

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY HOSPITALS IN NORTH-CENTRAL, NIGERIA

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Abstract

This study examines the effect of structural empowerment on employee commitment in Nigerian health sector. The study focused on three tertiary hospitals in North-Central, Nigeria including University Teaching Hospital Jos, Plateau State, National Hospital, Abuja and Benue State University Teaching Hospital, Makurdi. The study specifically investigates the effect of access to opportunity, information, resources and support on employee commitment in Nigerian health sector. Four research hypotheses were formulated in line with objectives of the study. The study adopted a survey design and primary data were collected through self-administered questionnaire. The population of the study includes 1,568 registered doctors, nurses, pharmacists, paramedical and administrative staff of the hospitals. A sample of 319 was used for the study. A pilot test was conducted and Cronbach's Alpha was used to test the reliability of the instrument. Mean and standard deviation were used to answer the research questions. Multiple regression analysis was used for test of formulated hypotheses at 0.05 level of significance with the aid of the Statistical Package for Social Sciences (SPSS Version 23). Results indicated positive significant effect of structural dimension variables (access to opportunity, information, resources and support) on employee commitment in Nigerian health sector. The study concludes that structural empowerment enables employees to be involved in decision making in the organization thereby improving employee commitment. The study recommends amongst others that managers and supervisors in hospitals should always communicate clear goals and common aims of the organization to employees. Management of hospitals should always provide feedback to employees to help build their commitment.

Keywords: Empowerment, Structural Empowerment, Employee Commitment, Health Sector

Introduction

Organizations in the 21st century live in a turbulent business environment necessitated by changes in technology, workplace diversity, high level of employee turnover and customer expectations. The current competitive, dynamic and global working conditions require organizations to differentiate their actions, offering and services to maintain positive relationships with stakeholder groups (Shamma, 2012). Organizations today need to develop unique and distinctive resources to gain sustainable competitive advantage and success because of increasing competition and turbulence. These uncertain conditions necessitate organizations to empower employees to help facilitate make quick decisions and rapid response to changes in the working environment. Empowerment of employees has received a great attention in management field, because it is considered as a crucial element of managerial and organizational effectiveness. Empowerment of employees is thus regarded as significant management technique which is accepted by both public and private organizations (Hamed, 2010). In trying to maximally utilize human resources, organizations need empowered employees who take the initiative and respond creatively to the challenges of the job (Orgambídez-Ramos & Borrego-Alés 2014).

In the literature, it is suggested that empowerment is examined from two different points of view as “the relational perspective” or “structural empowerment” and “psychological empowerment” which were introduced by Kanter (1977). While psychological empowerment is considered as a bottom-up approach to empowerment, structural empowerment represents the top-down approach (Mostefalder & Al-Sulaiti 2015). The concept of structural empowerment originates from Kanter's theory of structural power in organizations, which describes the conditions of the work environment (Kanter, 1977). Empowered employees have less work pressure and job burn-out, and therefore, are more likely to accomplish their work successfully and be satisfied with their jobs (Tairima, Abdul, Meherun & Dipali, 2020).

Structural empowerment refers to organizational policies, practices and structures that give employees degree of latitude to make decisions and exert influence and also shows the power sharing between employers and employees (Bish, Kenny & Nay, 2014). Structural empowerment comes from both the formal and informal systems in the workplace. Structural empowerment encourages employees' participation in the organizational decision-making process and leads them to have more authority and control over their task roles (Puskulluoglu & Altinkurt 2017). They further asserted that structural empowerment allows employees to receive necessary information while performing their work roles, facilitates their access to sufficient resources, which enables them to have opportunities to develop knowledge and skills which are expected to affect their job performance and commitment (Puncreobutr & Wattanasan 2016).

Structural empowerment stems from four sources: access to information, receiving support, the ability to mobilize resources, and the structure of opportunity (Kanter, 1977). Access to information means that employees have the chance to learn the organizational decisions, policies, data, as well as goals. At the same time, employees should also have technical knowledge and expertise for achieving their work effectively in the work place. When employees get feedback and leadership from superiors, peers and subordinates, it means that they have received the support. Access to resources relates to one's ability to acquire money, materials, time, and equipment to finish work and organizational aims. Access to opportunity refers to job conditions, which provide more learning, challenges,

knowledge, and skills for employees to advance and develop. These four structural factors within the work environment have a greater impact on employees' work attitudes and behaviors than personal predispositions or socialization experiences (Horwitz & Horwitz, 2017).

Structural empowerment of employees may supposedly affect job attitudes, including commitment. Employee commitment refers to information regarding factors that may influence an individual to leave the organization. The link between increasing structural empowerment and work place outcomes such as organizational commitment is well-documented (Logan & Ganster, 2007; Yang & Choi, 2009; Biron & Bamberger, 2010). Employee commitment in organizations include: affective, continuance and normative commitment. Affective commitment (AC) is the employee's emotional attachment to, identification with, and involvement in the organization, which results in employees staying in the organization because of wanting to do so. Continuance commitment (CC) refers to an individual's awareness of the relative advantages and disadvantages associated with staying or leaving an organization. Normative commitment (NC) involves remaining with the organization because an individual employee feels morally obligated to stay due to fear of the potential disappointment when leaving the organization or team mates (Meyer, Allen & Smith, 1993).

