PSYCHOLOGICAL EMPOWERMENT IN HEALTHCARE UNITS: AN EMPIRICAL ANALYSIS OF PUBLIC HOSPITALS

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Introduction/background: Employees of health care units, like in other organisations, should be considered as key resources. Their individual and group abilities condition the possibility of achieving the organisation's goals. In this context, we can point to the concept of employee empowerment, which emphasises the importance of delegating authority to make certain decisions down the organisational hierarchy.

Aim of the paper: The aim of the article is to verify, within empirical research, whether the psychological employee empowerment in terms of attitude towards work, access to information and decision-making can be identified in public health care units in Poland at various levels of the organisational hierarchy. Additional aim is to verify to what extent the Spreitzer's Empowerment Scale can be applied to health care organisations.

Materials and methods: The level of psychological employee empowerment was measured by the application of the Spritzer's Empowerment Scale (SES) modified by the authors. The research was conducted at the Rehabilitation and Cardiology Hospital in Kowanówko in April 2017. The questionnaires were distributed to all 233 employees of the hospital. 106 completed questionnaires were received from respondents, which represents 45.5% of employees.

Results and conclusions: Conducted research suggests that employees of the analysed hospital feel empowered what is reflected by their attitude towards work, access to information and decision-making, but these feelings decrease with the level of organisational hierarchy. At the same time, the lowest level of empowerment was declared for the decision-making dimension, which is the most important indicator of the actual state of empowerment.

Keywords: employee empowerment, psychological empowerment, Spreitzer's Empowerment Scale.

1. Introduction

In recent years, healthcare in Poland has undergone a number of transformations. One such change is viewing patients as clients of healthcare units. The emergence of a market for medical services, among other things, has contributed to this. Growing competition between private healthcare providers and public entities, combined with the rules of contracting health services from public funds, have made attracting patients a new determinant of the functioning of medical entities. Changes in financing rules in the scope of primary healthcare has facilitated restructuring processes and resulted in the increasing independence of public healthcare units. Some units have implemented actions aimed at improving and strengthening their image, as well as increasing the effectiveness of patient care, in order to attract more patients (Dobska & Dobski, 2012, p. 7).

In healthcare units, as in other organisations, employees play a key role in building a positive image, in particular medical staff who have the most frequent contact with patients and their relatives. A positive opinion in the external environment depends on employees' behaviour, professionalism, and actions consistent with social expectations. Research shows that a hospital's positive reputation is determined by the relationships between patients and medical staff that are created during the treatment process as well as the implementation of treatment standards at the highest possible quality level (Littwin, 2013, p. 212).

Therefore, employees of healthcare units, like in other organisations, should be considered key resources. Their individual and group abilities condition the possibility of achieving the organisation's goals. In this context, we can point to the concept of employee empowerment, which emphasises the importance of delegating the authority to make certain decisions down the organisational hierarchy. As a result, it becomes possible to service customers, patients in the healthcare case, at a higher level by tailoring to individual needs and expectations. This may contribute to increasing patient satisfaction with the healthcare services they receive and improving the image of the healthcare unit. The literature indicates the importance and impact of employee feelings in terms of whether or not they feel empowered in relation to their work; this is referred to as 'psychological empowerment' (Spreitzer, 1996; 2007), which is the subject of analysis of this article.

The aim of this article is to verify, using empirical research, whether psychological employee empowerment in terms of attitude towards work, access to information, and decision-making can be identified in public healthcare units in Poland at various levels of organisational hierarchy. Research was conducted at one public hospital. An additional aim is to verify to what extent the Spreitzer's Empowerment Scale can be applied to healthcare organisations.

This paper is organized as follows: First, we present a literature review on empowerment; second, we present our research methods; finally, we show the results of the research and conclude with a short discussion on the implications of our findings.

2. Employee empowerment and its dimensions

2.1. The nature of employee empowerment

Building teams of satisfied, motivated, and self-fulfilling employees is associated with the need to move away from the traditional *command and control* organisational culture. An alternative is flexible work organisation systems, in which the norm is the voluntary commitment of each employee to significantly exceeding standard levels (Amann & Stachowicz-Stanusch, 2013; Deszczyński, 2007; Stankiewicz & Moczulska, 2011). Effective organisational culture, sometimes called the culture of sharing (Ying-Yung, Sun-Quae & Chin-Tsang, 2006), manifests itself in the pursuit of building a common system of positive values, such as respect for others and care for the interests of customers, employees, owners, and business partners. It is also characterised by: the delegation of powers to areas most conducive to making decisions; openness to new challenges and a higher tolerance for errors; creating plans for employee competence development; and enabling employees to exert a real influence on the organisation's development processes (Deszczyński, 2016; Kotter & Heskett, 1992; Potoczek, 2007).

