The Mediating Role of Organizational Commitment on the relationship between Psychological Empowerment and turnover intention

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Abstract

Purpose: Little is known about the mediating role of organizational commitment in relationship between psychological empowerment and turnover intention among nurses. This study aims to investigate the mediating role of organizational commitment between psychological empowerment and turnover intention among nurses in teaching hospitals in Zahedan city in I.R. of Iran.

Methods: A correlational study was conducted in 2015 with 286 nurses were selected with simple random sampling method. The data collection instruments included the psychological empowerment scale, organizational commitment scale, turnover intention questionnaire and a demographic inventory. Validity and reliability of the scales were confirmed. Descriptive and inferential statistics were used to analyze the data. Baron and Kenny’s analysis technique was used to test the mediating effect of organizational commitment in the relation between the two other variables.

Results: nurses reported high psychological empowerment, high organizational commitment and low turnover intention. Nurses’ empowerment significantly and positively correlated with their organizational commitment and negatively correlated with their turnover intention. Organizational commitment mediated the relationship between psychological empowerment and turnover intention.

Conclusions: The relationship between nurses’ empowerment and turnover intention was mediated by organizational commitment. This provides another tool by which nursing management can work to minimize turnover intention through enhancing the commitment level of nurses.

Keywords: Psychological Empowerment, Organizational Commitment, Turnover Intention, Nursing.
Introduction

Role of nurses in taking care of patients in hospitals is vital. They are the staff who have the diverse tasks to perform and need to deal with many duties in many places in hospitals (1). High organizational demands along with a climate of uncertainty put nurses under considerable stress (2). This condition could lead to some consequences especially nurse turnover intention (3). It has been defined as the tendency of employees to leave or transfer within the organization that they are currently working for (4).

A recent review of the literature indicates that turnover can have harmful effects on organizations, including higher personnel administration costs, lower performance, and declining morale (5-7). In short, nurse turnover represent a major difficulty for nursing and hospital in the light of the ability to care for patients, the quality of care and costs (8, 9).

So, turnover is an expensive, difficult, and pervasive challenge that healthcare managers constantly faced at work (10, 11).

According these deleterious impacts, recognizing what factors need to be present to retain employees is vital in addressing the issue of nurse turnover. Thus, researchers have devoted time to the study of ways to reduce turnover (12). A range of effective managerial practices have been found at reducing turnover (6, 7, 13). Out of them psychological empowerment is one of the most useful and successful methods to lessen turnover intention (14) as in recent years, more than 70% of organizations have implemented some kind of empowerment plans for their workforce (15).

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 role. It is revealed in the four feelings of meaning, competence, self-determination and impact (15). This psychological perspective views empowerment as organic or bottom-up processing in which empowerment is achieved only when psychological states produce a perception of empowerment within the employee. It is not the conditions of the work context but the reactions of the employee to these conditions that in turn, influence their organizational behavior (16).

On the other hand, organizational commitment correlated with both empowerment and turnover. Organizational commitment is a psychological state that describes the relationship of employees with the organization for which they work and that has deductions for their decision to continue with the organization (17). Organizational commitment is affected by Psychological empowerment and is considered as a key determinant of organizational outcomes such as turnover (6, 18, 19).

Thus, recognizing interactions between these variables could let for addressing the core variable and therefore lessening nurse turnover, increasing quality of care, and satisfaction of both patients and nurses (20).

