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ORIGINAL PAPER

THE POWER OF PERCEPTION OF GLOBAL EMPOWERMENT IN LINKING SOCIAL SUPPORT AND PSYCHOSOCIAL WELL-BEING (JOB SATISFACTION)

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Abstract

Aim: According to the health organization model: 1) social resources in the working group (e.g. social support) and structural resources for the execution of tasks (e.g. autonomy) are correlated with 2) healthy, active professionals experiencing high levels of psychosocial well-being through job satisfaction. This study examines to what extent social resources in the work group (supervisor and peer social support) and employees' perception of global empowerment correlate with job satisfaction. *Design:* A cross-sectional and exploratory study of a descriptive and correlational nature. *Methods:* Following a quantitative methodology, a structural equation model was created, processed by Stata software. This study comprised a convenience sample of 370 Portuguese healthcare professionals working in five-star private hospitals, and aimed to examine the relationship between social support, global empowerment, and job satisfaction. Data were gathered from physically administered questionnaires. *Results:* Job satisfaction was significantly predicted by social support and global empowerment (direct and indirect effects). *Conclusion:* The results support the health organization model, indicating that positive outcomes, such as job satisfaction, can be predicted by perceptions of social resources (social support) and structural resources (global empowerment), but also that perceptions of global empowerment play a mediating role between perceived social support and job satisfaction.

Keywords: global empowerment, healthy organizations, job satisfaction, peers, social support, supervisors.

Introduction

Classically, organizational psychology has focused on studying negatively charged behaviors such as absenteeism, turnover and work stress, among others (Salanova, 2008). Today, a paradigm shift has allowed us to move from a negative perspective to one more positive. As a result, positive psychology has emerged, a movement that lies behind this research effort to better interpret organizational projects, and expand and improve psychosocial well-being and quality of life in organizations (Salanova et al., 2016). This approach to positive psychology, by enhancing the knowledge of a full organizational life, characterized by "positive employees" working in "positive organizations", is the ideal basis for defining so-called "healthy organizations". The concept of "healthy organizations" refers to the great commitment made by organizations in defining strategies and actions characterized by good practices. These measures of a systematic, methodical, clearly delineated, and proactive nature aim to improve the processes and outcomes of the organization, affecting the welfare of both employees and the organization. This boldness on the part of the organization presupposes, however, the allocation of resources and the implementation of best practices in an effort to make improvements in the work environment, in order to promote the health of employees and the financial health of the organization (Salanova et al., 2012).

According to this model, healthy organizations take account of the following three interrelated components: 1) social resources in the working group (e.g. social support) and structural resources for the execution of tasks (e.g., autonomy); 2) healthy active professionals experiencing high levels of psychosocial well-being; and 3) healthy organizational outcomes, such as high performance and quality of service (Salanova et al., 2014). To further explain each of these three dimensions: 1) Strategies aimed at creating social

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resources in the working group can be adopted by organizations, and can be provided in the form of social support. Social support can be provided to professionals by supervisors (Bruce & Blackburn, 1992; Vroom, 1982) or by peers (Green, 2000; Maynard, 1986). Social support can be "emotional" in the engaging configuration of active emotions experienced with other members, both inside and outside the organization (Aspinwall & Taylor, 1992; Wanberg & Banas, 2000). However, it can also have an "instrumental" configuration, through the more or less tangible manner of these interactions that facilitate the achievement of results, work execution, financial assistance and other facilitated aids or assets. In a second dimension, facilitated access to information channels (strategic, technical, and practical), support (guidance, monitoring, and feedback), resources (material, human, or financial) and opportunities (to learn and grow in the organization) are organizational structures that enable employees to perform their work activities and tasks freely, independently, and autonomously. According to Kanter (1993), these structurally empowered environments are conducive to a global perception of greater autonomy and control by employees in carrying out their work, whose execution is more effectively predicted (global empowerment) (Spence Laschinger et al., 2001). Therefore, managers, by providing substantiated infrastructures (increased access to information, resources, support, and opportunity), provide their subordinates with the support tools they need to perform their assigned activities and tasks with complete freedom and success. In turn, employees, in order to deserve this trust, must have the skills, abilities, and talents necessary to perform these activities and tasks as successfully as possible. The end result is an overall perception of job effectiveness, based on employees' perception of global empowerment. This clearly requires managers to implement organizational strategies, which are essential for the promotion of truly empowered social support climates, in order to trigger high levels of well-being at work.