In the *Oxford English Dictionary*, the term 'empowerment' is described as: "authority or power given to someone to do something" and "the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights". These definitions refer to a certain process of transferring power, or 'legitimation', which strengthen the position of a given individual or entity and introduces, both factually and emotionally, a sense within the individual that s/he has an influence on the organisation. The key issues here are therefore the transition from a passive to an active attitude and participation in shaping how things are run.

Empowerment is primarily a transfer of power downwards in the hierarchy in an organisation. However, not all employees are ready to take up this challenge, especially if it happens suddenly. The ability to act independently and responsibly depends on the individual traits of each person. Both professional skills and psychographic profiles (which include, for example, the willingness to take risks) are of crucial importance. The issue of setting clear competence limits, e.g. in terms of budget management, is an equally important aspect in the implementation of employee empowerment. Empowerment does not mean the introduction of anarchy. Employees are allowed the room to make mistakes that an organisation can draw lessons from for the future, but intentional abuse is not tolerated (Maynard, Gilson & Mathieu, 2012).

Empowerment is the next step, a developed form of human resource management techniques based on the delegation of power. Empowerment means not only handing certain routine decision-making powers (and associated responsibilities) down the organisational hierarchy (Szumowski, 2011), but also giving employees the freedom to choose methods for achieving the set goals or even the possibility of defining such goals. The introduction of

employee empowerment should not be equated with making a single, specific decision, for example establishing a new organisational structure. It is rather an organisational process (creating conditions for delegating decision-making powers) and an individual process (acquiring and motivating employees with appropriate psychographic characteristics who want to play a more active role in the organisation). Hence, the basic principles of employee empowerment are (Smith, 2006; Johnson & Redmond, 1998):

- guaranteeing access to information that employees need to make decisions within their areas of responsibility;
- authorization to independently make most major decisions based on the outlined goals, the time allowed for their implementation, and budget constraints;
- encouraging employees to take responsibility not only for the operational sphere of activities, but also for improving the methods of their execution;
- taking the role of change leaders by managers at various organizational levels.

Employee empowerment dovetails perfectly with building skills such as: initiative, making independent decisions, innovation, creativity, and commitment to the tasks performed. The cultivation of employee empowerment can provide potentially significant benefits. Such measures recognize an employee's individuality and facilitate the recruitment and retention of particularly valuable employees. It improves the speed and accuracy of decision-making because decisions are made by people who have the most complete information on a given topic. It also supports learning processes by promoting openness to other colleagues and changes, as well as reduces the costs of control in quality management (Szczerba, 2014).

The implementation of empowerment principles may face major difficulties, in particular for large and inflexible organisations. Small, dynamically developing organisations are often characterised by enthusiasm and a vision of development shared by all employees. However, with time and as the organisation grows, advanced control systems and detailed procedures appear (Bolesta-Kukułka, 1996). Intended to ensure security and order (e.g. regarding the use of financial resources), such developments hinder the initiative of employees who either adapt to the system or leave. Similarly, the recruitment of new employees is based on them entering into a work system designed to mitigate their possible incompetence and lack of discipline. In large and successful organisations, however, there is a visible return to building trust between employees and management by developing clear organisational rules that guarantee freedom, transparency, and, at the same time, personal responsibility for decisions. Thanks to this, it is possible to not so much 'manage' people, but to integrate disciplined and cooperating employees (Collins, 2007).

The introduction of employee empowerment requires a lot of effort on the part of managers to unlearn old habits. By making fewer operational decisions, they are able to focus on motivating the team, developing individual employee talents, and strategic thinking. Nevertheless, filling the void arising from the rejection of a command-and-control organisational culture is not easy and may prove unsustainable, e.g. due to the perception of

employees as competitors, etc. (Maynard, Gilson & Mathieu, 2012). Just as employees may abuse their freedom, managers can fall into the traps of old-school leadership, such as micro-management, sensitivity to flattery, and nepotism (Michalik & Mruk, 2008).

The implementation of empowerment in organisations in which negative moods prevail would be premature. In addition, a contemporary, educated individualist will be loyal above all to his or her professional career (Tokar, 2016). This is particularly evident in bureaucratic organisations, which sometimes create façade organisational cultures that ineptly conceal the real, contractual nature of the employee's relationship with the organisation (Biernacka, 2009). On the other hand, in better functioning teams, the enterprise may try to influence employees in a broader context given the overall complexity of a human being, helping them achieve a balance between work, family life, and functioning in society (Kelleher, 2016).