In the health sector, empowerment of healthcare workers involves giving them a certain degree of autonomy and responsibility for decision-making regarding their specific organizational tasks (Toister, 2017). Structural empowerment provides health care workers with the chance to accomplish work in a meaningful way and increases their autonomy in promoting the highest levels of clinical excellence and professional practice (Eo, Kim, & Lee, 2014). It is not only important for health workers such as nurses to provide quality patient care, but also the key foundational pillars for the health care organizations (Callicutt, 2015). Structural empowerment therefore supports the nurses to achieve organizational goals and includes positive patient outcomes (Wagner, Cummings, Smith, Olson, Anderson & Warren, 2010). Additionally, it impacts the patient care, patient satisfaction, and healthcare organizations (Cicolini, Comparcini, & Simonetti, 2014; Wanger *et al.*, 2010), provides healthcare worker with an opportunity of taking more responsibility and self-confidence to initiate change that positively affects better patients outcome (Regan, & Rodriguez, 2011). Structural empowerment does not only positively affects patients outcome, but it is also vital for self-development and professional autonomy of healthcare workers (Tairima, Abdul, Meherun & Dipali, 2020).

Healthcare workers play an important role in the health care system, but their opportunities are very limited for growth and development. In Nigeria, the quality of patient care is a burning issue in the country hence healthcare workers cannot provide quality care due to non availability of resources especially in the public healthcare centers in Nigeria. Also, the opportunity for structural empowerment of healthcare workers in Nigeria is a critical issue that negatively affects the healthcare system, and expected organizational or patient care outcomes. In the Nigerian healthcare sector, a recent report showed that there is inadequate level of high engagement, loyalty, satisfaction and intention to stay, among others in the healthcare sector, which has ultimately resulted in multiple avoidable sicknesses, injuries, and mortalities (Effe-Imafidon, Adeniji, Gberevbie, Salau, Ade-Adeniji & Orenugu, 2021). Empowerment of employees in the Nigerian health sector is not given due attention. Numerous studies have established that structural empowerment has a relatively

strong correlation with employee commitment (Desico, Laschinger & Kerr, 2006; Jinhua, Yanhui, Yan & Xiaoyan, 2014; Eskandari, Siahkali, Shoghli, Pazargadi & Tafreshi, 2017). However, few research works related to structural empowerment and employee commitment are available in Nigeria. This study therefore intends to fill the gap in literature by investigating the effect of structural empowerment on employee commitment in Nigerian health sector.

Objectives of the Study

The general objective of the study is to examine the effect of structural empowerment on employee commitment in the Nigerian health sector. Specifically, the study seeks to:

1. determine the effect of access to opportunity on employee commitment in the Nigerian health sector
2. ascertain the effect of access to information on employee commitment in the Nigerian health sector
3. evaluate the effect of access to resources on employee commitment in the Nigerian health sector
4. examine the effect of access to support on employee commitment in the Nigerian health sector.

Literature Review

Kanter's Structural Empowerment Theory

The theoretical framework for the study is anchored on Kanter's Theory of Structural Empowerment (Kanter, 1993). The theory describes how workplace conditions influence employees' ability to undertake job assignments. Kanter (1993) described four organizational empowerment structures: information, support, resources, and opportunities. Information can give the employees a sense of purpose and meaning, and enhances their ability to make decisions that contribute to the organizations goals. Support can be described as feedback, guidance, emotional support, helpful advice, or hand-on assistance, which can all be very beneficial to employees. By providing resources the manager is allowing the employees to access materials, supplies, time, and equipment to accomplish organizational goals. Access to opportunity refers to the possibility for growth and movement within the organization as well as the opportunity to increase knowledge and skills. This process can be through committees, interdepartmental work groups, or task forces (Ning, Zhong & Qiujie, 2009).

When organizations provide power and opportunities through information, support, and resources to their employees, there will be an increase in job effectiveness (Sourdif, 2004). For example, formal power may arise from jobs that are intentionally designed to be visible and central to the organization's goals and allow flexibility, while informal power comes from job characteristics such as positive relationships with leaders and co-workers, which are not typically mandated by the organization. According to Kanter, structural empowerment is amenable to management practices targeted at increasing employees' level of power to accomplish work goals.

One of the criticisms for the theory lies in its lack of flexibility. The primary focus of Kanter's theory is on the employee's perception of their immediate conditions in the work environment rather than their psychological interpretations of those conditions. As such, the

application of the theory in different cultural contexts may be limited (Njoroge, 2018). The theory is relevant in explaining the relationship between empowerment and employee commitment. The theory specifically shows that empowerment is an important driver of commitment, both directly and indirectly. Structural empowerment is a leadership strategy that ultimately influences employee commitment. By building high-quality relationships with employees and creating positive, empowering working conditions characterized by access to the resources, support, and information needed to accomplish one's work (structural empowerment), leaders can foster cooperation, which will result to employees having a commitment to the organization and their job. This theory, thus, provides an important framework for understanding the relationship between employee empowerment and organizational commitment.