2) Active and healthy professionals with high levels of psychosocial well-being – employees' perception of global empowerment allows them to appreciate greater freedom and independence in the execution and management of their own work. It also allows them to feel more autonomous in decision-making, without having to seek approval from above. This subjective state encourages the emergence of job satisfaction. In addition, the social support given by supervisors and peers results in professionals having perceptions of being loved, cared for, esteemed and valued, based on a social network of mutual assistance (Wills, 1991). The integration into social groups that establish friendship bonds and guarantee the support necessary to face the demands of work promotes the emergence of positive attitudes at work, such as job satisfaction. These two dimensions, namely structured working conditions with sufficient resources to perform tasks independently (i.e., autonomy), and the support of the team (i.e., social support), are a reliable way to engage people in healthy activities. An increased sense of autonomy and a supportive climate allow employees to experience high levels of job satisfaction, psychosocial well-being, and health at work (Berkman & Syme, 1979; Pietrukowicz, 2001), acting as protective agents against diseases of a psychosomatic nature.

3) Healthy organizational outcomes, such as high performance and quality of service – the overall perception of empowerment and social support are decisive factors in more effective individual performance (Kanter, 1993; Wanberg & Banas, 2000), quality of life at work (Adams, 2008), and consequent achievement of personal goals (Kanter, 1993), such as greater professional and/or personal fulfilment. In other words, job satisfaction is an indirect indicator of work efficiency and quality of service (Spence Laschinger et al., 2001).

In the specific context of health, satisfaction is an important attitude that can benefit patient care (Aiken et al., 2002; Wagner et al., 2010), particularly the quality of service provided (Armstrong & Spence Laschinger, 2006; Gilbert et al., 2010; Orgambídez-Ramos et al., 2017). Job satisfaction also has a positive effect on decreasing turnover intent (Simon et al., 2010; Tsai & Wu, 2010) and absenteeism (Abiodun et al., 2014; Siu, 2002), factors that are recognized as detrimental to individuals and organizations. The above studies confirm and reinforce the general idea advocated by Kanter's structural empowerment theory (1993): i.e., that adequately trained work environments increase motivation and job satisfaction.

Relationship between job satisfaction and empowerment in carers

The impact of healthy work environments on job satisfaction attitudes has been evidenced in systematic literature reviews (Wei et al., 2018), in numerous studies (Baernholdt & Mark, 2009; Friese, 2005; Kotzer et al., 2006; Spence Laschinger et al., 2014; Teclaw & Osatuke, 2015; Ulrich, 2009), and in comparative country studies – mostly in North America, the United Kingdom, and Western Europe – with samples of nurses, physicians and other health professionals (e.g. Aiken et al., 2002; Leiter

& Maslach, 2009). Many efforts have been made to prove that professionals working in workplaces that are structured tend to exhibit high levels of job satisfaction (e.g. Carvalho et al., 2017; Lu et al., 2007, updated in 2011). These studies have underlined that a person's perception of control and responsibility in a work context is an antecedent factor that determines the emergence of job satisfaction. The findings also show a significant positive relationship between empowerment and job satisfaction (for a systematic review, see Squires et al., 2016), regardless of the design adopted or the sample described. Other studies have highlighted the importance of the correlation between empowerment and job satisfaction. This relationship is fundamental in promoting improvements in the quality of care provided, but also in retaining people at the organization (e.g. Spence Laschinger et al., 2003, 2009, 2012; Lee et al., 2016; Ning et al., 2009). These studies all reinforce the idea, originally defended by Kanter's structural empowerment theory (1993), that empowered work environments foster motivation and job satisfaction.

