Nurse Empowerment in a Tertiary University Hospital during Pandemic Crisis

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ABSTRACT

Objectives. Nurse empowerment is essential to ensure delivery of the best quality patient care and attaining positive nurse outcomes. Studies describe its relationship to retention, patient safety, commitment, productivity, job satisfaction, and positive outcomes. The study aimed to determine the level of empowerment of nurses in a tertiary university hospital during the pandemic crisis.

Methods. The study was an exploratory descriptive cross-sectional design. Participants (N = 176, Nurses) were randomly selected through a sampling frame. The validated self-administered questionnaire, the Conditions of Work Effectiveness Questionnaire II, was used for data collection. One-way analysis of variance (ANOVA) was used to determine whether there were statistically significant differences between the means of the participants' empowerment scores when grouped according to their demographic profile.

Results. The study found that the nurses in the tertiary university hospital have an overall moderate level of empowerment (TSE x̄ = 22.69, SD = 3.53; GE x̄ = 3.72, SD = 1.01). It was also found that there were statistically significant differences between the means of their total structural and global empowerment scores when grouped according to their age group, civil status, length of service, level of position, and area designation; while no statistically significant difference existed when grouped by their sex and level of education.

Conclusion. Since nurse empowerment leads to positive nurse and patient outcomes, improving levels of empowerment is thus essential. The results of this study will help administrators identify groups of nurses with relatively lower levels of empowerment and in turn develop programs that will help improve their levels of empowerment.

Keywords: nurse empowerment, pandemic, demographic profile, cross-sectional design

INTRODUCTION

Nurse Empowerment

Empowerment is a positive and dynamic concept of power or authority given on doing something, which can be shared, taken, or given to others. It is the capacity to make effective choices that can be translated to desired actions and outcomes.[1] Empowerment in the context of nursing is crucial in achieving professional success. It is an essential factor to ensure best quality patient care as well as attaining positive nurse outcomes. According to Lockhart, it can be accomplished when the institution allows the nurses to actively participate in policy and decision-making about their patients and their own well-being since empowerment develops critical thinking and a sense of autonomy.[2] Several studies have described how empowerment influences teamwork, commitment,

retention, productivity, job satisfaction, and positive nurse and patient outcomes. Multiple studies also relate the level of nurse empowerment to the nurses' demographic profile.

There are three components of empowerment, namely: (a) a workplace with a structured plan that promotes empowerment, (b) psychological empowerment, (c) empowerment from a relationship and caring from nurse provision.[3] When these three components are fully realized, nurses can be empowered and can use it to improve patient care.

A study on the perception of nurse leaders on empowerment identified factors with which it can be achieved, namely: the opportunity for higher education, formulation of improved competencies on leadership, and knowledge of power and politics of the organization.[4] The study confirmed that empowerment is essential in upgrading the image and condition of the nursing profession. As nurses, empowerment can be achieved through their professional practice. They are also empowered through their ability to make decisions, become an advocate for patients, participate in governance, take part in committees, and take responsibility and accountability that is inherent to nursing practice.[5]

Theory of Structural Empowerment

Organizations need to promote empowerment to become successful. Rosabeth Moss Kanter's theory deals with organizational behavior and empowerment. She posited that empowerment is supported by a work environment that encourages access to information, resources, support, and opens doors for learning and development.[6] These provisions, according to Kanter, will help professional growth and organizational success.[7] Several studies have already confirmed the utility of Kanter's theory in nursing practice, indicating how structures placed in an organization can empower nurses in achieving their tasks in a valuable way.[8]

The following is the summary of Kanter's theory: (a) power is derived from formal and informal power, (b) employees need to have access to resources to accomplish organizational goals, and (c) improved skills and knowledge lead to productivity.[8] The theory also established association with different organizational outcomes such as job satisfaction and lower levels of burnout and job strain.[9]

Empowerment in Clinical Performance, Safety, and Socio-demographic Factors

Empowerment has a significant role in clinical nursing. Various studies have shown evidence on the role of empowerment in improving patient outcomes. A systematic review in 2015 examined issues on nurses' work-related empowerment. It revealed that hospital managers and administrators should work on empowerment activities to improve productivity and positive health outcomes.[10] These findings were also supported by a scoping review in 2017 which showed that nurses who have access to empowering structures deliver quality outcomes such as effectiveness,

safety, efficiency, and patient-centeredness of nursing care. These results strongly supported warranting empowering work conditions for nurses so that they could provide quality patient care.[11]

