RESEARCH

Effects of Empowerment on Pharmacists' Organizational Behaviors

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ABSTRACT

Objective: To investigate the effects of power factors, need for achievement, and empowerment on commitment, loyalty, identification, and job turnover intention among pharmacists.

Design: Cross-sectional study.

Setting: United States.

Participants: 447 licensed pharmacists nationwide.

Intervention: Self-administered questionnaire.

Main Outcome Measures: Structural equation modeling was used to assess the fit of the theoretical model and examine the effects of empowerment on pharmacists' behaviors within their organizations using pharmacists' self-reports.

Results: An overall response rate of 42.2% was obtained. The test of the hypothesized model using structural equation modeling resulted in a satisfactory fit. The effects of power factors and need for achievement on psychological empowerment (γ_{11} = .75, γ_{12} = .27) and structural empowerment (γ_{21} = .81, γ_{22} = .20) were examined. Also, the effects of psychological empowerment and structural empowerment on loyalty (β_{31} = .05, β_{32} = .69), commitment (β_{41} = −.09, β_{42} = .92), and identification (β_{51} = .05, β_{52} = .78) were analyzed. Finally, the effects of loyalty (β_{63} = −.24), commitment (β_{64} = −.74), and identification (β_{65} = .35) on job turnover intention were assessed.

Conclusion: Kanter's theory, which maintains that structures within organizations have an impact on organizational behaviors, was supported by our findings. Pharmacists' organizational behaviors such as commitment, loyalty, identification, and job turnover intention are influenced by structural empowerment. Given the pharmacist supply-and-demand imbalances of the past few years, organizations should make every effort to retain the pharmacists currently in their employ.

Keywords: Kanter's theory, personnel, employee pharmacists, empowerment, job satisfaction, job turnover intention.

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Today's health organizations are faced with restructuring to better adapt to changes in the market. Increased competition, new technology, complexity of third-party regulations, changes in demand for health care services, and shortage of providers are some of the key issues facing management.

In traditional organizations, power determinants—access to information, resources, opportunity, and support—tend to be available only to top management.[1] Generally, employees in such organizations are accustomed to being passive and are successful in a rigid work environment. Today, however, health organizations must operate in complex and unpredictable markets that greatly affect the relationship between the employees and their organizations.[2–6]

In the past, organizational behaviors were assumed by researchers to exclusively relate to individual characteristics. More recently, however, organizational theorists have examined the link between individuals and their work environments.[7–17]

Based on the structuralist perspective, organizational behaviors are considered rational responses to the work environment.[1] Access to power brings about increased commitment to organizational goals in employees.

Kanter's structural theory postulates that employees behave rationally according to their work environment, responding to the tasks and demands inherent in their positions as well as to the situations that unfold within their organizations.[1] When an organiza-

tion is structured in a way that allows individuals to be empowered, the organization is likely to benefit both in terms of the behaviors of individuals and the effectiveness of the organization. Based on the theory, power is a structural determinant that shapes organizational behaviors among individuals.[1] Empowerment, an indicator of power, is obtained through access to information, ability to mobilize resources and garner support, and opportunities to grow in one's job.[1,10,11]

A large body of empirical evidence supports Kanter's model in the business and health care arenas.[4,5,10,12–15] Studies examining the effect of structural supports on pharmacists' behaviors have been insufficient.

The relationship between pharmacists and their organizations in terms of the effects of empowerment on pharmacists' behaviors within their organizations is examined in this study. The model developed by Kanter is used and extrapolated to examine the effects of empowerment on pharmacists.[1]

The effects of antecedents of empowerment, power factors, and need for achievement on empowerment and its consequences, commitment, loyalty, and identification are modeled to better understand empowerment and its effects on pharmacists' organizational behaviors.[1–3,7,10,13,14,18–20] Relevant definitions of terms used in this study are provided in Table 1.

