

Purpose:

To develop and validate a new questionnaire to assess nurses' workplace social capital based on Nahapiet and Ghoshal's (1998) theory of social capital within organizations.

Background:

- Workplace social capital refers to "the sum of the actual and potential resources embedded within, available though, and derived from the network of relationships possessed by an individual or social unit" (Nahapiet & Ghoshal, 1998, p. 243).
- Nahapiet and Ghoshal (1998) proposed 3 types:
 - Structural (configuration, who knows who)
 - Relational (nature/quality of relationships)
 - Cognitive (shared meanings/understandings)
- Potential benefits of social capital in healthcare organizations include: **improved patient care** and **patient safety**, increased **economic capital**, and increased **nurse productivity** and **retention** (Hofmeyer & Marck, 2001; DiCicco-Bloom et al., 2007)
- Empirical links between social capital and organizational commitment (Hsu et al., 2010), relational coordination (Lee et al., 2013), patient safety risk management behaviours (Ernstmann et al., 2009), unit effectiveness and patient care quality (Laschinger et al., 2014), and burnout (Kowalski et al., 2010)
- Measurement approaches have been inconsistent (nomination, social network analysis, Likert scales)
- Lack of valid & reliable instrument

Methods:

Design:

- Cross-sectional study of acute care nurses in Ontario, Canada

Data Collection:

- July 2015 - Participants mailed survey package (link to an online version of the survey provided)
- August 2015 - Reminder letter
- September 2015 - Second survey package
- Total useable returns = 247

Analysis:

- Descriptive statistics: SPSS (IBM, 2014)
- CFA of new measure: Structural equation modeling in Mplus (Muthén & Muthén, 2012)

Sample (n = 247):