In 2016, a phenomenological study regarding perception and experiences about structural empowerment in supporting patient care found that empowerment among staff nurses, nurse managers, and unit clinicians are critical for success, whereas lack of time and perceived work demands are viewed as hurdles to empowerment.[12] Another study in 2018 which involved the provision of an educational program on empowerment as an intervention resulted in a general improvement in the patient safety culture among the empowered staff nurses and supervisors.[13]

In terms of the relationship of empowerment to socio-demographic factors, strong correlations were confirmed between empowerment, nursing performance, and job satisfaction as nurses who were older, married, had higher educational attainments, had longer lengths of service and more stable work tenure, and those who were designated as charge nurses were more empowered, satisfied with their jobs, and had better clinical performance. Competency in empowerment and clinical career were also considered significant predictors of job satisfaction.[14-16] Studies on organizational and structural empowerment also showed variance in terms of socio-demographic factors in various dimensions of empowerment (opportunity, resources, information, and support). Specifically, older nurses had a more positive perception of structural empowerment.[17,18] In addition, studies on empowerment and associated factors (job satisfaction and organizational commitment) found that educational level was also significantly related to empowerment.[19,20] Nurses with lower educational levels had more critical characteristics of an empowered nurse.[21] Locally, a recent study also confirmed that age and employment status were significant predictors of empowerment among nurses. It also showed that the nurses from the National Capital Region (NCR) were moderately empowered.[15]

The role of empowerment in the nursing profession is indeed critical. Most of the studies cited have a confirmatory positive relationship with empowerment. Nurses are facing challenging situations especially during the pandemic. Empowerment is thus an even more relevant concept that needs to be explored. The cited studies strongly support the importance of exploring the socio-demographic profiles of the nurses and their effects on their level of empowerment.

MATERIALS AND METHODS

Research Design

The study was an exploratory descriptive design. This design enabled the investigators to effectively address the objective to describe, explore, and investigate the current empowerment condition of nurses during the pandemic. It also allowed obtaining relevant information to provide

Table 1. Chronbach's Alpha of the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II)

Tool Name	Opportunity	Information	Support	Resources	JAS	ORS	Total	GE
CWEQ-II	0.81	0.80	0.89	0.84	0.69	0.67	0.89	0.87

JAS – Job Activities Scale, ORS – Organization Relationships Scale

possible recommendations for the development of a program/ intervention specifically suitable for the participants involved in the study.

Research Setting

The study was conducted in a tertiary university hospital with 1,500-bed capacity in Manila, Philippines. It has a total number of 1,000 staff nurses who are designated into different clinical units including specialty and critical care areas.

Study Population and Sampling

The study utilized a proportional stratified sampling design to ensure the representation of each cluster of clinical areas in the institution. The nurses were grouped in clusters, namely: (1) Service Units, (2) Department of Pay Patient Services, (3) OR Complex, (4) Special Care Units, (5) Department of Out-Patient Services, (6) Department of Emergency Medicine and Obstetrics Admitting Section, and (7) Critical Care Units. Using the GPower 3.1, with a medium effect size of 0.5, alpha of 0.05, and power of 95%, the computed sample size was 176. The participants were randomly selected through a sampling frame. The inclusion criteria used for the selection of participants were as follows: (1) 21 years old and above, (2) with permanent employment status, and (3) has worked in their area designation for more than six months; whereas the exclusion criteria were the following: (1) nurses who are being routinely reassigned to various clinical areas in their department and (2) nurses who hold the highest administrative position (Nurse VII).

Research Instruments

The first part of the data collection form included the nurses' profile namely: age, sex, civil status, length of service, level of position, area designation, and level of education. The second part was the English version of the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II). It was used to measure empowerment in an individual current work setting. The tool was derived from Kanter's theory of structural empowerment.[22,23] Each indicator was taken from the ethnographic research of Kanter and was eventually adapted by Chandler in 1986 for the nursing profession. The questionnaire was tested for validity and reliability with good internal consistency. Table 1 details the subscale score of the reliability test.

