The Effect of Structural and Psychological Empowerment on Occupational Burnout in Staff Nurses Working in Shebin El-Kom Hospitals, Menoufiya Governernate, Egypt

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Abstract: Burnout is defined as a phenomenon that is of interest for both individuals and organizations, is characterized by decreasing energy, power and resources in the presence of excessive demands. It is one of the factors which influence the efficiency and productivity of the workers and staff in every field. Nurses are more prone to develop burnout due to both the emotional nature of their jobs as well as patients' demand. **Aim:** The aim of this research was to examine the effect of perceived structural and psychological empowerment and the levels of occupational burnout among staff nurses working in Shebin El-Kom Hospitals. **Subject and Methods:** Descriptive correlation research design was used in this study. The study was conducted in two selected hospitals, Menoufiya University Hospital and Shebin El-Kom Teaching Hospital. A convenient sample of staff nurses (125) working in (Critical Care units, Hemodialysis units and burn units) within the two hospitals was selected. Three standardized questionnaires were used to measure the variables in this study from nurses' point of view: Psychological Empowerment Scale, Conditions of Work Effectiveness Questionnaire, and Maslach Burnout Inventory. **Results:** The findings of this study revealed that nearly all nurses were suffered from burnout with different levels. The highest percentage of low burnout level was noticed among Bachelor nurses (47.4%), while the lowest percentage of low burnout level was noticed among diploma nurses (15.8%). Nurses working at University hospital showed higher % of low burnout (63.1%). While nurses working at Teaching hospital showed higher % of high burnout level (54%). **Conclusion:** Structural and psychological empowerment were positively correlated to personal accomplishment and negatively correlated with emotional exhaustion and depersonalization. Higher structural and psychological empowerment corresponds to less burnout. **Recommendations:** Further studies are needed with a larger sample ranging across different governmental and private hospitals in different governorates. This will increase the generalizability of the results. Designing and implementing organizational interventions to reduce the workload placed on nurses. In addition, appropriate interventions should be conducted in aspects include their salary, job security, and their daily working hours.

Key words: Structural Empowerment, Psychological Empowerment, Occupational Burnout.

1. Introduction:

Empowerment is defined as delegating the power of decision and action to the employees and giving more responsibility and authority to complete their task (Jarrar and Zarii, 2010). In the same context empowerment is defined as decentralization of power (Marquis and Huston, 2009). Empowerment occurs when leaders communicate their vision, employees are given the opportunity to make the most of their talents, and learning, creativity, and exploration are encouraged. Empowerment plants the seeds of leadership, collegiality, self respect, and professionalism. Hegyvary (2003) maintained that nurses are empowered through nursing knowledge and research, which then frees staff from mechanistic thinking and encourages critical thinking, problem solving, and the application of knowledge to practice (Marquis and Huston, 2009). Empowerment involves

having confidence about their honesty, integrity and appropriate ability in performing their duties independently, without any type of supervision (Mohanty, 2010).

Structural empowerment is a concept developed by Kanter (1993). Structural empowerment explains, when the organization provides opportunity and power through resources, information and support, nurses will be more effective and ultimately satisfied at their workplace. The impact of structural empowerment on nurses' professional work environment may contribute to job satisfaction. Structural empowerment occurs when nurses have the opportunity, information, support, and resources to learn and grow (Stewart *et al.,* 2010). Moreover other researches by Berkowitz and Hoppe (2009) and Richardson and Storr (2010) found that more researches are needed to understand the impact of empowerment in various areas of

employment.

Psychological empowerment is a process because it begins with the interaction of one's personality characteristics within the work environment, then the interaction of environment with personality shapes the empowerment cognitions, which in turn motivate individual behavior (Manajlovich, 2007). From another point of view the psychologically empowered state is a cognitive state characterized by a sense of perceived control, competence, and goal internalization. Empowerment is thus considered a multifaceted construct reflecting the different dimensions of being psychologically enabled (Grimm, 2011).

Spreitzer focuses on the psychological empowerment in the workplace and evaluates it in the four dimensions (meaning, competence, self determination and impact) that have stated. **Meaning** implies the consistency between the work and the belief, values, and ideas of the employees. **Competence** is that the employee has the ability and belief to perform the necessities of the work to be done. **Self-determination** means that a person can decide on his own, determine his future (free determination), and behave free. It can also be termed as the control power of an individual on his job. **Impact** is the level of affecting operational, strategic, and executive outputs about work. Psychological empowerment reflects an active orientation to work, and passes on the notion that individuals not only want to, but are able to, shape their work role and context (Boudrias *et al.,* 2004).

