Review

The Application and Progress of Empowerment Theory in Nursing

Jing-Jing Huang[1,*,✉], Xuan Sun[2,*]

[1]Department of Nursing, Health Science Center, Yangtze University, Jingzhou, Hubei, 434023, China.
[2]Outpatient Department, Renmin Hospital of Wuhan University, Wuhan, Hubei, 430060, China.

* These authors contributed equally.
✉ **Correspondence**
Jing-Jing Huang, Department of Nursing, Health Science Center, Yangtze University, Jingzhou, Hubei, 434023, China.
Email: 1564554531@qq.com. Telephone number:18672307023.

Abstract

The shortage of nursing staff has been a problem in hospitals around the world. According to the research of nursing scholars, nursing empowerment plays an important role in improving nurses' job satisfaction, nursing quality and patients' satisfaction, as well as reducing the turnover rate of nurses. This review summarizes the research progress of nursing empowerment, mainly from the classification, evaluation tools, application and the existing problems. This provides reference for the development of nursing empowerment, as well as improves the management system of nursing.

Key words: Nursing; Empowerment; Structural Empowerment; Psychological Empowerment

Introduction

With the global increasing and aging, the shortage of nursing staff has become a challenge[1]. Nurses' intention to stay on the job is an important dominant factor for the clinical nurses' departure[2], which is related to low job satisfaction and job burnout[3]. At meantime, the turnover intention of male nurses is more intense, twice as strong as that of female nurses on average[4]. Moreover, the shortage of nurses affects nursing quality. So how to retain the nursing labor force, especially young man, becomes a severe challenge for hospitals[5].

The concept of empowerment is originated from the western social ideology in 1960s and the self-help view in 1970s[6]. With its introduction in nursing, scholars have found that appropriate empowerment has a positive impact on nurses' intention to stay[6].

Through reasonable empowerment, nursing managers create a good working environment for nurses, provide professional and effective training and learning, cultivate their innovative thinking, lower nurses' sense of burnout and improve patients' satisfaction[7,8]. The state of nursing empowerment plays an important role in hospitals, nursing managers, nurses and patients. Foreign scholars have conducted an extensive and in-depth research on nursing empowerment, which is still in developing stage in China. This paper summarizes the application and progress of nursing empowerment around the world, to provide reference for the development nursing empowerment in China.

1. Classification of empowerment theory

Based on the theoretical orientations and application fields, Kuokkanen et al.[9] divided empowerment into three categories: structural empowerment, psychological empowerment and critical social empowerment. Caroline et al.[10] proposed the fourth one, post-structural empowerment. Structural empowerment and psychological empowerment have been widely applied in nursing field and have been introduced in detail in other literatures. Here is a brief explanation.

1.1 Structural empowerment theory

Proposed by Kanter, an American management scientist, it refers to that managers provide employees with development opportunities by creating a good working environment for them, so that they can obtain the resources and information which needed to complete their work[10]. In terms of content, the theory includes four elements: opportunity, information, support and resources. From the way of empowerment, it can be divided into formal and informal empowerment[11].

1.2 Psychological empowerment theory

Conger et al. maintain that only when employees feel "empowered", their intrinsic initiative can be stimulated, resulting in changes in attitude and behavior and truly achieving empowerment. Thomas et al. proposed the concept of psychological empowerment on the basis of Conger's, believing that psychological empowerment is the synthesis of personal experience, not only the single dimension described by Conger, he summarized it into four dimensions: work meaning, self-efficacy, autonomy and influence[12]. Menon argues that Thomas' empowerment orientation is not completely independent, and proposes integrative psychological approach, which includes three elements: sense of control, sense of competence and goal internalization[13,14].

1.3 Critical social empowerment theory

Critical social theory can be traced back to the Frankfurt school in Germany in 1920s, which was influenced by critical philosophy and Hegel's dialectics. In the field of nursing, this theory holds that nurses, as an oppressed group, should seek liberation and empowerment to optimize the cultural environment of nursing and improve the oppressed status of nurses. Meanwhile, patients also need to be empowered[9]. According to critical social empowerment theory, power is an additional added value of individuals. The increase of one side's power must be at the expense of the decrease of the other side's power. Empowerment is regarded as the transfer or sharing of power[15]. It emphasizes the concept of empowerment in different contexts, such as between nurses, nurses and patients, nurses and other medical staff.

