

Concept of Nursing Empowerment

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Abstract: ***Introduction:** Nursing has become a field wherein empowerment has become a key need factor. 95% of nursing work forces in India are women. Empowered nurses experience less burn out and job stress. Nurses have the ability to influence others with knowledge, skill and transformational power in the care they provide. Yet in the arena of empowerment, nurses feel underpowered. This study aims at investigating their concept of nursing empowerment. **Objective:** Assess the nurses' concept of empowerment, delineate the areas where nurses feel empowered and to find the association between key areas of unempowerment and selected demographic variables. **Materials and Methods:** A Survey was conducted among 170 trained nursing officers using a descriptive cross sectional design. Non purposive convenient sampling was used. "Nursing Empowerment. Assessment tool" was used consisting of a self structured questionnaire. **Results:** The study results revealed that (51.7%) nursing empowerment encompassed of all the areas that is bringing innovations, developing skills, being techno savvy, and having fancy designations. Nursing empowerment was found high amongst senior nursing personnel (20- 30 yrs) of service. A statistically significant relationship was found between years of experience and feeling of being empowered (p value<0.009 df= 2). **Conclusion:** Empowering nurses not only guarantees a contended work force, it also enables the client to experience a high degree of satisfaction and promote a positive environment. This area requires much attention in addressing areas of professionalism.*

Keywords: Concept, Nursing, Empowerment, Underpowered, Competence, Powerlessness.

1. Introduction

With the new era of scientific innovations and outburst of technological advances touching the heart of the health care industry, nursing slowly advances with baby steps towards professionalism. The nursing curriculum thoroughly prepares its practitioners. They have the ability to influence others with knowledge, skill and transformational healing power in the care they provide. However, relatively little has changed in nursing practice and even years after the feminist movement of 1960 nurses do not feel empowered "nurses do not seem working". A lot of nursing work is done backstage.² The invisibility of nursing work decreases the social recognition and value of nursing.³ Herein comes irrefutable reasons to empower nursing professionals as powerless nurses are ineffectual in rendering care, remain less satisfied, become more susceptible to burnout & are inefficient in providing optimum care.⁴

Empowerment is the conception and ability to cope with experiences and challenges with a positive attitude. Empowered nurses are "highly motivated and are able to motivate and empower others by sharing the sources of power". Alternatively, the inability to act, creates feelings of exasperation among the nurses, even though they may still be accountable for the nursing jobs.⁵

Empowering leadership plays an important role in the retention of staff nurses⁶ and the pre-eminent cause of turnover is job dissatisfaction⁷. Power is a central element in the development of a profession. Nurses are more reluctant to discuss power because 95% of nurses are women and women have not been fraternized to discuss power. Transformative and healing power contribute to the power of caring which is cardinal to the nursing profession.⁷ Power has a similar connotation as autonomy. High levels of autonomy increase nurses control over practice and eventually their identification with the profession.⁹ A recent

study published in the Journal of Nursing Administration (2014) found moderate levels of empowerment among 140 clinical nurse managers at a health care system in the north east.

The need of the hour is to assess the nurses understanding of empowerment and delineate the areas where nurses feel underpowered so that the Nursing administrators can focus on these areas while formulating policies and implementing them so as to bring forth a cadre of empowered nursing personnel. Further enabling client satisfaction and putting up a positive hospital image. This study aims at investigating these concepts in nursing empowerment.

2. Methods

A non experimental, quantitative, cross sectional survey design was used to assess nursing empowerment among 170 nursing officers which included ward managers, educationalists and luminaries of tertiary care hospitals and educational institutions. The "Nursing empowerment practice assessment tool" was distributed to a convenience sampling of 170 nursing personnel. Approval to conduct the study was obtained from the competent authority. The purpose of the study was outlined to the participants and explained that the respondents would remain anonymous. Coding of the samples was done and subjects were invited to complete the questionnaire in 15 minutes.

The semi structured questionnaire consisted of two sections. Section I containing selected demographic variables like age, professional qualification, years of experience.

Section II consisted of items related to empowerment. It was further subdivided into two sub sections. The three itemed Sec- A investigated the participants understanding of the meaning of nursing empowerment. Scores of items on six subscales were done on a three point Likert scale which

related to context of nursing practice and their feelings of empowerment in each area. Two open ended items were also included in the questionnaire asking for the opinion of the subject in areas where they feel they are strongly empowered and areas which lack empowerment. A pilot study was done to test the construct and content validity.

