The Relationship between Perceived Power in Nurse Managers and Nurses' Organizational Commitment

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Abstract:

Background: Nurse managers' perceived power and organizational commitment are crucial parts of increasing the productivity of any healthcare organization, which leads to continuous growth and success. **Aim:** To assess the relationship between perceived power in nurse managers and nurses' organizational commitment. **Design**: Descriptive correlational research design was used. **Setting**: It was conducted at Dr. Sulaiman Al Habib Hospital in Aryan which is affiliated to the Saudi Arabia Ministry of health and population. **Sample:** All staff nurses (600) both gender, who were working at the time of data collection in the study setting participated in the study. **Tools**: Two tools were used: Perceived power in nurse managers' scale and Organizational commitment scale. **Results:** Less than two thirds of staff nurses had total moderate level of perceived power in their nurse managers. While more than one fifth had low level and only (19%) of them had high level. Less than half of staff nurses had moderate level, less than one third had low level, and more than one fifth had high level of organizational commitment. **Conclusion**: There was highly statistically significant positive strong correlation between total perceived power in nurse managers and organizational commitment among studied staff nurses. **Recommendations**: Provide staff nurses with training programs about perceived power in nurse managers and organizational commitment to enhance their professional development. Further studies about the relationship between perceived power in nurse managers and staff nurses' occupational stress can be conducted.

Keywords*: Nurse Managers, Organizational Commitment, Perceived Power.*

Introduction

Nowadays, the world is changing dramatically and continuously due to factors like growing global competitiveness and technological innovation. Each healthcare organization wants to stay competitive and adapt in order to inspire, motivate, and retain employees while simultaneously improving performance **(Breed et al., 2020)**. An important component of raising the caliber and productivity of healthcare organizations is nurse managers' perceived power **(Farmer, 2022)**. Power has such a strong hold that it is fundamental to the nursing profession. Teams of skilled nurses were efficiently collaborating to deliver optimal care to patients. Thus, it is essential that nurses learn about power as one of the factors guiding their nursing care process **(Gyeltshen, 2020)**.

Power perceived in nurse managers could be coercive power that involves the concept of influence based up on "the expectation of punishment for failure to conform to an influence attempt. Or, it could be reward Power. It is closely related to Coercive power as it is almost the obverse of it. If one conforms to gain acceptance. Legitimate power that is induced by norms or values of a group that individuals accept by virtue of their socialization into the group. They emphasize that legitimacy is dependent upon relationships between social positions, not on the personal qualities of role incumbents *(Borkowski, & Meese, 2020)*. Meanwhile ,referent

Power perceived in nurse managers involves the concept of "identification,". If referring to a group, then an individual seeks membership in such a group or has a desire to remain in an association already established **(Borkowski, & Meese, 2021)**.

Organizational commitment can foster growth and ultimately result in success. Organizational commitment is the degree to which nursing staff members have a close relationship with the organization where they work, indicating their level of productivity, work engagement, loyalty, and job satisfaction. The level of organizational commitment among nurses was found to be correlated with several major factors, including perceived organizational support, transformational leadership behavior, relationships and learning opportunities, job satisfaction, retirement plans, financial benefits, coworkers, patient care, cultural factors, and job security**.** Organizational commitment contains three components; normative, continuous and emotional organizational commitment. It represents an; emotional commitment that indicates the nurses' desire and attachment to the organization, alignment with the organization and a willingness to actively participate in it. Continuous commitment appears to indicate individual subjection to the institution and the costs of leaving the organization. Which are presented in two forms loss of experience and lack of appropriate job opportunities and a normative commitment is a sense of loyalty to the organization's values and goals **(Leontiou et al., 2021)**.