Conceptual Framework

Employee empowerment is giving employees a certain degree of autonomy and responsibility for decision-making about their specific organizational tasks. It allows decisions be made at the lower levels of an organization where employees have a unique view of the issues and problems facing the organization at a certain level (Callicutt, 2015). Structural empowerment was a construct developed by Kanter in a study of industrial managers that described four environmental social structures necessary for effective employee functioning (Manojlovich & Laschinger, 2007). Structural empowerment plays a significant role in the management of organizational commitment (Decicco, Laschinger & Kerr, 2006).

Structural empowerment represents a powerful approach to creating workplaces that attract and retain individuals to organizations. When individuals have a chance to increase their competence and skills while being rewarded and recognized for contributing to organizational goals, they will invest in the organization. Access to opportunity refers to the possibility for growth and movement within the organization as well as the opportunity to increase knowledge and skills. Access to resources refers to one's ability to acquire the financial means, materials, time, and supplies required to do the work. Access to information refers to having the formal and informal knowledge that is necessary to be effective in the workplace (technical knowledge and expertise required to accomplish the job and an understanding of organizational policies and decisions). Access to support involves receiving feedback and guidance from subordinates, peers, and superiors.

Previous studies found that structural empowerment and organizational commitment were positively correlated to each other in organizations. Indeed, the more they perceive a high level of structural empowerment, the more they want to stay in the organizations (Decicco, Laschinger & Kerr, 2006; Laschinger, Finegan, Shamian, & Wilk, 2001; Vacharakiat, 2008). Commitment reflects loyalty by employees and a willingness to work toward achieving organizational goals. Employee commitment is defined as the strong desire of an employee to maintain membership of an organization. Meyer and Allen (1991) demonstrated the three-component model of commitment as: affective commitment, which refers to employee's positive emotional attachment to the organization. An employee who has affective commitment is strongly eager to stay with the organization.

Continuance commitment refers to the employees' commitment to the organization in order to not lose the benefits from the organization such as losing economic and social costs. Employee staying with the organization is a matter of need. Normative commitment

refers to employees' commitment to and remains with an organization because of feelings of obligation, such as agreement with the organization. Employees who were highly committed to the organization might increase their willingness to be involved in the organization's activities to stay with the employing organization (Felfe, Schmook, Schyns, & Six, 2008). Empowered employees will tend to reciprocate by showing greater commitment to their organization (Vacharakiat, 2008; Chang, Shih & Lin, 2010; Casey, Saunders & O'Hara, 2010). Thomas & Velthouse (1990) suggest that empowered employees have higher levels of concentration, initiative, and resiliency, which in turn enhance their level of organizational commitment.

Based on the above literature the study hypothesized that:

Research Hypotheses

The following hypotheses have been formulated in a null form for the study:

- H0₁: There is no significant effect of access to opportunity on employee commitment in the Nigerian health sector
- H0₂: There is no significant effect of access to information on employee commitment in the Nigerian health sector
- H0₃: There is no significant effect of access to resources on employee commitment in the Nigerian health sector
- H0₄: There is no significant effect of access to support on employee commitment in the Nigerian health sector.