Relationship between job satisfaction and social support in carers

In general, positive work attitudes (e.g., job satisfaction) establish a positive and meaningful relationship in work contexts characterized by active social dynamics (Jayasuriya et al., 2012; Judge & Kammeyer-Mueller, 2012). An illustrative example is social support, whether from supervisors (e.g. Bruce & Blackburn, 1992; Vroom, 1982) or from peers (e.g. Chiaburu & Harrison, 2008; Green, 2000). In particular, there are several systematic literature reviews (e.g. Chiaburu & Harrison, 2008; Lambert et al., 2016; Lu et al., 2007; Utriainen & Kyngas, 2009) that have shown that social support, whether provided by supervisors or colleagues, is a predictive factor of job satisfaction, work involvement, and carer commitment to the organization. These findings have shown that integration into social groups may not only enable the carer to establish bonds of friendship but also ensure the technical support he or she needs to meet the demands of the job. Thus, the positive social interactions that are established, not only between supervisors and health-care providers, but also between the health-care providers and work colleagues (peers), in terms of orientation, follow-up, constructive feedback, and focus on quality, can be a powerful source of job satisfaction.

Aim

This study intends to use only the first two givens of the above model describing healthy organizations, i.e.: 1) social resources in the working group (e.g. social support) and structural resources for the execution of tasks (e.g. autonomy); and 2) healthy active professionals experiencing high levels of psychosocial well-being through job satisfaction. Healthy organizational outcomes, such as high performance and quality of service, result from attitudes toward job satisfaction, and are evaluated in this study.

The goal is to understand the extent to which social resources in the work group (social support from supervisors and peers), and employees' perception of global empowerment correlate with job satisfaction (an attribute of active and healthy professionals, who perceive at a high psychosocial level).

Methods

Design

A cross-sectional study of a descriptive-correlational nature (Fortin, 2009).

Sample

Following a quantitative methodology, a model of structural equations was created to evaluate a sample composed of 370 health professionals – physicians, nurses, medical assistants, and health technicians – from a private group five-star hospital health service in southern Portugal. It is a convenience sample allowing the drawing of valid conclusions, since it corresponds to about 50% of the universe of the target population. With a mean age of 33.49 years (SD = 8.96), the sample was predominantly female (71.4%), with participants working in an inpatient (40%), outpatient (38.4%), or other type of regime (21.6%). The majority worked full time (87.6%), in a shift work regime (78.9%), and with a fixed schedule (21.1%). The majority of the participants (82.7%) had worked in their profession and in the private health group for more than a year (75.7%) in an exclusive regime (80.8%), while the remainder (19.2%) worked not only in this institution, but also in others.

Data collection

The data were collected using a questionnaire survey. Following a request for authorization, the ethics committees of the two hospitals of this private health group gave approval for the study. The research questionnaires were then administered to health professionals (who had worked for over a year in the

organization and who had agreed to participate) individually, during normal working hours, in a period of time set aside for this purpose. Each participant received an informed consent form and questionnaire in envelopes, in order to guarantee anonymity and confidentiality at all times during data collection. The response rate was 71%.

Instruments

Global Empowerment – assessed through two items from the Global Empowerment subscale of the Conditions of Work Effectiveness Questionnaire II (CWEQII2) by Spence Laschinger et al. (2001), e.g.: "Overall, my current work environment empowers me to do my job effectively". The items were assessed using a Likert scale ranging from 1 – "totally disagree" to 5 – "I totally agree".

The internal consistency of this scale in the present study as evaluated by Cronbach's Alpha was 0.80, approximating to values presented in other studies (Almeida et al., 2017), with values such as 0.86.

Social Support – evaluated through eight items of the Social Support subscale of the Job Content Questionnaire (JCQ), Karasek & Theorell (1990): a) social support of supervisors (four items, e.g.: "Do your supervisors help you get your work done?"); and b) social support of peers (four items, e.g.: "Do the people you work with collaborate in carrying out activities?"). A scale ranging from 1 – "totally disagree" to 4 – "totally agree", was used.

