Workplace Empowerment as Perceived by Staff Nurses in Acute Health Care Hospitals

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Abstract
Empowerment is culture-bound expression that may vary in meaning across the different cultures. It is the expansion of freedom of choice, ability to act, autonomously, control of resources and ability to make decisions. Efforts to improve nursing working conditions are critical to retaining nurses currently in the system and attracting newcomers to the profession. The aim of the present study is to evaluate the workplace empowerment as perceived by staff nurses in acute health care hospitals, through a cross-section survey in three hospitals. The study sample was selected randomly. The condition of work effectiveness questioner_II (CWEQII) was used to measure the structure of workplace empowerment. The results indicate that the staff nurses reported moderate level of empowerment and some factors affecting positively the workplace empowerment like high education level and experience of staff.

Introduction
Empowerment of workers is one of the management approaches used today by companies in response to the need for change (Raybun, 2012).There is no commonly agreeable definition of empowerment. However, it includes so many ways, forms, sources, tools and levels of granting power and enabling employees to best perform their jobs at workplace. According to the Free Dictionary (2000) empowerment includes authorization (delegation of power), enabling or permission and providing opportunities (Janice & Obrien 2010).

Empowerment refers to increasing the spiritual, political, social or economic strength of individuals and communities. It includes autonomous decision-making power, information access, opportunities and choices, assertiveness, positive thinking and change, learning skills, influencing others by democratic means, continuous development and positive self-image According to Whatley, (2012). Empowerment is culture-bound expression that may vary in meaning across the different cultures. In its broadest sense, empowerment is the expansion of freedom of choice, ability to act autonomously, control of resources and ability to make decisions (Oladipo, 2009).

Empowerment in nursing can mean either arising from the environment or developing from one's psychological state. It can either be structural or psychological. Empowerment as viewed by many nurses is required to elevate their lack of power, to influence their working conditions, and to access workplace structures to gather structural empowerment. Empowerment can mean the process of providing the proper tools, resources and environment to build, and increase the ability and effectiveness of others, to set and reach goals for an individual and for social ends (Cicolini, Comparcini & Simonetti, 2013).

Psychological Empowerment was defined as individual's cognitive state characterized by a sense of perceived control, competence and goal internalization. It includes developing the ability to access and control resources, influence and decision making, awareness of freedom and choice, and act with individual confidence. (Oladipo, 2009).

(Spreitzer, 2007), reported that Psychological empowerment has four dimensions; meaning, competence, self-determination, and impact. Each concept is defined from the individual employee's perspective. *Meaning* is defined as the value of a work goal or purpose as it relates to an individual employee's own beliefs, values, and behaviors. *Competence* is defined as individuals' beliefs in their capability to carry out work activities. *Self-determination* is defined as an individual's sense of having options to initiate and carry out their own work behaviors. *Impact* refers to the degree to which individuals can influence their own work in terms of its strategic, administrative, or operating outcomes. If any one of the four dimensions is absent or low, it is assumed that empowerment will be limited. Therefore, empowerment is viewed as the "gestalt" of the four dimensions in (Dahinten, 2013).

It can be concluded that empowerment is very controversial yet including so many dimensions related to individual involvement, ability, decision power and influence and control over his job and environment. It is a total socio-psychological state that creates positive individual influence and control over his work related activities. (Germain & cummings, 2010).

O'Brien (2010) mention that Kanter's Structure Theory of Organizational Power contended that

employees' work behaviors are not due to individual personality traits, but instead are responses to work conditions and situations. One of the most important concepts in Kanter's theory is organizational power, which is defined as the capacity of leaders to mobilize human and material resources to get things done, or achieve organizational goals. Thus the true sign of power is "accomplishment." Power can be formal or informal. Formal power is based in positions that are visible and central to the purposes of the organization, whereas *informal power* is derived from the alliances that employees from within the organization. Individuals with a high degree of both formal and informal power have increased access to structural lines of power and opportunity.