Nonetheless, staff nurses are more positive about the organization's sense of belonging, mutual trust and assessment, open communication with coworkers, and open sharing of information when they are more satisfied **(Louwen et al., 2023).** Contrarily, perceived organizational justice can increase staff nurses' motivation as they will feel obligated to maintain a corresponding relationship with the nursing manager and the organization. Staff nurses are interested in having a fair and equitable relationship with the organization. Perceived power in nurse managers results in dampening motivation and high level of organizational commitment **(Susanto et al., 2023).**

Significance of the study:

Perceived power in nurse managers is one of the most effective indicators in establishing positive nurses' outcomes and supporting nurses by engaging them emotionally and intellectually **(Seegert, 2022)**. It helps in retaining highly committed staff nurses who believe they are being treated as resources to be developed rather than commodities to buy and sell. They believe the healthcare organization is providing a long-term developmental employment opportunity resulting in high staff nurses' organizational commitment **(Senior,2022).** Various studies found that more than half of staff nurses perceived low power level, low status, low autonomy and lack of their influence in health care organization which results in lack control over nursing practice and low organizational commitment **(Abed et al., 2020 & Suliman et al., 2020).**

The outcomes of staff nurses' organizational commitment include less nursing turnover, improved performance, and citizenship behavior. By a process which is still not too clear, nurse managers internalize all sources of power in a manner parallel to the way they develop a sense of self-esteem. Nurses' perception to power in nurse managers make them feel they are supported from higher levels of management, and affect their organizational commitment. As previous studies declared, the power dynamic that characterizes different workplace relationships between nursing managers and staff nurses has significant effects on work productivity, motivation and organizational commitment **(Tribby et al.,2021).**

Aim of the study:

To assess the relationship between perceived power in nurse managers and nurses' organizational commitment through:

1. Assess perceived power in nurse managers.

2. Identify nurses' organizational commitment level.

3. Find out the relationship between perceived power in nurse managers and nurses' organizational commitment.

Subjects and Methods

Research design:

A descriptive correlational research design was used in this study.

Setting:

The study was conducted at Dr. Sulaiman Al Habib Hospital in Aryan which is affiliated to the Saudi Arabia Ministry of health and population.

Subjects:

Sampling: All staff nurses (600) both genders, who were working at the time of data collection in the study setting. Those with at least one-year experience in the current position at study hospital to be familiar with hospital policies, procedures and rules, in addition to be aware of their managers. The researcher excluded (30) staff nurses who attended previous training about organizational commitment.

Tools for data collection:

Two tools were used for collecting data included:

First tool: **Perceived Power in Nurse Managers Scale.** *It consisted of two parts:*

Part I: Personal data of staff nurses. It included items as; it included: age, gender, educational level in nursing, years of experience.

Part II: Perceived power sources in nurse managers' scale: This tool was designed by **(Karadaş and Yıldırım, 2019)** and adopted by the researcher. It consisted of (42) Items and includes (5) sub-dimensions: charismatic (10 items), coercive (7 items), reward (7 items), legal (10 items) and Specialization Strength power (8 items).

Scoring system:

Staff nurses' responses were measured on a 5 points likert scale ranged from (0= not at all, 1= once in a while, 2= sometimes, 3= fairly often, and 4= frequently). All items were summed up and a mean score was calculated. The total mean range of perceived power sources in nurse managers was from (16-80).

The score was perceived as:

- Low perception level ranged between (16-36) less than (60%).
- Moderate level ranged between (>36-58) (60-75%).
- High level ranged between (>58-80) more than (75%).

Second tool: **Organizational Commitment Scale:** This was developed by (**Meyer and Allen's , 1991**) and adopted by the researcher. It included (18) statements related to nurses 'organizational commitment, classified into (3) sub-dimensions: Affective organizational commitment (6 items); Continuance organizational commitment (6 items); and Normative organizational commitment (6 items).

Scoring system:

Staff nurses' responses were measured on a 5 points likert scale ranged from (1= strongly disagree, 2= disagree, 3 = neutral, 4 = agree, 5= strongly agree). All items were summed up and a mean was calculated. The grand total score for all the three factors ranged between (0 -90).
- Low level ranged between (0-54) less than (60%).

- Moderate level ranged between (>54-68)   (60-75%)
- High level ranged between (>68-90) more than (75%).