Only a handful of studies have examined the relation of nurses’ empowerment, organizational commitment and turnover intention. Ali found a significant positive impact of employees’ empowerment on employees’ organizational commitment and a negative impact on their turnover intention. He also revealed a significant negative relationship between employees’ organizational commitment and their turnover intention (21). Zurmehly et al. confirmed a direct relationship between perceived empowerment intent to leave of nurses (22). Cai & Zhou concluded that empowerment correlate with decreased turnover in Chinese clinical nurses (23). Pitts et al.’s study results indicated that employee empowerment had a small negative influence on turnover intention (24). Nedd (20), and Spence Laschinger & Finegan
(25), reported that poor perceptions of empowerment led to decreased organizational commitment and poor rates of nurse retention. Martin et al. on their study of staff nurses found that empowerment has been significantly associated with lower levels of voluntary turnover (26). Tourangeau and Cranley (27), and Lu et al. (28) reported that commitment was a significant determinant of intent to leave. Despite the large number of studies on psychological empowerment, very little research has been conducted on the influence of psychological empowerment and organizational commitment on nurses’ turnover intention. Moreover, up to now and to our knowledge, no studies have explored the mediating role of organizational commitment between psychological empowerment and turnover intention in Iran. Based on this rationale, this study, as the first attempt, aims to investigate the relationship between both psychological empowerment and turnover intention, with organizational commitment as a mediator variable among nurses in teaching hospitals affiliated with Zahedan University of medical sciences in I.R. of Iran.

**Therefore, for the purpose of this research the following hypothesis has developed**

H1. Nurses’ empowerment, organizational commitment and turnover intention differ by demographics.

H2. Nurses’ empowerment has a negative effect on turnover intention.

H3. Nurses’ empowerment has a positive effect on organizational commitment.

H4. Nurses’ organizational commitment has a negative effect on turnover intention.

H5. Organizational commitment mediates the relationship between nurses’ empowerment and their turnover intention.

**Methods**

**Study design**

This study applied a cross-sectional and correlational design to examine the mediating role of organizational commitment in relationship between psychological empowerment and turnover intention among nurses in five teaching hospitals affiliated with Zahedan University of medical sciences located in southeast Iran.

**Setting and samples**

Out of 998 nurses a sample of 286 nurses was selected using simple random sampling method. The 286 nurses were chosen from a list of nursing staff provided by university nursing office. Finally, 235 questionnaires (82.2%) that were correctly filled out were considered for analysis.

**Instruments**

The questionnaire consists of a selective personal and occupational characteristics, psychological empowerment scale, organizational commitment scale, and turnover intention questionnaire. Psychological empowerment (PE) was measured with the Psychological Empowerment Scale (PES) (29). It consists of 12 items with three items assessing each of the four dimensions of psychological empowerment. Four dimensions underlie the construct of PES includes: meaningfulness (or meaning), competence, self-determination (or selection) and impact. Meaning refers to work value of a work objective, judged in connection with individuals’ own ideals or standards. Competence or self-efficacy reflects an individual’s belief in his or her capability to do activities with skills. Self-determination or selection is an...
individual’s sense of having an option in starting and regulating procedures. Finally, Impact reflects the feeling that a person thinks they can influence the outcomes of an assignment (29).

Nurses’ organizational commitment (OC) was measured by using, the 15-item organizational commitment questionnaire (OCQ) developed by Mowday et al. (1979) (30). Turnover intentions (TI) was measured using three items, were adapted from Lam et al. (2009) (31). Participants responded to items of the questionnaire using a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The total possible score ranges from 12 to 84 for psychological empowerment items, from 15 to 105 for organizational commitment items and from 3 to 21 for turnover intentions items. For each scale, the scores were then summed and divided by the number of items to attain an item mean. A higher score (mean) means a higher degree of psychological empowerment, organizational commitment and turnover intentions.

To determine the validity of questions, we used content validity. To measure questionnaire’s content validity, three experts in the field inspected the questionnaire to ascertain its consensual validity. According to their view essential corrections were made to ensure that questionnaires measure what authors seek.

Reliability analysis for the questionnaires yielded a Cronbach’s alpha of 0.76 for psychological empowerment questionnaire (meaning = 0.80, competence = 0.73, self-determination = 0.82, and impact = 0.75), 0.92 for organizational commitment scale and 0.74 for turnover intention questionnaire.

**Data collection**

For the current study, data were collected from March to April 2015 using a structured questionnaire survey. The participants completed the questionnaires anonymously and they were allowed to decline if he/she did not want to participate. The questionnaire survey was conducted by one of the researchers and two trained anesthesiology students.