In the present study, the Cronbach's Alpha value for the "supervisor support" subscale was 0.92, and for the dimension of "peer support", 0.87. These values are similar to those obtained in the study by Orgambídez-Ramos et al. (2017), in which they obtained 0.93 for "supervisor support" and 0.86 for "peer support".

Job satisfaction – evaluated through the Job Satisfaction Scale (JSS) (Lima et al., 1994), consisting of eight items evaluating satisfaction with various aspects of the work environment. The items were assessed using a Likert-type scale ranging from 1 – "totally disagree" to 7 – "totally agree". Cronbach's Alpha for this scale in the present study was (0.88), similar to values in other studies (e.g., Henriques, 2009 – 0.81).

Data analysis

First, the Harman test (Podsakoff et al., 2003) was calculated for all items of the measured scales to assess the possible impact of the common variance of the method, using the Software for Statistics and Data Science (STATA), version 13. Second, descriptive statistics (mean, standard deviation, asymmetry, and kurtosis), correlations between the variables under study (Pearson's coefficients), internal consistency coefficients (Cronbach's Alpha), and the saturated structural equations model were tested to determine the relationships between global empowerment, social support of supervisors and peers, and job satisfaction. To obtain a global representation of the relationship between social, supervisor and peer support, global empowerment, and professional satisfaction, a saturated model of relationships was projected. The mediation effect was empirically tested with an analysis of structural equations based on correlations. This model was submitted to a structural equations test and redesigned from the standardized coefficients. The analysis was carried out according to the following steps: 1) design of an over-identified model; and 2) redesign of the model from the significant coefficients observed in the previous model, following the guidelines provided by Acock (2013). Estimations of the effects (direct and indirect) and the mediation were made using the maximum likelihood estimation (ML) method, the adjustment indices of the model, and the Sobel test (Acock, 2013; Hayes, 2013).

Results

Preliminary analysis

Since all data obtained were based on self-report measurements and were collected over the same time period, the common variation associated with the method may overestimate or underestimate the relationships between variables (Podsakoff et al., 2003). Harman's test (Podsakoff et al., 2003) was performed to verify the possible effect of common variance. All items of global empowerment, social support (supervisor and peer), and job satisfaction were the subject of an exploratory factor analysis, using the varimax rotation principal component method, forcing extraction to a single factor. If there was a variation problem associated with the method, the extracted factor should represent more than 50%. The results of the exploratory analysis indicated a factor responsible for 33.64% of common variance, therefore, although the effect of common variance cannot be completely disregarded, it does not appear to significantly affect the relationships between the studied variables.

Descriptive statistics and correlations

Table 1 presents the descriptive statistics (mean, standard deviation, asymmetry, and kurtosis) and the correlations (Pearson's coefficient) of the studied variables, as well as the reliability coefficients and Cronbach's Alpha of the scales used.

Table 1 Descriptive statistics, correlations (Pearson correlations) and the consistency of the scales (in parentheses measured using Cronbach's Alpha) in the present study: social support (supervisor and peer), global empowerment, and job satisfaction (n = 370)

Variables	1	2	3	4
1. Supervisor social support	(0.92)			
2. Peer social support	0.36**	(0.87)		
3. Global Empowerment	0.52**	0.38**	(0.80)	
4. Job satisfaction	0.61**	0.47**	0.67**	(0.88)
Mean	3.41	3.40	3.42	4.53
Standard deviation	0.66	0.56	0.85	1.02
Asymmetry	0.80	0.59	0.35	0.19
Kurtosis	0.35	-0.23	-0.03	-0.34

Cronbach's Alpha values are presented diagonally in parentheses. All (r) correlations coefficients are significant (p <.01)

The mean value for social support of supervisors was 3.41 (SD = 0.66), and of peers 3.40 (SD = 0.56), indicating a positive level of support in the work environment. Global empowerment with an average of 3.42 (SD = 0.85) indicated a reasonable level of perceived global empowerment. Finally, health professionals were very satisfied at work (M = 4.53; SD = 1.02). The values of asymmetry and kurtosis were less than 1, respecting the parameters that characterize normality in the distribution of data (SK < 3 and KU < 10) (Marôco, 2010). The internal consistency of the scales used, assessed using Cronbach's Alpha, indicated appropriate reliability (Nunnally, 1978). As expected, a moderate, positive and very significant correlation was observed between work satisfaction and social support of supervisors (r = 0.61; p < 0.01), of colleagues (r = 0.47; p < 0.01) and global empowerment (r = 0.67; p < 0.01).