Validity:

Face and content validity for the study tools were done. Tools were translated into Arabic and were tested by a jury group of three experts specialized in nursing administration through an opinionnaire sheet.

Reliability:

Tools were tested by Cronbach's alpha:

- **First tool**: Perceived Power in Nurse Managers Scale yield cronbach's alpha showed (0.83).
- **Second tool**: Organizational Commitment Scale yield cronbach's alpha showed (0.89).

Ethical considerations:

Prior study conduction, approval was obtained from the scientific research ethical committee at Faculty of Nursing Helwan University. In addition, an approval was obtained from the nursing director of Dr. Sulaiman Al Habib Hospital. Written consent was obtained from the staff nurses before inclusion in the study. Staff nurses were informed that they were allowed to participate or not in the study and that they had the right to withdraw from the study at any time.

Field work:

The actual field work started at the begging of January 2024 and was completed by the end of March 2024. The researcher met nursing manager and hospital director, introduced herself to them, explained the aim of the study to gain their approval for data collection, and determined the suitable time to collect the data. The researcher collected data by herself through meeting staff nurses, explaining the aim of the study and method for fulfilling out questionnaires. The researcher was present all the time during fulfilling forms to answer any questions. The time needed to complete the study tools by staff nurses was ranged between (20-30) minutes. Data were collected two days per week on the day shift and not on the night shift because of the low number of nursing personnel at night. So, the researcher collected data of staff nurses who were in the night shifts at the morning or afternoon shifts according to the nursing scheduling. The researcher checked the completeness of each filled sheet to ensure the absence of any missing data.

Administrative Item

An official letter was obtained from of faculty of nursing at Helwan University to the general manager of Dr. Sulaiman Al Habib Hospital to obtain his permission and cooperation to conduct the study.

Statistical Item

Data collected from the studied sample was revised, coded and entered using the computer software PC. Data entry and statistical analysis were fulfilled using the statistical package for social sciences (IBM SPSS 28.0). Data were presented using descriptive statistics in the form of frequencies, percentages for non-numerical data and mean, standard deviation ($\pm$ SD) for parametric numerical data. Also, using analytical statistics in the form of chi square test to examine the relationship between two qualitative variables. Statistically significant was considered at $P<0.05$.

Results:

Table (1) displays that the study sample consisted of (600) staff nurses, three quarters (75%) were females and a quarter (25%) were males. Pertaining to age more than two fifth of them (43.3%) ranged between 30 years old

to less than 40 years old and only (1.7%) of them were ranged between 50 years to less than 60 years old, mean±SD was (23.48 ±3.67).

Table (2) and figure (1) show that less than two thirds (60.3%) of staff nurses had total moderate level of perceived power in their nurse managers. While, more than one fifth (20.7%) had low level and only (19%) of them had high level with a mean ± SD (16.18± 3.69). Additionally, reward power dimension has the highest mean percentage (81.02%), while charismatic power dimension has the lowest mean percentage (76.34%).

Table (3) and figure (2) show that less than half (47.2%) of staff nurses had moderate level, less than one third (32.3%) had low level, and more than one fifth (20.5%) had high level of organizational commitment with a mean ± SD (11.86±0.88). Additionally, normative commitment has the highest mean percentage (69.84%), while, affective commitment dimension has the lowest mean percentage (68.36%).

Table (4) illustrates that there were significant relationships between all perceived power in nurse managers' dimensions and participants' age, and gender (p=0.000**).

Table (5) identifies that there were significant relationships between all organizational commitment dimensions and studied staff nurses' age (P= 0.000** & P= 0.001**). While there was non-significant correlation with their gender.

Table (6) validates that there was a highly statistically significant strong positive relationship between all perceived power in nurse managers' dimensions and all organizational commitment dimensions (r = 0.889 & P = 0.000) among studied staff nurses.

Table (7) and figure (3) demonstrate that there was highly statistically significant positive strong correlation between total perceived power in nurse managers and organizational commitment among studied staff nurses.

