

Research Article

Level of Empowerment of Staff Nurses in Selected Private Hospitals in Cavite



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Abstract

The main objective of the study was to establish a clear demographic profile of staff nurses in Cavite, and to determine the level of empowerment of staff nurses in Cavite. Kanter's Structural Model of Empowerment (1977) was used as its backbone in the course of the study since it has been widely applied to practice of nursing management (Nedd, 2006). Descriptive research design was utilized. Self-made, expert reviewed, non-standardized questionnaires was the distributed among private hospitals in the seven districts of Cavite. Results found for demographic profile that there were almost equal distribution of male and female staff nurses, majority were young, finished Bachelor's degree in Nursing and new in service with salary quite low. Staff nurses were found to be moderately empowered in their workplace with all the three power tools based in Kanter's structural model of empowerment (1977), with the following results: systemic power actors (M=4.11; SD=0.607), access to empowerment structures (M=3.96; SD=0.634), and psychological empowerment (M=4.07; SD=0.602). Supervisors and managers are the key to their empowerment (Wilson and Laschinger, 2004, 2004). Empowering leadership is one that could help ease the staff nurses' burnout (Bobbio, Bellan, Manganelli, 2012). Thus, researchers highly recommend various intercessions from their supervisors to uplift the staff nurses' level of empowerment in their workplaces because empowered nurses are effective nurses. It transcends not only to staff nurses themselves, but as well to the recipients of their care.



Key words: : Empowerment, staff nurses, workplace

Introduction

Empowerment can create a satisfactorily working attitude among employees. As many authors asserted, empowerment can lead to a productive working attitude among staff nurses in their workplaces (Steward, McNulty, Griffin, and Fitzprick, 2010; Finegan and Laschinger, 2001; Laschinger, Almost, and Tuer-Hodes, 2003; Manojlovich, 2007; Wilson and Laschinger, 2004, 2004), with patient satisfaction (Donahue, Piazza, Quin, Dykes, and Fitzpatrick, 2008), and with higher retention and commitment to the organization (Hauck, Quin, and

Fitzpatrick, 2011). Though according to one study, it suggested that nurses, among other hospital personnel, had the lowest empowerment level (Hassan, 2002).

Empowerment is the act of which giving power to a person. And power was viewed as the ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the goals he or she is attempting to meet. Furthermore, power is needed to influence others. It is asserted that powerless nurses are ineffective nurses (Manojlovich, 2007).

Empowerment can arise from the work environment especially from immediate manager (Wilson and Laschinger, 2004). Empowering leadership was found as an important predictor of empowerment (Bobbio, Bellan, and Manganelli, 2012) and may result to lower levels of job tension and increased work effectiveness (Laschinger, Wong, McMahon, and Kaufmann, 1999); and in overall, organizational effectiveness was seen (Laschinger, Finegan, Sharmian, and Casier, 2000).