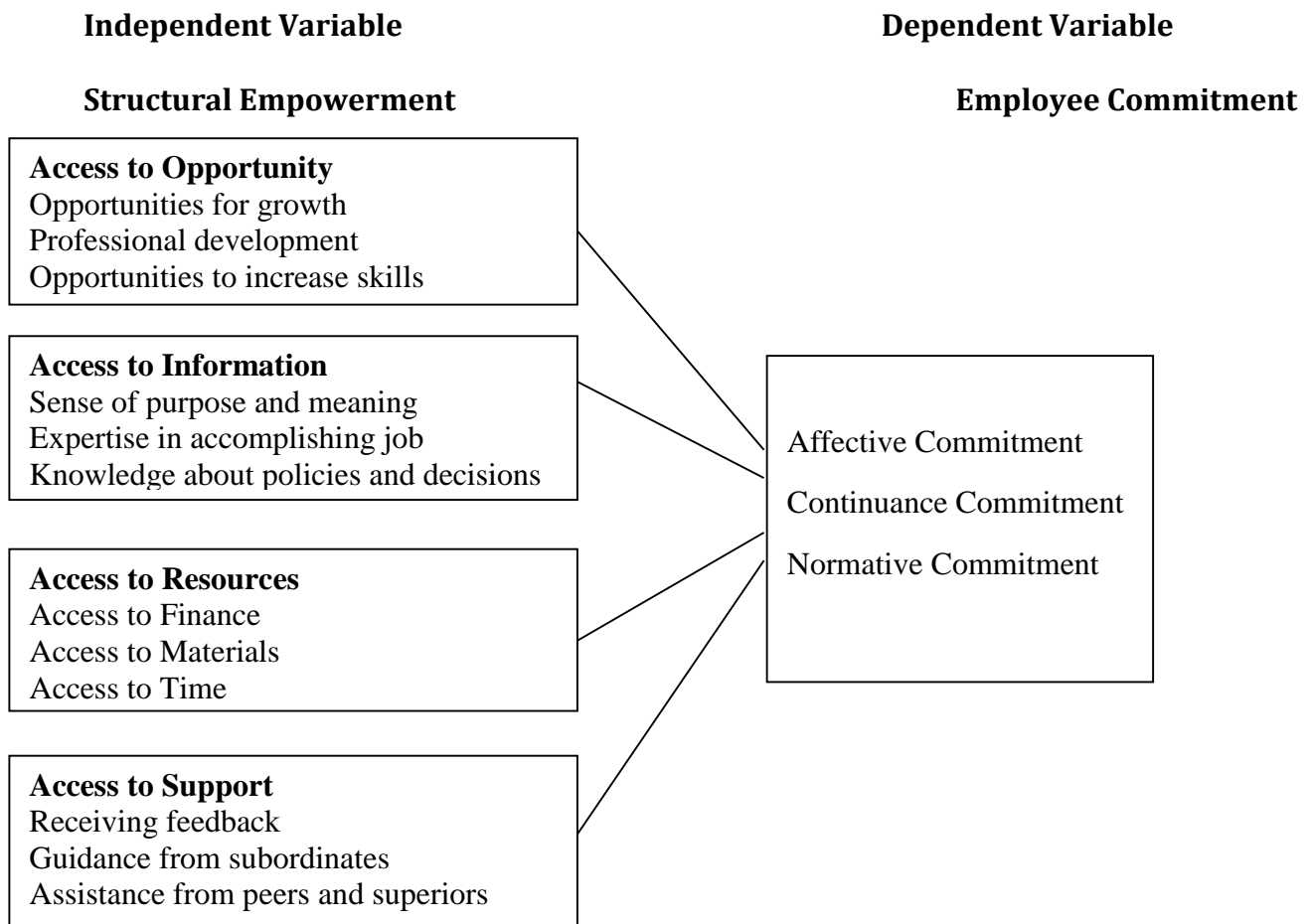


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STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ...
John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoha Richard Sunday (BSUJEM)

Empirical Studies

Khatun, Latif, Nesa and Mallick (2020) conducted a study on the structural empowerment of nurses at the tertiary level hospital in Bangladesh. The study aimed to explore the structural empowerment of nurses at the tertiary level hospital in Bangladesh. A descriptive exploratory study was conducted within 98 nurses using convenient sampling. The demographic data form was used for nurses' personal information and the "Conditions for Work Effectiveness Questionnaire-II" was used for structural empowerment. Both descriptive and inferential statistics were used to analyze the data. Findings of the study indicated that there was statistically and significantly positive correlation between the nurses' empowerment and working experiences. The result also demonstrated moderate to high level of structural empowerment among nurses. Both studies consider structural empowerment in the health sector though they differ in scope. Also, the present study considers a larger sample size.

Jinhua, Yanhui, Yan and Xiaoyan (2014) investigated the relationship between structural empowerment, organizational commitment and job satisfaction in Chinese nurses. A cross-sectional survey design was employed in the study. A convenience sample of 600 full-time qualified nurses employed by five tertiary first-class hospitals in Tianjin was surveyed. A high turnover rate was identified in Chinese staff nurses, and it was highly correlated with lower job satisfaction. Data analysis included descriptive statistics and multiple step-wise regression to test the hypothesized model. Result of the study indicated positive relationship between structural empowerment, organizational commitment and job satisfaction in western countries. The focus of the study on structural empowerment, organizational commitment and job satisfaction of Chinese nurses is relevant to the current study.

Aljaramenez, Baumberger-Henry, Darrell and Kim (2021) investigated on the relationship between empowerment and organizational commitment in Saudi and non-Saudi registered nurses working in Saudi Arabia. The study employed a descriptive comparative multivariate correlational research design and self-administered and a convenience sample of 398 inpatient nurses in three governmental hospitals in Saudi Arabia. Paper and pencil questionnaires were used to collect data. Data analysis was performed using descriptive statistics, correlation analyses, one-way ANOVA, and multiple regressions with moderation analyses. Statistically significant positive partial correlations were found between empowerment and organizational commitment. Psychological empowerment had a small moderation effect on the relationship between structural empowerment and continuance commitment. The study examined the effect of both structural and psychological empowerments on organizational commitment while the current study investigates the effect of structural empowerment on employee commitment in Nigerian health sector.

Alejandro and Yolanda (2020) conducted a study on employee empowerment and job satisfaction in the university setting in Spanish. The study examines the role of access to opportunity, resources, support and information, and two types of power, formal and informal, as antecedents of job satisfaction in the Spanish university. A cross sectional study using questionnaires was conducted. The sample consisted of 226 Spanish university teachers. Result of hierarchical multiple regression analyses revealed that intrinsic job satisfaction was significantly predicted by formal power and access to opportunity, and job satisfaction with supervisor was predicted by informal power, and access to resources, information, and support. The study is related to the current study though it was carried out in the university setting. The study was carried out in Spanish university setting hence findings cannot be generalized to other sectors like the health sector which is the focus of the present study.

