Structural Empowerment among Nurses at Tertiary Level Hospital in Bangladesh

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Abstract:
Background: Nurses' empowerment plays a vital role to meet the future demands of growing and constant changing needs of health care as equal partners of other teams. In healthcare, nurses' empowerment provides them an opportunity of taking more responsibility and self-confident to initiate change that positively affects better patient outcome. Objective: This study aimed to explore the structural empowerment of nurses at the tertiary level hospital in Bangladesh. This study aimed to explore the structural empowerment of nurses at the tertiary level hospital in Bangladesh.
Materials and Methods: A descriptive exploratory study was conducted within 98 nurses using convenient sampling. The data collection period was from December/2018 to January/2018. The demographic data form was used for nurses' personal information and the "Conditions for Work Effectiveness Questionnaire-II" was used for structural empowerment. Both descriptive and inferential statistics were used to analyze the data.
Results: The overall mean of the structural empowerment of nurses was at (M=3.35, SD=.62). Majority of the nurses were female (96.9%) and training related to professional empowerment had only for (6.1%) nurses. There was statistically and significantly positive correlation between the nurses' empowerment and working experiences (r=.20, p <0.05). The ICU and CCU nurses demonstrated high mean score of empowerment (M=3.82±.51) compared to general wards.
Conclusion: Empowerment of nurses is the key to promoting nurses' self confidence in clinical decision making and professional autonomy in their nurses' practice. The result demonstrated moderate to high level of structural empowerment among nurses. Therefore, the healthcare organization should focus on empowering the nurses.
Key words: Structure, Empowerment and Nurses

I. Introduction

Nurses' empowerment plays a vital role to meet the future demands of growing and constant changing needs of health care as equal partners of other teams. In healthcare, nurses' empowerment provides them an opportunity of taking more responsibility and self-confident to initiate change that positively affects better patient outcome (Regan, & Rodriguez, 2011). It is directly linked to quality of patient care and patient safety. According to Freitas, Silva, Minamisava, Bezerra, and Sousa (2014), nurses empowering positively affects better patient outcomes than the patient satisfaction. Empowerment not only positively affects patient outcome, but also it is vital for nurses themselves for self-development and professional autonomy.

Empowerment is a central component of workplace surroundings that represents intrinsic task motivation, or employee rewards, and empowering work environment. Empowerment is a situation within promotes that powerlessness are recognized and removed by providing efficacy, enough information, including enhancing employee's self-efficacy (Conger, & Kanungo, 1988). It is the act or action of empowering someone or something: the granting of the power, right, or authority to perform various acts or duties (Merrium-Webster Dictionary). Empowerment is a positive concept of a power or authority that is given on doing something. According to (Business Dictionary) empowerment is based on the idea that giving employees skills, resources, authority, opportunity, motivation, as well holding them responsible and accountable for the outcomes of their actions, will contribute to their competence and satisfaction.

Nurses' empowerment is giving them a certain degree of autonomy and responsibility for decision-making regarding their specific organizational tasks (Toister, 2017). Employee's empowerment is termed as "Providing decision making powers to a team or an individual" (Thamizhmanii & Hasan, 2010). Empowerment is categorized into two types: psychological empowerment and structural empowerment (Kanter, 1993; Goedhart, Van Oostveen, & Vermeulen, 2017). Psychological empowerment is defined as "intrinsic task motivation reflecting a sense of self-control in relation to one's work and an active involvement with one's work role". Psychological empowerment is composed of four cognitions: meaning, self-determination, competence, and impact (Spreitzer, 2006).Structural empowerment involves looking at essential organizational structures such as access to opportunity, information, resources, and support as well as formal and informal power that provides nurses with the chance to accomplish work in a meaningful way (Kanter, 1979).

Structural empowerment increases nursing autonomy promoting the highest levels of clinical excellence and professional practice (Eo, Kim, & Lee, 2014). It is not only important for nurses to provide quality patient care, but also the key foundational pillars for the health care organization (Callicutt, 2015; Spreitzer,1995). The structural empowerment supports the nurses to achieve organizational goals and includes positive patient outcomes (Wagner et al., 2010; Armellino, Quinn Griffin& Fitzpatrick, 2010).Structural empowerment impacts the patient care, patient satisfaction, nursing, and healthcare organization (Cicolini, Comparcini, & Simonetti, 2014; Wanger et al).