Mean age = 47.27

94.2%
female

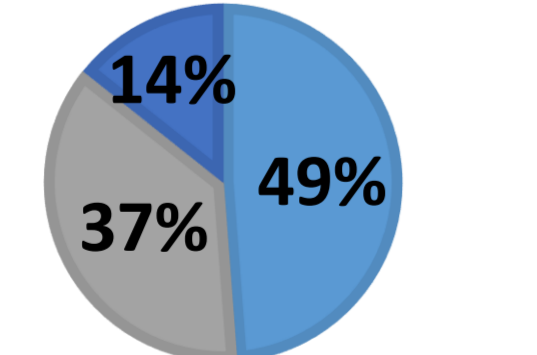
40.2%
had a degree

SPECIALTY AREA

Med/Surg Critical Care
Other

RN experience
= 22.38 years

78% worked in
urban hospitals

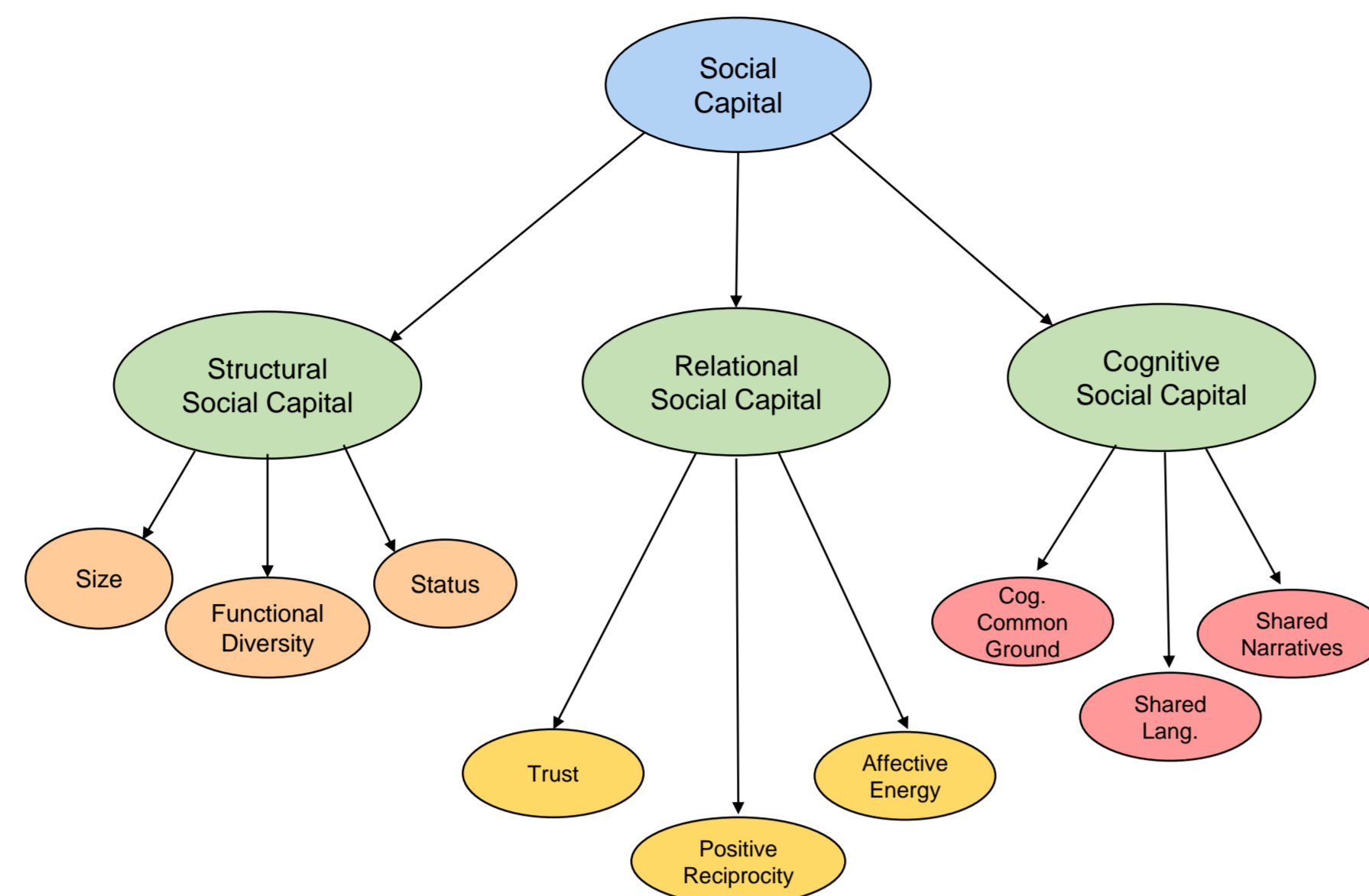


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Proposed Measurement Model:



Structural Social Capital

a) Network size

- Total number of *important* ties that nurses perceive themselves to have at work
- Greater number of ties increase access to resources (Burt, 2004)

b) Network functional diversity

- Extent to which a nurse's workplace social network connects them to other employees in heterogeneous occupational role
- Greater diversity may provide access to broader range of knowledge, ideas, expertise, and skills

c) Network status

- Subjective social status an individual feels they have at work
- High status provides power to access and mobilize social resources and to influence others (Lin, 1999).

Relational Social Capital

a) Trust

- Group-wide expectations of truthfulness, integrity, and living up to one's word
- Allows the exchange of resources to happen and it is created and deepened through exchanges over time.
- Provides employees with power, autonomy, and responsibilities within the workplace

b) Norm of Positive Reciprocity

- Group-wide expectations concerning the implicit social rules guiding obligations and expectations about sharing resources with others
- Team-oriented reciprocity
- When norms of positive reciprocity are high, everyone is expected to freely exchange resources, resulting in greater levels of social capital and better relationships

c) Affective Energy

- Shared experience of positive feelings and emotional arousal due to their enthusiastic assessments of work-related issues
- Renewable social resource that can be contagious
- Employees who feel energized at work by their relationships and interactions with others are likely to work enthusiastically towards accomplishing work tasks and goals

