

The concept of the human metaparadigm in King's system is expressed in terms of a personal, interpersonal, and social system while each one has multiple dimensions. The concept of the personal system includes perception, self, mental image, growth and evolution, time, space, and learning. The concept of an interpersonal system consists of communication, interaction, exchange, roles, stress, and coping. The concept of a social system includes the organization, authority, power, dignity, and decision-making notions. Power, which is one of the dimensions of King's social system, is described as a situation in which individuals take action in a manner consistent with and against their will. King has paid special attention to the importance of power in nursing and the achievement of the goals of this group. King considers the nurses' perception of power to be essential in the identification of the sources of power and attainment of organizational goals. He categorizes power into eight subcategories, namely control and domination of environmental factors, the role of the nursing group in the organization, the available resources, the ability of the nursing group to achieve goals, proper communication, the power perspective and effective power of supervisors and superintendents in achieving goals.^(11,19)

Considering the importance of power and nurses' perception of power in their empowerment and the need for clarifying the concept of power from King's perspective, this study aimed to determine nurses' perception of organizational power in nursing profession and its relationship with individual variables based on the concept of power in King's model.

METHODS

This 2017 descriptive study was an attempt to assess nurses' perception of the power of the nursing group in the care system using King Model and nurses in the paediatric ward of Shahid Motahari Hospital in Urmia. In this study, 159 nurses were selected for assessing nurses' perceptions based on the findings reported by Valizadeh et al.'s (2012).⁽¹¹⁾

$$n = \frac{pqz}{d^2} \frac{211.72 \times 88 \times 1.96^2}{0.05^2} = 158.98 \approx 159$$

Since 200 nurses were working in the Motahhari Hospital at the time of the study, all eligible nurses were recruited for this study using the census method. Finally, of the 200 distributed questionnaires, 180 were collected and 5 were ruled out because only 20% of the questions were answered. Finally, 175 questionnaires were examined. The nurses selected for this study had a bachelor's or master's degree and were working in one of the internal wards or surgery wards of the hospital. After obtaining the permission of the vice president of the research and ethics committee of the university (code: IR.TBZMED.REC 1326.1395) and winning the approval of Tabriz University of Medical Sciences, arrangements were made by the educational deputy of the Nursing and Midwifery Faculty of Tabriz and the consent of the authorities of the Educational and Treatment Center of Shahid Motahari Hospital of Urmia was gained. Thereafter,

sampling was started on April 4, 2017. The researcher visited the paediatric wards of Motahari Hospital and asked the nurses to complete the organizational power questionnaire at the appropriate time. Otherwise, they could take the mentioned questionnaire with them and deliver them in the next shift. In order to assess the nurses' perception of organizational power in the care system, King model of organizational power questionnaire was used: SKAGPO (Sieloff-King Assessment of the Group Power within Organization). The questionnaire was prepared by Sieloff and King in 2000 and its validity and reliability were studied in different countries for several consecutive years. Moreover, the validity of the organizational power questionnaire was assessed by Valizadeh et al. in Tabriz in 2012. Therefore, it was considered as a valid tool in this study⁽¹¹⁾ and the questionnaire was re-examined using the content validity method. Cronbach's alpha method was employed in this investigation to determine the reliability of the questionnaire and the resulting reliability coefficient was 0.89. The King's organizational power questionnaire had two parts. The first part included questions about the demographic characteristics of the participants, and the second part contained 36 questions in different fields: 7 items about controlling the environmental factors, 4 items about position, 3 items related to role play, 6 items about resources, 3 items about appropriate communication, 4 items about the competence of the supervisors, 4 items related to goal achievement, and 5 items about the power prospect. This questionnaire was previously translated into Persian by Valizadeh et al. This questionnaire was developed based on the Likert scale with 5 options (5= totally agree, 4= agree, 3= no idea, 2=disagree, and 1= totally disagree) and the overall score of nurses' perceptions of the organizational power was between 180 and 36. Accordingly, the participants' scores in the study were divided into three levels of poor relation (36-80), moderate relation (81-125), and a strong relation (126-180). Data were analysed in SPSS 21.

The descriptive statistics (frequency, mean, and standard deviation) were used to describe the data, while the relationships of the demographic variables with nurses' perception of organizational power were explored using Pearson's correlation. Finally, the T test and ANOVA (analysis of variance) were carried out to compare the mean scores of perceptions of organizational power based on demographic characteristics.

RESULTS

A total of 175 nurses were evaluated. The mean age of the employed nurses was 28.48 ± 5.57 years and their mean working experience was 5.09 ± 4.86 years. On average, they had taken care of 9.55 ± 3.06 patients. In this study, it was found that nurses had 76.98 ± 19.31 hours of physical overtime on average in addition to their obligatory shifts. Other demographic characteristics are shown in Table 1. In a survey of nurses' perception of nursing organizational power, the results showed that 52.5% of nurses had a good perception (Table 2).

