

## EMPOWERMENT: A NURSING MANAGEMENT PERSPECTIVE



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### SUMMARY

Empowerment as a term and empowerment in nursing management is presently an issue that is frequently addressed in the literature regarding management. In this article the following aspects of empowerment in health care organisations, are addressed.

- What is meant by empowerment?
- Causes and symptoms of behaviour characteristic of a loss of power (powerless behaviour).
- Prerequisites for the successful implementation of empowerment in management.
- Implementation of empowerment.
- Results of empowerment.

### OPSOMMING

Bemagtiging as a term, en bemagtiging in verpleegbestuur is 'n kwessie wat tans gereeld aangespreek word in literatuur oor bestuur. In hierdie artikel word die volgende aspekte van bemagtiging in gesondheidsdiensorganisasies aangespreek:

- Wat word met bemagtiging bedoel?
- Oorsake en simptome van gedrag wat kenmerkend is van magteloosheid.
- Voorvereistes vir die suksesvolle implementering van bemagtiging in bestuur.
- Die implementering van bemagtiging.
- Die resultate van bemagtiging.

### INTRODUCTION

Presently the term empowerment is in frequent use, i.e. patients should be empowered to have a say in their health care; the nurse should be empowered to realise her potential and to contribute effectively to health care provision; and the nurse manager should be empowered to take part in strategic management planning and must be regarded as empowering her staff.

It is also said that nurses are afraid of power, and are isolated and uninformed about issues of power in their working relationships (Clifford, 1992:2 & Chandler, 1991:20). Nurses often complain that they are not granted sufficient say when policies are formulated which affect them in the performance of their daily tasks.

How can nurses be empowered and what will the effect be on health care delivery? In an attempt to answer these questions, the following aspects of empowerment will be addressed:

- What is meant by empowerment?
- Causes and symptoms of behaviour characteristic of a loss of power (powerless behaviour)
- Prerequisites for the successful implementation of empowerment in management
- Implementation of empowerment
- Results of empowerment
- The role of the nurse manager

### WHAT IS MEANT BY EMPOWERMENT?

Empowerment, from a management perspective, is the provision of knowledge, self-confidence and authority to workers to enable them to use their own judgement in making important decisions (Penzer, 1991:97). This enables them to identify and solve problems immediately as they occur daily in the work situation (McGraw, 1992:16).

The distinctive characteristics of empowerment in management are as follows:

- Philosophy, vision and the work to be done to attain these are more important than following set rules and procedures.
- Power is not vested in positions, but is shared, with the result that decision making becomes the responsibility of the group, where individual staff members on all levels are involved.
- The solution of problems - rather than their identification - is promoted. Empowered nurses are thus less likely to criticise management, because they are more concerned with solving problems than with detecting them.
- The rights, strong points and competency of staff members are emphasised, not their deficiencies and needs (Gibson, 1991:355). Empowerment aims at bringing out the best in a person and builds on past successes.
- More time is usually needed for decision-making. However, because decisions are often of a better quality, fewer crisis decisions need to be taken. When the nurses concerned with the daily care of patients are consulted, planned decisions are taken which take into account the practical considerations of individual patients' differences, with the result that many frequent changes in policy decisions are averted.
- The role of the manager changes from one of supervisor to one of mentor and planner of organisational and personnel development.

- Empowerment is thus a positive, pro-active concept concerned with continuous change for improvement.

## CAUSES AND SYMPTOMS OF POWERLESS BEHAVIOUR AMONG NURSES

The strict control and restrictions placed on personnel in health care organisations flow from the tumultuous environment of scarce resources and fast technological changes in which these organisations are forced to operate. This control is mainly aimed at preventing the potential waste of human and economic resources. The more strict control measures an organisation implements though, the more potential exists for oppression, resulting in the high stress levels so commonly found among health care personnel (Brown & Schultz; 1991:37). These high stress levels effectively suppress creativity and innovation, with the result that nurses are not only seen as having no power, but they themselves are feeling powerless and without any say in matters which affect their working environment and their practice directly.

The bureaucratic structure of most of the health care organisations of course also lead to perceived powerlessness among nurses, because the scalar chain of command which forms an integral part of such hierarchical structures, effectively stifles quick and spontaneous communication of ideas to authority figures. Up till the recent past, nurses were also socialised during their years of training to be dependable followers of those in higher positions and to faithfully execute their orders.