AT A GLANCE

Synopsis: The organizational structure of pharmacists' work environments can reduce job turnover intention among pharmacists, according to this survey of 447 pharmacists nationwide. Pharmacists who reported practicing in environments that empower them, as characterized by such determinants as access to information, opportunities for career advancement, and supervisory support, also reported levels of commitment, loyalty, and identification with respect to their employers that were higher than pharmacists who did not practice in these environments.

Analysis: Pharmacy faces continuing pressures in adapting to changing market conditions and increased complexity in health care delivery. In addition, shifting age demographics are increasing demand for pharmacists' services at a time when pharmacists are in short supply. Retaining pharmacists in these conditions would be beneficial for employers. Pharmacists are shown in this study to respond to various aspects of their employing organization that enhance their sense of empowerment. Increased access to information, ability to mobilize resources, support, and opportunity for growth are among the organizational attributes shown to strengthen pharmacists' organizational commitment and reduce job turnover intention.

Objectives

The primary objective of this study was to investigate the effects of power factors, need for achievement, and structural and psychological empowerment on commitment, loyalty, identification, and job turnover intention among pharmacists. Specifically, we tested the following hypotheses:

H1: The more pharmacists perceive that they have access to power factors in their jobs, the more likely they are to be empowered.

H2: The more empowered pharmacists are, the greater is their level of commitment, loyalty, and identification.

H3: The greater the level of commitment, loyalty, and identification among pharmacists, the lesser is the likelihood of job turnover intention.

Methods

The study used a cross-sectional design. KM Lists (Marlton, N.J.), a company that maintains an extensive and updated list of licensed pharmacists, was contacted. This marketing company's list of approximately 200,000 pharmacists in the United States is updated annually based on data available from state boards of pharmacy.

Data Collection

On February 5, 2002, a pretest was conducted to assess the validity of the survey instrument on a sample of licensed pharmacists

Table 1. Definitions of Terms Used in Applying Kanter's Theory to Pharmacy Practice

Terms	Definitions	Sources
Antecedents		
Power factors	Structural elements that enhance empowerment (e.g., job visibility and flexibility)	Kanter,[1] Chandler[10]
Need for achievement	Desire to achieve challenging career goals	Bandura[7]
Empowerment		
Structural empowerment	Access to information, resources, opportunity, and support	Kanter,[1] Chandler[10]
Psychological empowerment	Meaning, competence, self-determination, and impact	Spreitzer[13,14]
Consequences		
Organizational commitment	Accepting the organization's goals and values, putting forth effort, and wanting to remain a member	Meyer et al.,[19] Gaither and Mason[20]
Organizational loyalty	Acting as a loyal booster for organization	Ashford and Mael[2]
Organizational identification	A person's self-concept containing the same attributions as those in the organization	Ashford and Mael[3] Dutton JE, Dukerich JM, Harquail CV[18]
Job turnover intention	Intention of leaving an organization voluntarily	Gaither and Mason[20]

from the study population. All constructs measured in this study were pretested in a random sample of pharmacists. The purpose of conducting a pretest was to assess face or content validity of the survey and the adequacy of the instructions provided in the questionnaire for pharmacists. Face or content validity is the degree to which an operationalization of a construct truly represents that construct. A random sample of 120 pharmacists was selected and subtracted from the sampling frame of pharmacists. The pretest sample represents 10% of the final sample.

The pretest instrument, containing 123 items, was slightly modified on the basis of comments received from pharmacists. Some pharmacists did not respond to the survey because they were not currently working. A directive was therefore added to questionnaire that instructed pharmacists to complete the survey based on their last employer. Also, the prepaid postage envelope was copied on the last page of the questionnaire to make it easier for the respondents to fold the booklets and mail them back rather than trying to fit them in envelopes.

On March 28, 2002, a cover letter, questionnaire, and pre-addressed, postage-paid return envelope were mailed to home addresses of a random sample of 1,054 pharmacists nationwide. The cover letter and questionnaire were approved by the Institutional Review Board at the University of Michigan. Early notice postcards had been mailed to the subjects' home addresses 4 weeks before this mailing.[21–25] Reminder postcards were mailed to nonrespondents 2 weeks after the survey was mailed.