**Data analysis**

The data were analyzed using SPSS for Windows (version16.0). Descriptive statistics (mean and standard deviation) were used to review demographic characteristics and level of measured variables (i.e. PE, OC and TI). To compare differences of measured variables amongst various demographical groups, one-way ANOVA and t-test were used to ascertain how variables are related to demographic features. Pearson correlation was used to measure how variables are related. Psychological empowerment was modeled as independent (predictor) variable, with turnover intention as the dependent one, and organizational commitment as a mediator (as shown in Figure 1). Baron and Kenny’s analysis technique (32) was used to test the hypothesis concerning the mediating effect of organizational commitment in the relation between psychological empowerment and turnover intention. According to Baron and Kenny, in order to conclude that mediation may be present, involves meeting four conditions: (1) the independent variable (PE) is significantly related to the dependent variable (TI) (i.e., a significant path c Fig. 1.); (2) the independent variable is significantly related to the mediator (OC) (path a); and (3) the mediator is significantly related to the dependent variable (path b). A method to assess the significance of mediation is to examine the product of the a×b (ab) coefficients using the Sobel (1982) test. The null hypothesis, in this case, is $H_0: ab=0$. The ab product is judged to be statistically significant if $z$ is greater than +1.96 or less than −1.96.
(4) the strength of the relationship between independent variable and dependent variable is reduced when the mediator is added to the model (path $c'=c-(ab)$). If $c'$ is not statistically significant (or too small to be of any practical importance), a possible inference is that the effect of independent variable on dependent variable is completely mediated by mediator. If $c'$ is statistically significant and large enough to be of practical importance, a possible inference is that the influence of independent variable on dependent variable is only partially mediated by mediator (32).

In order to examine the hypotheses H2 to H5 Initially the following criteria were tested and are met: Criterion of independent residuals (Durbin-Watson all: $1.62 < \text{criterion} < 1.82$). Criterion of no multicollinearity (no VIF values above 10 and average close to 1). Criteria of homoscedasticity and normality were met. P values less than 0.05 were considered statistically significant.

![Theoretical model of the mediation of organizational commitment on the association between psychological empowerment and turnover intention.](image)

**Results**

**Demographic characteristics**

A total of 235 nurses responded to the questionnaire, yielding a response rate of 82.2%. 86.8% of the nurses were females, the majority of the respondents were below 30 years old (45.1%), 76.2% were married, 79.1% had a nursing bachelor degree, 11.5% had executive positions, and 41.7% had been working at their hospital for 1–5 years.

**Level of PE, OC and IT**

Table 1 shows that the mean of psychological empowerment (and its four dimensions), organizational commitment and turnover intention. Nurses’ psychological empowerment mean scores were obviously more than midpoint of the scale. The highest and the lowest mean were in competence and impact dimensions of psychological empowerment, respectively. The participants claimed high commitment to their hospitals and their turnover intention was slightly below midpoint of the scale (Table 1).
Correlations between variables

The correlation matrix (Table 1) indicates that nurses’ psychological empowerment was statistically and positively correlated with their commitment to their hospitals; whereas, nurses’ psychological empowerment was negatively associated with turnover intention. Further, nurses’ organizational commitment was negatively correlated to their turnover intention. Also, all four dimensions of the psychological empowerment were significantly positively correlated with organizational commitment, with impact most strongly and competence least strongly correlated. These dimensions were significantly negatively correlated with turnover intention, with impact most strongly and competence least strongly correlated.

Table 1: Descriptive results and Correlation of psychological empowerment and its dimensions with organizational commitment and turnover intention.

<table>
<thead>
<tr>
<th>Item</th>
<th>Item mean ± SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Meaning</td>
<td>6.04 ± 0.97</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Competence</td>
<td>6.12 ± 0.67</td>
<td>.408</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Self-determination</td>
<td>5.26 ± 1.09</td>
<td>.415</td>
<td>.356</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Impact</td>
<td>5.02 ± 1.14</td>
<td>.522</td>
<td>.418</td>
<td>.539</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Psychological empowerment</td>
<td>4.57 ± 1.18</td>
<td>.766</td>
<td>.646</td>
<td>.785</td>
<td>.840</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>6-Organizational commitment</td>
<td>4.57 ± 1.18</td>
<td>.424</td>
<td>.256</td>
<td>.362</td>
<td>.509</td>
<td>.521</td>
<td>-</td>
</tr>
<tr>
<td>7- turnover intention</td>
<td>3.26 ± 1.45</td>
<td>-.357</td>
<td>-.241</td>
<td>-.309</td>
<td>-.370</td>
<td>-.424</td>
<td>-.768</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level.