Permission to use the research instrument was obtained from the copyright holders through email. The questionnaire has two parts which measure structural empowerment and global empowerment (GE), respectively. Each of the questions required the participants to rate using a five-

point Likert scale ranging from 1 to 5. The first part of the questionnaire has six subscales namely:

1. *Access to Information* – refers to access to formal and informal knowledge of organizational values, goals, decisions, and policies, and the possession of technical expertise required to work effectively;[22,23]
2. *Access to Support* – refers to the availability of feedback and guidance from supervisors, peers, and subordinates (e.g., helpful advice from colleagues);[23]
3. *Access to Resources* – refers to access to funds, supplies, and physical time required to accomplish organizational goals;[23]
4. *Access to Opportunity* – refers to the availability of challenges, rewards, and professional development opportunities within the workplace to increase knowledge and skills;[23]
5. *Formal Power (Job Activities Scale)* – refers to specific job characteristics such as flexibility, adaptability, creativity associated with discretionary decision-making, visibility, and certainty to organizational purpose and goals;[24]
6. *Informal Power (Organization Relationships Scale)* – refers to social connections, and the development of communication and information channels with sponsors, peers, subordinates, and cross-functional groups.[24]

The total structural empowerment score can be calculated by summing the first four subscales or all six subscales. For the study, all six subscales were used for calculation. Results were interpreted based on the guidelines provided by Laschinger in 2015, as follows: total score range is between 6 and 30. Higher scores indicate stronger perceptions of working in an empowered work environment. Scores ranging from 6 to 13 are described as low levels of empowerment, 14 to 22 as moderate levels of empowerment, and 23 to 30 as high levels of empowerment. As for the global empowerment (GE), which is used as a validation index, the score can be obtained by summing and averaging the two global empowerment items at the end of the questionnaire. The score range is between 1 and 5. Higher scores also reflect stronger perceptions of working in an empowered work environment.[24]

Study Procedure

The research proposal was first technically reviewed by the institution's technical review board and was submitted to the University of the Philippines Manila-Research Ethics Board (UPM-REB) for ethical approval. The primary investigator then coordinated with the area chief nurses for the conduct of the study. Upon coordination, the investigators distributed the printed copies of the questionnaires to the different

clinical areas. The printed copies of the questionnaires were collected one to three days after the distribution. Electronic data collection was also utilized through the use of Google forms for those participants who were not amenable to filling out the printed questionnaires.

Statistical Analysis

Descriptive statistics were employed in order to describe the nurses' demographic profiles. The mean and the standard deviation were computed for continuous variables, while frequency and percentage distribution were used for categorical data. Analysis of Variance (ANOVA) and t-test were then utilized to determine any significant differences between each of the nurses' structural empowerment and global empowerment scores when grouped according to

Table 2. Frequency and Percentage Distribution of the Nurses according to Demographic Profile

Demographic Variables	Number (n)	Percentage (%)
Age (years)		
21–35 (young adult)	100	56.8
36–55 (middle-aged adult)	73	41.5
56 and above (older adult)	3	1.7
Sex		
Male	37	21.0
Female	139	79.0
Civil Status		
Single	88	50.0
Married	84	47.8
Widowed	2	1.1
Separated	2	1.1
Length of Service (years)		
1–3	43	24.5
4–10	65	36.9
11 years and above	68	38.6
Level of Position		
Nurse I/II (staff nurses)	128	72.7
Nurse III (charge nurses)	25	14.3
Nurse IV (head nurses)	21	11.9
Nurse VI (chief nurses)	2	1.1
Designation Area		
Service Units	52	29.5
Department of Pay Patient Services	34	19.3
OR Complex	39	22.2
Special Care Units	6	3.4
Department of Out-Patient Services	11	6.3
Department of Emergency Medicine	5	2.8
Critical Care Units	29	16.5
Level of Education		
BSN Graduate	133	75.6
Units Earned	30	17.0
Postgraduate Studies	13	7.4

the different demographic variables. An (alpha) α - 0.05 level of significance was used. For those multiple groups with statistically significant differences, a post hoc test specifically the Tukey's Honest Significant Difference (HSD) test was utilized to determine which specific groups differ. The collected data were computed and analyzed using the Statistical Package for the Social Sciences (SPSS), version 26.

Ethical Considerations

The study protocol was approved by the University of the Philippines-Manila Research Ethics Board (UPM-REB) (2021-259-01). Participation was voluntary and the participants were informed that they could withdraw from the study at any given time without consequences. Informed consent was also obtained by the investigators from the participants prior to questionnaire administration. Proper measures were taken to ensure the participants' privacy and confidentiality. Questionnaires were also coded for anonymity. All data and information regarding the participants were handled in accordance with the guidelines of the institution and the Republic Act no. 10173 otherwise known as the Data Privacy Act of 2012.