Tyagi and Shah (2018) conducted a study on the impact of structural empowerment on organisational performance. The study explored the facets of structural empowerment and their impact on organisational performance using mixed-method research. Data from 206 research and development employees (using structured survey) were collected from a research institute, Translational Health Science and Technology Institute (THSTI), Faridabad (Haryana), India. The study also conducted seven in-depth interviews. The results found significant positive correlation between structured empowerment facets and organizational performance. It was further found that structural empowerment significantly predicts the change in organizational performance. The independent variable (structural empowerment) is related to the current study but the scope of the two studies differs. Data were collected from respondents through interviews while the current study considers questionnaire as a tool for data collection.

Ahadi and Suandi (2014) carried out a study on structural empowerment and organizational commitment in Malaysian Research Universities. The study adopted a cross-sectional survey with self-reported questionnaires. Cluster random sampling was used to generate a randomly selected sample of 400 academic staff in four research universities in Malaysia. A total of 260 valid questionnaires were returned, yielding a response rate of 65%. The confirmatory factor analysis including all hypothesized variables provided an adequate fit. The result indicated significant relationship structural empowerment and organizational commitment in Malaysian universities. The study adopted same measures of structural empowerment and commitment though it was carried out in Malaysian Universities.

Eskandari, Siahkali, Shoghli, Pazargadi and Tafreshi (2017) examine the relationship between structural empowerment and organizational commitment of nurses in Zanjan, Iran. A sample of 491 nurses working in Zanjan hospitals participated in the descriptive-correlational study. Tools for data collection were Meyer and Allen's organizational commitment questionnaire and "Conditions for Work Effectiveness Questionnaire-II" (CWEQ-II). Data were analyzed using the Statistical package for Social Sciences (SPSS). The statistical tests such as variance analysis, t-test, pearson correlation coefficient and linear regression were used for data analysis. Findings indicated that there was a significant relationship between structural empowerment and organizational commitment. It concluded that a high structural empowerment increases the organizational commitment of nurses. Both the dependent and independent variables used in the study are also used in the current study. The study was however carried out in Iran while the present study is conducted in Nigeria.

Dixon and Pusparini (2020) assessed the role of structural empowerment and innovative behaviour in defining business process innovation and competitive advantage in Indonesia. The study examined the relationships between structural empowerment, innovative behavior and business process innovation that affect the level of competitive advantage of organizations in Indonesia. The study adopted survey design and questionnaire was used as the instrument of data collection. In conducting the empirical test, data from 66 managers or team leaders were taken through an online survey. Partial Least Squares (PLS) method was used to see the relationships that occur between constructs. The result showed a positive relationship between structural empowerment, innovative behavior, business process innovation, and competitive advantage. The study considered four dimensions of structural empowerment as used in the present study. The sample size used in the study was however too small.

3. Materials and Methods

Study Design

A survey design was adopted for the study. The use of survey design helped in the collection and analysis of responses from health workers in the tertiary health facilities in North-Central Nigeria.

Study Participants

This study considered three tertiary hospitals in North Central Nigeria, the University Teaching Hospital Jos, Plateau State, National Hospital Abuja and Benue State University Teaching Hospital, Makurdi. A total of 1,568 staff currently working at these hospitals constituted the study population. The target population includes 178 registered doctors, 379 nurses, 86 pharmacists, 163 paramedical and 762 administrative staff. A sample of 319 was used for the study. This study adopted a simple random sampling method hence, a total of 319 respondents were randomly selected for data collection. The sampling method was therefore unbiased and considered the best-fit sampling method for this research because it availed the researchers an opportunity to select randomly, the staff in the health facilities used in this study to collect data that were valid.

Instrumentation

To collect data and measure the main variables in this study, a two-part questionnaire was used. Structural empowerment was measured using the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) which was developed by Laschinger and Group. (2001) to measure the components of Kanter's theory. The CWEQ-II consists of 19 self-reported items as a measure of the respondents' perception of structural empowerment. Four sub-scales which reflect the dimensions of structural empowerment include opportunity, support, information and resources. The questions were adjusted based on 5-point Likert scale from strongly disagree (score 1), disagree (score 2), indifferent (score 3), agree (score 4) and strongly agree (score 5), and participants showed their agreements with each of the items by selecting one of the 5 options. The score of each question ranged from 1 (lowest) to 5 (highest) and the mean score for each aspect was calculated from 1 to 5. The reliability of the instrument was also tested by several earlier researches and found the Cronbach alpha level of 0.91 (Eskandari, Saikhali, Shoghli, & Tafreshi, 2017); 0.89 (Walston,

2012) and 0.96 (Wanger *et al.*, 2010), respectively. For the current study the reliability of the instrument was tested to ensure internal consistency of the instrument, and the Cronbach

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ... S
John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoha Richard Sunday (BSUJEM)

Employee commitment was measured using the Three- Component Commitment Model (TCM). The model developed by Meyer, Allen and Smith (1993) was designed to operationally measure three forms of employee commitment to an organization: desire-based (affective), cost-based (continuance), and obligation-based (normative). Each subscale is measured by a six item (18 total items), 7-point Likert scale with (1 = strongly disagree) and (7= strongly agree). The overall Cronbach's alpha reliability coefficient for the 18 items of the three sub-scales comprising the TCM scale was 0.88, with (0.87) for affective commitment, (0.89) for continuance commitment, and (0.89) for normative commitment. In addition, the relevancy of the instrument was tested by using three experts from the relevant fields. To ascertain content validity and ensure that the wording of statements in the questionnaire met the objective of the study and the instructions were clear with no ambiguous, inaccurate, incomprehensive, or culturally inappropriate terms or questions.