On May 7, 2002, a second copy of the survey was mailed to nonrespondents. Approximately 6 weeks later, an additional copy of the survey was mailed to all nonrespondents.

Data Analysis

Data were managed and analyzed using SPSS 9.0 (SPSS Inc., Chicago, Ill.).[26,27] Descriptive analyses and reliability and validity tests were performed. Structural equation modeling to test the theoretical model was conducted using LISREL 8.0.[26]

Measures

Survey participants were asked about their access to power factors in their workplace and structural empowerment in their organizations; were given a list of items that measured their level of achievement and asked to rank items that measured their need to improve their performance and to perform better than their coworkers; and were asked to rate their commitment to their employers and how much they identified with their organizations.

Results

An overall response rate of 42.2% (447/1,054) was obtained. To examine the potential for nonresponse bias, four comparisons were conducted. First, respondents and nonrespondents were compared on the basis of geographic region. Second, respondents and nonrespondents were compared in terms of demographics and job characteristics using a survey to all nonrespondents. Third, early respondents, those who completed the questionnaires sent in the first mailing, and late respondents, those who completed the questionnaires sent in the second mailing, were compared. Finally, a comparison between the respondents and a national sample of pharmacists was conducted. Overall, the results of all the comparisons showed similar patterns of distributions between respondents and nonrespondents with the exception of work setting. However, these results should be interpreted with caution because only 8% of the nonrespondents completed this item.

Respondent Characteristics

Most respondents were white men, 47 years of age on average. The majority had a attained bachelor's degrees in pharmacy and worked for a large organization. Most respondents worked as staff pharmacists, and a small percentage of them were in management positions (Table 2).

The study sample was representative of pharmacists nationwide. Specifically, respondents and a national sample of pharmacists were similar in terms of gender, hours worked per week, and work setting (Table 3).

Antecedents of Empowerment

In providing information about power factors in their workplaces, the respondents indicated that their jobs had some flexibility. Most of them have some autonomy in determining how they did their work, and flexibility in contacting the people with whom they needed to be in touch to do their jobs. However, most of the pharmacists indicated that they had a higher level of job visibility than flexibility within their institutions. On a 5-point Likert scale, the mean (± SD) scores for visibility and flexibility were 3.75 ± 0.9 and 3.25 ± 0.9, respectively.

Concerning need for achievement, most of the participants agreed that they try "very hard" to improve prior work performance. Almost all the respondents agreed that they try to perform better than their coworkers, that they do their best when their job assignments are difficult, and do not try to avoid additional responsibilities on the job. On a 7-point Likert scale, the mean (± SD) score for need for achievement was 5.19 ± 1.3.

Empowerment

Consistent with previous research in nursing, items that measured structural empowerment loaded on four distinct factors: support, opportunity, knowledge, and resources.[10] Pharmacists ranked access to knowledge as the highest component of structural empowerment followed by opportunity, support, and resources. On a 5-point Likert scale, the mean (± SD) scores for knowledge, opportunity, support, and resources were 3.32 ± 0.7, 3.13 ± 0.9, 2.80 ± 0.9, and 2.30 ± 1.0, respectively. Reliability tests were conducted for the summated scales of each factor of structural empowerment. Cronbach alphas for the scales were as follows: knowledge, $\alpha = 0.86$; opportunity, $\alpha = 0.89$; support, $\alpha = 0.92$; and resources, $\alpha = 0.72$ (Table 4).