RESULTS

The purpose of the study was to determine the level of empowerment of nurses in a tertiary university hospital. It also aimed to explore whether the various socio-demographic factors affect the nurses' levels of empowerment.

Nurses' Demographic Profile

The study included a total of 176 nurse participants. Table 2 details the percentage and frequency distribution of the participants according to various demographic variables.

Nurses' Levels of Empowerment

The nurses' levels of empowerment were measured through their total structural empowerment (TSE) and global empowerment (GE) scores. TSE scores were taken from the total of the nurses' scores for the six subscales on the CWEQ-II questionnaire, and the average of the two items regarding GE were also computed. Overall, it was found that the nurses from the tertiary university hospital have a moderate level of empowerment. Table 3 summarizes the overall empowerment scores of the nurses.

Nurses from the middle-aged and older adult groups have high levels of empowerment, while those from the young adult group have a moderate level of empowerment (Table 4). There was also a statistically significant difference

Table 3. Overall Mean Scores of Nurses' Empowerment

Opportunity	Information	Support	Resources	JAS	ORS	TSE	TSE (SD)	GE	GE (SD)
4.53	3.72	3.66	3.44	3.46	3.89	22.69	3.53	3.72	1.01

JAS – Job Activities Scale, ORS – Organization Relationships Scale, TSE – Total Structural Empowerment, GE – Global Empowerment, SD – standard deviation

Table 4. Mean Scores of Empowerment according to Age Group

Age Groups	Opportunity	Information	Support	Resources	JAS	ORS	TSE	GE
21–35 (young adult)	4.47	3.47	3.51	3.29	3.29	3.85	21.88	3.48
36–55 (middle-aged adult)	4.60	4.03	3.83	3.63	3.66	3.94	23.70	4.01
56 and above (older adult)	4.44	4.44	4.22	3.78	4.11	3.92	24.92	5.00

JAS – Job Activities Scale, ORS – Organization Relationships Scale, TSE – Total Structural Empowerment, GE – Global Empowerment

Table 5. Mean Difference of Total Structural Empowerment Score according to Age Group

Age Groups	mean (x̄)	SD	F Statistic	P-Value
21–35 (young adult)	21.88	3.33	6.63	0.002
36–55 (middle-aged adult)	23.70	3.51		
56 and above (older adult)	24.92	4.13		

Degrees of freedom: Between Groups: 2, Within Groups: 173, Total: 175; F Critical Value: 3.048

Table 6. Mean Difference of Global Empowerment Score according to Age Group

Age Group	mean (x̄)	SD	F Statistic	P-Value
21–35 (young adult)	3.48	1.02	8.87	<0.001
36–55 (middle-aged adult)	4.01	0.90		
56 and above (older adult)	5.00	0.00		

Degrees of freedom: Between Groups: 2, Within Groups: 173, Total: 175; F Critical Value: 3.048

Table 7. Average Score of Empowerment according to Sex

Sex	Opportunity	Information	Support	Resources	JAS	ORS	Total	GE
Male	4.56	3.57	3.48	3.22	3.36	3.82	22.00	3.54
Female	4.52	3.76	3.71	3.50	3.48	3.91	22.87	3.77

JAS – Job Activities Scale, ORS – Organization Relationships Scale, GE – Global Empowerment

Table 8. Mean Difference of Total Structural Empowerment Score according to Sex

Sex	mean (x̄)	SD	F Statistic	P-Value
Male	22.00	3.79	1.76	0.19
Female	22.87	3.45		

Degrees of freedom: Between Groups: 1, Within Groups: 174, Total: 175; F Critical Value: 3.895

Table 9. Mean Difference of Global Empowerment Score according to Sex

Sex	mean (x̄)	SD	F Statistic	P-Value
Male	3.54	0.98	1.55	0.21
Female	3.77	1.02		

Degrees of freedom: Between Groups: 1, Within Groups: 174, Total: 175; F Critical Value: 3.895

in the TSE and GE mean scores among the groups of nurses according to their age (Tables 5 and 6). However, only the TSE mean scores of nurses from the young adult and middle-aged groups have a statistically significant difference whereas, the GE mean scores of nurses from the young adult and older adult groups have a statistically significant difference by Tukey's HSD.