Table (1): Personal data of staff nurses (N=600)

Personal data	No.	%
Age\ year		
20 < 30	230	38.3
30 < 40	260	43.3
40 < 50	100	16.7
50 < 60	10	1.7
Mean±SD = 23.48±3.67		
Gender		
Male	150	25
Female	450	75
Level of education in nursing		
Technical institute of nursing	200	33.3
Bachelor' degree of nursing science	300	50
Masters' degree	100	16.7
Years of experience		
1 < 10	198	33
10 ≤ 20	350	58.3
>20	52	8.7
Mean±SD 8.92 ± 2.10		

Table (2): Total score of perceived power in nurse managers among staff nurses (N= 600).

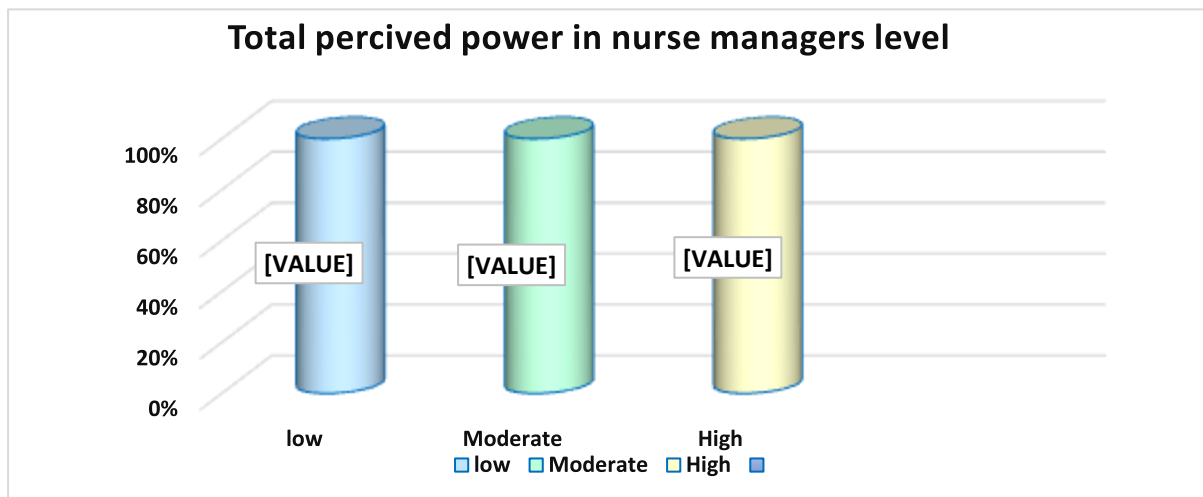| Perceived power in nurse managers dimensions	Low <60%		Moderate 60-75 %		High > 75%		Mean	SD	Mean %
	No.	%	No.	%	No.	%			
1. Charismatic power.	179	29.8	359	59.8	62	10.4	14.39	4.10	76.34
2. Coercive power.	85	14.2	349	58.1	166	27.7	16.38	3.93	79.28
3. Reward Power.	97	13.2	352	58.7	151	28.1	17.11	3.79	81.02
4. Legal Power.	140	23.3	353	58.8	107	17.9	16.38	3.93	79.28
5. Specialization Strength.	138	23	376	62.7	86	14.3	16.13	3.63	79.91
Total	124	20.7	362	60.3	114	19	16.18	3.69	80.39

Figure (1) Total perceived power in nurse managers among staff nurses (N= 600).

Table (3): Total score of organizational commitment among staff nurses (N=600).