Structural lines of power come from three organizational sources; information, support, and resources. *Information* is necessary for employees to carry out their job and includes technical and expert knowledge, as well as informal information. *Support* is defined as feedback from superiors, colleagues and subordinates. Feedback can be either positive or negative, depending on the situation. *Resources* are defined as both the materials and money necessary to accomplish job demands (Laschinger, 2008).

According to Kanter theory (1973) opportunity is related to job conditions that offer chances of advancement in the organization, as well as developing employees' knowledge and skills. When individuals are afforded opportunities for promotion and development, they are likely to be more committed to an organization. By contrast, employees may feel powerlessness if they do not have access to information, resources, support and opportunity (Elizbeth ,2013).

Employees become psychologically empowered when they perceive high structural empowerment. As a result of perceived high structural empowerment, positive work behaviors and attitudes such as job satisfaction, commitment, trust and low burnout can be achieved (Laschinger,et al.,2005)

There are six structural organizational conditions, for workplace empowerment: 1) access to information; 2) Support; 3) Resources; 4) Learning opportunities; 5) Formal power, and 6) Informal power. Employees are empowered when they have access to information, resources, and learning opportunities, and receive support from managers. Access to these empowering structures is expedited by formal work characteristics such as visibility and centrality to organizational goals. An informal work characteristic such as allying with superiors, peers and subordinates in the organization is also a contributing factor of empowerment. (Spreitzer, 2007)

Aim of the study:
To evaluate the workplace empowerment as perceived by staff nurses in acute health care hospitals.
Study design:
Descriptive design was conducted to carry out the study, in acute health care hospitals of Egypt. Three hospitals were selected on 6th October region.
The setting:
The study was conducted in three big hospitals that offer a wide range of acute health care services; these were two university hospitals and one hospital related to ministry of health. These hospitals were:
The first hospital, "H1"; was consisted of 200 beds, seven floors, include all medical, surgical and critical care unit's .In addition; also specialist in Bone marrow transplant, Open heart Surgery, and cell steam unit. The numbers of staff nurses were 270 and 40 head nurses. The second hospital "H2"; was a teaching hospital; Consisted of 150 beds, 5 floors; include all medical, surgical and critical care. Extend affiliation from Faculty of Medicine. It offers free and paid services. The number of staff nurses 110, and 15 head nurses. The third hospital, "H3"; was A University hospital, deal with patient as private health sectors, consisted of 100 beds. The layout design is flat, include medical, surgical, orthopedics and critical care units. Extend affiliation from Faculty of medicine. The numbers of staff nurses were 77, and 11 head nurses.

Study population:
Staff Nurses was selected randomly from Critical care units, General ward and pediatric department. The total numbers of staff were "280". They have been experience at least one year and full time work hours. Twenty five percent from each hospital was obtained.

Measurement tool: Condition of work effectiveness Questionnaire_ II (CWEQ II): Developed by (Laschinger, Finegan, Shamian, & Wilk, 2001). It consisted of 19 items that measure the 6 components of structural empowerment described by Kanter, (1973): opportunity, information, support, resources, formal power, and informal power. Two item global empowerment scale which is used for construct validation purposes. Items on each of the six subscales are summed and averaged to provide a score for each subscale ranging from 1 to 5. These scores of the 6 subscales are then summed to create the total empowerment score (score range: 6-30). The 2 global empowerment items are summed and averaged to create a score ranging from 1-5. This score was not included in the structural empowerment score. The correlation between this score and the total structural empowerment score provides evidence of construct validity for the structural empowerment

measure.

Ethical Consideration

All subjects were informed that participation in the current study is voluntary, no name were included in the questionnaire sheets , anonymity and confidentiality of each participant was protected by allocation of a code number for each response. The participants were informed that they can withdraw at any time during the study without giving reasons. Confidentiality was assured and subjects were informed that the content of the tools only used for the research purpose.