The respondents stated that they had a chance to gain new skills on their jobs and advance to better jobs. They also indicated that they had some knowledge about the relationship of the work in their units to the work of their organizations. Respondents said that they received some support in getting materials needed to perform their jobs and help when there is a work crisis. They also stated that they received some helpful hints or problem-solving advice and support in gaining access to people who can help to get the job done. Finally, the respondents said that they often had worked

Table 2. Demographic Characteristics of Participants (n = 447)

Age in years, no. (%)	
< 40	132 (32)
40–60	221 (53)
> 60	65 (15)
Mean (± SD) age in years	47 ± 12
Gender: Men, no. (%)	232 (56)
Race/ethnicity, no. (%)	
White	345 (86)
Other	56 (14)
Number of children, no. (%)	
One or more	242 (61)
None	155 (39)
Degree earned, no. (%)	
Batchelor of science	354 (84)
Doctor of pharmacy	71 (16)
Years since graduation, mean (± SD)	23 ± 15
Number of employers since graduation, no. (%)	
More than 2 employers for the first 5 years	226 (56)
More than 2 employers between the 6th and 10th years	132 (38)
More than 2 employers since the 11th year up to present	129 (41)
Completed a residency, no. (%)	73 (18)
Work setting, no. (%)	
Chain community	113 (36)
Hospital	81 (26)
Independent community	55 (17)
Other[a]	69 (21)
Primary position, no. (%)	
Staff	175 (56)
Manager	80 (25)
Owner	19 (6)
Assistant manager/director	12 (4)
Other[b]	29 (9)
Working (for employed pharmacists), no. (%)	
Full-time	313 (76)
Part-time	97 (24)
Hours worked per week, mean ± SD	38 ± 12
Compared with others, my benefits and salaries are, no. (%)	
Above average/excellent	214 (51)
Average	118 (28)
Poor/below average	87 (21)
Size of organization, no. (%)	
Large entity	244 (59)
Local unit	149 (36)
Other	19 (4)

while short of adequate personnel resources and needed supplies.

Consistent with theoretical considerations, items that measured psychological empowerment loaded on four distinct factors: meaning, competence, self-determination, and impact. Pharmacists ranked competence as the highest component of psychological empowerment followed by meaning, self-determination, and impact. On a 7-point Likert scale, the mean (± SD) scores

Table 3. Comparison Between the Study Sample and a National Sample of Pharmacists

Characteristic	Study Sample	National Sample
Gender: Men, %	56	54
Working hours/week, mean ± SD	38 ± 12	37 ± 14
Work setting		
Community, %	53	60
Hospital, %	26	24
Long-term care, %	5	4
Home care, %	1	2

Source: Reference 28.

for competence, meaning, self-determination, and impact were 6.22 ± 0.8, 6.00 ± 1.0, 5.42 ± 1.3, and 4.85 ± 1.5, respectively (Table 4).

Reliability tests were conducted for the summated scales of each factor of psychological empowerment. Cronbach alphas for the scales were as follows: competence, $\alpha = 0.92$; meaning, $\alpha = 0.92$; self-determination, $\alpha = 0.90$; and impact, $\alpha = 0.88$.

Respondents indicated that their jobs were well within the scope of their abilities, they were self-assured about their abilities to perform their work activities, and they had mastered the skills necessary for their jobs. They also stated that their work was important to them and that they cared about what they did.

The participants stated that they had considerable opportunity in how they performed their work, a chance to use personal initiative in carrying out their work, and autonomy in determining how to do their jobs. Finally, the respondents indicated that they had an impact and influence over what happens in their department.

Consequences of Empowerment

In assessing the four consequences of empowerment, respondents ranked loyalty as the highest organizational behavior followed by commitment, identification, and job turnover intention. On a 7-point Likert scale, the mean (± SD) scores for loyalty, commitment, identification, and job turnover intention were 4.95 ± 1.3, 4.71 ± 1.3, 4.66 ± 1.4, and 3.10 ± 2.0, respectively. Reliability tests were conducted for the summated scales for loyalty, commitment, identification, and job turnover intention. Cronbach alphas for the scales were as follows: loyalty, $\alpha = 0.91$; commitment, $\alpha = 0.87$; identification, $\alpha = 0.88$; and job turnover intention, $\alpha = 0.91$.