Differences in PE, OC and IT according to demographic characteristics

Different demographic attributes revealed differences in the participants’ levels of PE, OC and TI (Table 2). It was found that nurses PE, OC, and TI were significantly differ among the four presented age groups. In this case, H1 is supported. Post hoc tests recorded that nurses aging between 40 and 49 years old significantly perceived a better PE as compared to the nurses younger than 30 years (p=0.01). Also, nurses aging between 40 and 49 years old significantly perceived committed to their hospital as compared to the nurses younger than 30 years (p=0.04). nurses younger than 30 years significantly showed more TI as compared to the nurses aging between 40 and 49 years old (p=0.003) and nurses older than 49 years (p=0.03). this was true for second age group (30-39) as compared to nurses aging between 40 and 49 years old (p=0.028).

There were no significant differences between male and female, and between education groups in perceived PE, OC, and TI. H1 isn’t supported in these cases.

Compared to married nurses, single nurses perceived a significantly better OC (p=0.03). In this case, H1 is supported.

PE, OC, and TI were significantly differ among the three groups of work experience. Post hoc tests showed that nurses whose years of experience ranged between 11-20 years perceived higher PE as compared to the nurses working less than 11 years (p=0.04). Nurses working for longer than 20 years showed more commitment than nurses who worked for less than 11 years (p=0.04). nurses working at their hospital for less than 11 years perceived higher TI as compared to the nurses working for longer than 20 years (p=0.000).
Compared to staff nurses, Nurses who were in managerial posts perceived a higher PE (p=0.03) and OC (p=0.000), and a lower TI (p=0.008). In this case, H1 is supported.

Table 2. Comparisons of psychological empowerment (PE), organizational commitment (OC) and turnover intention (TI) by demographics.

<table>
<thead>
<tr>
<th>Variable</th>
<th>PE</th>
<th>OC</th>
<th>TI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean ± SD</td>
<td>F/t</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤29</td>
<td>106</td>
<td>5.48±0.75</td>
<td>4.57</td>
</tr>
<tr>
<td>30-39</td>
<td>83</td>
<td>5.59±0.71</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>40</td>
<td>5.93±0.68</td>
<td></td>
</tr>
<tr>
<td>≥50</td>
<td>6</td>
<td>6.08±1.01</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>34</td>
<td>5.61±0.77</td>
<td>0.99</td>
</tr>
<tr>
<td>Female</td>
<td>201</td>
<td>5.61±0.75</td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>179</td>
<td>5.63±0.72</td>
<td>0.729</td>
</tr>
<tr>
<td>Single</td>
<td>56</td>
<td>5.55±0.83</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>46</td>
<td>5.64±0.67</td>
<td>0.33</td>
</tr>
<tr>
<td>Bachelor</td>
<td>186</td>
<td>5.61±0.77</td>
<td></td>
</tr>
<tr>
<td>MSc</td>
<td>3</td>
<td>5.28±0.34</td>
<td></td>
</tr>
<tr>
<td>Years of working</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤10</td>
<td>167</td>
<td>5.51±0.74</td>
<td>4.89</td>
</tr>
<tr>
<td>11-20</td>
<td>43</td>
<td>5.83±0.72</td>
<td></td>
</tr>
<tr>
<td>≥21</td>
<td>25</td>
<td>5.86±0.77</td>
<td></td>
</tr>
<tr>
<td>Executive position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27</td>
<td>5.91±0.84</td>
<td>2.247</td>
</tr>
<tr>
<td>No</td>
<td>208</td>
<td>5.57±0.73</td>
<td></td>
</tr>
</tbody>
</table>

Examine the mediating role
In order to examine the hypotheses H2 to H5 according Baron and Kenny, four regression models were applied. First, a regression was run (Table 3) to predict turnover intention from psychological empowerment.