Nurses play an important role in the health care system, but their opportunities are very limited for growth and development. Quality of patient care is a burning issue in our country, thereafter; nurses cannot provide quality care due to availability of resources especially in the public healthcare center in Bangladesh. Moreover, nurses' structural empowerment is related to the quality of patient care, nurses, organizations and overall healthcare system development.

In Bangladesh, the opportunity for nurses' structural empowerment is a critical issue that negatively affects the nursing, and expected organizational or patient care outcomes (Latif et al., 2010). Although, much research works related to nursing empowerment are not available in Bangladesh; but various related literature supported that nurses in Bangladesh have very limited opportunity to update their knowledge and skills. Moreover, due to the lack of effective professional leadership in clinical settings, they have received little opportunity to follow someone as a role model which could empower them to be more independent. But addressing these existing issues an evidence based result is necessary to focus the particular areas of concern in relation to nurses' empowerment. Thus, the aim of this study is to explore the existing situation of the selected issue.

Empowerment increases leadership skill, advanced decision making, quality problem solving ability and professional autonomy. It is indicated that the empowerment is not important only for nurses, but also there is a abundance outcome of nurses structural empowerment, including patient care, nursing organizations and overall healthcare system. However, due to the lack of study about the impact of the outcome of nurses' empowerment, this issue is still ignored. So, the researcher intended to interest to conduct the study.

Objectives of the study

The aims of the study were (1) to describe the socio-demographic characteristics of the nurses at tertiary level hospital in Bangladesh (2) to assess the structural empowerment among nurses at tertiary level hospital in Bangladesh (3) to examine the relationship between structural empowerment and socio-demographic characteristics of the nurses at tertiary level hospital in Bangladesh.

II. Materials And Methods

Study Design
A descriptive exploratory study design was conducted at tertiary level hospital in Bangladesh.

Study Participants

A total 98 Registered Nurses participated from M Abdur Rahim Medical College Hospital Dinajpur, Bangladesh. The sample size was calculated by using the G* power analysis as the accepted minimum level of significance (α) of 0.05, an expected power of 0.80 (1-β), and an estimated population medium effect size of 0.30. The minimum sample was required 82 but for this study to minimize the possible attrition rate 20% was additionally added. The inclusion criteria included: a registered nurse who was involved in direct patient care, at least two years of work experience in the selected hospital, and who were willing to participate in this study.

Instruments

The data collection instrument consisted of 2 parts: Part I "The Socio-demographic Data Questionnaire (DDQ)" and Part II "Conditions for Work Effectiveness Questionnaire-II (CWEQ-II)". Part I: The DDQ consisted of 10 items to get information about the study participants, including age, gender, marital status,

religion, level of professional education, work setting, year of work experience, current position, monthly family income and training of nurses on empowering .Part II: The "Conditions for Work Effectiveness Questionnaire-II" (CWEQ-II) was used to measure nurses' opinion about the structural empowerment. The CWEQ-II was 19-item, 6-dimension scale that assess the conditions for work effectiveness on six dimensions: nurses opportunities (3 items), information (3items), support (3 items), resources (3 items), formal power (3 items), and informal power (4 items). Each item was a 5-point Likert scale response format from 1= none to 5= a lot.

The reliability of the instrument was also tested by several earlier researches and found the Cronbach alpha level of 0.91 (Eskandari, Saikhali, Shoghli, & Tafreshi, 20171); 0.89 (Walston, 2012); 0.70 to o.96 (online survey) (Wanger et al., 2010), respectively. For the current study the reliability of the instrument was tested involving total sample size to see the internal consistency of the instrument, and the Cronbach alpha level was 0.90. In addition, in current study, the relevancy of the instrument was tested by using three experts from the relevant fields. The original instruments were developed in English language and were translated from English to Bengali language by using back translation method.