Hypotheses Testing

To assess the reliability and validity of the measurement model, confirmatory analysis was conducted. The composite reliabilities (Λ) were calculated.[26] Similar to Cronbach alpha coefficients, the values of Λ range from 0 to 1, and high values are favored.[26] All estimates of composite reliabilities of the constructs of the measurement model were 0.60 or higher. Also, all but 2 of 21 factor

loadings (λ) of the measurement model were moderate to high (Table 6).

Satisfactory model fits are indicated by nonsignificant chi-square tests; standardized root mean square residual (SRMR) and root mean square error of approximation (RMSEA) values less than 0.08; and non-normed fit index (NNFI) and comparative fit index (CFI) values that exceed 0.90.[26] The test of the confirmatory factor analysis model yielded $\chi^2 = 580.26$, 161 df. Since the chi-square test is sensitive to sample size, four descriptive goodness-of-fit indexes were examined. The resultant goodness of fit statistics, RMSEA = 0.07, SRMR = 0.06, NNFI = 0.88, and CFI = 0.91, were indicative of a satisfactory model fit.

The theoretical model was tested using a structural equation modeling (SEM) technique. SEM was used to examine the relationships between antecedents, empowerment, and its consequences.[26] This technique allows researchers to test simultaneously several regressions paths between dependent and independent latent variables. Chi-square analyses and goodness-of-fit indexes were assessed using LISREL v. 8.0.

Results of the structural model are depicted in Figure 1, which shows the effects of independent variables (ξ)—power factors and need for achievement—on the dependent variables (η)—psychological empowerment and structural empowerment. In turn, we can see the effects of empowerment on loyalty, commitment, identification, and job turnover intention. Indicator squares depicted in the figure represent the error variances of each dimension of measured constructs. The Greek letter gamma (γ) represents the regression path coefficients between independent variables and dependent variables, and beta (β) represents the regression path coefficients between dependent variables. Similar to regression coefficients, higher values are indicative of strong associations between variables (Figure 1).

The effects of power factors and need for achievement on psychological empowerment ($\gamma_{11} = .75$, $\gamma_{12} = .27$) and structural empowerment ($\gamma_{21} = .81$, $\gamma_{22} = .20$) were examined among pharmacists. Also, the effects of psychological empowerment and structural empowerment on loyalty ($\beta_{31} = .05$, $\beta_{32} = .69$), commitment ($\beta_{41} = -.09$, $\beta_{42} = .92$), and identification ($\beta_{51} = .05$, $\beta_{52} = .78$) were analyzed. Finally, the effects of loyalty ($\beta_{63} = -.24$), commitment ($\beta_{64} = -.74$), and identification ($\beta_{65} = .35$) on job turnover intention were assessed. All the hypothesized paths were statistically significant at the P value of .05 except for the effects of psychological empowerment.

The test of the hypothesized model resulted in $\chi^2 = 626.46$, 172 df. Goodness-of-fit statistics were as follows: RMSEA = 0.07, SRMR = 0.06, NNFI = 0.88, and CFI = 0.90. Satisfactory model fits are indicated by nonsignificant chi-square statistics, SRMR and RMSEA values less than 0.08, and NNFI and CFI values that exceed 0.90.[26] Since the chi-square test is sensitive to sample size, four descriptive goodness-of-fit indexes were examined. Given the above values of the goodness-of-fit, the hypothesized model has an acceptable fit.