1.4 Post-structural empowerment theory

Different from three theories, post-structuralist delegation holds that power is not fixed. Knowledge

production leads to constant changes in power relations. Depending on the situation, patients and medical professionals exercise their powers in different ways. Foucault is the representative of post-structuralism; he thinks that power should be understood from the bottom up[10]. Discipline power and knowledge/power relationship are the two core views. Disciplinary power is realized through three processes: hierarchical observation, standardized judgment and examination. Hierarchical observation means that employees manage themselves and give feedback regularly; Standardized judgment means that employees are self-prudent according to specific norms under production conditions and also accept others; the examination combining the former two, which is a kind of judgment by managers, is conducive to the standardization of career. Knowledge/power relationship believes that knowledge and power are intertwined and employees have the responsibility to question relevant matters of work and consider whether this is conducive to their own development, learn to pay attention to unreasonable policies related to themselves and strive for more power for themselves rather than passively empowered by managers[10].

2. Measurement of empowerment

2.1 The Conditions for the Work Effectiveness Questionnaire-II

Laschinger et al.[16] optimized the results based on CWEQ. CWEQ-II scale is composed of 19 items, including six dimensions: opportunity, information, support, resource, formal and informal, respectively from different aspects to describe structure of empowerment. Likert 5-level scoring method is adopted in the scale. The higher the score is, the better the empower level of the manager structure and nursing environment. This scale was translated into Chinese by Huang Chunping et al.[17], forming a Chinese version with good reliability and validity.

2.2 Psychological Empowerment Scales

Developed by Spreitzer, this scale is the most widely used measurement tool in the field of psychological empowerment, including four dimensions: work meaning, self-efficacy, autonomy and influence. Each dimension has three entries. The higher the score is, the higher the psychological empowerment level of nurses get. Li Chaoping et al.[18] translated it and proved that the Chinese version has a good structural validity through the principal component analysis method, which is adapted to psychological empowerment in the Chinese context and widely used.

2.3 Critical Social Empowerment Scale

Developed by Casey et al.[19], the scale contains four items: whether to be identified as a major by a multidisciplinary group, whether to participate in decisions related to oneself, whether to participate in and understand decisions related to the organization and the validity of participating in decisions related to multidisciplinary collaboration. Likert5 grading method was adopted. The higher the score, the stronger the degree of agreement. Casey et al. found that as an independent predictor of psychological empowerment and job satisfaction, social critical empowerment is more predictive than structural empowerment.

2.4 Nurse Empowerment Scale

Kuokkanen et al.[20] integrated 5 aspects of characteristics of empowered nurses and 4 scales related to empowerment. NES is a self-rating scale with 74 items and 4 dimensions. From the perspective of nurses, this scale describes the status of empowered nurses in a more comprehensive way, providing guidance for them to better exert their subjective initiative in the implementation of

empowerment and improving their professional competence, which is conducive to strengthening the education and management of empowered nurses[15].