2.2. Dimensions of employee empowerment

In practice, employee empowerment in the workplace can be analysed in terms of attitudes towards work, access to information, and decision-making.

Having a relatively large impact on the functioning of their workplace, empowered employees are characterised by a more positive attitude towards work, their company, and their tasks compared to other colleagues. All possible manifestations of such behaviour are too numerous to be listed; however, it can be said that they translate into a real increase in the quality of processes performed for many groups of stakeholders (Niedzielski, 2016). This can be, for example, openness to sharing information and knowledge, diligent execution of all tasks (even those that are difficult to control), innovation, etc. (Groscurth, 2014; Kumar et al., 2010). This in turn may impact the overall performance of the organisation.

Guaranteeing employees access to the information they need to make decisions within their areas of responsibility is a basic requirement for efficient empowerment. An efficient vertical communication system allows employees to acquaint themselves with the strategic goals of an organisation and its structure and make full use of their own specialist knowledge acquired from direct experience. Horizontal communication allows employees to overcome the barriers created by the functional divisions of an organisation and benefit from synergies across units and the knowledge of employees from other units.

Shifting the majority of decision-making to the operational level meets the expectations of modern employees. It also leads to the improved speed and accuracy of decision-making and behaviour (even in large organisations), flexibility, and the entrepreneurial spirit associated with young enterprises. The relationship of employee empowerment with the lean management concept is clearly visible. One source of waste in an enterprise (minimisation is a priority of lean management) is excessively oversized, slender management structures (Maciąg, 2016). They usually appear as the organisation grows and ownership and management functions separate (Bolesta-Kukułka, 1996). However, these management structures become unnecessary when there is no need to constantly report, control, and authorise decisions. All this requires

clear competence limits, for example in terms of budget management, transparency, and good informal communication. Empowerment does not mean the introduction of anarchy or the atomisation of the company. In small, task-oriented or problem-oriented temporary designed structures, the effectiveness of control can be even greater than in non-transparent hierarchical systems because it is based on a genuine sense of shared responsibility and self-control (Kastelle, 2013). At the same time, flexible work organisation is a prerequisite for the emergence of an organisation with a highly efficient amorphous structures, also known as *holocisions*. They are characterised by the high autonomy of employees, decentralization, a dynamic structure composed of many teams, and dispersed power based on competences rather than formal authority (Biłyk, 2017). Often, such teams are virtual, which – especially in the case of large, geographically dispersed organisation – gives the possibility of a more effective use of human resources and contributes to increasing the innovativeness of solutions found. Dynamisation of the organisational structure also helps motivate employees by diversifying their jobs (Stachowicz-Stanusch & Sworowska, 2009).

A separate issue is the matter of determining the actual state of employee empowerment and how they feel about it. In this context, psychological empowerment, which focuses on the feelings of employees in terms of whether or not they feel empowered in relation to their work, is suggested (Spreitzer, 1996). "Psychological empowerment refers to a set of psychological states that are necessary for individuals to feel a sense of control in relation to their work" Spreitzer (2007). It is believed that psychological empowerment is of similar importance to actual empowerment, as it reflects employees' perception about their role in the organisation.

3. Research methodology

3.1. The Spritzer's Empowerment Scale and its modification

In order to examine the level of psychological employee empowerment in the analysed organisation, a version of the Spritzer's Empowerment Scale (SES), modified by the authors, was used. The SES uses a questionnaire, which may be applied to any employees of the organisation regardless of their position, level in the organisational hierarchy, or department (Spreitzer, 2007).

The original version of the SES questionnaire contains 12 statements. Respondents are asked to mark on a seven-point Liker scale to what extent they agree or disagree with each statement. Answers higher than 4 indicate that employees feel empowered in the organisation. The SES examines how employees feel about empowerment. The concept used therein is described as psychological empowerment and focuses on the feelings of employees, in terms

of whether or not they feel empowered in relation to their work, and about their role in the organisation.

Of the 12 statement in the original SES questionnaire, one was excluded from the presented research. The statement was: "I have a great deal of control over what happens in my department". It was excluded as we believe that empowerment should not be linked to control but rather influence (which is mentioned in the following question in the original SES questionnaire). The remaining statements can be divided into three groups: attitude towards work, access to information, and decision-making (see Table 1).

Table 1.
Statements regarding employee empowerment used in this research

Empowerment in terms of attitude towards work:
     The work I do is very important to me.
     My job activities are personally meaningful to me.
     The work I do is meaningful to me.