Burnout is defined as a phenomenon that is of interest for both individuals and organizations, is characterized by decreasing energy, power and resources in the presence of excessive demands. It is one of the factors which influence the efficiency and productivity of the workers and staff in every field (Khodadadizadeh *et al.,* 2012). Nurses are more prone to develop burnout due to both the emotional nature of their jobs as well as patients' demand. The nursing personnel are at high-risk of developing this syndrome for a number of reasons: they have direct contact with patients and their suffering and needs (Hopper *et al.,* 2010). They endure difficult organizational work conditions, usually related to work shifts and lack of autonomy. They are poorly paid, carry out conflicting or ambiguous roles and they must deal with relatives who, in some instances, create tense situations, or deal with problems with residents and colleagues working in a hostile environment on certain occasions (Xie *et al.,* 2011). Increased patient load, extended work hours, emotional needs of patients and families and lack of support are among the causes for the prevalence of job-related stress which leads to burnout in nurses (Brooks *et al.,* 2010 & Garrosa *et al.,* 2011).

Occupational burnout is not a symptom of work stress, it is the end result of unmanaged work stress (Altun, 2002). Burnout as a psychological syndrome is characterized by feelings of being*overextended and depleted of one's emotional and physical resources(emotional exhaustion), the development of a negative, callous, or excessively detached response to various aspects of the job (depersonalization), and feelings of incompetence and a lack of achievement and productivity at work (reduced accomplishment)(Garrosa *et al.,* 2008, Jourdain and Chenevert, 2010, and Steyn, 2010). Maslach emphasizes that burnout is not a problem related to an individual. Instead, her research indicated that burnout is a problem of the social environment in which people work and is a function of how people within that environment interact with one another and perform their jobs. The reasons of burnout can be classified as environmental and/or personal factors. The environmental factors that cause burnout may be excessive work load, control, awards, ownership, justice, and values. Personal factors may be personality, control focus, efficiency level, expectations, and demographic features (Leiter *et al.,* 2010 & Cottingham *et al.,* 2011).

Emotional exhaustion is a component of burnout which refers to individual strain resulting from depleted emotional and physical resources and feelings of being overextended (Maslach & Leiter, 2008). Burnout is defined as a condition owing to prolonged and chronic job strain, and consists of a high degree of emotional exhaustion and a low sense of efficacy (Leiter & Laschinger, 2006 and Abdulghafour *et al.,* 2011). Finally, inefficacy refers to allow sense of accomplishment and competence in the workplace and may be directly or indirectly related to exhaustion. Emotional exhaustion was described as the core element of burnout, which leads inefficacy (Maslach & Leiter 2008). Strong evidence from previous research has suggested that structural empowerment may be an effective way to reduce burnout (Laschinger & Finegan, 2005 & Laschinger *et al.,* 2006).

Burnout is an avoidable situation. As a result, level of burnout can be decreased with both some personal and organizational applications. In organizational level, clear statements of tasks, participation of beginners to the orientation program and on the job-training, efficient personnel plan in relation to the features of departments, regular team meetings with suggestions and criticisms, access to social support, participatory environment and sources may be helpful in preventing burnout. In personal level, encouraging employees to adopt more realistic goals, consequently helping them to lower their self-expectations may be helpful in lowering burnout

(Fedai and Demir, 2010).

In Egypt few studies were conducted in the area of burnout and empowerment. A study conducted about nurses burnout by (Elemary *et al.,* 2011) who concluded that there were strong positive associations between levels of nurses' burnout related to emotional exhaustion and depersonalization and levels of elders' psychological abuse. Another study conducted about nurses empowerment by (Abdul-Salam *et al.,* 2008) who reported that there was a statistically significant positive correlation between organizational climate and nurses' empowerment.

Significance of the research:

Knowing the levels of occupational burnout among staff nurses provide a good perspective of the state of health of nursing staff which will help in enhancing and maintaining their health status. Nurses who were emotionally exhausted and burned out often experienced apathy about their work and lake of confidence in their abilities. This is potentially dangerous for patient care. This study will not only be of benefit to these hospitals but to other similar hospitals as well. It is also important to both decision makers to put in their perspective these data during policy making and to nurses themselves to insight them with their problems to take care. In Egypt few studies were conducted in the area of empowerment and burnout. So this study was conducted to determine the relationship between empowerment and burnout among nurses working in Shebin El- Kom Hospitals, Menoufiya Governorate, Egypt.