Results show that both males and females have moderate levels of empowerment, with females having slightly higher levels than males (Table 7). However, there were no statistically significant differences among the nurses' TSE and GE mean scores when grouped according to sex (Tables 8 and 9).

Nurses who were single have the lowest empowerment scores, only having a moderate level of empowerment. The rest of the nurses from other civil status groups have high levels of empowerment (Table 10). There was a statistically significant difference in the nurses' TSE and GE mean scores when grouped according to civil status (Table 11) but the statistically significant difference only existed between the single and married groups (Table 12).

In terms of length of service, nurses who have the longest length of service (11 years and above) have the highest

empowerment scores, having a high level of empowerment. The other two groups (1 to 3 years and 4 to 10 years of service) only have moderate levels of empowerment (Table 13). There was also a statistically significant difference between the nurses' TSE and GE mean scores (Tables 14 and 15). Tukey's HSD test revealed that the statistically significant differences exist first, between the TSE scores of the group of nurses with 1 to 3 years of service and those with 11 years and above and second, between the group of nurses with 4 to 10 years of experience and those with 11 years and above. Whereas for the GE scores, the statistically significant difference only existed between the group of nurses with 4 to 10 years of experience and those with 11 years and above.

Chief nurses, those who hold the Nurse VI position, have the highest empowerment scores, followed by the head nurses (Nurse IV), then the charge nurses (Nurse III), and lastly, the staff nurses (Nurse I/II). Nurses with administrative and managerial positions (Nurse III, IV, and VI) have high levels of empowerment, whereas the staff nurses holding the lowest levels of position (Nurse I/II) only have a moderate level of empowerment (Table 16). There was a statistically significant difference in the nurses' TSE and GE mean scores

Table 10. Average Score of Empowerment according to Civil Status

Civil Status	Opportunity	Information	Support	Resources	JAS	ORS	Total	GE
Single	4.46	3.44	3.47	3.37	3.25	3.83	21.82	3.48
Married	4.61	3.97	3.84	3.50	3.65	3.93	23.51	3.92
Widowed	4.00	4.50	4.00	3.50	3.50	3.75	23.25	5.00
Separated	4.50	4.50	3.83	3.83	4.33	4.75	25.75	5.00

JAS – Job Activities Scale, ORS – Organization Relationships Scale, GE – Global Empowerment

Table 11. Mean Difference of Total Structural Empowerment Score according to Civil Status

Civil Status	mean (x̄)	SD	F Statistic	*P*-Value
Single	21.82	3.56	4.02	0.01
Married	23.51	3.34		
Widowed	23.25	2.47		
Separated	25.75	1.77		

Degrees of freedom: Between Groups: 3, Within Groups: 172, Total: 175; F Critical Value: 2.657

Table 12. Mean Difference of Global Empowerment Score according to Civil Status

Civil Status	mean (x̄)	SD	F Statistic	*P*-Value
Single	3.48	1.08	5.3	0.002
Married	3.92	0.87		
Widowed	5.00	0		
Separated	5.00	0		

Degrees of freedom: Between Groups: 3, Within Groups: 172, Total: 175; F Critical Value: 2.657

Table 13. Average Score of Empowerment according to Length of Service

Length of Service	Opportunity	Information	Support	Resources	JAS	ORS	Total	GE
1–3 years	4.41	3.40	3.51	3.44	3.50	3.88	22.15	3.64
4–10 years	4.49	3.54	3.50	3.30	3.23	3.82	21.87	3.45
11 years and above	4.64	4.08	3.90	3.57	3.65	3.97	23.81	4.04

JAS – Job Activities Scale, ORS – Organization Relationships Scale, GE – Global Empowerment

Table 14. Mean Difference of Total Structural Empowerment Score according to Length of Service

Length of Service	mean (x̄)	SD	F Statistic	*P*-Value
1–3 years	22.15	3.37	5.98	0.003
4–10 years	21.87	3.60		
11 years and above	23.81	3.30		

Degrees of freedom: Between Groups: 2, Within Groups: 173, Total: 175; F Critical Value: 3.048

Table 15. Mean Difference of Global Empowerment Score according to Length of Service

Length of Service	mean (x̄)	SD	F Statistic	*P*-Value
1–3 years	3.64	1.02	6.04	0.003
4–10 years	3.45	1.09		
11 years and above	4.04	0.85		

Degrees of freedom: Between Groups: 2, Within Groups: 173, Total: 175; F Critical Value: 3.048