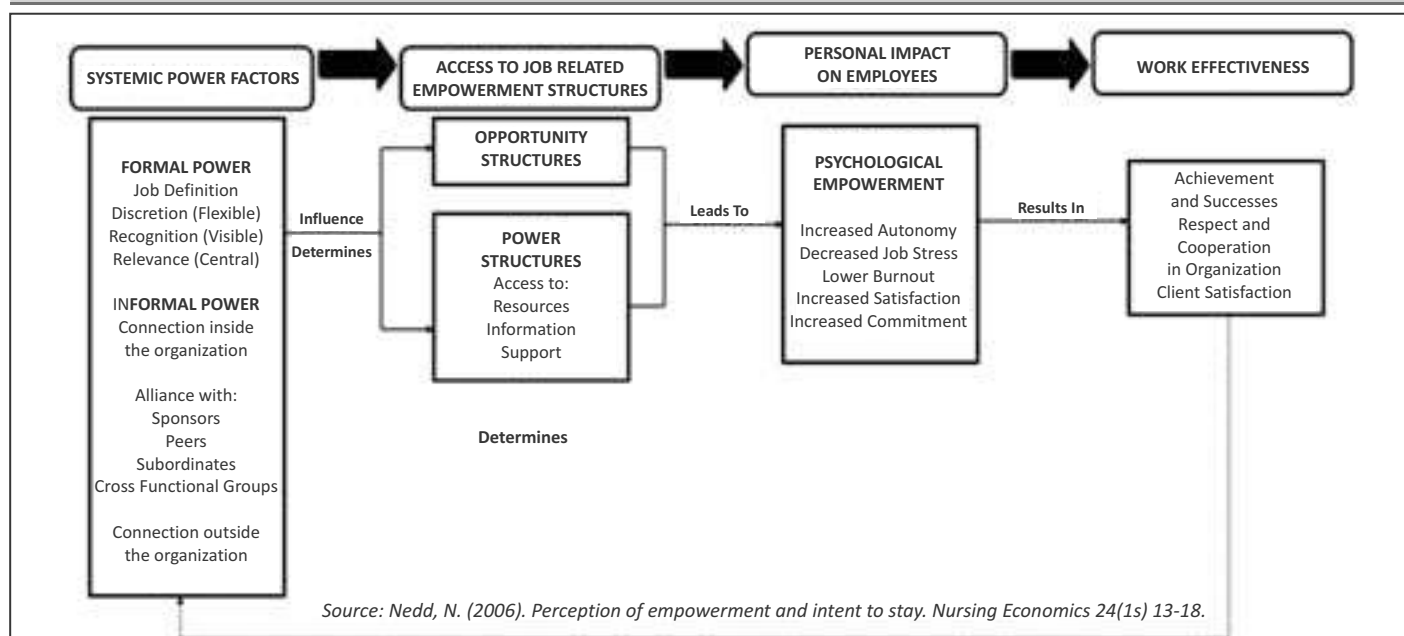
Though many literatures were known in the investigation of level of empowerment among staff nurses, yet little was known about the current status of empowerment level in the Philippine setting and among its professional nurses in their workplace.

Thus, this study was aiming to determine the level of empowerment of staff nurses in their workplaces. Specifically, the objectives of the study were (1) to establish demographic profile of the staff nurses, and (2) to determine their level of empowerment in their workplaces. The study was conducted in the province of Cavite which has several private hospitals scattered among its seven districts. Furthermore, this study uses Kanter's Structural Model of Empowerment (1977) as its backbone in the course of the investigation (see Figure 1) since it has been widely applied to practice of nursing (Nedd, 2006).

Figure 1 shows that empowerment was seen through three power tools to attain work effectiveness. First power

tool was systemic power factors. It was composed of two factors: formal and informal power. Formal power factors were those factors recognized by the institution like job definition, flexibility, visibility, and creativity. It is also comes from jobs that were considered relevant and central to the organization. Informal power is developed from relationships and networks with peers, subordinates, superiors within and those significant others outside the organization. Informal power factors were those not recognized by the institution though still had impact with regards to empowerment like connection inside or outside the organization. The second power tool was access to job related empowerment structures. It was comprised of opportunity and power structures. Instances of power structures were information, resources and support. *Information* relates to the data, technical knowledge, and expertise required in performing one's job. *Access to resources* refers to the ability to acquire necessary materials, supplies, money, and personnel needed to meet organizational goals. *Support* refers to guidance and feedback received from subordinates, peers, and supervisors to enhance effectiveness (Nedd, 2006). The third power tool was psychological empowerment. It was the most personal level among the power tools and it was comprised of perceived competence, meaning, self-determination and impact (Bartram, Joiner, and Stanton, 2004). Sets of questions were created per power tool and pertaining to its comprising factors in the creation of research instrument.

Figure 1. Kanter's Structural Model of Empowerment (1977)



This study was half-part of a research conducted in the Cavite State University – College of Nursing by a team of researchers entitled: “Gender Empowerment of Staff Nurses in Selected Private Hospitals in the Province of Cavite”.

The following covers the creation of a research instrument statistically validated and reviewed by pool of experts, sampling in the coverage of the staff nurses working in private hospitals in Cavite, and the results, discussion, limitation, and recommendation of the study will be all discussed further.