Aim of the Study:

The main aim of the present study was to investigate the effect of structural and psychological empowerment in the workplace on the three dimensions of occupational burnout (emotional exhaustion, depersonalization and low personal accomplishment) among staff nurses working in Shebin El - Kom Hospitals.

2. Subjects and Methods:

Design:

Descriptive correlation research design was used in this study.

Variables of the study:

Independent variables:

- Staff Nurses Empowerment (Structural and Psychological).

Dependent variables:

- Staff Nurses Occupational Burnout.

Setting:

The study was conducted in two selected hospitals.

1) Menoufiya University Hospital (Menoufiya University).

2) Shebin El-Kom Teaching Hospital (Ministry of Health).

The data collection period was from June to August 2012.

Subjects:

A convenient sample of staff nurses (125) working in the following areas (Critical Care Units (ICU), Hemodialysis units and Burn units) in the previous mentioned hospitals were included in the study with at least one year of experience.

Pilot study:

A pilot study was conducted on ten staff nurses not included in the study sample. Validity and reliability of the study tools were tested using Cronbach's coefficient alpha (0.78). The tools were clear, comprehensive, and applicable.

Procedure:

Protection of Human Subjects:

A formal letter of introduction was issued from the Nursing College, Menoufiya University to obtain approval of the hospitals' administrators to carry out the study. Oral consent was taken from each staff nurse before data collection. Data collection procedures, analysis, and reporting of the findings were undertaken in a manner designed to protect confidentiality of subjects.

Data Analysis Plan:

Data were revised, coded, entered, analyzed and tabulated using SPSS version 16. Both descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (Pearson correlation test, chi-square test, independent t test were used according to type of variables. Standard regression analysis was performed to see whether components of both structural and psychological empowerment were predictors of nurses' burnout status. In addition, multiple linear regression analysis was done to see which components better predict nurses' burnout status.

Data collection tools:

Three standardized questionnaires were used to measure the variables in this study. Psychological Empowerment Scale (PES), Conditions of Work Effectiveness Questionnaire (CWEQ), and Maslach Burnout Inventory (MBI):

1- Psychological Empowerment Scale (PES):

Psychological Empowerment Questionnaire (PES) was developed by Spreitzer's (1995) and translated into Arabic by the researchers. This tool examined the nurses' perceptions of psychological empowerment in the workplace. Staff nurses rated their level of psychological empowerment with the PES, which consisted of 12 empowerment items representing the four theoretical dimensions of meaning, competence, autonomy and impact. **Meaning** items indicated that the work he/ she do was meaningful and important to him or hers. **Competence** items indicated that the nurse was confident about his/ her ability to do his or her job and

he / she had mastered the skills necessary for his /her job. **Autonomy** items indicated that the nurse had significant autonomy in determining how to do his or her job and he /she had considerable opportunity for independence and freedom. **Impact** items showed that he /she had a significant influence over what happened in his or her department. Each of the four dimensions was measured on a 5- point Likert scale. The possible responses ranged from 1 (strongly disagree) to 5 (strongly agree) on all items. Higher degrees of psychological empowerment are indicated by higher scores.

2- Conditions of Work Effectiveness Questionnaire (CWEQ):

Workplace empowerment was measured by the Conditions of Work Effectiveness Questionnaire (CWEQ) developed by (Laschinger *et al.,* 2001) and translated into Arabic by the researchers. The CWEQ contains 19 items that measure perceptions of access to the six elements of structural empowerment; opportunity, support, information, resources, formal power and informal power. **Opportunity** items included challenging work, the chance to gain new skills and knowledge on the job. **Support** items showed specific information about things nurses do well, specific comments about things nurses could improve and helpful problem solving advice. **Information** items included having information about the current state of the department and the values and goals of top management. **Resources** items showed time available to do the necessary paperwork and to accomplish job requirements and acquiring temporary help when needed. **Formal power** items which included collaborating on patient care with physicians, being sought out by peers and managers for help with problems and seeking out ideas from professionals other than physicians, e.g. physiotherapists, and dieticians. **Informal power** items included the rewards for innovation on the job and the amount of flexibility in nurses job . A total empowerment score was calculated using a 5-point Likert scale. The possible responses ranged from 1 (strongly disagree) to 5 (strongly agree) on all items. Higher degrees of structural empowerment are indicated by higher scores.