Data Collection
Data were collected from December 2018 to January 2019 after obtaining approval from Institutional Review Board (IRB) at the National Institute of Advanced Nursing Education and Research (NIANER)/Exa.-NIA-S-2018-47, and Bangabandhu Sheikh Mujib Medical University (BSMMU). Permission was obtained from the study setting and study participants. Participation was voluntarily and anonymity was guaranteed. A self-rated structural questionnaire was used for data collection. The questionnaire was distributed to the nurses by the researchers and asked them to answer the questionnaire within a week and return to the nurse in charge. The researcher collected the answered questionnaire from the nurse in charge after a week.

Data Analysis
Collected data was processed and analyzed through descriptive and inferential statistics using specially designed computerized "**S**tatistical **P**ackage" (SPSS). The descriptive statistics such as frequencies, percentages, mean, and standard deviation were used to organize and present socio-demographic characteristics of the nurses. The inferential statistics including, t-test, ANOVA and Pearson product-moment correlation coefficient were used to examine the relationship between the socio-demographic characteristics and structural empowerment of the nurses.

III. Results
The result showed that the average age of the nurses participated in this study was 31.92±6.05 years, which ranged from 23 to 45 years. Majority of the participants (96.9%) were female, married (84.7%) and muslim (76.5%). For professional education, almost three-fourth (75.5%) nurses had diploma-in nursing degree followed by bachelor in nursing and Master of MPH/MSN. Data were collected from 5 major areas of nurses (CCU, ICU, Medical, Surgical, and Pediatric unit), in which nurses with highest percentage (56.1%) in Medical Surgical unit. Majority of the participants' (90.8%) current position were senior staff nurse. The average year of work experience among nurses was 5.94±5.26 years where majority of them (67.3%) had less than 5 years of work experience. In terms of monthly family income, the mean income was 30937±9165.14 taka and ranges from 21436 to 74000 taka. Only (6.1%) nurses had training on empowerment. It requited topic such as management, leadership or BCC (Behavior Change Communication).

Table 1 Distribution of socio-demographic characteristics of the nurses (N=98)

Characteristics	Frequency(n)	Percent (%)	M±SD
Age (Years)			31.92±6.05
<25 Years	20	20.4	
25-35 Years	48	49.0	
36-45 Years	30	30.6	
Gender			
Male	3	3.1	
Female	95	96.9	
Marital status			
Single	15	15.3	
Married	83	84.7	
Religion			
Muslim	75	76.5	
Non-muslim	23	23.5	
Level of education in Nursing			
Diploma in Nursing	74	75.5	
Higher than Diploma	24	24.5	

Characteristics	Frequency(n)	Percent (%)	M±SD
Work setting			
Specialized (CCU,ICU) unit	31	31.6	
Medical Surgical unit	55	56.1	
Pediatric unit	12	12.2	
Current position held			
Nurse incharge	9	9.2	
Senior staff nurse	89	90.8	
Working experience			5.94±5.26
<5Years	66	67.3	
5-10 Years	17	17.3	
>10 Years	15	15.3	
Monthly family income			30937±9165.14
<25000 Taka	23	23.5	
25000-40000 Taka	66	67.3	
>40000 Taka	9	9.2	
Training on empowering nurses (such as Management, Leadership, BCC)			
Yes	6	6.1	
No	92	93.9	

The result showed that the overall mean of structural empowerment nurses was 3.35±.62 for 5 point response rating. Dimensionally there were 6 dimensions for 19 items, where the mean opportunity was 3.67±.79, information was 3.59±.76, support was 3.14 ±.78, resources was 3.29±.83, formal power was 2.89±.87, and informal power was 3.48±.84. Among 19 items, the top 3 items where nurses had a high perception on their structural empowerment within the organization. For example, 68% of nurses rated as mostly (32%) to strongly agree (36%) that "nurses' job is very challenging." Similarly, 63% nurses rated as mostly (27%) to strongly agree (36%) that in the organization have adequate access to information in "the job to fulfill the goal of the top management in their hospital." For another statement nurses rated for top score among all items, that they have enough informal power "Being sought out by peers for help with problems " where, 73% nurses were mostly (34.7%) and a lot (38.8%) nurses were strongly agree.