Results:

Table (1) shows that, more than half of staff nurses (65.5%) in age group ranged between 25 to30 years. Most of them (70%) were working in 3rd hospital; while fewer percentages of them were presenting in 1st and 2nd hospitals, (58% & 46%) respectively. The majority of staff nurses had Diploma degrees (66.9%), while nurses had Baccalaureate degree (20.4%), post study (1.8%) and technical school (10.9%). Moreover 80% of them had experience less than five years. 79% of staff had worked at the present work place. Results also revealed that (25%) of the staff nurses worked in 2nd hospital; had the most experience range from (6 to 10) years on present work place. Percentages of males and females were mostly equal (51.4% & 48.6) respectively.

Table 1: Personal characteristics of the study sample in three hospitals. n=284

| Personal Characteristics	Hospitals							
	H3		H2		H1		total	%
Age								
< 25 years	20	30%	13	19%	27	28%	60	21.1%
25-30 years	45	46%	76	70%	65	58%	186	65.5%
36-40 years	5	8%	2	3%	6	6%	13	4.6%
> 40 years	11	16%	6	9%	8	8%	25	8.8%
Total Number	81		97		106		284	100%
Educational level								
Diploma	54	67%	69	71%	67	63%	190	66.9%
Bachelor	14	17%	21	22%	23	22%	58	20.4%
Postgraduate studies	2	3%	1	1%	2	2%	5	1.8%
others	11		6		14		31	10.9%
Staff years of experience								
1-5 years	54	68%	85	85%	91	83%	230	80%
6-10 years	20	25%	11	12%	11	12%	42	15%
> 10years	7	7%	4	3%	4	5%	15	5%
Years of experience at the present **Work place**								
1-5	55	67%	82	88%	88	86%	225	79%
6-10	20	25%	12	11%	13	10%	45	16%
> 10	6	9%	3	1%	5	4%	14	5%
Gender								
male	32	40%	42	43%	72	68%	146	51.4%
female	49	61%	55	57%	34	32%	138	48.6%
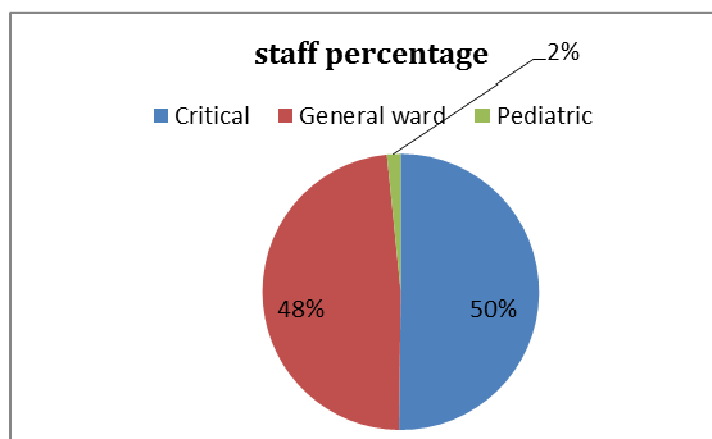
Figure (1) *the Percentage distribution of staff nurses according to hospitals Units.*

Figure (1) shows that 50 % of the study sample was from the critical care unit, 48% from general units (Medical, Surgical, and Obstetrics clinics) and 2% from pediatrics unit.

Table (2) shows that there was no statistically significant difference in the mean score of opportunity, information, support and resources. They considered their work setting were less empowering with all workplace empowerment dimension. Nurses reported that they had less access to opportunity for professional growth and development (F= 0.77, P= 0.46), information regarding organizational goal, support the job with challenging work, and resources to achieve a goal (P≤ 0.68).

Table 2, Analysis of the variance of the staff nurses regarding the workplace environment items "Opportunity, Information, support, and resources" during the different times of testing, n= 284

Structural environment	Mean ±SD
Opportunity	3.45± 0.89
Information	3.02± 0.96
Support	3.40± 1.02
Resources	3.24± 0.79

* Significant as p≤ 0.05

As we can see in Table (3)nurses reported that they have less access to formal power, as they said they have no effective role in organization (F=0.44, P= 0.65) and less degree of informal power as the friendship of staff organization was poor (F=1,05, P= 0.90). The total score of workplace empowerment has no significant difference (F=0.07, P=0.9).