Data Collection Procedure

A self-rated structural questionnaire was used for data collection. Permission was obtained from the tertiary hospitals and study participants. Participation was voluntarily and anonymity was guaranteed. The questionnaire was distributed to the doctors, nurses, pharmacists, paramedical and administrative staff by the researchers and participants were asked to answer the questionnaire within a week and return to the doctors and nurses in charge. Administration of the instrument was done with the aid of two trained research assistants. The researchers collected the answered questionnaire from the staff in charge after a week.

Data Analysis

Data collected for the study were processed and analyzed through descriptive and inferential statistics using specially designed computerized Statistical Package for Social Sciences (SPSS) version 23. The descriptive statistics such as frequencies, percentages, mean, and standard deviation were used to organize and present socio-demographic characteristics of the respondents and answer research questions. Regression analysis was used to examine the relationship between structural empowerment and employee commitment and test formulated hypotheses at 0.05 level of significance.

Results

Descriptive Analysis of Demographic Characteristics of Respondents

The distribution of the respondents by age as presented in Table 1 shows that 78(24.5%) respondents were from the age range of 18-27 years, 98(30.7%) were between 28 and 37 years, 81(25.4%) were from age group of 38 and 47 years while 62(19.4%) respondents were from the age of 48 years and above. This implies that the respondents were old enough to provide valid answers to the topic investigated and majority of them were middle aged.

The distribution of the respondents by gender shows that 196(61.4%) respondents were males while 123(38.6%) respondents were females. This implies that the sampled respondents cut across gender but there were more male that participated in the survey.

The distribution of respondents based on educational qualification shows that 51(16.0%) respondents have SSCE, 66(20.7%) have OND and NCE qualifications, 125(39.2%) had HND and Degree qualifications while 77(24.1%) have postgraduate qualifications. This

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ... e
John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoha Richard Sunday (BSUJEM)

The distribution of the respondents based on working experience shows that, 47(14.7%) respondents have worked from 1-5 years, 80(25.1%) have experience from 6-10 years, 99(31.0%) 11-15 years and 93(29.2%) have experience from 16 years and above. This implies that majority of the respondents have enough experience working in their organizations hence capable of providing required answers on structural empowerment and employee commitment.

Table 1: Demographic Characteristics of Respondents

Attributes	Frequency	Percentage (%)
Age		
18-27 years	78	24.5
28-37 years	98	30.7
38-47 years	81	25.4
48 years above	62	19.4
Total	319	100
Gender		
Male	196	61.4
Female	123	38.6
Total	319	100
Educational Qualification		
SSCE	51	16.0
OND/NCE	66	20.7
HND/Degree	125	39.2
Postgraduate	77	24.1
Total	319	100
Experience		
1-5 years	47	14.7
6-10 years	80	25.1
11-15 years	99	31.0
16 years above	93	29.2
Total	319	100

Source: Field Survey, 2021.

Descriptive Statistics

Mean and standard deviation were used for presentation of data collected from respondents.

The responses collected from the respondents on items 1, 2, 3 and 4 were presented using mean scores and standard deviation. The result in Table 2 indicates that the respondents showed their level of agreement with all statements. The mean scores range from 3.08 to 3.58 and they were all above 2.50 cut-off point.

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ...
John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoha Richard Sunday (BSUJEM)

Table 2: Respondents' Views on Access to Opportunity (n = 319)

Item	Mean	Standard Dev.	Decision
1. My hospital provides substantial freedom, independence and discretion for scheduled work	3.56	0.705	Significant
2. My hospital offers me opportunity to grow and be promoted within reasonable time	3.18	0.629	Significant
3. I have chance to gain new skills and knowledge on the job in my hospital	3.06	0.767	Significant
4. There are chances for training and development in my hospital	3.58	0.785	Significant

Source: Field Survey, 2021.

The responses collected from the respondents on items 1, 2, 3 and 4 were presented using mean scores and standard deviation. The result in Table 3 indicates that the respondents agreed with all statements showing the effect of access to information employee commitment. The mean scores range from 3.02 to 3.38 and they were all above 2.50 cut-off point.