Mediation Analysis

With the aim of presenting a global representation of the relationship between global empowerment, social support (supervisors and peers), and job satisfaction, the following relationship model was projected: 1) social support (supervisors and peers) were considered exogenous and predictive variables; 2) global empowerment, an endogenous and exogenous mediator variable; and 3) job satisfaction, an endogenous variable and outcome. For this purpose, a saturated structural equation model was tested, and items that did not present significant weights were then eliminated to determine the relationships between global empowerment, supervisor social support and peer social support, and job satisfaction. Figure 1 shows an acceptable final model. The adjustment index of the model, evaluated through the chi-square was significant [X^2 (2.1) = 79.271; p < 0.01]. Values between 2 and 3 indicated a good fit with the model, so the values obtained suggest an adjusted model.

The CFI and TLI indexes were all higher than 0.90 (CFI = 0.972; TLI = 0.953). As these values are usually in a range from 0 to 1, the results indicate a satisfactory adjustment.

Regarding adjustment indicator values, Standardized Root Mean Square Residual (SRMR) was less than 0.05 (SRMR = 0.035), and the coefficient Root Mean Square Error of Approximation (RMSEA) was from 0.087 (90% CI: 0.067–0.108), tending to sit between 0.05 and 0.08, with acceptable values being up to 0.10. Therefore, the results obtained were satisfactory (Hu & Bentler, 1999; Ullman, 2007). Figure 1 also shows the standardized coefficients obtained in the structural equations model, as well as the explained variance (R^2) of the variables global empowerment and professional satisfaction. Global empowerment had a positive and significant predictive effect (p < 0.01) on supervisor social support and peer social support. Beta values were 0.48 for supervisor social support and 0.24 for peer social support. The total variance of global empowerment, explained by social supervisor support and peer social support, was 38%. Job satisfaction had a significant positive predictive effect on global empowerment (β = 0.53; p < 0.01), supervisor social support (β = 0.27; p < 0.01), and peer social support (β = 0.26; p < 0.01). The total variance of job satisfaction, explained by global empowerment, and support of supervisors and peers, was 75%.

Regarding the mediating role, global empowerment mediated the influence of supervisor and peer social support on job satisfaction. Supervisor social support had a direct and indirect impact on satisfaction. With regard to the total effect of supervisor social support on job satisfaction, 48.2% (27/56) was direct, while 51.8% (29/56) was indirect. Social peer support had a direct and indirect impact on job satisfaction. Concerning the total effect of peer social support on job satisfaction, 65% (26/40) was direct, while 35% (14/40) was indirect (Table 2).