3- Maslach Burnout Inventory (MBI):

Maslach Burnout Inventory (MBI) developed by (Maslach *et al.,* 1996) and translated into Arabic by the researchers. This tool measured perceived frequency of: emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). The EE subscale consisted of nine items, the DP subscale included five items and the PA subscales were eight items. **Emotional Exhaustion** items included nurse felt emotionally drained from his or her work, he/ she felt used up at the end of the work time.

Depersonalization items included that the nurse has become more callous toward people and he /she felt frustrated by his or her job. **Personal Accomplishment** items included that he/ she has accomplished many worthwhile things in this job and he/ she felt clients blame him or her for some of their problems. Items were rated on a 5-point scale and summed to create subscales. High scores on the EE and DP subscales and low scores on PA represent burnout. The possible responses ranged from 1 (never) to 5 (always) on all items.

3. Results:

The aim of this study was to investigate the effect of structural and psychological empowerment in the workplace on staff nurses occupational burnout. Out of 150 questionnaires distributed only 125 staff nurses completed the questionnaires. The response rate was 83.3%. **Table 1:** Demonstrated burnout levels of studied nurses distributed by their demographic data. Nearly all studied nurses were suffered from burnout with different levels. Approximately 70% (87 / 125) of studied nurses were had high burnout level while 30% were had low burnout level. Mean of both age and experience, as well as sex, and marital status were not differ statistically among high and low burnout nurses (*p* value was >0.05 for each). However, education and the type of department in which the studied nurses worked in, were significant statistically (*p*=0.01, and 0.000 respectively). Highest percentage of low burnout level was noticed among Bachelor degree nurses (47.4%), while lowest percentage was noticed among diploma nurses (15.8%).The opposite was observed among high burnout level, in which highest percentage was observed among diploma nurses (39.1%) and the lowest percentage was among Bachelor degree nurses. Nurses working at University hospital showed higher % of low burnout (63.1%) while nurses working at Teaching hospital showed higher % of high burnout level (54%). Nurses working at heamodyalisis unit either in University or Teaching hospitals showed high % of low burnout level (34.2% and 23.7% respectively).

Table 2: Means, standard deviation and correlations for all major study variables were presented in this table. In general, it showed that staff nurses experienced higher level of psychological empowerment than structural empowerment. The mean and standard deviations for psychological empowerment including meaning, competence, autonomy and impact were (12.3 ±1.2, 12.2±1.3, 11.3±1.2 and 11.2 ± 1.3 respectively). There were statistically negative correlations between meaning, competence and emotional exhaustion (-.345 and -.351 respectively). In the same context there were statistically significant negative correlations between

meaning, competence and depersonalization (.-352 and -.289 respectively). On the other hand there were statistically significant positive correlations between meaning, competence, and personal accomplishment (.443, .346 respectively). As regard structural empowerment, there were statistically significant negative correlations between opportunity, support, information, resource, formal power and emotional exhaustion. There were also statistically significant positive correlations between opportunity, support, information, resource, formal power and personal accomplishment.

In Table 3: Model summary of regression analysis which revealed that only meaning and impact (out of psychological empower), as well as information, informal power, formal power, and opportunity (out of structural power) were significant predictors of nursing burnout (R = 0.628) and the

model explained 39.4 % variance in burnout (R^2= .394, F = 12.8, $p<$ .000).On the other hand, competence, autonomy, (out of psychological empower) as well as support, and resources (out of the structural empower) were not significantly predictors .

Table 4: Illustrated coefficients of multiple linear regression for relative effect of meaning, impact, information, formal power, informal power and opportunity in predicting nursing burnout status. On the other hand competence, autonomy, support, and resources did not enter the equation, thus, the regression equation predicting nursing burnout status is:

Burnout = 147.175 +(-5.482) × meaning + 3.324 × impact + (-2.943x information+ 5.127 × informal power + (-3.444) x formal power + (-2.597) x opportunity total scores.

Table 1: Distribution of Burnout Levels of Studied Nurses by Demographic Data.