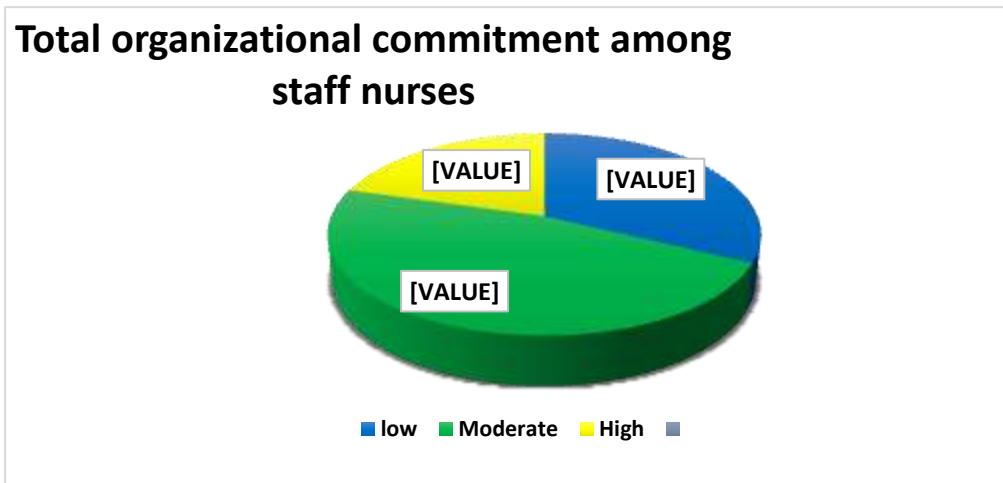| Organizational commitment dimensions	Low <60%		Moderate 60-75 %		High > 75%		Mean	SD	Mean %
	No.	%	No.	%	No.	%			
1. Affective commitment.	66	11	354	59	180	30	11.77	0.83	68.36
2. Continuance Commitment.	160	26.7	368	61.3	72	12	11.86	0.88	68.82
3. Normative Commitment.	358	59.7	127	21.2	115	19.1	11.96	0.86	69.84
Total	194	32.3	283	47.2	123	20.5	11.86	0.88	68.82

Figure (2) Total organizational commitment level among staff nurses (N=600).

Table (4): Relationship between staff nurses' age and gender categories and perceived power in nurse managers (N=600).

Perceived power in nurse managers' dimensions	Test	Personal data					
		Age \year				Gender	
		20<30	30 <40	40< 50	50 < 60	Male	Female
1. Charismatic	Pearson correlation	.374**	.578**	.324**	.495**	.374**	.441**
	Sig.(2- tailed)	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
	N	100	80	40	2	50	180
2. Coercive	Pearson correlation	.441**	.374**	.452**	.531**	.543**	.561**
	Sig.(2- tailed)	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
	N	80	20	10	4	25	20
3. Reward	Pearson correlation	.324**	.374**	.375**	.344**	.348**	.385**
	Sig.(2- tailed)	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
	N	20	100	50	2	25	100

Perceived power in nurse managers' dimensions	Test	Personal data					
		Age \year				Gender	
4.Legal	Pearson correlation	.495**	.543**	.681**	.654**	.655**	. 688**
	Sig.(2- tailed)	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
	N	15	30	25	2	30	80
5.Specialization Strength.	Pearson correlation	.648**	.578**	.655**	.659**	.687**	.671**
	Sig.(2- tailed)	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
	N	15	30	25	2	20	70

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

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

Table (5): Relationship between staff nurses' age and gender categories and their organizational commitment dimensions (N=600).

Organizational commitment dimensions	Test	Personal data					
		Age \year					Gender
		20<30	30 <40	40< 50	50 < 60	Male	Female
1. Affective	Pearson correlation	0.997	0.950	0.878	0.811	0.221	0.221
	Sig.(2- tailed)	0.000**	0.000**	0.000**	0.000**	0.089	0.089
	N	80	100	35	2	75	50
2. Continuance	Pearson correlation	0.441	0.374	0.452	0.531	0.123	0.208
	Sig.(2- tailed)	0.000**	0.000**	0.000**	0.000**	0.347	0.082
	N	20	60	35	3	70	200
3. Normative	Pearson correlation	.999	.990	.959	.917	0.164	0.034
	Sig.(2- tailed)	0.001**	0.001**	0.001**	0.001**	0.211	0.791
	N	130	100	30	5	5	200

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

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

Table (6): Correlation between perceived power in nurse managers and organizational commitment among staff nurses (N=600).