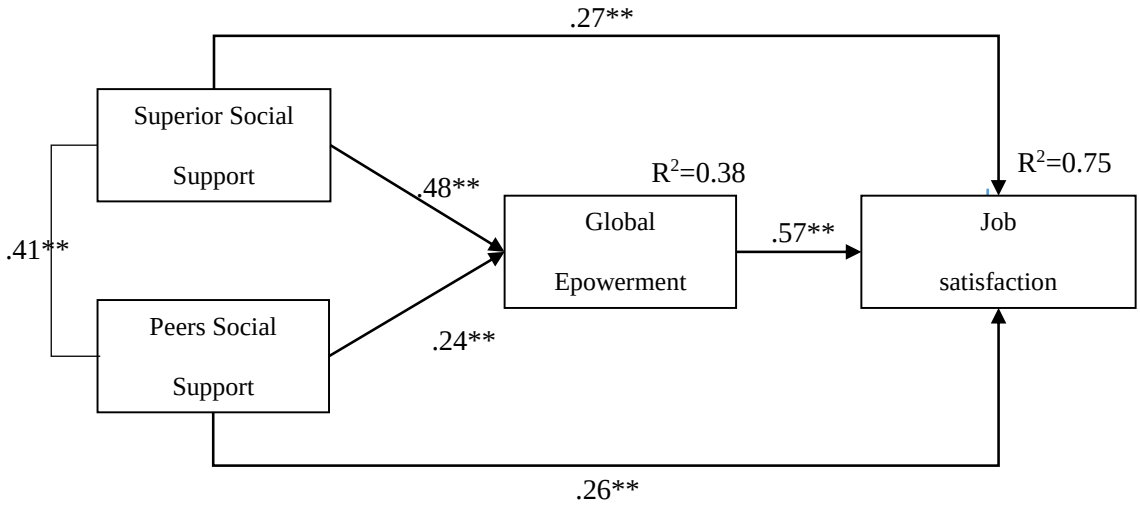

Figure 1 Validated final model (n = 370)
All coefficients are standardized and significant (p <0.01)

Table 2 Direct effect, indirect effect, and total effect of the variables studied (n = 370)

Effects	Coef.	*SE*	z	Beta
Direct effects				
Global empowerment				
supervisor social support	0.62	0.07	8.49	0.48
peer social support	0.36	0.09	3.95	0.24
Job Satisfaction				
supervisor social support	0.45	0.11	4.64	0.27
peer social support	0.48	0.10	4.39	0.26
global empowerment	0.87	0.11	8.17	0.53
Indirect effects				
Global empowerment				
supervisor social support	(no path)			
peer social support	(no path)			
Job satisfaction				
supervisor social support	0.54	0.09	6.15	0.29
peer social support	0.31	0.09	3.65	0.14
global empowerment	(no path)			
Total Effects				
Global empowerment				
supervisor social support	0.62	0.07	8.49	0.48
peer social support	0.36	0.09	3.95	0.24
Job satisfaction				
supervisor social support	1.01	0.10	10.29	0.56
peer social support	0.79	0.10	6.56	0.40
global empowerment	0.87	0.11	8.17	0.53

All coefficients are significant (p < 0.01); Coef. – Coeficient; SE – Standardized Error; z – Sobel z Test; Beta – Coeficient beta

Discussion

Assuming that job satisfaction is fundamental to work, and an indirect indicator of efficiency and quality of service (Spence Laschinger et al., 2001), we intended to evaluate 370 health professionals working in a private hospital group in the south of Portugal. This study was supported by the Healthy and Resilient Organization Model (Salanova et al., 2012 in Salanova et al., 2014), which presents the interrelationship between three main components: 1) resources in the working group (e.g. social support) and structural resources for the execution

of tasks (e.g. autonomy); 2) healthy active professionals experiencing high levels of psychosocial well-being; and 3) healthy organizational results such as high performance and quality of service. In a similar way, we intended to determine to what extent social resources in the work group (supervisor social support and peer social support) and structural resources for the execution of tasks (global empowerment) relate to job satisfaction (experience high levels of psychosocial well-being) in a private hospital group in southern Portugal.

The results showed the role played by social relations in organizations through the positive and significant relationship between social support (supervisors and peers) and job satisfaction. This finding is corroborated by other studies (Chiaburu & Harrison, 2008; Orgambídez-Ramos et al., 2017; Pohl & Galletta, 2017; Yuh & Choi, 2017). The predictive effect of social support of supervisors and peers on job satisfaction was confirmed, and was similar to other findings in this area (Chiaburu & Harrison, 2008; Lu et al., 2007; Owen et al., 2018; Utriainen & Kyngas, 2009). The relevant role played by social relations, as highlighted in the literature (Jayasuriya et al., 2012; Judge & Kammeyer-Mueller, 2012), has practical implications for supervisors and peers, who play a key role in the following up and provision of constructive feedback to employees, regarding quality of care. Another interesting finding was the positive and significant relationship between global empowerment and job satisfaction. These results are consistent with Kanter's structural empowerment model (Kanter, 1993) and with certain studies (Almeida et al., 2017; Li et al., 2013; Spence Laschinger et al., 2001, 2003, 2009, 2012; Sun et al., 2009). One practical implication of this result obtained through perceived global empowerment (by the perception of structured work environments, characterized by easier access to information, resources, opportunities, and support) is the need for managers to include this variable in the management of health institutions. This measure of creating healthy environments is crucial for promoting job satisfaction, which in turn is a critical factor in individual and organizational success. Another interesting finding was the mediating effect of global empowerment on social support (of supervisors and colleagues) and job satisfaction. These findings are an indication that the global perception of effectiveness at work (Spence Laschinger et al., 2001) is a factor that cannot be overlooked by these health institutions, since it can reduce the magnitude of the relationship between social support (independent variable) and job satisfaction (dependent variable). This demonstrates the prevailing power of global empowerment in the context of working conditions.