Methodology

This study utilized descriptive research design to clearly determine the level of empowerment of staff nurses. Cluster sampling was used to select the private hospitals in the seven districts of Cavite. In order to get the sample of the respondents, non-probability purposive non-quota sampling was used to take small samples per hospital in every district.

A non-standardized, self-made questionnaire was used to quantitatively measure level of empowerment using Likert scale (see Table 1). It was composed of two parts: (1) the demographic profile which includes sex, age, educational background, civil status, salary, and the total length of service; and (2) a 62 item questionnaire based upon Kanter’s Model of Structural Empowerment. It was reviewed by a pool of experts before and after it was pre-tested to ten participants not included in the study. The research instrument had undergone into Reliability Analysis Scale – Alpha for three empowerment structures: systemic power factors ($\alpha=0.9130$), access to empowerment structures ($\alpha=0.9466$), and psychological empowerment ($\alpha=0.8396$). Any unsatisfied questions in the questionnaire were removed. Mean, standard deviation and percentage analysis were used as statistical treatment.

Table 1. Verbal interpretation for the mean score of level of empowerment

Mean Score	Level of Empowerment
1.00 – 1.79	Not Empowered
1.80 – 2.59	Slightly Empowered
2.60 – 3.39	Empowered
3.40 – 4.19	Moderately Empowered
4.20 – 5.00	Highly Empowered

Criteria were set in the recruitment of respondents: (1) must be registered nurses, and currently employed at the time of the study. Ethical considerations were done in

the recruitment of respondents. A cover letter was attached to the research questionnaire explaining the objectives and purpose of the study, and specifying non-disclosure of their identity and their responses to the questionnaire. Likewise, a letter of consent was sent to hospital administrators stating the intent of the study, its objectives and non-disclosure of the response of their respective staff nurses before the conduction of the study in their respective hospitals. Respondents were also had the discretion whether to participate or not in the survey.

Seventy-two percent (72%) of questionnaires were returned and found complete and ready for statistical treatment.

Results

In the establishment of the demographic profile of staff nurses in the province of Cavite, the survey had reported the following results (see Table 2). Female staff nurses (n=56; 55.4%) were slightly predominant in number compared to their male (n=45; 44.6%) counterpart. It was evident that majority of respondents were 24 years old and below (n=58; 57.4%). In terms of civil status, most were single (n=82; 81.2%). Bigger part of the samples

Table 2. Demographic profile of staff nurses in the province of Cavite

Demographic Profile	Frequency (N=101)	Percentage (%)
Sex		
Male	45	44.6
Female	56	55.4
Age		
24 years old and below	58	57.4
25 to 29 years old	30	29.7
30 years old and above	13	12.9
Civil Status		
Single	82	81.2
Married / Separated	19	18.8
Educational Attainment		
Bachelor’s degree	94	93.1
Master’s units / degree	7	6.9
Length Of Service		
Less than 1 year	26	25.7
1 to 2 years	36	35.6
2 to 3 years	17	16.8
More than 3 years	22	21.8
Salary		
PhP 5,000 and below	33	32.7
PhP 5,001 to PhP 10,000	61	60.4
PhP 10,001 to PhP 15,000	7	6.9

reported baccalaureate level (n=94; 93.1%) as their educational attainment. Majority stated of having one to two years in their length of service (n=36; 35.6%). And most of the respondents reported a salary ranging from 5,001 Php to 10,000 Php (n=61; 60.4%).

In determining the level of empowerment, here was the result of the survey (see Table 3). It was found in the study that there was moderate empowerment to all power tools, systemic power factors, access to empowerment structures and psychological empowerment.

In systemic power factors (Table 3), it was seen that among its two factors, informal power factor (M=4.20, SD=0.595) consisted of connection inside (peers, supervisors, colleagues, etc.) and connection outside (friends, families, etc.) their organization was reported to have higher score than formal power factor (M=4.01, SD=0.607). Formal power factors are recognized by the institution like discretion, recognition and relevance.