Table 3: Respondents' Views on Access to Information (n=319)

Item	Mean	Standard Dev.	Decision
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1. I have access to information and Shareinformation with other employees in my hospital	3.10	0.974	Significant
2. I am informed on what I should do, how to do and why should do in my hospital	3.38	0.697	Significant
3. Managers in my hospital communicates goals and common aims of the hospital to employees	3.02	1.059	Significant
4. Information available to me in my hospital is relevant and central to organizational goals and objectives	3.08	0.986	Significant

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ...
 John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoha Richard Sunday (BSUJEM)

The responses collected from the respondents on items 1, 2, 3 and 4 were presented using mean scores and standard deviation. The result in Table 4 indicates that the respondents agreed with all statements showing the effect of access to resources on employee commitment. The mean scores range from 2.96 to 3.56 and they were all above 2.50 cut-off point.

Table 4: Respondents' Views on Access to Resources (n=319)

Item	Mean	Standard Dev.	Decision
1. My hospital avails enough time Necessaryfor me to accomplish tasks	3.56	0.705	Significant
2. My hospital has adequate facilities for me to carry out job responsibilities	2.98	0.473	Significant
3. My hospital matches me with a wide range of skills and knowledge with the right tools to maximize your potential	2.96	0.903	Significant
4. My hospital has enough human resource to accomplish assigned tasks	3.56	0.705	Significant

Source: Field Survey, 2021.

The responses collected from the respondents on items 1, 2, 3 and 4 were presented using mean scores and standard deviation. The result in Table 5 indicates that the respondents agreed with all statements which show the effect of access to support on employee commitment. The mean scores range from 2.86 to 3.42 and were all above 2.50 cut-off point.

Table 5: Respondents' Views on Access to Support (n=319)

Item	Mean	Standard Dev.	Decision
1. I receive feedback and guidance from superiors, peers and subordinates	2.86	1.161	Significant
2. Co-workers provide helpful hints or problem solving advice in my hospital	3.20	1.010	Significant
3. Supervisors in my hospital react to my work-life demands on a daily basis or as it is needed	3.42	0.702	Significant
4. My hospital provides emotional support by listening to me and caring about work-life demands	3.36	0.693	Significant

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ...
 John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoha Richard Sunday (BSUJEM)

The responses collected from the respondents on items 1, 2, 3, 4, 5 and 6 were presented using mean scores and standard deviation. The result in Table 6 indicates that the level of agreement of the participants with the statements which showed that they are indicators of employee commitment. The mean scores range from 3.14 to 3.56 and they were all above 2.50 cut-off point.

Table 6: Respondents' Views on Employee Commitment (n=319)

Item	Mean	Standard Dev.	Decision
1. I feel loyalty towards the organization	3.14	1.050	Significant
I understand how I contribute to the organization's goals	3.56	0.705	Significant
2. I am glad I choose to work for this organization	3.22	1.148	Significant
3. I would accept almost any type of job assignment in order to keep working for this organisation	3.50	0.738	Significant
4. My organization inspires me to give my best effort at work	3.38	0.750	Significant
5. I recommend this organization to my Friend and I am proud to tell others that I am part of this organisation	3.50	0.738	Significant

Source: Field Survey, 2021.

Regression Model Analysis

Data presentation and analysis were carried out using regression analysis and the results are presented in model summary, Analysis of Variance and regression coefficient. The result from Table 7 shows that coefficient of determination (R square) explains the variation in the dependent variable due to changes in the independent variable. The R square value of .574 is an indication that there was variation of 57.4% in employee commitment due to changes in access to support, access to opportunity, access to resources, and access to information at 95% confidence interval. In addition, the value of R (.824) from shows that there was a strong relationship between the study variables.

Table 7: Model Summary

R	R-Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
.824 ^a	.574	.551	.601	1.794

a. Predictors (Constant), Access to Support, Access to Opportunity, Access to Resources, Access to Information.

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ...
John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoha Richard Sunday (BSUJEM)

The result from the ANOVA statistics in Table 8 indicates that the processed data, which is the population parameters, had a significance level of .000 which shows that the data is ideal for making a conclusion on the population's parameter since the value of significance (p-value) is less than 5%. This implies that access to support, access to opportunity, access to resources, and access to information significantly affect employee commitment in Nigerian health sector. The significance value was less than 0.05 which indicates that the model was statistically significant ($F = 11.819$, $P = .000 < 0.05$).

Table 8: Analysis of Variance (ANOVA)

	Sum of Squares	df	Mean Square	F	Sig.
Regression	17.099	4	4.275	11.819	.000 ^b
Residual	45.209	314	.362		
Total	62.308	318			

a. Dependent Variable: Employee Commitment

b. Predictors (Constant), Access to Support, Access to Opportunity, Access to Resources, Access to Information

Source: Field Survey, 2021.

The result the regression coefficient in Table 9 shows that, a unit increase in access to opportunity would increase employee commitment by 44.3%, a unit increase in access to information would affect employee commitment by 28.2% while a unit increase in access to

resources would increase employee commitment by 21.4% and unit increase in access to support would increase employee commitment by 12.9%. The study also found that the p-values for access to access to opportunity, access to information, access to resources and access to support (.000, .001, .012, .016) respectively were less than 0.05 which is an indication each variable has a positive effect on employee commitment in the Nigerian health sector.