Perceived power in nurse managers' dimensions		Organizational commitment dimensions			
		1.Affective	2.Continuance	3.Normative	Total
1. Charismatic	R	0.749	0.751	0.761	0.757
	P	0.000**	0.000**	0.000**	0.000**
2. Coercive	R	0.890	0.532	0.842	0.821
	P	0.000**	0.000**	0.000**	0.000**
3. Reward	R	0.761	0.709	0.853	0.783
	P	0.000**	0.000**	0.000**	0.000**
4.Legal	R	0.816	0.806	0.787	0.700
	P	0.000**	0.000**	0.000**	0.000**
5.Specialization Strength.	R	0.891	0.791	0.761	0.894
	P	0.000**	0.000**	0.000**	0.000**
Total	R	0.827	0.724	0.813	0.889
	P	0.000**	0.000**	0.000**	0.000**

r Pearson Correlation
* Statistically significant at P≤0.05
** Highly statistically significant at P≤0.

Table (7): Correlation between total perceived power in nurse managers of studied staff nurses and their total organizational commitment (N= 600).

Total perceived power in nurse managers.	Total Organizational Commitment	
	R	P
	0.891	**0.000****

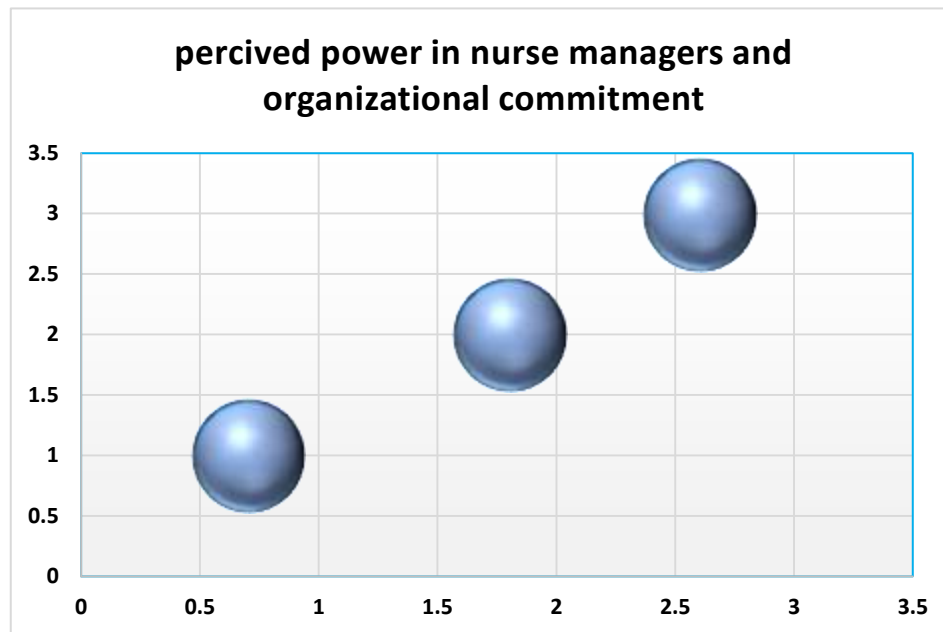r: Pearson coefficient (**) Highly significant at p<0.01.

Figure (3): Scatter plot correlation between perceived power in nurse managers of studied staff nurses' and their organizational commitment (n= 600)

Discussion

Giving the challenges to creating high quality healthcare environment, nurse managers can inspire positive changes in their followers using available power sources. Additionally, staff nurses' organizational commitment is an important factor in understanding organizational behavior and is considered a good predictor of nurses' retention, job satisfaction, job performance, decreased intention to leave and turnover **(Lagowska et al., 2022)**. Regarding personal data of staff nurses, present study revealed that three quarters of staff nurses were female. These results were supported by the study conducted by **Carroll, (2023)** entitled " Power with Presence: Connecting Theory and Knowledge to Nursing Practice", who found that the majority of staff nurses were females, and the minority were males. Additionally, more than two fifth of them ranged between 30 years old to less than 40 years old and the minority were ranged between 50 years to less than 60 years old. These results were supported by the study of **Leontiou et al., (2021)** entitled" Self-efficacy, empowerment and power of middle nurse managers in Cyprus: A correlational study ", who found that more than one third of them ranged between 30 years old to 40 years old, and the minority were ranged between 50 years old to less than 60 years old.