Table 3. Level of empowerment of staff nurses in the province of Cavite

Power Tools	Mean	Standard Deviation	Verbal Interpretation
Systemic Power Factors	4.11	0.607	Moderately empowered
Access to Empowerment Structures	3.96	0.634	Moderately empowered
Psychological Empowerment	4.07	0.602	Moderately empowered

Though, it was seen in the access to empowerment structures were found equal in interpretation: Power structures (M=3.95, SD=0.647) such as resources, information and support, and Opportunity structures (M=3.98, SD=0.703). Their scores as moderately empowered in accordance to the results of the survey. In power structures, access to support (M=4.09, SD=0.700) contributed more than to access to information (M=4.03, SD=0.700) and access to resources (M=3.73, SD=0.760).

In the result of psychological empowerment, the highest score came from meaning (M=4.19, SD=0.699), followed by perceived competence (M=4.16, SD=0.641), then self-determination (M=4.10, SD=0.692), and impact (M=3.85, SD=0.731).

Discussion

This section discusses about the demographic profile such as sex, age, civil status, educational attainment, length of service, and salary, and level of empowerment among staff nurses in Cavite.

Demographic Profile

Sex

It was found in the study that the majority of respondents were female (55.4%). Many authors had presented the same sex distribution in the nursing profession. But unlike to their results, sex distribution among nurses to other countries was seen that there was large difference in number of female and male in the nursing workforce. In survey conducted in US, it was approximated 5.8 percent of male nurses in their nursing workforce (minoritynurse.com). In Taiwan, a study reveals that male nurses comprise of only 0.58 percent in the nursing (Lui, 2008; Kuo et al., 2007) and in Turkey it was reported that there were no male in their nursing profession (Cavus, and Demir, 2010). Likewise, Canada, British Columbia, and the Netherlands had also low number of male nurses compared to their female counterpart in the profession; though it was also reported in literature that there was substantial number of male nurses in the Philippines and Germany (virtualcurriculum.com).

It was expected that there was larger number of female nurses in the profession as accordance to the result. The predominance of women in the profession can be traced back to its pioneer that Nightingale discouraged men in nursing (Masters, 2005). It was also evident in the history and literary works that women were performing the trade of care (Kozier et al., 2004; Crowther, 2002). It was observed that caring or basically nursing the sick can be traced to their home where mothers or women perform the job while men were the hunters or protectors (Kozier et al.). According to Crowther (2002), socio-cultural impact maybe was the reason of why women predominates the nursing profession because it was more accepted and had no conflict to womanhood.

Age

The study suggested that the majority in nursing workforce of Cavite were in between the ages 24 years old and below (57.4%). Few literatures were found in describing age distribution, though one internet site had provided insightful age distribution in relation to year periods in US alone. According to georgian.org, the average age in US nursing workforce was 46.8 years old in year 2004, and these remains throughout time from 1980 up to 2004 with ages mainly ranging from 35 to 45 years

old. Laschinger et al. (2003) reported through their study that the average age of nurses was 40 years old. In Taiwan, 34-85 years old were the mean age of their nursing workforce (Kuo et al., 2007). Cavus and Demir (2010) reported that the mean age of nurses in Turkey was 32.7 years old. The result of the study may suggest that due to high number of young individuals among the staff nurses may arise from high number of graduates in nursing program in recent years. Also, high turnover rate of experienced nurses maybe the reason of why they were quickly replaced by younger ones in Cavite. The discrepancy in the comparison of other literature to the study's result maybe because of their low number of graduates of other countries and employing younger nurses were not feasible. But due to limited literature about age of nurses, it remained inconclusive of what was the reason of the discrepancy between the result of the study and of other literatures.

Civil Status

It was found that there were more single (81.2%) staff nurses in Cavite. There was limited literature available in describing of civil status of nurses. Few of these literatures asserted that there were more married nurses than those who were never married (georgian.org; Kuo et al., 2007). In Filipino context, the average marrying age was around 24.7 years old for females and 29.7 years old for men in the year 2007 (Philippine Statistics Office, 2010). Thus, this was maybe the reason of why there were mostly unmarried. Though, due to limited cited literatures, this remained unclear and need further evaluation.