Table 9: Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
(Constant)	.503	.651	.772		.000	
Access to Opportunity	.443	.112	.320		3.971	.000
Access to Information	.282	.081	.283		3.463	.001
Access to Resources	.214	.081	.214		1.410	.012
Access to Support	.129	.097	.123		1.272	.016

a. Dependent Variable: Employee Commitment

Source: Field Survey, 2021.

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ...
John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoha Richard Sunday (BSUJEM)

Test of Hypotheses

The regression coefficient in Table 9 indicates that access to opportunity ($\beta = -.443$, $t = 3.971$, $p = .000 < .05$); access to information ($\beta = .282$, $t = 3.463$, $p = .001 < .05$); access to resources ($\beta = .214$, $t = 1.410$, $p = .012 < .05$) and access to support ($\beta = .129$, $t = 1.272$, $p = .016 < .05$). The t-statistical value for each variable is more than the critical value (1.96) and the p-value less than 0.05. Therefore, null hypotheses were rejected. This implies that there is significant effect of access to opportunity on employee commitment in the Nigerian health sector; there is significant effect of access to information on employee commitment in the Nigerian health sector; there is significant effect of access to resources on employee commitment in the Nigerian health sector and there is significant effect of access to support on employee commitment in the Nigerian health sector.

Discussion

Hypothesis one examined if there is significant effect of access to opportunity on employee commitment in the Nigerian health sector. Result from the test of hypothesis indicated that access to opportunity has significant effect on employee commitment in the Nigerian health sector. This result is in agreement with Noraani and Zaizara (2013) who found a positive significant relationship between employees' access to opportunities, job satisfaction and commitment. Similar results were also established by Isimoya and Bakarey (2013) and Tairima *et al.*, (2020) who established significant effect of access to opportunities on employee commitment among healthcare workers.

The result of test of hypothesis two showed that there is significant effect of access to information on employee commitment in the Nigerian health sector. In support of the result, Abubakar (2014) affirmed that access to information is important for employees in the organization and necessary in decision making thereby improving the commitment of employees. A study by Markey and Patmore (2011) also found positive relationship between access to information and organizational commitment. Eskandari *et al.*, (2017) in their study on structural empowerment and organizational commitment found significant relationship between the two variables.

Result from test of hypothesis three revealed that there is significant effect of access to resources on employee commitment in the Nigerian health sector. The result is in supported by Chesoli (2018) who showed significant effect of access to resources on organizational commitment. In line with the result, Dixon and Pusparini (2020) argued that employees who have access to resources in the organization are more committed towards the achievement of its objectives. Ibrahim (2016) also agrees that access to resources by employees significantly affect their productivity and commitment in organizations. Similarly, a study by Jahal (2016) showed that there is positive influence of access to resources on organizational commitment.

Finally, result from test of hypothesis four established a significant relationship between access to support and employee commitment in the Nigerian health sector. Previous studies have found positive significant relationship between access to support and employee commitment (Ahadi & Suandi, 2014; Khatun *et al.*, 2020; Aljarammez *et al.*, 2021). The result is in supported by Chiaburu and Harrison (2008) and Powell (2011) who found positive significant relationship between supervisor support and organizational performance.

STRUCTURAL EMPOWERMENT AND EMPLOYEE COMMITMENT IN NIGERIAN HEALTH SECTOR: A STUDY OF TERTIARY ...
John Emakwu, Ph.D, Philip Dewua, Ph.D, Emmanuel Lubem Asenge, Austin Ogaga Ida and Ejoa Richard Sunday (BSUJEM)

5. Conclusion

Findings of the study indicated that the structural empowerment and employee commitment are strongly correlated with each other. Findings of this study may assist the hospitals to understand the relationships between empowerment and employee commitment among healthcare workers and facilitate the necessary changes to improve the current working conditions. Employees are committed to their organizations and perform when they perceive to have organizational support, supervisors support and coworkers support, access to opportunities, a sense of job autonomy, access to information and access to organizational resources. The study concludes that access to support enables employees to improve their commitment in the organization. The study also concluded that access to information and access to resources encourage the participation and involvement of employees in decision making which improves their commitment. Finally, the study concluded that access to support enable employees to interact freely with co-workers and supervisors which improves productivity and commitment in their organizations.

Recommendations

Based on findings of the study, the following recommendations were made:

- i. Management of hospitals in Nigeria should always offer their employees opportunities to participate in operational activities of their organizations, with satisfying degree of

- challenge and opportunities for increased responsibilities. Employees should have sense of freedom or autonomy about how they do their own work to increase commitment.
- ii. Managers and supervisors in hospitals should always communicate goals and common aims of the organization to employees clearly. Information should be shared to employees and feedback provided to them to help build their commitment to their organizations.
 - iii. Management of hospitals in Nigeria should ensure that employees with a wide range of skills and knowledge are matched with the right tools to maximize their potentials in achieving set goals of their organizations.
 - iv. Employees of hospitals should be provided with opportunities to be guided by their own ideas and standards in the achievement of their organizational goals. They should be encouraged regularly to belief in their sense of judgment, values, work role and behaviours towards attainment of organizational goals.

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