Meanwhile, as regards to the dimensions of perceived power in nurse managers, the present study revealed that less than two thirds of staff nurses had total moderate level of perceived power in nurse managers, more than one fifth had low level and less than one fifth had high level. This was consistent with the results of previous study conducted by **Carroll, (2023)** in which around two thirds clinical registered nurses perceived their nurse managers' power at a moderate level. Also, the study conducted by **Leontiou et al., (2021)** supported the present study results, they noted that less than one fifth of studied staff nurses were measured with low level. From the researchers' point of view, this may be related to nurse managers' professional and educational background that were correlated to power issues, both at the unit and organizational levels. Structural and psychological empowerment correlated with the overall level of power at a unit level and the overall level of power at an organizational level which offers them possibilities to lead the development of nursing care in their units.

The present study results also indicated that more than quarter had low level and the minority had high level of total charismatic power dimension of perceived power in nurse managers. These results disagreed with the study conducted by **Kurnat-Thoma & Emma, (2023)** entitled " Laudato Si Lessons: Nurses Recognizing Our Responsibility in Climate Science and Health Systems Resilience", who found that more than half had low level and less than fifth had high level of total charismatic power dimension of perceived power in nurse managers. Researchers suggests that these results generally support the statement that charisma may be in the eye of the beholder or varying in degree from one individual to another.

Regarding the total reward power dimension level of perceived power in nurse managers, more than half had moderate level, more than quarter had high level and the minority had low level with a mean± SD (17.11 ±3.79). From the researcher's point of view, these results refer to incentives, rewards and salary increase that is concerned with performance evaluation, stimulating followers to make them more initiative and cooperative, and drive them toward change in organization. From the researchers' point of view the inclusion of certain items that is linked to the organization's policies and procedures into organizational reward strategies would results in career progression, goal alignment, and benefits that employees may feel they are not yet eligible for

However, **Tribby et al. (2023)** in their study entitled" We're Not Valued, We're Not Heard": Voices of Seasoned Nurses in a Rural State Following the Onset of COVID-19", argued that the majority of study sample had high total reward power dimension level of perceived power in nurse managers, and considered that these results refer to reward power motivator on staff nurses' performance only, but ignoring that staff nurses may also improve their performance due to other motivators such as recognition and relatedness.

Regarding organizational commitment among staff nurses, the present study results show that less than half of staff nurses had moderate level, less than one third had low level, and more than one fifth had high level of organizational commitment with a mean ± SD (11.86±0.88). The study conducted by **Haoyan et al., (2023)** who studied " Quantitative systematic review of the transformational leadership style as a driver of nurses' organizational commitment" supported the present study results which found that less than one quarter of the study participants had low organizational commitment level and need development, while contrast present study results in their study that found more than half of them had moderate level of organizational commitment and need attention, the minority of them had high level of organizational commitment and need support. Researchers suggest that the findings reveal that staff nurses' level of organizational commitment may be related to their feeling that the cost associated with leaving is high.

By evaluating the total level of affective commitment dimension, more than half had moderate level, while less than one third had high and the minority had low level with a mean ± SD (11.77±0.83). From the researcher's point of view, this one novel finding helps understand the factors that promote affective commitment among staff nurses and lead them to feel as a part of their organization such as participation in decision making, clear policies, and presence of a clear channel of communication. In agreement with present study results **(Gyeltshen, 2020)**, found that more than half of study sample had a moderate level of affective organizational commitment dimension, more than one quarter had high level, and the minority had low level with a mean + SD (17.32+3.22).

As regards the total level of normative commitment dimension, more than half had low level, while a round one fifth had moderate and high levels with a mean ± SD (11.96±0.86). From the researcher's point of view, this brought the fact that organizations that appreciate loyalty and consistently convey this to staff nurses through incentives, awards, and other means have stronger normative commitment. When staff nurses consistently witness clear instances of their employer's dedication to their well-being, their normative commitment is likewise high. So, better levels of job satisfaction and a better likelihood of contributing to organizational success are experienced by staff nurses who exhibit stronger organizational commitment .