Conversely, for some items, nurses' perception was that they had very low opportunity in structural empowerment. For example, for one item" The reward for innovation on the job are available" where, 71% nurses were none (45.9%) to little (25.5%) rated as strongly agree and only 3% very little disagree in this statement. Like another item, opportunity to "Seeking out ideas from professionals other than physicians, e.g., physiotherapists, occupational therapists, dieticians" about half 48.9% nurses none (17.3%) to little (31.6%) rated as strongly disagree and only 6% very strongly agreed with this statement. The third lowest rating item was opportunity to support for "Specific comments about things they could improve" in which 36% nurses very strongly disagreed and 4% nurses very strongly agreed with this statement.

Table 2 Distribution of nurses response in the structural empowerment (N=98)

Items	None n(%)	Little n(%)	Some n(%)	Mostly n(%)	A lot n(%)	M±SD
1. Opportunity in the present job.						3.67±.79
Challenging the work or job.	1(1.0)	16(16.3)	13(13.3)	32(32.7)	36(36.7)	3.88±1.11
The chance to gain new skills and knowledge on the job.		12(12.2)	38(38.8)	18(18.4)	30(30.6)	3.67±1.04
Tasks that use all of your own skill and knowledge.	2(2.0)	19(19.4)	24(24.5)	31(31.6)	22(22.4)	3.53±1.10
2. Access to information in the present job.						3.59±.76
The goals of top management in your hospital.		13(13.3)	22(22.4)	27(27.6)	36(366.7)	3.88±1.05
The values of top management in your hospital.		13(13.3)	32(32.7)	29(29.6)	24(24.5)	3.65±.99
The current state of the hospital	1(1.0)	16(16.3)	43(43.9)	31(31.6)	7(7.1)	3.28±.85
3. Support in the present job.						3.14±.78
Specific information about things you do well.		27(27.6)	20(20.4)	40(40.8)	11(11.2)	3.36±1.00
Helpful hints or problem solving advice.	1(1.0)	30(30.6)	32(32.7)	29(29.6)	6(6.1)	3.09± .94
Specific comments about things you could improve.	1(1.0)	35(35.7)	28(28.6)	30(30.6)	4(4.1)	3.01±.93
4. Access to resources in present job.						3.29±.83
Time available to accomplish job requirements.		17(17.3)	41(4.81)	30(30.6)	10(10.2)	3.34±.88
Time available to do necessary paperwork.	2(2.0)	17(17.3)	39(39.8)	26(26.5)	14(14.3)	3.34±.99
Acquiring temporary help when needed.	5(5.1)	19(19.4)	31(31.6)	30(30.6)	13(13.3)	3.28±1.08
5. Formal power						2.89±.87
The amount of flexibility in my job is	2(2.0)	24(24.5)	21(21.4)	26(26.5)	25(25.5)	3.49±1.17
The amount of visibility of my work-related activities within the institution is	4(4.1)	24(24.5)	33(33.7)	21(21.4)	16(16.3)	3.21±1.11
The reward for innovation on the job are	45(45.9)	25(25.5)	20(20.4)	5(5.1)	3(3.1)	1.94±1.07

Items	None n(%)	Little n(%)	Some n(%)	Mostly n(%)	A lot n(%)	M±SD
6. Informal power						3.48 ±.84
Being sought out by managers for help with problems	3(3.1)	23(23.5)	28(28.6)	24(24.5)	20(20.4)	3.36±.91
Collaborating on patient care with physicians	1(1.0)	16(16.3)	18(18.4)	28(28.6)	35(35.7)	3.82±1.12
Being sought out by peers for help with problems		6(6.1)	20(20.4)	34(34.7)	38(38.8)	4.06±1.14
Seeking out ideas from professionals other than physicians, e.g., physiotherapists, occupational therapists, dieticians	17(17.3)	31(31.6)	20(20.4)	24(24.5)	6(6.1)	2.70±1.19
Total						**3.35±.62**

The result showed that the Condition for Work Effectiveness Questionnaire-II had six dimensions and the mean score of structural empowerment. Nurses' structural empowerment score was moderate to high (3.35±.62). This table also showed that the nurses had highest perception of opportunity (3.69±.79) and lowest perception on formal power (2.89±.87).