Table 4. Pharmacists' Structural Empowerment

Item	No.	Mean ± SD	% Not At All	% A Fair Amount	% A lot
Opportunity[a]					
Having challenging work	419	3.55 ± 1.1	15	36	49
Having the chance to gain new skills on the job	421	3.35 ± 1.1	25	31	44
Having access to training programs for learning new things	421	2.99 ± 1.1	38	28	34
Having a chance to work closely with their boss	421	2.87 ± 1.4	45	21	34
Knowing how the organization works	421	3.08 ± 1.2	33	32	35
Doing tasks that use all your skills and knowledge	420	3.34 ± 1.1	26	0	44
Having the chance to advance to better jobs	420	2.42 ± 1.1	58	23	19
Being rewarded for a job well done	421	2.74 ± 1.2	46	26	28
Having the chance to develop individual friendships	421	3.81 ± 1.0	11	26	63
Having the chance to utilize tuition reimbursement	421	1.98 ± 1.2	70	15	15

Item	No.	Mean ± SD	% No Knowledge	% Some Knowledge	% Know Almost Everything
Knowledge[b]					
Relationship between the work in your unit to the work of the organization	421	3.68 ± 0.9	9	30	61
How other people in positions like yours do their jobs	420	3.55 ± 0.8	9	37	54
Values and goals of management	421	3.36 ± 1.1	21	31	48
How salary and promotion decisions are made for people in positions like yours	421	3.15 ± 1.2	30	29	41
This year's plans for your unit work	421	3.19 ± 1.1	29	30	41
What patients think of the work of your unit	421	3.16 ± 1.1	27	32	41
What other departments think of the work of your unit	421	3.13 ± 1.0	26	37	37

Item	No.	Mean ± SD	% No Knowledge	% Some Knowledge	% Know Almost Everything
Support[c]					
Having specific information about things that they did well	417	3.01 ± 1.2	32	34	34
Receiving comments on things that they could improve	417	2.91 ± 1.1	34	36	30
Getting helpful hints or problem-solving advice	421	2.87 ± 1.1	39	30	31
Receiving suggestions about job possibilities open to them	417	2.22 ± 1.1	63	23	14
Discussing their further training or education	417	2.22 ± 1.2	65	19	16
Getting help in gaining access to people who can help to get the job done	417	2.77 ± 1.2	42	29	29
Obtaining materials and supplies needed to get the job done	417	3.14 ± 1.1	28	35	37
Getting help when there is a work crisis	418	3.18 ± 1.2	32	26	42

Item	No.	Mean ± SD	None	Some	A lot
Resources[c]					
Lacking needed supplies	419	2.54 ± 1.0	51	31	18
Handling excessive paperwork	419	2.98 ± 1.1	37	30	33
Working short of adequate personnel resources	419	3.25 ± 1.2	31	25	44
Getting money for themselves	418	2.26 ± 1.0	60	25	15
Getting promotions for themselves	418	2.16 ± 1.0	65	22	13

[a]Not at all, 1; a lot, 5.
[b]No knowledge, 1; know almost everything, 5.
[c]None, 1; a lot, 5.

Table 5. Pharmacists' Psychological Empowerment

Item	No.	Mean[a] ± SD	% Strongly Disagree/ Disagree	% Neutral	% Strongly Agree/ Agree
Meaning					
Work is important to them	421	6.07 ± 1.1	3	6	91
Job activities are personally meaningful to them	421	5.71 ± 1.3	7	7	86
Caring about what they do on the job	420	6.20 ± 1.0	2	4	94
Work that they do is meaningful to them	420	5.92 ± 1.1	5	7	88
Competence					
Their confidence in their abilities to do their jobs	421	6.27 ± 0.9	2	3	95
Their jobs are within the scope of their abilities	421	6.33 ± 0.9	1	2	97
Their assurance about their capabilities to perform their work activities	420	6.21 ± 0.9	2	3	95
They have mastered the skills necessary to do their jobs	421	6.06 ± 0.9	2	4	94
Self-determination					
Having significant autonomy in determining how they do their jobs	421	5.49 ± 1.4	10	8	82
Being able to decide on their own how to go about doing their jobs	420	5.50 ± 1.4	11	7	82
Having considerable opportunity for independence and freedom	421	5.15 ± 1.6	18	9	73
Having a chance to use personal initiative in carrying out their work	421	5.52 ± 1.3	10	10	80
Impact					
Having a large impact on what happens in their departments	421	5.21 ± 1.5	16	12	72
Having a great deal of control over what happens in their departments	421	4.60 ± 1.8	26	17	57
Having significant influence over what happens in their department	421	4.77 ± 1.8	23	14	63
Making their opinions count in departmental decision-making process	420	4.81 ± 1.7	20	14	66

[a]Strongly disagree, 1; strongly agree, 7.