3. Application of empowerment theory

3.1 Empowerment and nursing management

There are a lot of researches on empowerment and nursing management. ① empowerment and job satisfaction. Spence et al.[21] found that nurses' job satisfaction was affected by both personal and environmental factors and there was a positive correlation between structural empowerment and job satisfaction. A survey of 114 nurses in 28 nursing institutions in Taiwan also showed a significant relationship between empowerment and job satisfaction[22]. When nurses are given opportunities, confidence, resources and support, they feel more respected and increased their self-satisfaction. Casey et al.[19] found that critical social empowerment plays an important role in improving nurses' job satisfaction, but nursing managers do not apply it much. ② delegation and job burnout. Meng et al.[1] conducted a survey on 219 nurses from different departments in China, found that a positive empowered working environment could reduce job burnout and encouraged nurses to stay for a long time. Yu Cuiyun et al.[23] investigated 600 clinical nurses in Shandong and found that empowerment was negatively correlated with turnover tendency in nurses, proper empowering could increase the stability of nursing team. ③ empowerment and organization commitment. LAN Jiaqing et al[24] did a survey on 500 nurses in hospitals in Shanxi, found that psychological empowerment could enhance the sense of organizational commitment and better stabilize the nursing team. He Ye et al.[25] investigated 639 nurses in 5 hospitals in Hunan province by stratified sampling, reached that the organization commitment can also indirectly affect the emotional exhaustion and depersonalization of nurses through psychological empowerment (Depersonalization reflects that individuals deal with service objects or work in a negative, indifferent and afraid attitude). Low sense of achievement thus affects nurses' sense of burnout. ④ empowerment and job performance. Jin Yinghua et al.[26] investigated 824 nurses in 3 hospitals in Jilin and found that psychological empowerment was positively correlated with nurses' sense of control over their work, empowerment promoted the improvement of nurses' work performance. Chang et al.[27] studied the relationship between nurses' psychological empowerment and job performance, found that there was a positive correlation between them, among which self-efficacy had the greatest influence on job performance. Spence et al.[28] did a cross-sectional survey of 723 Canadian nurses and they achieved high-quality nursing services by creating a positive working environment through empowering. ⑤ empowerment and innovation. Sun Yiqin et al.[29] investigated 600 nurses in three first-class hospitals in Zhejiang province, found that both structural and psychological empowerment could directly and positively affected the innovative behaviors of nurses, among which information dimension and self-efficacy had the strongest correlation with the behaviors, psychological empowerment played an intermediary role in structural empowerment and innovative behaviors. Zhang Yajing et al.[30] investigated 440 nurses in hospitals in Tianjin, results showed that psychological empowerment could be used to predict the innovation behavior of nurses, who got opportunity, information, support and resources in the organization, then the sense of autonomy, significance, self-efficacy and influence came into being. Nurses gradually got confidence and found new way to deal with challenges.

3.2 Empowerment and clinical nursing

At the same time, empowerment is applied to clinical care to improve the quality of care services and patient satisfaction. Foreign countries implement it on mental health, health promotion, AIDS patients, women's health, children's health and other aspects[31]. At present, empowerment has been implemented in obstetrics, pediatrics, orthopedics, hematology, nephrology, cardiology, endocrinology and emergency department, operating room and disinfecting supply division in China[32-41]. Finally, initially formed a set of empowering process: the manager grouping the employees; empowering one man according to the case and his ability; providing training to employees with clear responsibility and empowerment; regular quality control and inspection; establishing punishment system.

Empower not only nurses, but also patients. Groen et al.[42] studied cancer patients and identified five main attributes of patient empowerment: autonomy and respect; knowledge; social psychological and behavioral skills; supports from community, family and friends; thinking that you're useful. Patient empowerment may increase the survival rate of patients, reduce the medical burden, better promote health education, improve patients' self-control ability and disease management ability, promoting health[43].

4. Weakness of nursing empowerment

Most researches are still on the aspect of structural empowerment, psychological empowerment gradually catches their eyes, however the intervention research is rare[31]. There is little research on critical social empowerment and post-structural empowerment. While most of the researches are done in hospitals, less in other health care organizations such as community hospitals and nursing homes[44]. It is urgent to carry out research on nursing empowerment and nurses under different cultural backgrounds and countries.

5. Expectation

Nursing empowerment is a two-way interactive virtuous cycle process. Through empowering, the job satisfaction and enthusiasm of nurses are improved, which further reflects on the empowering and is conducive to the implementation of nursing managers' work[12]. Therefore, nursing managers should learn to properly empower: recognize clinical nurses as professional leaders, not employees; build a common team; support an inclusive organizational culture and encourage bold communication; promote ownership openness in unit councils and committees; create open time for leaders and teams to communicate and stay involved; adjust the traditional top-down approach and focus on the needs of members of the organization; encourage members; learn to control your emotions; a zero-tolerance policy towards violence in the workplace[45]. There is a great prospect for the development of nursing empowerment in China. Learning from western countries and combining the national conditions and nursing status in China, it will be of greatly valuable to explore the theory and system of nursing empowerment with Chinese characteristics to guide nursing work in China.

Declarations

1) ***Consent to publication***
   We declare that all authors agreed to publish the manuscript at this journal based on the signed Copyright Transfer Agreement and followed publication ethics.
2) ***Ethical approval and consent to participants***
   Not applicable.
3) ***Disclosure of conflict of interests***. We declare that no conflict of interest exists.
4) ***Funding***
   None
5) ***Availability of data and material***

We declare that the data supporting the results reported in the article are available in the published article

6) *Authors' Contributions*

   Authors contributed to this paper with the design (JJH), literature search (JJH and XS), drafting (JJH), revision (JJH and XS), editing (JJH and XS) and final approval (JJH).