Educational attainment

Mostly among staff nurses reported that they obtained baccalaureate degree (93.1%). It was a prerequisite for entry level position of being staff nurse was to obtain a Bachelor of Science degree in nursing in order to take licensure examination for nurses. Furthermore, the licensure examination for nurses was for the recognition of nursing graduates as registered nurses in the Philippines as mandated by RA 9173 (Philippine Nursing Act of 2002). In compare to US setting, georgian.org reported that most number of entry level position for nurses had come from diploma. Though, there were different guidelines in any regulation of profession like nursing in every country or state. Little was known about educational attainment of staff nurses in literature, thus the inadequacy may provide a minimal understanding of this demographic component.

Length of service

Many of staff nurses reported that they had 1 to 2 years (35.6%) followed by those who reported of less than 1 year (25.7%) in their length of service. As it was expected, in relation to the result from age of staff nurses, length of service can be seen to the figure provided that there was minimal number of years as well. Entry level position as nurses can be seen through this also. According to Laschinger et al. (2003) reported that average nursing experience was 8 years length of service to their current job, and it was seen in the study of Kuo et al. (2007) that the average length of employment was 35 – 94 months (2.9 – 7.8 years). This contradicts the present study. It showed in the study that staff nurses had less number of length of years compared to other countries surveyed.

Salary

Majority of the surveyed respondents reported that they earned salary between 5,001 Php – 10,000 Php (60.4%) as staff nurses in their respective hospitals. It was inconvenient to compare salary among other countries because of many socio-political and economic factors in the determination of how they pay their workers like salary grade in each country, economic status and others. Though, the researchers still deemed it as important especially in the establishment of demographic profile of staff nurses. According to Kuo et al. (2007), their nurses earned with as average of 10,000–20,000 TWD (US \$306–US \$612) per month. In the US, it was reported that \$57,785 average annual salary (about US \$4,815 per month) (minoritynurse.com). Though as accordance to RA 9173, the recommended salary grade for nurses is salary grade 15 which is equivalent to 24,000 Php. And as per the circulation of salary matrix promulgated by the Department of Budget and Management, nurses in the Philippines must earn in accordance to salary grade 11 which is equivalent to 17,000 Php to 18,000 Php (nursingguide.ph). Other monetary and non-monetary benefits mandated by law in the Philippines like the Magna Carta for Public Health Workers were not applicable in the course of comparison because the target respondents are working staff nurses in the private hospitals. They were not covered of such benefits; though other deemed factors in the benefit giving is highly discretionary to the hospital administrators. It was seen that staff nurses earned below the minimum mandated by the Philippine laws. With large number of staff nurses earning between 5,001 Php to 10,000 Php, it was revealed that staff nurses were earning below of what they should have been earning.

Level of Empowerment of Staff Nurses

In the measurement of level of empowerment, empirical evidence shows that staff nurses were moderately empowered with all the power tools presented in Kanter's Structural Model of Empowerment (1977). It will be discussed in three parts.

Systemic power factors

The results showed that staff nurses were moderately empowered in respect to the level of empowerment in systemic power factors ($M=4.11$, $SD=0.607$). Among other studies, it was also evident that they also reported that staff nurses in their researches were moderately empowered as well in this aspect of empowerment (Sarmiento et al., 2004; Kuo et al., 2007; Laschinger et al., 1999; Laschinger, Wong, and Greco, 2006). Systemic power factors are comprised of formal and informal power factors. The greatest contributor of the level of empowerment of staff nurses was informal factors ($M=4.20$, $SD=0.595$). This was consisted of their connections with their managers, supervisors, colleagues and other member of their workplace. In this factor, having good connections with friends, families and other people outside the workplace can also contribute in the empowerment level of the staff nurses. As Kuo et al. (2007) asserted that there is higher degree of empowerment level in informal power than to the formal power factors which corroborates in the result of the study. Furthermore, informal connections were seen as a great contributor as an empowering factor (Laschinger and Finnegan, 2005).