The study conducted by **Hamidi et al. (2024)** entitled" Evaluating the Model of Causal Relations between Organizational Identity and Organizational Commitment in Hospital Nursing Staff through the Mediation of Organizational Culture ",was in agreement with the present study results which found that less than two thirds of studied staff nurses had total low level of normative commitment dimension, while around one fifth had moderate and high levels with a mean ± SD (12.06 ±2.92).

The present study results illustrated that there were significant relationships between all perceived power in nurse managers' dimensions and participants' age, and gender. These results were supported by study conducted by **Ebtsam et al. (2023)** who studied " Managerial power bases and its relationship to influence tactics and conflict management styles: Bedside nurses' perspective" who found the same results. Also, **Carroll, (2023)** found a significant relationship between all perceived power in nurse managers' dimensions and participants' age.

In addition, the present study results identified that there were significant relationships between all organizational commitment dimensions and studied staff nurses' age. While there was non-significant correlation with their gender. On the same line, **Susanto et al. (2023)** found that there were significant statistical relationships between total organizational commitment and participants' age group, and non-significant correlation with their gender.

Furthermore, the current study results validated that there was a highly statistically significant strong positive relationship between all perceived power in nurse managers' dimensions and all organizational commitment dimensions among studied staff nurses. **Carroll, (2023)** agreed upon the present study results, who found that perceived power in nurse managers is positively correlated with organizational commitment.

In addition, **Fantahun et al. (2023)** in their study entitled "Organizational commitment and associated factors among health professionals working in public hospitals of southwestern Oromia, Ethiopia", who showed that organizational commitment scores were positively correlated with their perceived power in nurse managers. Furthermore, **Pressley & Garside (2022)** in their study entitled" Safeguarding the retention of nurses: A systematic review on determinants of nurse's intentions to stay " found that a significant relation between perceived power in nurse managers and organizational commitment among staff nurses. Moreover, the study conducted by **Moreno et al. (2024)** supported the present study results that revealed nursing managers affect staff nurses' organizational commitment using different power sources and interpersonal skills leading to improve their subordinates' knowledge, awareness, confidence, participation and perceived justice.

The study findings clarified the level of perceived power in nurse managers, the level of staff nurses' organizational commitment, and determined the relationship between perceived power in nurse managers and organizational commitment among staff nurses. The study results illustrated that less than two thirds of staff nurses had total moderate level of perceived power in nurse managers, less than half had moderate level of total organizational commitment, and there was a highly statistically significant relation between perceived power in nurse managers and staff nurses' organizational commitment.

Conclusion

In the light of the study findings, it can be concluded that less than two thirds of staff nurses had a total moderate level of perceived power in their nurse managers. Furthermore, less than half of staff nurses had a moderate level of organizational commitment, and more than one fifth had a high level. Finally, the study findings revealed that there was a highly statistically significant positive correlation between perceived power in nurse managers and organizational commitment among staff nurses.

Recommendations

Based on the current study findings, the following recommendations were proposed:

Healthcare organizations can:

➢ Provide staff nurses with training programs about perceived power in nurse managers and organizational commitment to enhance their professional development.
➢ Provide financial support and learning opportunities for nurses to improve their educational level.

Nurse managers can:

➢ Ensure fairness and consistency to nurses that help improve their organizational commitment.
➢ Give nurses opportunities to participate in decision making and developing policies that affect nursing work to ensure their loyalty and commitment.

Staff nurses can:

➢ Determine their job description, roles, and responsibilities.
➢ Participate in training programs, seminars and conferences to improve their competencies.

Educational organizations can:

➢ Introduce perceived power in nurse managers and organizational commitment into undergraduate nursing courses.

Furthers studies:

➢ The relationship between perceived power in nurse managers and staff nurses' occupational stress.

Acknowledgements

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