7) *Acknowledgement*

   None

8) *Authors' biography*

   None

References

1. Meng L, Liu Y, Liu H, Hu Y, Yang J, Liu J. Relationships among structural empowerment, psychological empowerment, intent to stay and burnout in nursing field in mainland China-based on a cross-sectional questionnaire research. INT J NURS PRACT. 2015;21(3):303-312.

2. Camerino D, Conway PM, van der Heijden BI, Estryn-Behar M, Costa G, Hasselhorn HM. Age-dependent relationships between work ability, thinking of quitting the job, and actual leaving among Italian nurses: a longitudinal study. INT J NURS STUD. 2008;45(11):1645-1659.

3. Ambrosi E, Portoghese I, Galletta M, Marchetti P, Battistelli A, Saiani L. [Intention to leave the hospital among nurses with </= 3 years of work experience: an exploratory study]. ASSIST INFERM RIC. 2011;30(3):126-134.

4. Chen SH, Fu CM, Li RH, Lou JH, Yu HY. Relationships among social support, professional empowerment, and nursing career development of male nurses: a cross-sectional analysis. West J Nurs Res. 2012;34(7):862-882.

5. Bobbio A, Manganelli AM. Antecedents of hospital nurses' intention to leave the organization: A cross sectional survey. INT J NURS STUD. 2015;52(7):1180-1192.

6. Gibson CH. A concept analysis of empowerment. J ADV NURS.1991;16(3):354-361.

7. Spence LH, Fida R. Linking nurses' perceptions of patient care quality to job satisfaction: the role of authentic leadership and empowering professional practice environments. J Nurs Adm. 2015;45(5):276-283.

8. DiNapoli JM, O'Flaherty D, Musil C, Clavelle JT, Fitzpatrick JJ. The Relationship of Clinical Nurses' Perceptions of Structural and Psychological Empowerment and Engagement on Their Unit. J Nurs Adm. 2016;46(2):95-100.

9. Kuokkanen L, Leino-Kilpi H. Power and empowerment in nursing: three theoretical approaches. J ADV NURS. 2000;31(1):235-241.

10. Bradbury-Jones C, Sambrook S, Irvine F. Power and empowerment in nursing: a fourth theoretical approach. J ADV NURS. 2008;62(2):258-266.

11. Manojlovich M, Spence LH. The relationship of empowerment and selected personality characteristics to nursing job satisfaction. J Nurs Adm. 2002;32(11):586-595.

12. Cicolini G, Comparcini D, Simonetti V. Workplace empowerment and nurses' job satisfaction: a systematic literature review. J Nurs Manag. 2014;22(7):855-871.

13. Wang MJ, Ye ZH, Xu LLi. Research progress of nurses' psychological empowerment. Chin Nurs Manag. 2015;15(09):1138-1141.

14. Ling L, Lu CQ. Current status of psychological empowerment research. Adv Psychol Sci. 2007;15(04):652-658.

15. Hu KL, Wang H, Guan XL et al. Research progress on instruments for assessing nursing empowerment. J Nurs Sci. 2016;31(20):104-108.

16. Laschinger HK, Finegan J, Shamian J, Wilk P. Impact of structural and psychological empowerment on job strain in nursing work settings: expanding Kanter's model. J Nurs Adm. 2001;31(5):260-272.

17. Huang CP, Liu YH, Nian QT, Cui Y. A study on the reliability and validity of the Chinese version of the structural empowerment tool for nurses. Chin J Nurs. 2011;46(12):1213-1215.

18. Li CP, Li XX, Shi K, Chen XF. Measurement of empowerment and its relationship to employee work attitude. Acta Psychol Sin .2006;38(01):99-106.

19. Casey M, Saunders J, O'Hara T. Impact of critical social empowerment on psychological empowerment and job satisfaction in nursing and midwifery settings. J Nurs Manag. 2010;18(1):24-34.

20. Kuokkanen L, Leino-Kilpi H, Katajisto J. Nurse empowerment, job-related satisfaction, and organizational commitment. J NURS CARE QUAL. 2003;18(3):184-192.

21. Spence LH, Nosko A, Wilk P, Finegan J. Effects of unit empowerment and perceived support for professional nursing practice on unit effectiveness and individual nurse well-being: a time-lagged study. INT J NURS STUD. 2014;51(12):1615-1623.