Demographic Data		Burnout Groups		Total		P value of difference
		Low burnout (22 - 44) N0.　%	High burnout (45 - 110) N0.　%	N0.	%	
Age mean ± SD (years)		26.6 ±2.5	26.7±2.8			t=0.13,P=0.8
Experience mean ±SD (years)		5.9±3.1	6.8±3.9			t=1.2,P=0.2
Education	Bachelor	18　47.4%	22　25.3%	40	32%	χ2 =8.5, P=0.01 sig.
	Technical Institute	14　36.8%	31　35.6%	45	36%	
	Diploma	6　15.8%	34　39.1%	40	32%	
Sex	Male	7　18.4%	21　24.1%	28	22.4%	χ2=0.49, P=0.4 NS
	Female	31　81.6%	66　75.9%	97	77.6%	
Marital status	Married	26　68.4%	57　65.5%	83	66.4%	χ2= 0.1, P=0.2 NS
	Unmarried	12　21.6%	30　34.5%	42	33.6%	
	Total	38　100%	87　100%	125　100%		

4. Discussion:

The aim of this research was to examine the effect of perceived structural and psychological empowerment on the levels of occupational burnout among staff nurses working in Shebin El - Kom Hospitals. This study demonstrated that all staff nurses reported different levels of occupational burnout (87/125) 69.6% of staff nurses were had high burnout compared to (38/125) 30.4% were had low burnout. This finding was consistent with (Khammarnia *et al.,* 2011) who stated that although, there were many differences in nature and types of nursing jobs in different nations, nurses can experience burnout in all parts of the world. Also, these results were in congruent with (Khodadadizadeh *et al.,* 2012) who reported that more than 98% of nurses in their study were suffering from different levels of occupational burnout. Moreover, the results of present study were consistent with (Elemary *et al.,* 2011) who reported that about three fifths of nurses were emotionally exhausted since they felt emotionally drained from their work and they felt used up at the end of the work day and felt fatigue when they got up in the morning and have to face another day on the job compared to nearly none of them rarely had these feelings. On the other hand, the findings of this study were in contrast with (O'Brien, 2010) who stated that nearly one out of three nurses reported burnout. Also, the results of this study were in contrary with (Flyenn *et al.,* 2009) who found that 30% of nurses in dialysis units were experiencing burnout.

Fig1: Distribution of studied nurses's burnout status by place of work
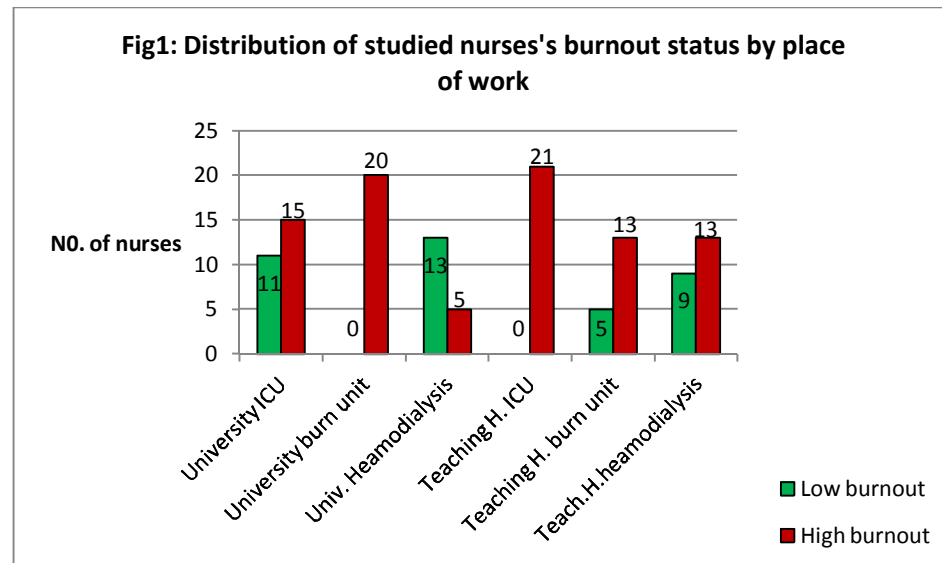
NB: $\chi^2 = 35.7$, $P = 0.000$ high significant.

Figure 1: Showed the distribution of staff nurses' burnout by hospitals. All staff nurses in the University burn unit and Teaching ICU reported high level of burnout, while the lowest percentage of high burnout was in haemodialysis unit. In General nurses working at University hospital showed higher % of low burnout (63.2%). While nurses working at Teaching hospital showed higher % of high burnout level (54%).