Table 3. Regression coefficient to predict turnover intention from psychological empowerment.

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>23.567</td>
<td>1.947</td>
<td>12.105</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PE</td>
<td>-0.205</td>
<td>0.029</td>
<td>-0.424</td>
<td>-7.136</td>
</tr>
</tbody>
</table>
Table 3 shows the regression coefficients part of the SPSS output. The unstandardized regression coefficient for the prediction of turnover intention from psychological empowerment is -0.205 (path $c$ in Figure 1); this is statistically significant, that show the overall effect of psychological empowerment on turnover intention is statistically significant. Thus, this lends support to H2.

Next a regression was performed to predict the mediating variable (OC) from psychological empowerment (Table 4). From this table, H3 is supported. The results of this regression provide the path coefficient for the path denoted $a$ (1.027) in Figure 1.

Table 4. Regression coefficient to predict organizational commitment from psychological empowerment.

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>constant</td>
<td>-0.560</td>
<td>7.486</td>
<td>-0.075</td>
</tr>
<tr>
<td></td>
<td>PE</td>
<td>1.027</td>
<td>0.110</td>
<td>0.521</td>
</tr>
</tbody>
</table>

Third, a regression was performed to predict turnover intention from organizational commitment (Table 5). This regression provides estimates of the unstandardized coefficients for path $b$ (-0.188). This table support H4. In order to examine the significance of mediation, the Sobel test was performed and is judged to be statistically significant ($z=8.31$, $p<0.001$).

Table 5. Regression Coefficient to predict turnover intention from organizational commitment.

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>constant</td>
<td>22.711</td>
<td>0.728</td>
<td>31.209</td>
</tr>
<tr>
<td></td>
<td>OC</td>
<td>-0.188</td>
<td>0.010</td>
<td>-0.768</td>
</tr>
</tbody>
</table>

Finally, a regression was performed to predict turnover intention from both psychological empowerment and organizational commitment. This regression provides estimates of the unstandardized coefficients for path $c’$ (-0.015) (the direct or remaining effect of psychological empowerment on turnover intention when the mediating variable has been included in the analysis). The strength of the relationship between independent variable (PE) and dependent variable (TI) was reduced and turn out to be nonsignificant when the mediator (OC) was added to the model. Thus, H5 was confirmed that is to say OC completely ($c’$ Close to zero, $p=0.520$) mediate the relationship between PE and TI.
Table 6. Regression Coefficient to predict turnover intention from psychological empowerment and mediating variable (organizational commitment).

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1 constant</td>
<td>23.464</td>
<td>1.377</td>
<td>17.039</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PE</td>
<td>-0.015</td>
<td>0.024</td>
<td>-0.032</td>
<td>0.520</td>
</tr>
<tr>
<td>OC</td>
<td>-0.184</td>
<td>0.012</td>
<td>-0.752</td>
<td>15.287</td>
</tr>
</tbody>
</table>

Discussion
The main objective of this study was to determine the mediating role of organizational commitment between psychological empowerment and turnover intention. The results indicated that nurses reported high psychological empowerment, high organizational commitment and low turnover intention. Organizational commitment mediated the relationship between psychological empowerment and turnover intention.

In line with some other studies (33-35) and inconsistent with other ones (36, 37), in our study nurses' psychological empowerment was higher than average. This is beneficial for organizational success and quality care (38) because empowered employees, usually, will tend to retaliate by exhibiting more commitment to their organization (39).

Of course, nurses' high perception of psychological empowerment was apparent for meaning and competence, indicating that there is a fit between nurses' values, believes and behaviors and their work goals and between nurses' capabilities and requirement of work. Yet, management could endeavor to improve all dimensions of empowerment (especially self-determination and impact dimensions as being at a lower level). This will also lead to increased commitment and decreased turnover intention. Because empowerment is not an enduring personality trait generalizable across all situations, but rather a set of cognitions shaped and changed by a work environment (40), the management can help to build an atmosphere and organizational culture of open communication that permit personnel to express their views, take in to account others’ opinions, and support questioning and feedback that increase employee empowerment. In this regard, also designing and implementing programs for the nursing managers to take on new roles as coaches and facilitators, can also improve the level of nurses’ psychological empowerment. In turn, such a culture and arrangement contributes to nurturing organizational commitment and reducing turnover intention.