22. Kuo HT, Yin TJ, Li IC. Relationship between organizational empowerment and job satisfaction perceived by nursing assistants at long-term care facilities. J CLIN NURS. 2008;17(22):3059-3066.

23. Yu CY, Liu H, Li HY, et al. A study on the correlation between the empowering behavior of head nurses and turnover tendency of clinical nurses. J Qilu Nurs. 2017;23(09):58-59.

24. Lan JQ, Zhang PL, Yang H. Relationship between psychological empowerment and organizational

commitment among nurses. J Nurs Sci. 2010;25(07):24-26.

25. He Y, Zhou YH, Hou AH. The impact of organizational climate and psychological empowerment on nurses′ job burnout. J Nurs Adm. 2015;15(10):685-688.

26. Jin YH, Shi SS, Cui WX. The effect of head nurses' empowerment behavior on clinical nurses' self-efficacy and sense of job-control. Chin J Nurs. 2014;49(01):104-107.

27. Chang LC, Liu CH. Employee empowerment, innovative behavior and job productivity of public health nurses: a cross-sectional questionnaire survey. INT J NURS STUD.2008;45(10):1442-1448.

28. Spence LH. Effect of empowerment on professional practice environments, work satisfaction, and patient care quality: further testing the Nursing Worklife Model. J Nurs Care Qual. 2008;23(4):322-330.

29. Sun YQ, Ye ZH. The influence of the structural empowerment and psychological empowerment on nurses'innovative behaviors. Chin J of Nurs. 2015;50(05):556-560.

30. Zhang YJ, Li YF, Cui CY, Jin CD. A study on correlation between psychological empowerment,self－esteem and innovative behavior among nursing staff. J Nurs Adm. 2018;18(01):16-19.

31. Li WH, Wu MF. Progress on application of psychological empowerment in nursing management. Chin Nurs Res. 2011;25(01):11-13.

32. Huang CY, Wang SP et al. Application effect of authorized education in diabetic patients with high-risk foot. Chin Mod Med. 2019;26(13):222-224.

33. Wang H. Application of empowerment theory combined with 5E rehabilitation nursing model in convalescent patients with ischemic stroke. Henan Med Res. 2019;28(08):1503-1505.

34. Qi YB, Zhang GH. Impact of authorization management on innovation behavior and job satisfaction of nursing staff in breast surgery. Nursing Prac Res. 2019;16(01):72-74.

35. Huang J, Tian ZJ, Xu J, Ji XJ. The influence of empowerment on the work of nurses in blood purification center. Nursing Prac Res. 2015;12(03):116-117.

36. Sun X, Liu M, Wan J. Practice of post authorization access system in central sterile supply department. J Nurs Sci. 2018;33(10):73-75.

37. Shen H. Analysis on the influence of midwifery hierarchical authorized management mode in delivery room quality control. J Med Theo and Prac. 2015;28(04):556-557.

38. Zhuang Wi, Wu N, Li YH. Effect evaluation of hierarchical management mode of midwives. J Nurs Adm. 2014;14(02):133-135.

39. Ai HZ, Wang LJ. Application of empowerment in orthopedic wards. J Qilu Nurs. 2010;16(04):108-109.

40. Zhang YC, Li HF, Wu M, Li M. The application of participatory and authorized management model in promoting quality nursing service in emergency room. Chin J Mod Nurs.2012;18 (28):3372-3375.

41. Lv Y. Application of group authorization management in operating room nursing management. World Latest Med Info.2014;14(20):184, 186.

42. Groen WG, Kuijpers W, Oldenburg HS, Wouters MW, Aaronson NK, van Harten WH. Empowerment of Cancer Survivors Through Information Technology: An Integrative Review. J MED INTERNET RES.2015;17(11):e270.

43. Zou YX, Deng AH et al. The impact of Empowerment Ability on Self-management Behavior in Type 2 Diabetes. Chin Nurs Manag. 2013;13(01):43-46.

44. Sun L, Li WT, An LB, Yin X. Application status and enlightenment of authorization in community chronic disease health promotion. Chin J Nurs. 2011;46(02):202-204.

45. Linnen D, Rowley A. Making a case for nurse empowerment. Nursing. 2013;43(11):45-48.