Table2: Means, Standard Deviations and Correlations of Total Scores of Different Subscales

Different subscales	Mean	±SD	Psychological empowerment				Structural Empowerment						Burnout		
			Meaning	competence	Autonomy	Impact	Opportunity	Support	Information	Resource	Formal power	Informal power	Emotional exhaustion	Depersonalization	Personal accomplishment
Meaning	12.3	1.2	1												
competence	12.2	1.3	.724**	1											
Autonomy	11.3	1.2	.405**	.482**	1										
Impact	11.2	1.3	.379**	.214*	.317**	1									
Opportunity	11	1.3	.287**	.235**	-.192*	.085	1								
Support	11.1	1.3	.342**	.420**	.069	.190*	.500**	1							
Information	11.4	1.2	.313**	.240**	-.022	.149	.362**	.549**	1						
Resource	11.0	1.4	.251**	.354**	.046	.172	.109	.467**	.627**	1					
Formal power	14.5	1.9	.228*	.288**	.035	.076	.119	.472**	.661**	.751**	1				
Informal power	10.9	1.4	.219*	.283**	.056	.212*	.258**	.449**	.509**	.591**	.761**	1			
Emotional exhaustion	25.1	7.6	-.345**	-.351**	.069	.130	-.247**	-.231**	-.345**	-.370**	-.297**	-.086	1		
Depersonalization	13.1	4.5	-.352**	-.289**	.027	.149	-.232**	-.222*	-.328**	-.238**	-.224*	.018	.917**	1	
Personal accomplishment	25.4	6.7	.443**	.346**	.027	-.062	.350**	.317**	.429**	.202*	.261**	.059	-.828**	-.896**	1

**. Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table 3: Model Summary of Regression Analysis for Selected Variables Predicting Burnout Status among Studied Nurses. (N= 125).

Dependent variable	Predictors	R	R2	Adjusted R2	SE of estimate	F	*P*
Burnout total score	Predictors: (Constant), Meaning total score, Impact total score, Information total score, Informal power total score, Formal power total score, Opportunity total score	0.628	0.394	0.363	14.4	12.8	0.000

Table 4: Coefficients of multiple linear Regression for Relative Effect of Meaning, Impact, Information, Formal Power, Informal Power, and Opportunity in Predicting Nursing Burnout status. (N = 125).

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	147.175	17.651		8.338	.000
Meaning total score	-5.482	1.194	-.380	-4.590	.000
Impact total score	3.324	1.077	.248	3.087	.003
Information total score	-2.943	1.542	-.201	-1.909	.059
Informal power total score	5.127	1.499	.406	3.420	.001
Formal power total score	-3.444	1.291	-.364	-2.668	.009
Opportunity total score	-2.597	1.119	-.193	-2.322	.022

a. Dependent Variable: Burnout total score

Nursing seems to be one of the most stressful and difficult jobs in all countries. Also, the finding of the present study was supported by previous nursing studies in Greece (Iacovides *et al.,* 1997), Germany (Bakker *et al.,* 2000), Poland (Schaufeli and Janczur, 1994), and the United States, in a study conducted by Losa Iglesias *et al.,*(2010) on special nurse (critical care), nurses had experienced different levels of burnout. In other study of Poghosyan *et al.,* (2009) the prevalence of burnout among nurses in America, Canada, England, Germany, Maryland, Japan, Russia, Armenia, were reported as 77%, 78 %, 77 %, 91 %, 75%, 62 %, 87%, and 73 % respectively.

Nurses working at University hospital showed higher percentage of low burnout, while nurses working at Teaching hospital showed higher percentage of high burnout level. These findings may be related to higher percentage of Bachelor degree nursing working in University hospital than Teaching hospital. The results of this study revealed that Bachelor degree nursing experienced low level of burnout than technical and diploma nursing. This finding were in contrast with (Kennedy, 2005 & Rachel, 2009) who suggested that burnout levels vary among nursing staff, with the Registered Nurses (RNs) having a high level followed by the Nursing Aids (NAs) and the Licensed Practical Nurses (LPNs) having the lowest level of burnout. This contrast may be due to different environmental factors between our nurses and other nurses in the other two studies.