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) Windows release 20. Descriptive statistics, including means, standard deviations, range of scores, frequencies and percentage. Chi-square test on the various delineated areas of empowerment and selected demographic variables.

3. Results

The "Nursing Empowerment assessment tool" was completed by 170 nursing personnel representing 100 % response rate. The samples ranged from ages 20 yrs to 60 yrs with Nearly half 42.9% of subjects comprised of age group 20-30 yrs and a minority 14.9% were in the middle age group of 40.1- 50 Yrs of age. (Fig 1)

51.17% comprised of subjects with experience less than 10 yrs. 68.82 % were GNMs, BBS and PBBSc. 51.7% of subjects viewed nursing empowerment encompassed as bringing innovations, developing skills, being techno savvy, and having fancy designations.(Fig 2)

92.3% reported that they felt accountable for patient care but only 40.48% of the samples reported of bringing innovations of patient care into practice. 83.5% reported of not taking up projects in clinical area. 64.5% of samples reported that they never used authority over subordinates.. In consideration of clinical skills during placement, 60.58% reported that these areas were never considered during clinical placements and an equal number 60.3% did not appreciate being rotated in clinical areas.

These included clinical competencies in areas like –sub acute wards, techno savvy skills, emergency and trauma care, resource management, paperless documentation, palliative and geriatric care. social sensitivity- in the form of public relations, knowledge& confidence- attending workshops, seminars, implementation of evidence based practice & continuing education & personality development- attitude, mindset, decorum and leadership.

Policy making/ decision making- performance appraisal of subordinates, appreciation of good work, job description, credit points, allowances for specialties, authority with responsibility, opportunities for higher education.

Statistically significant association was found between years of experience and participation in workshops and conferences (Chi square =10.8,p value< 0.006 df=2) and initiative in making changes in the ward(Chi square =9.50,p value< 0.009 df=2) The more experienced felt empowered in making physical changes in the ward, participation in workshops and conferences and being accountable for the care provided to the patient

4. Discussion

Our findings suggest, inexperienced nursing personnel lagged behind to complete assigned work due to insufficient information & poor support. The findings are similar to those reported by Loretta C Regan 2011 and Lee and Cuning. They found that the organizational support speculated by individuals contributes markedly to their perceptions of empowerment².

An inevitable precursor of power is competence which is deep rooted in good educational preparation. Nurses reported feeling of empowerment in clinical practice suggests that our nursing personnel do not lack competence. The finding are in contrast to those reported by a study conducted by Parsons ML 2006 which found that multiple levels of entry into practice like untrained handmaids with low educational levels accord to the feeling of powerlessness of nurses⁶. Platt JF 2008 has stated "transformative and healing" virtues which are also qualities of power being associated with care provided by the nurses.³These are in unison with our study findings that revealed 78.4% felt accountable for the care they provided.

But the significant finding of the study was that although nurses felt accountable for the care they provided their participation in research projects, bringing innovations in practice and making changes in wards environment were very minimal they felt powerless in getting the job done by their subordinates.

To achieve excellence in nursing, the middle managers must perceive empowerment and only then can they empower their staff⁵ and finally .attention must be paid to subtle constructs like providing adequate time and support to do a job with a problem solving approach. Good communication techniques and exhibiting timely support are the two key areas which the Nurse administrators must focus upon in order to bring success.

A significant limitation of our study is that its findings were from a military organizational setting. As empowerment is strongly linked to organizational culture, exploring the sense of empowerment at one facility conveys information of that specific set up the findings of which. However, they may not be generalized to other settings.

5. Conclusion

The study serves as a plinth for understanding the ways in which nurses in a hospital setting perceive empowerment which in turn influences their role perception, job satisfaction, and productivity in terms of ability to carry out their varied responsibilities. The less experienced personnel often feel underpowered in leadership roles. Thus personality development classes, leadership training programmes, skill training, social sensitivity training appreciation of good work, job description, credit points, allowances for specialties, authority with responsibility and providing opportunities for higher education are cardinal areas which need to be addressed if our personnel are to be empowered.

Top level nurse managers need to be included in hospital ergonomics, budgeting and resource management of the hospital. Nurse leaders in strategic positions should be the nursing heads in planning and executing policies for their nursing personnel which includes performance appraisal of the subordinates. This can bring forth a cadre of empowered nursing personnel further enabling client satisfaction and creating a positive image of Nurses and the health care set up.

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