Cognitive Social Capital

a) Cognitive Common Ground

- Common knowledge about work tasks and team members
- Shared knowledge increases work efficiency
- Knowledge of team facilitates effective workload management

b) Shared Language

- Specialized vocabulary including jargon and code words used to convey knowledge or meaning to other employees at work
- Increases group efficiency
- Contributes to a shared understanding, identity, and sense of community

c) Shared Narratives

- Work stories and storytelling at work that create a common understanding of one's workplace and work role
- Narratives that are told and retold about one's work, role, and organization are meaning-making activities that create a shared way of thinking about one's work and organization
- Gain knowledge vicariously about how to approach problems or situations that arise at work

FINAL ITEMS IN QUESTIONNAIRE

Status

- STAT1 Coworkers ask for my opinion about patient care issues.
STAT2 Coworkers ask for my help with work-related challenges.
STAT3 Physicians ask for my opinion about patient care issues.
STAT4 Physicians ask for my help with work-related challenges.

Trust

- TRUST1 We respect each other's competence.
TRUST2 Everyone shows integrity.
TRUST3 We expect the truth from each other.
TRUST4 We can trust each other.
TRUST5 We count on each other to live up to our word

Affective Energy

- NRG1 People feel excited in their job.
NRG2 People feel enthusiastic in their job.
NRG3 People feel energetic in their job.
NRG4 People feel inspired in their job.
NRG5 People feel full of energy in their job.

Norm of Positive Reciprocity

- REC1 Everyone pitches in to help each other.
REC2 People are committed to returning favours.
REC3 Help from others will be there when you need it.
REC4 People will go out of their way to help someone who has helped them in the past.
REC5 People will do a task they dislike to return someone's previous help.
REC6 People are happy to help those who helped them.

Cognitive Common Ground

- CCG1 We understand each person's work role.
CCG2 We understand each team member's skill set.
CCG3 We understand each team member's work style.
CCG4 We understand the day-to-day work flow on the unit.
CCG5 We have shared knowledge about our specialty area.
CCG6 We have shared knowledge about the types of patients we care for.

Shared Language

- LANG1 We express work-related ideas using the same terminology.
LANG2 We easily communicate with each other.
LANG3 We ask work-related questions using the same terminology.