Table 3, Analysis of the mean variance of the staff nurses regarding the workplace empowerment items" Formal Power" JAS" and Informal power "ORS"" during the different times of testing, n= 284

Items	Mean±SD
JAS (Formal Power)	3.28± 0.97
ORS (Informal Power)	3.69± 0.89
Total score of workplace Empowerment	3.34±0.68

* Significant p≤ 0.05   ** High significant p≤ 0.01

Table (4) Illustrates the percentage score level was average for workplace empowering from the perception of staff nurses.

Table (4) Percentage distribution of score level of workplace empowerment from the perception of staff nurses. n=486

Work place empowerment		
low empowering level (6-13) 3.0%	average empowering level (14-22) 62.0%	high empowering level (23-30) 35.0%

* Significant p≤ 0.05   ** High significant p≤ 0.01

Discussion

The current study was established in three hospitals. Turnover was very high among staff nurses as most of them weren't exceeded five years experiences. The result presented that the staff of H2 hospital had the long careers experience as the system allow their staff to move among different departments .Moreover the majority of staff in the middle age, and more than half of the number of the staff nurses were diploma nurses whom graduated from the secondary technical schools. In Egypt there are three types of nurses: college graduates, technical institute graduates and secondary technical schools, also known as diploma nurses. The first two types of nurses comprise four and two per cent of the Egyptian nursing staff respectively, while diploma nurses make up the remaining 94 per cent. Recent reforms in the health sector eliminated the high school nursing by 2009, allowing a gradual replacement of diploma nurses with baccalaureate graduates, thus bringing about a change in the already established role of college graduates as staff nurses having the leadership and prestigious positions in the hospital environment to assistant practical nurses who only obey the orders of the junior doctors and senior diploma nurses (Amr,El-Gilany, El-Moafee, & Salama, 2011). The study results also indicate that males and females staffs have smaller percentage.

The results indicate that findings of this present study reflect that the nurses perceived work

environment as it isn't allow for complete manipulation of empowerment factors. It includes low access to (Opportunity, Information, and Support, Resources, Formal and Informal power). This finding was consistent with (Taha 2012), who found that nurses at El-Manial University Hospital had low access to workplace empowerment structure, as well as Hassan (2007) and El-Salam et al (2008) showed that, nurses had moderate access to empowerment factors in their work environment. On another hand at Mansoura University Hospital, The total scores were relatively low (Yakop 2002). Moreover, Hamdy (2011) reported that the staff nurses in Cardiac institute of Imbaba have the lowest scores in relation to all empowerment factors. A top management didn't share the head nurses in decision making, strategic plan, and meeting.

The present study revealed that, low access to opportunity while it was the first important aspect of workplace empowerment. The majority of staff nurses in the present study reported that they can deal with challenging work; as new technologies, advance treatment, modern supplies but they haven't chance to gain new skills and knowledge. Continuous education and development of staff nurses was very poor in hospitals. No chances to advance to better job. Generally in Egypt, the advancement to better job and the career ladder of nurses is not well established. This was consistent with Hassan and Ulrich (et al .2007) and Taha (2012); Within the healthcare delivery system the Affordable Care Act (ACA) is accelerating trends toward community-based services, patient-centered care, care coordination among multiple providers, a multi-disciplinary team approach, incorporation of new technologies, including electronic health records, and accountability for the total care of the patient. The future healthcare system will be more focused on primary and preventive care and will emphasize effective management of chronic diseases. The role of nurses is evolving as the delivery system is being transformed. The success of these changes will ultimately hinge on the quality of the workforce, especially the nursing workforce. (William Ebenstein, & Travis Dale .June 2013)