Empowerment in terms of access to information:
     I am confident about my ability to do my job.
     I am self-assured about my capabilities to perform my work activities.
     I have mastered the skills necessary for my job.

Empowerment in terms of decision-making:
     I have significant autonomy in determining how I do my job.
     I can decide on my own how to go about doing my work.
     I have considerable opportunity for independence and freedom in how I do my job.
     My impact on what happens in my department is large.
     I have significant influence over what happens in my department.

Source: own work based on Spreitzer 1996; 2007.

The original statements were translated into Polish for the purpose of conducting this research.

3.2. Respondent characteristics

The research was conducted at the Rehabilitation and Cardiology Hospital in Kowanówko in April 2017. The research entity was selected because of an informal relationship a member of the research team had with a representative of the hospital authorities, who conducted the research on behalf of the research team. The questionnaires were distributed to all 233 employees of the hospital; 106 completed questionnaires were received from respondents, which represents 45.5% of employees.

Hospital employees are divided into five professional groups: doctors, nursing staff, other medical staff, administrative staff, and auxiliary staff. However, the traditional division into professional groups was not significant from the perspective of the presented research. According to the research plan, employees should belong to different sectors of the organisation and should be diverse, as much as possible, in terms of demographic characteristics and categories within the organisation. For this reason, we divided employees into three groups: hospital authorities, heads of units or teams, and individual positions. A head of unit or a team was defined in the research as an employee with subordinates, while an individual position was

defined as an employee without subordinates. Table 2 presents information on the number of questionnaires received from each of these groups.

Table 2.
Number of respondents from the groups identified in the study

Group	Number of questionnaires received
Hospital authorities	6
Head of unit or team	25
Individual position	75

Source: own study.

The constraint of the presented research is the limited possibility of comparing these results to other healthcare units as the research was only carried out in one entity. However, the results may indicate areas that require special attention and help direct further research.

4. Results and discussion

Table 3 presents the mean results of the assessment of the three dimensions of employee empowerment obtained from the groups of hospital employees identified in the study. As indicated by the data presented in the table, employees of the researched hospital feel empowered in all three analysed dimensions: All values exceeded 4.

Table 3.
Mean assessment of dimensions of psychological empowerment in the specified groups of employees

Empowerment in terms of:	Hospital authorities	Head of unit or team	Individual position
attitude towards work	6.67	6.51	5.65
access to information	6.00	6.39	6.11
decision-making	5.87	5.71	4.74

Source: own study.

In terms of attitude towards work and decision-making, employee feelings regarding empowerment decrease with their level in the organisational hierarchy. This may mean that, in fact, empowerment is not sufficiently implemented at the lowest organisational levels, which may have a decisive impact on the quality of treatment provided to the hospital's customers, i.e. patients. In this context, particular attention should be paid to the lowest result in the table - 4.74 - when assessing employee empowerment in terms of decision-making by employees belonging to the individual position group. Although the result remains above 4, it may be distorted due to a tendency of some respondents to mark higher values in the survey.

In terms of access to information, the lowest level of feelings regarding the existence of employee empowerment was identified in the group of hospital authorities, which is a seemingly surprising result. It is assumed that an organisation's authorities have the greatest

access to information and may affect its flow (or lack thereof) down the organisational hierarchy. One explanation for this result may lie in the individual statements assigned to this dimension and the corresponding results presented in Table 4. This issue will be discussed in more detail later in this article.

Within the groups of employees defined as hospital authorities and heads of units or teams, the highest assessment regarding feelings of employee empowerment was obtained for attitudes towards the work dimension, then for access to information, and the lowest for decision-making. Particularly puzzling are the lowest results attributed to the decision-making dimension, which most closely relates to the actual existence of employee empowerment. High indications in other dimensions may also result from reasons other than the existence of empowerment in the workplace (e.g. psychographic characteristics or employee competencies). It should also be emphasised here that hospital authorities are not completely independent when making decisions. They are influenced not only by legal conditions, but also by supervising and financing units (including voivodship authorities).

Among employees included in the individual position group, the highest scores were given for the access to information dimension. As in the case of hospital authorities, the explanation of this result may lie in the individual statements assigned to this dimension (see Table 4).

Table 4 presents the mean assessment assigned by employee groups identified in the study to the individual statements in the SES. In addition to the specific interpretation of the results, they also allow us to evaluate of the usefulness of the SES in verifying psychological employee empowerment in healthcare units.