Access to empowerment structures

In access to empowerment structures, it was found that staff nurses were moderately empowered ($M=3.96$, $SD=0.634$). It agreed with several researches that staff nurses were moderately empowered in this aspect of empowerment (Hassan, 2010; Kuo et al., 2007; Hauck et al., 2011; Almost and Laschinger, 2002). Though various accounts that access to resources was higher (Hassan, 2010), or support was higher (Kuo et al. 2007) than any other components of the power structure. But, the results showed that there is minimal discrepancy in score between, resources, support and information. The interplay of these components greatly contributed to the level of empowerment of staff nurses in this aspect of empowerment.

Psychological empowerment

In the aspect of psychological empowerment, it was presented in the results that the staff nurses were moderately empowered ($M=4.07$, $SD=0.602$). Other researchers also concurred with the findings (Cavus, and Demir, 2010; Finegan and Laschinger, 2001; Faulkner and Laschinger, 2008). But with the interplay of components of psychological empowerment constitute truly to the level of empowerment in this aspect of empowerment (Bartram et al., 2004). Meaning, as a component, having the highest scores shows that they have deep connection with their job and sees it as satisfying and significant to themselves. Though the other components have lesser score than meaning, the interplay of these components produces a clear picture of the psychological empowerment of staff nurses.

Limitations

There were various limitations in the study that the researchers considered. These were the sampling, research instrument, and number of literature. There were a small number of sample that had been recruited from the population of staff nurses due to limited time. If the study will be replicated or retested, there would be a chance that unpredicted factors could affect the results if there was a larger sample. The samples that the researchers recruited were only from the staff nurses of Cavite. The researchers did not include those of the public health sector, primary health care, or in other place or time. Interpretation of results is also seen as limitation to the study. Another limitation is the sampling technique done. Because of the limited time that researchers had, it made them choose the convenient way to sample the population of the staff nurses.

The survey questionnaire was considered a limitation. Though tested and found to be reliable, there was still a need for the research instrument to be retested as to establish further its validity and reliability to assess level of empowerment.

Due to limited number of literature about empowerment especially in the Filipino context and its nursing workforce, it was deemed that this was also considered as limitation to the study. Limited comparative analyses of other literature and the study may lack in the provision of context to time, places and

people. In further understanding the concept of empowerment, other unpredicted or untested components may also be overseen in the nursing workforce in different contexts that other literatures may provide.

Conclusion and Recommendations

Various research literatures were agreeing that level of empowerment affects job performance, burnout, working attitude, organizational commitment and patient outcome. It is recommended that various interventions should be planned in order to empower staff nurses in their workplaces. Supervisors and managers are the key to their empowerment (Wilson and Laschinger, 2004). Empowering leadership is one that could help ease the staff nurses' burnout (Bobbio et al., 2012). This research may become an insight of the empowerment status of staff nurses that supervisors and hospital administrators may create plan or intervention to uplift their staff nurses' empowerment status. Empowered nurses were effective nurses (Minajlovich, 2007).

Empowering staff nurses in their workplace can proceed to betterment of their service. There were many ways to empower staff nurses. The supervisors must entrust staff nurses with their resources, information, and support. They must show confidence with their staff nurses. Believing in what they can do can result to betterment of themselves. The workplace must have supportive environment that fosters good communication and understanding with all its personnel. In both ways, staff nurses and their supervisors must give each other trust and respect in order to find harmony in the workplace. Supervisors must value the views and opinions of their subordinates toward their work.

Though empowerment is seen to have a direct effect among nurses in the workplace, the end product of empowerment still lies among their recipients of care, the patients, who needs effective and work efficient nurses that could help them in their greatest time of need.

Due to limitation of the study to sampling, there should be more rigorous and thorough sampling technique should be taken into accord to be able to generalize the result of the study. It must be tested to other provinces and regions in the Philippines as to assess level of empowerment in other cultural contexts. Also, it is highly recommended that it should be retested to other

fields of nursing such those in the public health sector, primary health care, and nursing education.

As well, further analysis and testing should be done for the research instrument in order to make it more reliable by testing it in other contexts such as culture and other nursing fields.

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