Table 16. Average Score of Empowerment according to Level of Position

Level of Position	Opportunity	Information	Support	Resources	JAS	ORS	Total	GE
Nurse I/II	4.49	3.57	3.54	3.40	3.39	3.79	22.19	3.56
Nurse III	4.51	3.99	3.92	3.43	3.35	4.05	23.24	4.12
Nurse IV	4.73	4.22	3.92	3.63	3.90	4.20	24.62	4.12
Nurse VI	4.83	4.83	4.83	4.00	4.50	4.63	27.63	5.00

JAS – Job Activities Scale, ORS – Organization Relationships Scale, GE – Global Empowerment

Table 17. Mean Difference of Total Structural Empowerment Score according to Level of Position

Position	mean (x̄)	SD	F Statistic	*P*-Value
Nurse I/II	22.19	3.54	4.75	0.003
Nurse III	23.24	3.47		
Nurse IV	24.62	2.53		
Nurse VI	27.66	0.65		

Degrees of freedom: Between Groups: 3, Within Groups: 172, Total: 175; F Critical Value: 2.657

Table 18. Mean Difference of Global Empowerment Score according to Level of Position

Position	mean (x̄)	SD	F Statistic	*P*-Value
Nurse I/II	3.56	1.03	4.78	0.003
Nurse III	4.12	0.71		
Nurse IV	4.12	0.96		
Nurse VI	5.00	0		

Degrees of freedom: Between Groups: 3, Within Groups: 172, Total: 175; F Critical Value: 2.657

(Tables 17 and 18). However, post-hoc Tukey's HSD test revealed that the only statistically significant difference in TSE scores existed between the Nurse I/II and Nurse IV groups, and between the Nurse I/II and Nurse III groups in terms of GE mean scores.

When grouped according to area designation, it was found that only the nurses from Special Care Units and the Department of Out-Patient Services have high levels of empowerment, the latter having the highest empowerment

scores among all the other clustered groups. All the other groups only have moderate levels of empowerment, with those nurses from the Department of Emergency Medicine and OB Admitting Section having the lowest empowerment scores (Table 19). Statistically significant differences also existed between the mean scores of the nurses' TSE and GE (Tables 20 and 21). Tukey's HSD test showed that the TSE mean scores of the nurses from the Department of Out-Patient Services and the Critical Care Units were

Table 19. Average Score of Empowerment according to Area Designation

Area Designation	Opportunity	Information	Support	Resources	JAS	ORS	Total	GE
Service Units	4.46	3.71	3.65	3.44	3.59	3.96	22.80	3.88
Department of Pay Patient Services	4.64	3.54	3.64	3.40	3.44	3.95	22.61	3.50
OR Complex	4.46	3.77	3.82	3.56	3.56	3.76	22.93	3.82
Special Care Units	4.67	3.78	3.06	3.61	3.72	4.50	23.33	3.58
Department of Out-Patient Services	4.67	4.42	4.42	3.76	3.85	4.57	25.69	4.64
Department of Emergency Medicine and OB Admitting Section	4.67	3.33	3.47	3.40	3.07	3.25	21.18	3.20
Critical Care Units	4.51	3.67	3.33	3.18	2.95	3.59	21.24	3.36

JAS – Job Activities Scale, ORS – Organization Relationships Scale, GE – Global Empowerment

Table 20. Mean Difference of Total Structural Empowerment Score according to Area Designation

Area	mean (x̄)	SD	F Statistic	P-Value
Service Units	22.80	3.64	2.49	0.02
Department of Pay Patient Services	22.61	3.09		
OR Complex	22.93	3.59		
Special Care Units	23.33	4.45		
Department of Out-Patient Services	25.69	3.10		
Department of Emergency Medicine and OB Admitting Section	21.18	1.48		
Critical Care Units	21.24	3.35		

Degrees of freedom: Between Groups: 6, Within Groups: 169, Total: 175; F Critical Value: 2.153

Table 21. Mean Difference of Global Empowerment Score according to Area of Designation

Area of Designation	mean (x̄)	SD	F Statistic	P-Value
Service Units	3.88	1.07	3.08	0.007
Department of Pay Patient Services	3.50	0.78		
OR Complex	3.82	0.98		
Special Care Units	3.58	1.56		
Department of Out-Patient Services	4.64	0.50		
Department of Emergency Medicine and OB Admitting Section	3.20	1.26		
Critical Care Units	3.36	0.96		