Staff nurse reported low access to information; while the fourth workplace empowering aspect for nurses. All the staff nurses had lack information about the current state of the hospital, the value of top management, and the top management goals not clear. This result might be due to lack of nurse's participation in top management meetings, lack of participation in different committees in the organization, poor communication ways as e-mail system, or voicemail. Poor staff participation in decision making in Egypt. Nearly 60 percent of chief executive officers and 85 percent of chief nurse officers believe that input into decision making has a positive effect on nurse retention. Many view it as a relatively minor consideration, however, as compared to salaries, educational benefits and autonomy on the unit. (Weston, 2010)

Nurses perceived also low access to support, staff nurses have to be more oriented by things they do well and others thing they could improve. Education and training center is very important tool to use all skills and knowledge of staff in appropriate way. Unfortunately this is not important part in Egypt hospitals. Lacking information about organization policies and decision making may speak to the place and workload of today's work environment. Since the main priority is dealing with the daily challenges of the work itself. Especially most of hospitals, their staff nurses ignore about these policies and they reported it is not effective, neither reviewed nor applied. Participation in continuing education programs has revealed to be directly related with a better nursing practice. Furthermore, properly training professionals have demonstrated high productivity, less occupational accidents or errors, a better organizational climate, work satisfaction and better patient results. In some countries, nurses' participation in continuing education has been made obligatory, based on the basis that professionals lack motivation to voluntarily update their knowledge and skills without external pressure. (Peña &Alonso, 2006)

This also the same view of many researchers according to a systemic review done, which indicate that the relationship between, empowerment structure subscales of opportunity, information, resources and support had significant positive correlations with overall psychological empowerment for the staff nurses in the Ontario study. This illustrated the important contribution each job related empowerment structural component makes to the psychological empowerment of RNs. (Wanger et al 2010).

In regards to perceptions of (Resources availability, Formal and Informal power) the nurses in this study reported had significant different in some component. This might be attributed to nurse leader management .In the current study; the leader provide the nurses staff a time to do necessary paperwork, and accomplish job requirement. As Leaders have numerous demands on their limited time. Time keeps getting away and they have trouble controlling it. No matter what their position, they cannot stop time, they cannot slow it down, nor can they speed it up. Thus, time needs to be effectively managed to be effective. On the other hand, it become such a time fanatic convert by building time management spreadsheets, creating priority folders and lists, color coding tasks, and separating paperwork into priority piles that you start to waste more time by managing it to deeply. (Butler & Hope, 2007)

As well as the last workplace empowering aspect perceived by nurses was a formal power. The results indicate that the majority of staff nurses had not doing flexible and all activities were central jobs that didn't allow employees to contribute to organization goals but the leader gives them now chance for their activities to be more visible. Also the informal power in current study, staff nurses being sought out by peers for help with

problems. The power and political structure of the organization affect employee behavior. Power comes from an individual or group influence over another. The sources of power are divided into two general groups which are formal and personal. An individual's position in an organization is based on formal power. Formal authority comes from the ability to coerce. Coercive power depends on the fear of negative results from failing to comply with rules and regulations. Political behaviors in organizations are activities that are not required as part of an individual's formal role. Some factors that influence employee behavior are individual and organizational factors. When employees feel that politics are a threat they respond with defensive behavior to avoid blame or change. Employees can also behave with compliance when reward power is put into play, (Hoteeboogtee, 2013). The program of leader empowerment was very effective in a particular component as the nurses leaders were motivated the staff nurses rather than blame them.

According to previous studies in Egypt; many problems were arise in workplace. One of them was violence against health care workers (HCW) or workplace violence in general is a major problem affecting health and productivity of HCWs. Third percentage of staff nurses reported abuse of any kind. Seventy percentage reported verbal abuse; and few were reported physical abuse. Males were more exposed to violence events during the past 12 months than females. Changing shifts to night time had higher odds for being assaulted than working a morning shift. Working in a place crowded with colleagues was not protective and had higher odds of being exposed to violence than working with low number of colleagues. The patients were the perpetrators in seventy percent of violence events, while their relatives committed also. Only ten percent of nurses got physical injury because of the violence events. (Mustafa& Lamiaa, 2010)