Shared Narratives

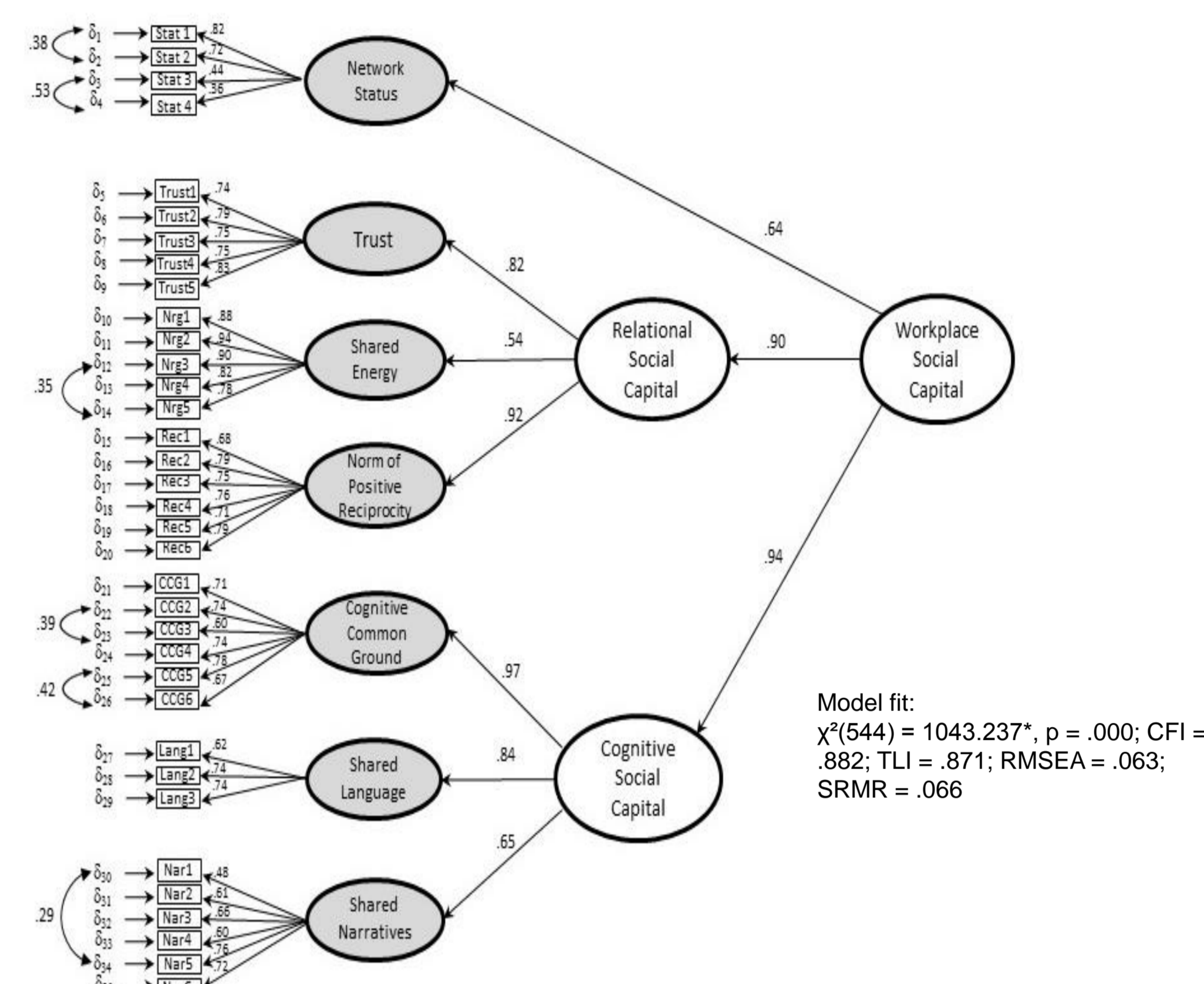
- NAR1 We share stories about our work experiences.
NAR2 Our unit has been through a lot together.
NAR3 We interpret experiences at work in a similar way.
NAR4 People share stories about what the unit was like in the past.
NAR5 We have similar views about the meaning of our work.
NAR6 Our unit has a unique history.

Table 1. Scale Reliabilities

Subscale	Cronbach α	Composite Reliability	AVE
Status	.73	.69	.38
Trust	.88	.88	.60
Norm of positive reciprocity	.88	.88	.55
Affective energy	.94	.94	.75
Cognitive Common Ground	.86	.86	.50
Shared Language	.79	.74	.49
Shared Narratives	.82	.81	.41



CFA Analysis Results:



Summary of Results

- Results support Nahapiet and Ghoshal's (1998) theory
- Findings provide initial support for the new measure
- Extend current knowledge of workplace social capital:
 - Status - structural social capital
 - Affective energy - relational social capital,
 - Cognitive common ground and shared narratives - cognitive social capital.

Social Capital Strategies for Leaders:

Concept	Potential Strategies
Structural Social Capital	
Network status	<ul style="list-style-type: none">Fair allocation of empowerment structuresConnect nurses to likeminded peopleDiminish salience of status differences
Relational Social Capital	
Trust	<ul style="list-style-type: none">Build trust with nursesSet example by trusting employees
Norm of Positive Reciprocity	<ul style="list-style-type: none">Be a team playerProvide recognition for helping othersAddress avoidance behaviours
Affective Energy	<ul style="list-style-type: none">Identifying & manage energy levelsBalance teams and workloadsRestorative breaks
Cognitive Social Capital	
Cognitive Common Ground	<ul style="list-style-type: none">Understand the unitBe present and visibleCommunicate effectively
Shared Language	<ul style="list-style-type: none">Clear, consistent, regular communicationReminders
Shared Narratives	<ul style="list-style-type: none">Leaders are part of the narrative about workContribute through actions and interactions

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