Degrees of freedom: Between Groups: 6, Within Groups: 169, Total: 175; F Critical Value: 2.153

Table 22. Average Score of Empowerment according to Level of Education

Level of Education	Opportunity	Information	Support	Resources	JAS	ORS	Total	GE
BSN Graduate	4.51	3.67	3.61	3.45	3.44	3.79	22.46	3.67
Units Earned	4.59	3.97	3.91	3.44	3.59	4.15	23.65	3.85
Postgraduate Studies	4.59	3.69	3.54	3.28	3.36	4.27	22.73	3.96

JAS – Job Activities Scale, ORS – Organization Relationships Scale, GE – Global Empowerment

Table 23. Mean Difference of Total Structural Empowerment Score according to Level of Education

Level of Education	mean (x̄)	SD	F Statistic	P-Value
BSN Graduate	22.46	3.46	1.39	0.25
Units Earned	23.65	3.39		
Post graduate studies	22.73	4.33		

Degrees of freedom: Between Groups: 2, Within Groups: 173, Total: 175; F Critical Value: 3.048

Table 24. Mean Difference of Global Empowerment Score according to Level of Education

Level of Education	mean (x̄)	SD	F Statistic	P-Value
BSN Graduate	3.67	1.03	0.76	0.47
Units Earned	3.85	1.10		
Postgraduate studies	3.96	0.56		

Degrees of freedom: Between Groups: 2, Within Groups: 173, Total: 175; F Critical Value: 3.048

significantly different. Whereas in terms of GE scores, statistically significant differences only existed between the nurses from the Department of Pay Patient Services and those from the Department of Out-Patient Services, and between the groups from the Department of Out-Patient Services and those from the Critical Care Units.

Results revealed that in terms of level of education, nurses who have Units Earned have a high level of empowerment, while nurses who are BSN Graduates and those who have attained Postgraduate Studies have moderate levels of empowerment (Table 22). However, there was no statistically significant difference between the nurses' TSE and GE mean scores (Tables 23 and 24).

DISCUSSION

The study aimed to assess the level of empowerment among nurses working in a tertiary university hospital during the time of a pandemic crisis. It also intended to determine if there are differences in levels of empowerment among the nurses when grouped according to the various demographic variables of interest. The outcomes of the study may therefore offer possible relevant implications for the improvement of nursing practice. The results may serve as a factual basis for recommendations to the institution's administrators in planning and implementing programs or interventions that will improve the levels of empowerment among nurses. Since empowerment, after all, is a critical part of nursing administration that needs to have considerable awareness. Furthermore, since it was found that there were significant differences in levels of empowerment among certain groups of nurses based on their demographic profiles, the results of this study will also aid administrators to identify groups of nurses with relatively lower levels of empowerment and in turn develop specific programs tailored for them that will help improve their empowerment levels leading to positive work behaviors, increase the level of job satisfaction, commitment, trust, and low burnout supported by the literature.

The study found that the nurses from the tertiary university hospital have an overall moderate level of empowerment based on their resulting empowerment scores (TSE mean: 22.69, SD = 3.53; GE mean = 3.72, SD = 1.01) on the CWEQ-II tool. The result of this study is congruent with the findings from another recent study conducted on a bigger scale in the Philippines that nurses are moderately empowered.[15] This study may hence contribute to the growing volume of literature that asserts that nurses in the country remain empowered despite the dire situations they are in. The outcome also implies that the nurses' level of empowerment can still be improved to achieve a higher level thereby contributing to a better quality of patient care.

In terms of the nurses' demographic profile, certain findings from this study were also similar to the results of other previous studies conducted. For instance, in a related study conducted among nurses in the NCR, it was found that nurses with increased levels of empowerment were predicted to be older, stayed longer in the institution, attained a higher educational level, worked at public institutions, and had shorter hours of work.[15]

Among the nurses who participated in this study, a majority (56.8%) belong to the young adult age group (21 to 35 years old). This finding is consistent with the result of a similar study by Tan and Conde wherein they found that most of the participants are in the age group of 26 to 35 years.[15] Another study conducted in the country showed a similar result, with most of the nurses belonging to the age group of less than 24 years old. In this study, the nurses who belong to the young adult group in the study have the lowest level of empowerment (moderate) when compared to the other age groups.[25] This finding can be due to the fact that younger age means less years in their job, less years in their job could possibly mean less opportunities, thus their perception of less empowerment. Considering that they comprise the majority of the nursing workforce in the institution, they should be given specific focus by the administration when providing interventions for empowerment.