The amount of variances that were explained by the model were shown to be high. Structural empowerment, psychological empowerment, organizational commitment, identification, loyalty, and job turnover intention explained 82%, 77%, 72%, 68%, 53%, and 42% of the variance, respectively.

Discussion

Consistent with theoretical considerations, results of the study supported our first hypothesis[1,10]: pharmacists who have more access to power factors—flexibility and visibility—have higher levels of structural and psychological empowerment.

Similar to previous findings in the nursing literature, organizations that facilitate empowerment among pharmacists provide jobs that employees perceive as flexible and visible.[4,5] These jobs allow pharmacists to be more efficient by circumventing bureaucratic regulations when necessary. Also, pharmacists who have high access to power factors in their jobs have more flexibility in setting their own hours, discretion in deciding how to do their work, and have more opportunity to get in touch with people as needed to get their jobs done.

Similarly, pharmacists with flexible and visible jobs are psychologically empowered. Having more discretion gives pharmacists a sense of autonomy in determining how to do their jobs, makes them care about what they do, builds confidence in their abilities to conduct their work activities, and produces considerable independence in how they do their jobs.

Our second hypothesis was partially supported: pharmacists who perceive themselves as structurally empowered have higher levels of commitment, loyalty, and identification. Organizations that provide empowering structures enhance the likelihood of pharmacists' success and advancement in their careers. Thus, pharmacists who are more empowered are more likely to be committed to their employers, identify more with them, and remain loyal to them than those who are not empowered.

However, the findings did not support our second hypothesis with regard to the effects of psychological empowerment on levels of commitment, loyalty, and identification. Kanter's original theory did not include the effects of a psychological dimension of

## Table 6. Confirmatory Analysis of Antecedents and Consequences of Pharmacists' Empowerment

Factor Loadings	Estimates (Error Variances)	Composite Reliabilities
λ_1	.86 (.25)	$\Lambda_1 - \Lambda_2 = .89$
λ_2	.94 (.12)	
λ_3	.89 (.21)	$\Lambda_3 - \Lambda_4 = .78$
λ_4	.71 (.50)	
λ_5	.85 (.28)	$\Lambda_5 - \Lambda_7 = .71$
λ_6	.17 (.97)	
λ_7	.89 (.21)	
λ_8	.94 (.11)	$\Lambda_8 - \Lambda_9 = .90$
λ_9	.88 (.22)	
λ_{10}	.74 (.46)	$\Lambda_{10} - \Lambda_{13} = .68$
λ_{11}	.70 (.51)	
λ_{12}	.67 (.55)	
λ_{13}	.19 (.97)	
λ_{14}	.41 (.83)	$\Lambda_{14} - \Lambda_{17} = .72$
λ_{15}	.84 (.29)	
λ_{16}	.72 (.48)	
λ_{17}	.49 (.76)	
λ_{18}	.74 (.45)	$\Lambda_{18} - \Lambda_{19} = .60$
λ_{19}	.54 (.71)	
λ_{20}	.79 (.38)	$\Lambda_{20} - \Lambda_{21} = .68$
λ_{21}	.64 (.59)	

empowerment on organizational behaviors and postulated that only structural empowerment is related to power factors within the organizations.

Our third hypothesis was supported. Pharmacists who are structurally empowered have high levels of organizational commitment and loyalty and a low level of job turnover intention. However, pharmacists who are empowered and have high levels of identification do not have a lower level of job turnover intention. One might argue that, unlike organizational commitment, identification does not represent strong attachments between pharmacists and their organizations. Perhaps additional research could explore differences between pharmacists' commitment, loyalty, and identification toward their organizations.