Findings from present study indicated that nurses were moderately structurally and psychologically empowered. This result were consistent with Guerrettaz (2012). Also, the results of the study showed that the five dimensions of structural empowerment and two dimensions of psychological empowerment were negatively related to dimensions of the emotional exhaustion and depersonalization and positively related to dimension of personal accomplishment of burnout. Thus, higher structural and psychological empowerment corresponds to less burnout. These results were similar to (Hochwalder & Bergsten-Brucefors, 2005 and Fedai and Demir, 2010). In the same context Yusof *et al.,* (2013) reported that power motivation is negatively related to burnout. As suggested by Laschinger *et al.,* (2003), our findings showed that psychological empowerment had a mediating effect between the five structural empowerment dimensions and the two burnout dimensions. This results were in conformity with Fedai and Demir (2010), who reported that these relations can also be rendered to mean that a higher sense of empowerment was associated with less burnout.

The findings of this study revealed that nurses experienced moderate level of structural empowerment. This finding was in congruent with Fedai and Demir (2010). In addition, these results were in conformity with Laschinger *et al.* (2009) who reported that the staff nurses had moderate levels of empowerment. Also, the finding showed that when hospital managers make organizational structures that empower nurses, they promote a greater sense of fit between nurses' expectations of work life quality and organizational goals and processes, thereby creating lower level burnout (Gilbert *et al.,* 2010). In the same respect Laschinger *et al.,* (2006) mentioned that lack of empowerment is strongly associated with job strain and burnout in staff nurses (Abdul- Salam *et al.,* 2008). In addition, theorists also noted that workers who perceived a lack of support, autonomy, and resources in the work environment are at risk for burnout (O' Brien, 2010).

This study presents that psychological empowerment is another important factor affecting emotional exhaustion and personal accomplishment as expected. Findings from this study revealed that nurses in the study sample had nearly a high level of

psychological empowerment than structural empowerment, this results are consistent with O,Brien, (2010). In addition, this result supported DeCicco *et al.,* (2006) findings who stated that nurses experienced less burnout as long as they felt themselves powerful. As suggested by Laschinger *et al.,* (2003), our findings showed that psychological empowerment had a mediating effect between the five structural empowerment dimensions and the two burnout dimensions. The mediating effect of empowerment especially was apparent between the participation dimensions of structural empowerment and the emotional exhaustion dimension of burnout. On the other hand, psychological empowerment had a mediating effect between opportunity, information, support, resource and formal power and the personal accomplishment. This result implied that promoting characteristic in the work environment should result in a higher sense of empowerment which, in turn, should lead to lower degrees of burnout. Moreover, past researches had shown that greater satisfaction with social support was related to lower burnout levels (Raedeke & Smith, 2004).

The findings of the present study reported that the significant statistically variables in our model were meaning, with low meaning scores, as well low information scores, low formal power and low opportunity were more likely than high scores in these four variables to show high burnout status. On the other hand, nurses with high impact and high informal power are more likely than nurses with low scores in these two variables to have high burnout status. This finding was consistent with O' Brien (2010) who stated that psychological and structural empowerment was inversely related to burnout in registered nurses working in chronic hemodialysis centers and structural empowerment was an independent predictor of burnout in the dialysis work environment.

Limitation of the study:

This study has some limitations. All data in this study were obtained through cross-sectional, self-report surveys, which could lead to common method variance between predictor variables and outcome variables. The sample size in the present study was small and taken only from two governorate hospitals. Therefore, it is suggested that these results be used cautiously.

Conclusion:

Despite the limitations of this study, the findings from this study contributed to our understanding of relationship between structural and psychological empowerment, emotional exhaustion, depersonalization and low personal accomplishment in health care settings. Results revealed that structural and psychological empowerment positively correlated to personal accomplishment and negatively correlated with emotional exhaustion and depersonalization. These findings suggested that structurally and psychologically empowered health professionals may experience low levels of burnout. Management must make great effort to create working conditions that prevent this syndrome from occurring such as changes in existing policies and respect the experience and expertise of the nursing staff would help them to cope with this problem.

Recommendation:
In the light of the study findings, the following are recommended:

1. Replication of the study with a larger sample ranging across different governmental and private hospitals in different governorates. This will increase the generalizability of the results.
2. Designing and implementing organizational interventions to reduce the workload placed on nurses.
3. Educating nurses is the cornerstone for preventing burnout. Nurses should be educated about the boundaries of their work and clearly defining role expectations.
4. Many aspects of nurses' job should be noticed and appropriate intervention should be conducted. These aspects include their salary, job security, their leisure and their daily working hours.
5. Improving the financial reward the nurses gain from their work in respect to the duties they have to attain.

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