The above shows that carers react emotionally to certain situations that arise from these structural conditions, which in turn influences their attitudes and behaviours (Kanter, 1993; Spence Laschinger et al., 2001). The findings also show the direct effect of social support on job satisfaction. Whether social support came from supervisors or peers, the magnitude observed was very similar. This underlines the fact that social support fostered in the workplace, whether affective or instrumental in nature, has a genuine ability, by itself, to have an effect on job satisfaction, without necessity of mediation by other variables. An important implication for the managers of these institutions is the need to consider creating organizational environments that prioritize the integration of teams (whether supervisors or peers) through fostering support and interaction. This strategy can be decisive in promoting greater perceived social support in the institution, thus leading directly to the achievement of job satisfaction. This measure, applicable to the participants in this study, can be extended to all health institutions. The creation of healthy social environments is essential for providing job satisfaction (an indirect indicator of quality of service), in order to maximize available resources and the excellence of care provided. On the other hand, private health organizations, due to their exponential growth and the high demands from stakeholders, especially patients – who expect a timely response and quality of service, have the additional challenge of promoting employee well-being, so that they feel motivated, supported and valued, and thus are better able to meet the expectations and challenges that have been created for them.

The findings obtained in the present study should, however, be interpreted with caution, since the cross-sectional design does not allow conclusions to be drawn about causality that a longitudinal study would enable. The second limitation is that global empowerment is not the only mediating factor in the relationship between social support and job satisfaction, as there are other variables that will certainly play an equally relevant role, in the mediating of this relationship. Studies of a longitudinal nature could help provide better understanding of the causal relationships between these variables in healthcare. A complementary qualitative analysis could also explain more clearly the quality of the emotional and instrumental relationships between subordinates and peers.

Conclusion

The social support of supervisors and peers, and global empowerment seem to be two important determinants of job satisfaction in health care. The two types of social support, supervisor and peer, seem to affect job satisfaction both directly and indirectly through global empowerment. These findings are corroborated by Kanter's theory of structural empowerment (1993). The results show the relevance of social support (from supervisors and peers) that directly and indirectly influences positive attitudes such as job satisfaction. These findings suggest the need to invest in training and the development of social skills. These interventions are essential for fostering a culture of socio-affective support, follow-up, and constructive feedback, in order to provide quality care, but also to develop employee commitment to the organization. These results show the indispensability of an organizational culture characterized by greater effectiveness through the creation of infrastructures that enable the sharing of information, support, opportunities, and resources that provide health professionals with greater autonomy and influence in their work and participation in decision-making, with a view to continuous improvement and professional development. A culture imbued with social support and empowerment fosters better management of the resources available in the unit, and encourages motivation and job satisfaction by encouraging employees to feel needed, responsible, and free to use their skills and abilities. Moreover, it helps employees realize that they can count on organizational support, conveying the trust and respect that employees need to identify with the organization's goals and projects.

Ethical aspects and conflict of interest

This experimental study, was approved by nº11, 07.11.2017 ethics committee of Grupo HPA Saúde (HPA Health Group, Portugal) and/or in accordance with the Helsinki Declaration of 1964, as revised.

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Author contributions

Conception and design (MHA, AO), data analysis and interpretation (AO), manuscript draft (CMS) critical revision of the manuscript (MHA, AO), final approval of the manuscript (MHA).

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