Table 4.
Mean assessment of specific statements related to psychological empowerment in the specified groups of employees

	Hospital authorities	Head of unit or team	Individual position
Empowerment in terms of attitude towards work:			
The work I do is very important to me.	6.83	6.80	5.91
My job activities are personally meaningful to me.	6.50	6.32	5.27
The work I do is meaningful to me.	6.67	6.40	5.79
Empowerment in terms of access to information:			
I am confident about my ability to do my job.	6.00	6.28	6.13
I am self-assured about my capabilities to perform my work activities.	5.83	6.44	6.15
I have mastered the skills necessary for my job.	6.17	6.44	6.04
Empowerment in terms of decision-making:			
I have significant autonomy in determining how I do my job.	5.50	5.64	5.21
I can decide on my own how to go about doing my work.	5.83	5.52	5.03
I have considerable opportunity for independence and freedom in how I do my job.	5.50	5.84	4.87
My impact on what happens in my department is large.	6.17	5.84	4.33
I have significant influence over what happens in my department.	6.33	5.72	4.28

Source: own study.

Empowerment in terms of access to information was assessed lower among hospital authorities than in other employee groups. The reason for this result may be the nature of the information that respondents took into account when answering. In the case of heads of units or teams and individual positions, which mainly consists of medical staff, the statements in the survey may have suggested an assessment of their own professional preparation and skills in medicine. Thus, respondents did not *de facto* assess their feelings in regard to empowerment in terms of access to information, but conducted a self-assessment of his or her professional skills. Despite the apparent similarity in the case of hospital authorities, it is necessary to take into account differences in the tasks they perform, the effectiveness of which is more determined by the availability of external sources of information. Therefore, it seems that the lower assessment of this empowerment dimension in the authority group results from the greater information-related uncertainties of the tasks members of that group perform.

Similarly, statements that were assessed as part of empowerment in terms of access to information could have influenced the fact that this dimension of empowerment in the individual position group of employees was rated higher than the attitude towards work dimension. In essence, this means that employees from the individual position group assess their professional skills higher than their attitude towards work and the tasks they perform.

When evaluating the SES questionnaire regarding the possibility of its application in healthcare units, some reservations should be pointed out. First of all, its usefulness appears to be limited in relation to the assessment of psychological employee empowerment in terms of access to information among medical staff. The statements in the questionnaire seem to be more appropriate for examining this dimension in professional groups traditionally associated with business areas for which the flow of information within the organisation can be crucial. Among medical staff, information in terms of the SES can be understood as the employee's own knowledge and experience.

Secondly, the usefulness of the SES questionnaire in healthcare units also appears to be limited in relation to the assessment of psychological employee empowerment in terms of attitude towards work. The nature and importance of work can affect employee attitude towards it, regardless of whether or not there is empowerment in the workplace.

However, the SES questionnaire seems to properly reflect the employees' feelings about empowerment in terms of decision-making, which is the quintessence of employee empowerment.

5. Conclusions

Our research indicates that the greatest attention in public healthcare units in the area of empowerment should be focused on the decision-making dimension, which is the essence of

actual empowerment. In all the analysed employee groups, feelings regarding the existence of empowerment in this dimension were positive – i.e. mean assessments exceeded the value of 4. However, they were lower compared to the remaining analysed empowerment dimensions. In addition, the lowest feelings in this dimension were declared by employees belonging to the individual position group, who may be of decisive importance for the quality of patient care. This group constituted nearly 71% of all respondents.

It should be emphasised, however, that the lowest assessments in the decision-making dimension were from employees belonging to the individual position group regarding statements concerning their impact and influence within their department. Slightly higher were assessments of statements regarding their influence over their work performance (see Table 4). This may mean, in fact, that employee empowerment in this group is at a sufficient level. Verification may only require, taking the specificity and nature of the work performed into account, assessing whether or not the level of decision-making empowerment in this group can and should be raised at all.

Conclusions about employees' feelings regarding the remaining analysed dimensions of empowerment – attitude towards work and access to information – seem difficult to draw due to the limited adaption of the SES to the realities of healthcare. The statements contained in the survey in the access to information area can be interpreted by medical staff as an assessment of their own professional competences, and not the transfer of necessary information down the organisational hierarchy. In turn, due to the nature of the work, the attitude of employees in the studied professional group regarding access to information can remain high regardless of the existence of empowerment in the workplace.

Thus, it seems that in order to correctly diagnose the feelings of healthcare unit employees regarding empowerment in terms of attitude towards work and access to information, the SES questionnaire should be subjected to further modifications preceded by appropriate qualitative research. It has to be highlighted that the evaluation of the SES questionnaire was not supported by any advanced statistical analysis. However, our results may direct further research in the analysed area.

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