Given the aforementioned finding of having a majority of nurses belonging to the younger age groups, most of the participants may not have yet the opportunity to pursue higher levels of education or are yet to pursue them. Thus, most of the participants have only earned their BSN degree (75.6%) when the study was conducted. This result was also consistent with the results of the other local studies where most of the participants were only BSN graduates[15,25]

Furthermore, the other related local studies showed similarities in the demographic distribution of participants with considerably more female nurses than males which may imply that nursing in the Philippines is still mostly a female-dominated profession. However, despite this, the study found that there was no significant difference in the levels of empowerment between males and females possibly suggesting that nurses are empowered equally regardless of their sex.[15,25]

In terms of civil status, the study revealed that the nurses who are single have the lowest levels of empowerment (moderate). This supports the findings of a related study on empowerment which asserted that unmarried individuals mostly have lower levels of empowerment.[26]

With regard to the nurses' length of service and level of position, it was found that nurses who have longer years of service and higher positions have considerably higher empowerment levels compared to other groups. This finding is congruent to the results of other studies as well signifying that gaining tenure in their institution provides the nurses with more power and better access to empowerment structures thereby increasing their empowerment levels.[8,15] Nurses who have stayed longer in their institution are more familiar and better trained on their line of work as they become tenured in their workplace. It was also stated in the aforementioned study that the employees' designation to the organizational

hierarchy is significantly related to their access to the four structural frameworks in Kanter's theory of empowerment namely: resources, information, support, and power.[8] Hence, those who are in the upper levels of management have more access to empowerment structures.

Limitations of the Study

One of the limitations of this study is that it only focused on the differences on levels of empowerment among nurses depending on their demographic profiles and not on the relationship of empowerment to each of the different demographic variables. Also, this study only assessed the nurses' current levels of empowerment. It did not however focus on the differences on the levels of empowerment before and during the time of the pandemic. Lastly, the study was only conducted on a single setting which might limit its generalizability of results and its representativeness of the target population.

Addressing these aforementioned limitations in future studies might be helpful in further promoting empowerment among nurses which would consequently result in better quality of nursing care and positive nurse and patient outcomes.

CONCLUSION

The results of this study found that despite having a moderate level of empowerment overall, the nurse participants have significantly different levels of empowerment depending on certain demographic variables.

Recommendations

Given the findings, it is thus vital to consider the different demographic variables in increasing the nurses' levels of empowerment. Since it was found that younger and less experienced nurses have lower levels of empowerment, the administration should thus focus on empowering these young nurses by giving them more freedom to express themselves and voice out their ideas to the nursing administration. They should also be provided with more opportunities to develop their leadership skills through supportive mentoring, professional development programs, and creating a nurturing environment.

One of the limitations of this study is that it only focused on the differences in levels of empowerment among nurses depending on their demographic profiles and not on the correlation of empowerment to each of the different demographic variables. It might be beneficial to have this investigated on a correlational study in order to further augment the findings of this study. Also, this study only assessed the nurses' current levels of empowerment. However, it did not focus on the differences on the levels of empowerment before and during the time of the pandemic. This may then be further explored in another study focusing on the relationship of the pandemic crisis on the level of empowerment. Lastly,

the study was only conducted on a single setting which might limit its generalizability of results and its representativeness of the target population. Increasing the scale of the study to include other institutions in the country may be beneficial to achieve a more generalizable result. Addressing these aforementioned limitations in future studies might be helpful in further promoting empowerment among nurses which would consequently result in better quality of nursing care and positive nurse and patient outcomes.

Implications to Nursing Practice

Nurse empowerment is a crucial element of nursing practice as it influences teamwork, commitment, retention, productivity, job satisfaction, and positive nurse and patient outcomes. Improving levels of empowerment is therefore essential. This is especially relevant now that nurses are currently facing undoubtedly challenging situations while working as front liners during the time of a pandemic. The study outcomes may aid nurse administrators in the development of programs or interventions for empowerment specifically tailored for nurses with lower levels of empowerment depending on their demographic profiles. The programs or interventions for empowerment should then lead to positive work behaviors, lower burnout rates, and increased levels of job satisfaction, commitment, and trust.

Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

All authors declared no conflicts of interest.

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