Variable	Percentage (Frequency)	
Sex	Male	2 (1.1)
	Female	173 (98.9)
Marital status	Single	73 (41.7)
	Married	102 (58.3)
Educational degree	B.S	173 (98.3)
	M.S	3 (1.7)
Management experience	With experience	3 (1.7)
	Without experience	171 (98.3)
Age (year)	Standard deviation	28.54 $\pm$ 5.49
	The minimum- the maximum	22-46
Overtime (in a month)	Standard deviation	76.98 $\pm$ 19.31
	The minimum- the maximum	20-120
Work experience (year)	Standard deviation	5.09 $\pm$ 4.86
	The minimum- the maximum	20-1
The ratio of patients to the nurses	Standard deviation	9.55 $\pm$ 3.06
	The minimum- the maximum	4-20

Table 1. Some Demographic Characteristics

Nurses' Perception of Organizational Power	Frequency	%age
Poor (36-80)	1	0.6
Average (81-125)	82	46.9
Desirable (126-180)	92	52.5

Table 2. Distribution of Absolute and Relative Frequency and Level of Nurses' Perception of Nursing Organizational Power

Variable	Number of Items	Range of Scores	Mean	SD
Environmental pressure	7	1-5	3.50	0.53
Situation	4	1-5	3.65	0.63
Role play	3	1-5	3.79	0.61
Resources	6	1-5	3.34	0.68
Communication competency	3	1-5	3.53	0.64
The effectiveness of power in goal achievement	4	1-5	3.51	0.61
The qualification of superintendents	4	1-5	3.61	0.63
Power prospect	5	1-5	3.61	0.63
Nursing power	36	1-5	3.54	0.49

Table 3. Nurses' Perception of the Components of Nursing Organizational Power in the King Model

Variable	Work Experience		Age	
	P*	R	P	R
Environmental pressure	0.372	-0.068	0.300	-0.080
Position	0.009	-0.198	0.002	-0.232
Role play	0.255	-0.087	0.250	-0.088
Resources	0.052	-0.147	0.032	-0.164
Communication qualification	0.520	-0.049	0.395	-0.065
Effectiveness of power in facilitating achievement of goals	0.318	-0.076	0.283	-0.083
The qualification of superintendents' supervision	0.416	-0.062	0.120	-0.119
Power prospect	0.065	-0.140	0.068	-0.140
Nursing power	0.079	-0.134	0.042	-0.155

Table 4. Relationship between Some Demographic Characteristics and Components of the Organizational Power of the Nursing Profession

		Average	Standard Deviation	Statistics		
				t	df	p
Marital status	Single	128.15	17.51	0.24	137	0.80
	Married	127.47	18.41			
Training	Yes	126.89	17.97	-0.76	160	0.44
	No	130	18.52			
Education	Bachelor	127.61	17.91	-0.80	173	0.42
	Masters	136	25.11			
Income	Yes	136.22	17.43	2.39	173	0.01
	No	126.53	17.80			
Management	Yes	105	24.06	-2.29	172	0.02
	No	128.16	17.75			
Recruitment	Official	118.86	19.67	F=1.60	170&4	0.175
	Contractual	124.25	16.81			
	A pledge	130.20	28.80			
	A company	129.94	14.25			
	A plan	129.60	17.90			

Table 5. Comparison of Mean Score of Nurses' Perception Based on Demographic Variables

Following the examination of the eight subsets of power in the King model and the rating method set by Sieloff and King, the results showed that the highest score was related to the role play and the position of the nursing group, which was

3.0 ± 79.6 and 0.0 ± 65.63 respectively. The lowest score was for the resource and environmental factors, which was 3.34 ± 0.68 and 3.50 ± 0.33 , respectively. As for the qualification of the superintendents and the power prospect, the nurses were rated 3.61 ± 0.63 (Table 3).

Examining the relationship between the demographic characteristics and the nurses' perception of the organizational power (Table 4) unveiled the inverse relationship of age and work experience with the position subsets. As age and work experience increase, nurses' perception of the field decreases, and younger nurses have a better perception. There is also a significant and inverse relation between age and total score of nursing power. In other words, nurses' perception of organizational power decreases as they get older. No significant relationship was, however, found between the other areas of organizational power with age and work experience. The scores of the items of the organizational power questionnaire are listed in Table 4.

Our comparison of the mean scores of nurses' perceptions based on demographic variables showed that nurses, who were satisfied with their income, had better and more positive perceptions than nurses that were not satisfied. Besides, nurses with no management experience had a better perception of organizational power than nurses with management experience (Table 5).