The relationship between personnel characteristic of staff and workplace empowerment:
The present study found that; there were a relationship between *educational level* and *resources availability*; as the staff nurses who have had more advanced level in education, they have satisfied more with availability of resources. They were more aware by time management, and cooperative with the team to accomplish job requirement. On another hand, there was no significant relationship between the education level and availability of opportunity, information, support, formal and informal power, total score of workplace empowerment and total score of leader behavior. Moreover there was a statistically significant relationship between nurses' *working experience* and *availability of information*. The nurses' experience and long career give them more accessing to the sources of power and information. It was source of informal power which based on informal relationship and communication. This is consistent with findings that higher levels of job satisfaction among hospital nurses in Norway and China were associated with longer working experiences in a specific workplace (Hayes et al., 2010). The studies reported that nurses who have worked in the same jobs are more familiar with the culture, conditions of the workplaces and find it satisfying, or the reverse could be true: Nurses who were more satisfy with the work culture and conditions are more likely to stay in the workplaces longer. While, the study showed that no statistically significant between nurses' experience and opportunity, support, resources, formal and informal power, total score of workplace empowerment and total score of leader empowering behavior.

Furthermore the result indicates that the workplace environment (Hospital) affects the opportunity, support, resources, informal power and total score of workplace empowerment. It was referred to organizational culture and role model. Theorists also agree that work environment factors that are structured to empower workers contribute to psychological empowerment. These theorists suggest that worker access to empowering work environment structures will foster an inner sense of empowerment. Also the level of education has a good effect of availability of resources. (Hayes et al., 2010)

Many studied were agreed that there was a highly statistical significant correlation between total psychological empowerment and perceived autonomy of nurses. A significant relation was founded between the levels of autonomy and nurses' work place. While, there was insignificant relation between both of nurses' psychological empowerment and autonomy according to their age, level of education and years of experiences. The current study showed that, there was no statically significant relationship between others personal characteristics like age, gender, and work period in unite and structure workplace empowerment and leader empowering behavior.

Conclusion and summary:
The current study results indicate that the staff nurses reported moderate empowerment in workplace due to low participation in decision making, delegation of power, access to information and insufficient resources and job enrichment are common forms and tools of empowerments. Although, the high education level, long career experience of staff nurses and workplace structure were positively affect the workplace empowerment.

Limitation
It would be desirable for future studies to combine other factors such as organizational culture and psychological empowerment. Other variables such as job stress, staff burnout and leader-member exchange or leadership styles.

Recommendation
        Based on the finding of this study, the following recommendations are suggested:
€ Empowerment plays significant role in employee's satisfaction thus promoting their performance in organizations.
€ Linking empowerment to leadership success and motivation to encourage empowerment practices in daily and real life organizations.
€ Restructuring organizational culture and structure to create empowerment friendly environment.
€ Employee's participation in decision making, delegation of power, access to information and resources and job enrichment are common forms and tools of empowerments.
€ Employee's empowerment faces serious practical obstacles such as insufficient top management support, lack of awareness, absence of clear regulations on ways and tools of empowerment and insufficient funds.
€ Effective application and practice of empowerment require top management support, mandatory legal measures, positive organizational culture regarding empowerment and rewarding empowerment activities and practices.
€ Updating laws and regulations with special and direct attention for reinforcing empowerment practices.
€ Re-allocate organizational resources and power (access and utilization) to make fair and balanced empowerment throughout organizational hierarchy.
€ Nurse leaders could structurally empower their staff by providing access to information, resources, supports and opportunities within the work environments. In comparison with structural empowerment, psychological empowerment is related to something less tangible—individual nurses' intrinsic motivations or beliefs about their work; therefore, leaders may have less of a direct influence on nurses' perceptions of psychological empowerment. However, this study suggests that it may be beneficial for leaders to help their staff recognize areas where they do have autonomy.
€ Organize and carry out more academic and practical activities regarding empowerment to promote awareness of empowerment concept, importance and tools and mechanisms of effective application in real life organizations. This includes more research, training and changes that promote employees empowerment.

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