The least mean was recorded for nurses' perception of impact. This finding is consistent with to Bartram et al (41) findings, who reported that nurses do not agree as strongly about impact and their self-determination as they do about their competence to carry out their tasks and the meaningfulness of their works to them. This finding is inconsistent with Kuokkanen et al (42) and Upenieks (43) that noticed self-determination as a fundamental factor in the nurses' empowerment. Some initiatives such as decentralized decision making on unit level, nurses' participation in organizing patient care (e.g., staff utilization and scheduling activities) being conducted at the unit level, as well as maintaining administrative structures that support nurses' decisions about patient care can enhance nurses' feeling of self-determination and impact.
Perception of organizational commitment in the present study was relatively high. This finding reflects that nurses loyalty to their hospitals is fairly strong, which gives enough belief to say that if they find a good offer elsewhere they will not leave their hospitals. Moreover, this finding is good for organizational success, since that commitment has many positive consequences for the organization. It has been found to be positively related to job satisfaction, job involvement, job performance, and organizational citizenship behavior (44). Similar to other researches (20, 21, 23, 39, 45) the results of the study (β = 0.524, p < .001) clarified that the psychological empowerment as a whole positively affect on organizational commitment. It can be concluded that the more psychologically empowered nurses, the more likely they will be committed to the organization.

The total effect of nurses’ empowerment on their turnover intention is negatively significant (Table 3) indicating when nurses’ empowerment increases by one unit; their turnover intention goes down by 0.424 (β coefficient) units. In other words, the greater the nurses are empowered, the less intention they will have to quit their organization. This finding is similar to some other studies (21, 23, 24).

The relationship between nurses’ empowerment and turnover intention was mediated by organizational commitment. In other words, Psychological empowerment also includes an indirect effect on turnover intention via the mediating role of organizational commitment. This provides another tool by which nursing management can work to minimize turnover intention through enhancing the commitment level of nurses.

Overall, the two predictors could explain 58.8 percent of the variance in nurses’ turnover intention. In other words, for a one–standard deviation increase in empowerment and commitment, we predict a .588 increase in turnover intention. The greater the nurses are empowered and committed, the less intention they will have to quit their hospital. Moreover, it can be concluded that other variables besides empowerment and organizational commitment, influence turnover intention.

**Conclusions**

In conclusion, the current study provides insight into the interaction of empowerment, commitment and turnover intention of nurses in hospitals. It seems clear from the results of this study that psychological empowerment is an important element to foster nurses’ commitment to their organizations and improving their retention. It is also plausible that nurses with enhanced feelings of organizational commitment would more likely stay in their jobs. It is important that management focus on empowering nurses in the workplace and increasing their organizational commitment in order to decrease their turnover intention. To do so, hospital and nurse administrators should consider factors that positively affect nurses' perception of empowerment as well as commitment for successful planning and implementation. In essence, a more facilitative management that can identify and carry on innovative policies is crucial in order to raise nurses’ empowerment and commitment and in turn reduce their turnover intention so that the hospital can improve its ability to provide safe, effective and high quality care for the patients.

The study contributes to the literature on employee empowerment and turnover so that unlike many previous studies of nursing turnover, it examines how organizational commitment mediates the relationship between nurses’ psychological empowerment and turnover intention.
Limitations and recommendation for future research

There are a few limitations in the study. Study data were collected from teaching hospitals. Therefore, findings may not be generalized to other healthcare settings without caution. Therefore, replication of this research in other hospitals and healthcare setting can help to validate the current results. This study was only in one staff group (nurses) and it would be interesting to see whether findings were consistent across different staff groups within a hospital (e.g. medical, administrative, support staff). Future research should aim to explore the predictive ability of other variables to nurses’ turnover intention.

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