Dimension of structural empowerment	M±SD
Condition for Work Effectiveness Questionnaire (CWEQ -II)	
Opportunity	3.67±.79
Information	3.59±.76
Support	3.14±.78
Resources	3.29±.83
Formal power	2.89±.87
Informal power	3.48±.84
Total mean structural empowerment	3.35±.62

The result explored the relationship between demographic characteristics and structural empowerment of the nurses. The table show the structural empowerment and nurses work setting had a strongly statistically significant relation (f=5.91, p=<.001). Structural empowerment and working experience of the nurses had a statistically significant positive correlation (r=3.72, p=.01). There was significant mean difference between male (13.20) and female (11.83) but not statistically significant (t=-.023, p=.994). There was mathematically significant difference but no statistically significant relation among religions of the nurses (f=.168, p=.845). There was also no significant relation among nurses' level of education, current position, monthly family income, training on empowering (such as Management, Leadership, BCC) but had mean difference.

Table 3 Relationship between structural empowerment and socio-demographic characteristics of nurses (N=98)

Name of Variables	M ±SD	F/t/r (p)	P
Age (year)		.061	.55
Gender			
Male	3.35±.69	-.031	.97
Female	3.36 ±.62		
Marital status			
Single	3.35 ±.63	-.098	.92
Married	3.35 ±.62		
Religion			
Muslim	3.38 ±.62	.584	.56
Non-muslim	3.30 ±.63		
Level of education in Nursing			
Diploma in Nursing	3.37±.61	.211	.83
Bachelor in Nursing	3.34±.66		
Work setting			
Specialized (CCU,ICU) unit[a]	3.82±.51		
Medical Surgical unit[b]	3.18±.55	16.95	.000
Pediatric unit[c]	3.00±.62		a>b>c
Current position held			
Nurse in-charge	3.40±.59	.218	.83
Senior staff nurse	3,36±.63		
Working experience by year			
<5 years[a]	3.28±.60		
5-10 years[b]	3.38±.62	3.27	.042
>10 years[c]	3.72±.65		c>b> c
Monthly family income (Taka)		.159	.118
<25000 Taka	3.46±.73		
25-40000 Taka	3.27±.57	2.79	.066
>40000 Taka	3.75±.54		

Name of Variables	M ±SD	F/t/r (p)	P
Training on empowering nurses (such as Management, Leadership, BCC)			
Yes	3.45±.51		
No	3.36±.63	.41	.69

IV. Discussion

This chapter presents the discussion of the findings related the study objectives.This descriptive study was done to describe the nurses' socio-demographic characteristics, to assess the structural empowerment of the nurses and to examine the relationship between socio-demographic characteristics and structural empowerment of the nurses. The study was conducted in M Abdur Rahim Medical College Hospital Dinajpur, Bangladesh. The study findings are explained elaborately as follows.

1. Socio-demographic characteristics of the nurses

This study showed that the nurses mean age was 31.88 years range from 23-45 years. Maximum nurses were of young ages and of similar ages. This finding is similar to another study (Laschinger, & Finegan, 2005). The majority of them were female because in Bangladesh, nursing is usually considered as a women's profession as similar to many other countries. This finding is similar to another study (Laschinger, & Finegan). For professional education, almost three-fourth (75.5%) nurses had diploma-in nursing degree and had 24.5% bachelor in nursing and Master of MPH/MSN degree (Table 1). The percentages of diploma degree was higher than the bachelor in nursing and Master of MPH/MSN degree because in Bangladesh, before 2012 was only one government nursing college and three new nursing colleges started in 2012, and only one higher institution for Master of Science in Nursing (MSN) degree started in 2016. Gradually increased the high educational personnel and they may contribute their knowledge and skill in the nursing professional development in Bangladesh. Majority of the nurses worked in medical and surgical fields. Medical and surgical unit are heavy work loaded unit and there are multiple patients. About 85% of the nurses working experience were less than 5 years and they had little training on empowerment. The government of Bangladesh employs a large number of nurses in 2013 and 2016 and they are of very young ages.