DISCUSSION

Based on the assessment of nurses' perceptions of organizational power using SKAGPO questionnaire, most nurses had a good and moderate understanding of organizational power. In this regard, the study conducted by Valizadeh et al. to assess nurses' perceptions of organizational power showed that the majority of nurses had an average and desirable understanding. The study by Homayoune et al. on nurses' perception of organizational authority indicated the moderate perception of nurses in this area,⁽²¹⁾ and the study by Wynne et al. in Australia on nurses' perceptions of organizational power showed that nurses had a moderate perception.⁽²²⁾ These findings are in line with the results of our study. Asadzandi et al also reported that nurses had a relatively high perception of their managers' empowering behaviour.⁽²³⁾ Similar findings by Wilson and Laschinger showed that nurses had a relatively high understanding.⁽²⁴⁾ The study by Zaimie Kermanshahi showed that 72.2% of executives were highly empowered. ⁽²⁵⁾ The study by Bassaran et al. also revealed that 44% of nurses believed they had organizational power and only 34% had legal and informative power.⁽²⁶⁾ The results of this study did not comply with the current study, which can be attributed to the cultural differences, differences in the power structure, the study method and the sample size. This is because Bassaran' study was conducted on Turkish nurses with a different culture than Iranian nurses and the sample size was also larger. The results of the investigation by Ahadi Nejad et al. showed that perceived organizational justice is below average because the participants considered justice to be undesirable.⁽²⁷⁾ However, the findings reported by Bohluli et

al. did not confirm this conclusion.⁽²⁸⁾ This difference in the results could be due to the difference in the management styles of the study cases. In our study, the lowest score was related to resources of power and environmental control by nurses. Besides, previous studies suggest that a lack of adequate resources, a lack of nursing staff, and a lack of sufficient resources for nurses are among the decision-making determinants in taking care of patients and determine powerlessness and inefficiency of nurses.⁽²⁹⁾ In the study by Valizadeh et al., most nurses had a limited understanding of the sources of power and environmental factors, which was in line with the results of this study. Moreover, the reports by Hinestala showed nurses' limited understanding of the role of resources in organizational power,⁽³⁰⁾ which is consistent with these findings. However, the study by Ascahinean revealed nurses' good understanding of the role of resources in gaining power, suggesting that they give high priority to the resources.⁽³¹⁾ This finding is not in line with the results of the study mentioned above due to structural differences in power resources. Concerning the efficiency of communication, which plays an essential role in increasing the confidence of nurses in the workplace and increasing the sense of power of nurses in caregiving,⁽²⁹⁾ the results of this study mirrored nurses good understanding of this category. The study by Valizadeh et al. showed that most nurses had a limited understanding of the effectiveness of communication in nursing, which is not consistent with the results of this study. According to the study by Atri and Hinestala, nurses had no proper understanding of the power of communication in the nursing profession,^(30,31) which is not in line with the results of this study. As regards the position and role playing nursing, our results showed that nurses had the greatest understanding of these factors. In the study by Valizadeh et al., nurses had a moderate understanding of the position of the nursing group as part of the care system, which is not consistent with the results mentioned above. Concerning the effect of power on the attainment of goals, the results indicated that nurses had a moderate understanding, which contradicts the findings reported by Valizadeh et al., who reported that nurses had the highest understanding of their goals. Furthermore, the study by Atrium and Ruston did not confirm the results of our study.^(32,33) This lack of compliance can be attributed to the difference in the study methods, sample size, and cultural settings. In the study by Adib Hajbagheri, which confirmed the results of this study, power was a barrier to the attainment of organizational goals.⁽³⁴⁾ In the present study, younger and less experienced nurses had a better understanding of organizational power. In the study by Valizadeh et al., younger and less experienced nurses had a better understanding of the subsets of the power of environmental pressure and the role and qualification of the nursing supervision. The other areas of organizational power had no significant relationship with age and work experience, which does not comply with our findings. In a study by Curie Leesl et al., younger and less experienced nurses had a positive attitude toward the organizational power of nursing and its subsets, while older nurses considered changes resulting from organizational power in nursing to be threats and rejected them.⁽³⁵⁾ These results are not in line with the results of this study. However, a study conducted in Turkey in 2010 showed that more experienced nurses had better

understanding and control over the monitoring, collaboration and communication tasks in the organization.⁽³⁶⁾ These findings are not consistent with the results of this study. The results of the aforesaid study indicated that nurses who were satisfied with their income level had a better understanding of organizational power than nurses who were not satisfied with their income. Besides, nurses with no management experience had a better perception than nurses with management experience. The findings reported by Nick Peima et al. (2005) showed that when employees can control and support the staff, the staff will be more motivated to play their role.⁽³⁷⁾ According to the results of our study, income and material rewards can determine the increase in the sense of power among nurses.

CONCLUSIONS

Based on the results of this study, which revealed nurses' desirable perception of organizational power and the effect of power on nurses' job motivation, it is suggested to give priority to the power and proper understanding of nurses as well as their proper distribution in organizations, especially in hospitals. It is also suggested to set the scene for nurses to be more empowered. It is, however, necessary to set the scene for nurses to increase their awareness of the organizational power and its effects on the quality of health care. Furthermore, nursing frameworks and models should be considered as components of an appropriate method for increasing nurses' perception of organizational power. If necessary, trainings at the hospital level can be provided to apply the management styles suiting the business of officials and staff.

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