Limitations

Although the sample size was sufficient to conduct the statistical analyses, a modest response rate was obtained. The research had a cross-sectional design; definite cause-and-effect conclusions are not possible without the use of longitudinal research. In addition, using a mailed survey to collect data did not allow the certainty that all surveys were completed by the study sample. However,
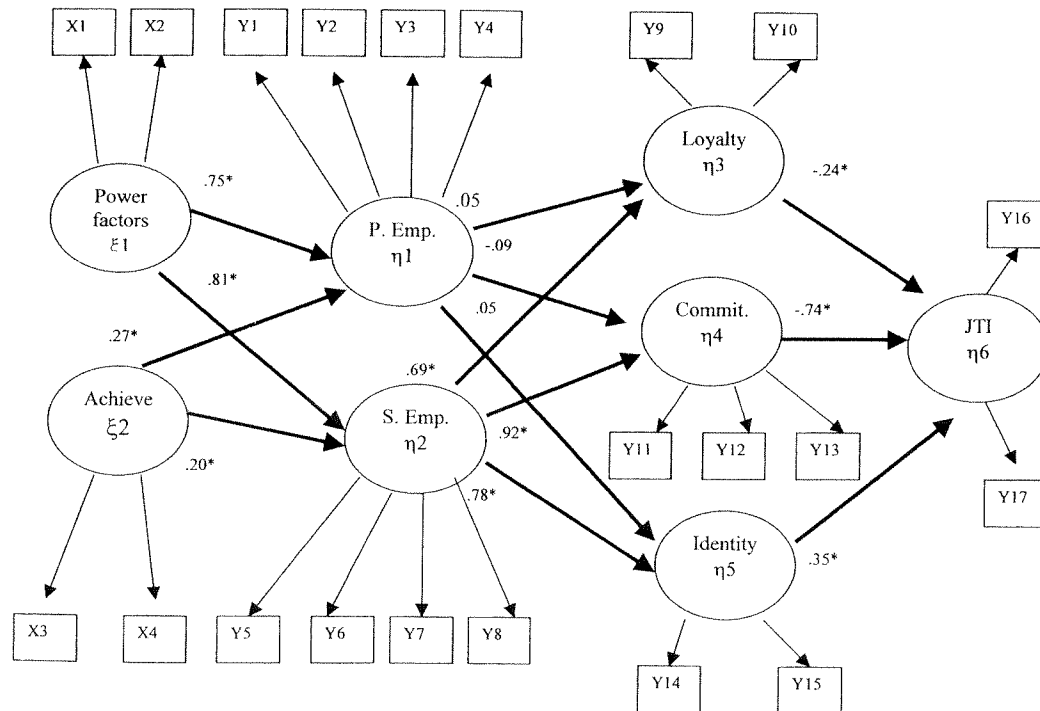
Figure 1. Effects of Empowerment and Its Antecedents on Pharmacists' Organizational Behaviors

*Power factors: flexibility and visibility, need for achievement (achieve), psychological empowerment (P. Emp.), structural empowerment (S. Emp.), commitment (Commit.), identification (identity, and job turnover intention (JTI).

given the level of information and detail that the respondents had to know about their jobs and work environment, this is not likely.

Conclusion

Kanter's theory,[1] which maintains that structures within organizations have an impact on organizational behaviors, was supported by our findings. Pharmacists' organizational behaviors such as commitment, loyalty, identification, and job turnover intention are influenced by structural empowerment.

Given the pharmacist supply-and-demand imbalances of the past few years, organizations should make every effort to retain the pharmacists currently in their employ. Enhancing structural empowerment and increasing access to knowledge, support, opportunity, and resources should strengthen the relationship between pharmacists and their organizations and decrease their level of job turnover intention. In the same vein, increasing job flexibility would increase pharmacists' autonomy and control over the context of their job activities. Organizations may benefit by allowing pharmacists to participate in the decision-making processes that pertain to their job activities, thereby decreasing the intention to leave a position.

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