2. Structural empowerment of the nurses

In this study, the result revealed that the structural empowerment of nurses was at a moderate level. Empowerment depended on work experience, as maximum nurses were young and their work experience was less than 5 years. This result was analogous with several studies (Eskandari, Siahkali, Shoghli, Pazargadi, & Tafreshi, 2017 in Iran; De Almeida, Orgambídez-Ramos, & Batista, 2017 in Portugal). Conversely, another study found that overall structural empowerment was high (Orgambídez-Ramos, & Borrego-Alés, 2014)

The sub-scales deals with highest to lowest were access to opportunity, access to information, informal power, access to resources, access to support, and formal power. Similarly the highest score was found in the opportunity subscale and the lowest score in the access to resources subscale, and informal power scores are higher than formal power scores (Teixeira, & Barbieri-Figueiredo, 2015).

The result revealed that regarding some items nurses had a high perception on their structural empowerment within the organization. Majority of the nurses agreed to strongly agree that "nurses job is very challenging" and only 1% strongly disagree with the statement. Alike 63% nurses strongly agreed that in the organization, they had adequate access to information in "the job to fulfill the goal of the top management in their hospital." (Table 2).

3. Relationship between demographic characteristics and structural empowerment of the nurses.

The study showed that there was close relationship between demographic characteristics and structural empowerment of the nurses (Table 3). The result of the present study showed that the overall structural empowerment had significant relationship with nurses work setting (F=16.95, p=<.01). Nurses' who are working in specialized (CCU, ICU) units are more empowered than the medical surgical and pediatric unit. And also showed a significant relationship between nurses work experience and structural empowerment(r=.201, p=<.05). Nurses who had more than 10 years' work experience they are more empowered.

The study showed that there was no significant relationship between age and sex, and no significant relationship with structural empowerment of the nurses. If there were equality among male and female participants then there have may significant relationship with structural empowerment of the nurses. Whereas, unequal male and female participants. So, there was no significant relationship between gender and structural empowerment of the nurses. Mostly participant had no training on empowerment.

V. Conclusion And Recommendations

Conclusion

Descriptive exploratory study was designed to examine the relationship between socio-demographic characteristics and structural empowerment of the nurses in Bangladesh. The study was conducted based on tertiary level hospital in Bangladesh. Sample size was 98 and convenient sampling technique was used. Data were collected by using self-rated structural questionnaire from December, 2018 to January, 2019. Data were analyzed by using descriptive analysis: frequency, percentage, mean and standard deviation, and inferential analysis: t-test, ANOVA and correlation.

The mean age of the nurses was 31.92years, which ranged from 23 to 45 years. Majority of the participants (96.9%) were female, married (84.7%) and Muslim (76.5%). Majority of nurses had diploma-in nursing degree, and majority of them work experience was less than 5 years. The result demonstrated moderate to high level of structural empowerment among nurses. Empowerment of nurses is the key to promoting nurses' self confidence in clinical decision making and professional autonomy in their practice. Therefore, the healthcare organization should focus on empowering the nurses by giving the access to the available opportunity, information, support, and resources to promote nurses formal and informal power. When nurses have access to empowering conditions, they are fit to provide care that is consistent with professional standards. A clear relationship was found between the nurses' perception of structural empowerment and workplace and working experience.

Limitation of the study

During the conduction of the study, researcher noted some limitation. Firstly, the study was conducted at one tertiary level medical college hospital in Bangladesh. It may not represent the nurses' full perception about structural empowerment for those who are working at different levels hospital situated in the whole country. Secondly, nurses had poor training on empowerment. It may not represent nurses' leadership skill and quality of patient care. Thirdly, empowerment strongly related to feeling rewarded for nurses' work, fairness and manageable workload. However, the findings of this study may not be generalized to other settings.

Recommendations

Nurses have to continue education and empowerment training on Leadership, Management, Behavior Change Communication (BCC) that promote nurses empowering. It increases nurses knowledge, leadership skill and decision making ability. Rewarding practice for good working in the workplace is most the result of the study represents that participated nurses' demographic characteristic and structural empowerment had a significant relationship and they are rated at moderate level of empowerment. Hospital administrators need to improve this situation through availability of opportunity, information, resources and support of formal power and informal power. Further studies are needed to conduct to identify influenced factors for structural empowerment of nurses in the workplace.

Acknowledgement

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