Nurse managers who experience powerlessness in their work situations, exhibit symptoms like the following: exhaustion, low energy levels, depression, anxiousness, rigid managerial conduct, fear of and an unwillingness to take planned risks and physical stress-related symptoms like high blood pressure (Brown & Schultz, 1991:37).

Nurses who experience powerlessness exhibit, according to Clifford (1992:3) a variety of behavioural symptoms, for example:

- A paternalistic approach towards patients, where the patients' own opinions and preferences for treatment are ignored.
- A rigid adherence to rules and regulations, where, for example visitors are not allowed outside visiting hours.
- A passive resistance towards change.
- Complaints about trivialities like troublesome visitors.
- Exaggerated feelings of responsibility, for example they do not want to go off duty before every little task is completed, in spite of the oncoming staff's expressed willingness to complete the work.

- They fear authority figures and do not want to be confronted with nursing service managers or hospital superintendents.

- They have an exaggerated need for and dependence on the approval of others. They want doctors, nurse managers and patients' relatives to note their work and to express their appreciation for it on a regular basis.

- They tend to negate their competencies.

- They do not show initiative in the work situation.

- They do not exhibit a dedication to the organisation's aims and objectives.

The authoritarian and paternalistic attitude shown by doctors towards nurses contributes towards a feeling of powerlessness among nurses. Furthermore, when nurses are handicapped rather than supported by the supportive services like the kitchen supplies and maintenance services, they cannot really be blamed for feeling powerless. (From the conclusions drawn in a representative study about reasons for nurse shortages in public hospitals by Booyens, 1983:132). How can managers thus empower nurses?

## PREREQUISITES FOR THE SUCCESSFUL IMPLEMENTATION OF EMPOWERMENT

Top management requires a number of adaptations before effective empowerment of staff members can be achieved.

- Instead of socialising nurses to improve their professional commitment, top management should rather focus their efforts on the correction of the institution's lack of investment in the development of their staff members (Chandler, 1991:21).
- There should be less secrecy and more transparency or openness in management regarding issues such as financial returns, staff evaluations, budgetary priorities and policy considerations/aims (Chandler, 1991:22).
- Management must replace westernised individualistic decision-making with group-orientated decision-making (Maisela, 1993:9).
- An intensive in service development effort is necessary to educate staff regarding the new relationships concerning authority, responsibility, communication and planning skills, and group dynamics.
- An organisational climate that is emotionally friendly and promotes risk taking should be created.

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## IMPLEMENTATION OF EMPOWERMENT

The following points are important in the implementation of empowerment by management:

- It is important that the three or more top executive officers, e.g. the superintendent, the chief nursing service manager and the chief administrative officer forms a management triad, where each one is dependent on the others (Blitz & Mild, 1992:57).
- The structure of the organisation should be more horizontally than vertically inclined.
- Additional workgroup sessions should be implemented to rid the staff members of their mentality of being the victims of powerlessness, so often encountered among nurses. Nurses should be educated that they have choices and options regarding policy matters and nursing activities.
- Time is necessary for effective decision-making. However, time is often a scarce commodity in health services. Often nurses are so used to making decisions only under pressure, that when time becomes available, they do not use it productively for planning and democratic decision-making. (Goodall, 1990:1554-7). Discussions and decisions need not only be formal. Important information may be exchanged during informal unit discussions, report-taking over-sessions and during coffee and tea breaks.
- Nurses must be shown how their own contributions, like the effective use of equipment and supplies, the correct interpretation and intervention regarding laboratory results and complete documentation directly assist in attaining the institution's aims regarding quality care and cost-effectiveness.
- Middle level managers or zonal nurse managers should be educated in order to be utilised more effectively regarding aspects such as
  - improvement of the problem-solving skills among departmental heads, unit charge persons and heads of supportive services
  - enhancement of co-ordination and teamwork among units
  - producing indicators for evaluation of unit productivity and quality of care
  - establishment of measures to solve identified quality and productivity problems (Dailey, Young & Barr, 1991:56-57).
- At unit level nurses can be empowered in the following ways:

- Staff members work out the duty roster by themselves through group consensus.
- Staff members establish evaluation criteria for themselves through group consensus.
- Meetings are used for active dialogue where each staff member gets an opportunity to voice her own ideas for improvement of quality care.
- The charge person promotes discussions regarding hospital policy in order to get nurses to voice their opinions about policy matters (Montisano-Marchi, 1990:72F).
- Unit personnel are taught how to exchange ideas among themselves, how to consult each other regarding patient care problems, patient care plans, methods of assigning work and the solution of inter-personal conflicts without involving the charge person.
- The unit manager uses an adult approach in her dealings with her staff because treating people as adults promotes group morale (Montisano-Marchi, 1990:72F).

## THE ROLE OF THE NURSE MANAGER

In the past nursing leadership has too often been characterised by authoritarian, perfectionistic, evasive and narcissistic behaviour (Smythe, EM, as referred to by Montisano-Marchi, 1990:72C).

The nurse leader, who is at ease with the empowerment of others, is an adult experienced person who knows life's restrictions and visitations. In order to empower others the nurse leader should possess the following characteristics:

- She must have a feeling of personal power and possess a well-developed personal identity, which would enable her to know that one cannot be all things to all people.
- She must be prepared to broaden her role and develop her personal power.
- Flexibility in thought, receptiveness for new ideas and the ability to take calculated risks are essential for growth.
- Her efforts must be centred on the promotion of growth, development and risk-taking behaviour among staff members.
- The role of the leader is one of promotion of productivity and improvement in the quality of rendering care. An attitude of being in charge will thus have to be combined effectively with a clear policy of shared responsibility.

- The leader will also have to be skilled in the handling of groups and in effective communication.

## RESULTS OF EMPOWERMENT

An empowered work force characteristically combines creativity with responsibility. They like to engage in conversation with leaders and colleagues and are receptive to new ideas. The empowered nurses' potential is developed continuously with the result that they are actively engaged in the organisation's future planning. Empowerment thus promotes the development of future nurse leaders.

## CONCLUSION

In conclusion it can be said that empowerment is an ideal, which cannot easily be achieved. Empowerment is the maximum utilisation of each staff member and a continuous effort to improve the quality of service rendered. It thus comprises the promotion of risk taking rather than obedience; emphasising the value of innovative thought rather than the pursuance of stereotyped value systems and inspiration rather than control of staff.

## REFERENCES

- Blitz, J & Mild, L 1992: A hospital's teamwork and CQI advance shared vision, interdependence among top managers. **Hospitals**, 66 (18), Sept. 1992: 57-8.
- Booyens, SW 1983: Die tekort aan verpleegpersoneel in Transvaalse provinsiale hospitale. Ongepubliseerde verhandeling. Pretoria: Universiteit van Suid-Afrika.
- Brown, CL & Schultz, PR 1991: Outcomes of power development in work relationships. **JONA**, 21 (2), Feb. 1991: 35-39.
- Chandler, GE 1991: Creating an environment to empower nurses. **Nursing Management**, 22 (8), August 1991: 20-23.
- Clifford, PG 1992: The myth of empowerment. **Nursing Administration Quarterly**, 16 (3), 1992: 1-5.
- Dailey, R; Young, F & Barr, C 1991: Empowering middle managers in hospitals with team based problem solving. **Health Care Management Review**, 16 (2), 1991: 55-63.
- Gibson, CH 1991: A concept analysis of empowerment. **Journal of Advanced Nursing**, 16 (3), March 1991: 354-361.
- Goodall, R 1990: Democratic management principles: Involving the staff in decision-making. **AORN Journal**, 51 (6), June 1990: 1553-7.
- Maisela, T 1993: In gesprek met Andriette Stofberg. **Beeld**, Saterdag 10 Julie 1993: 9.
- McGraw, JP 1992: The road to empowerment. **Nursing Administration Quarterly**, 16 (3), 1992: 16-19.
- Montisano-Marchi, N 1990: Power: From commanding turf to generating excellence. **Nursing Management**, 21 (11), Nov. 1990: 72B-72F.
- Penzer, E 1991: The power of empowerment. **Incentive** (Section 1), 165 (5), May 1991: 97-9,138.