

# A MODEL FOR THE EMPOWERMENT OF NURSES: A MANAGEMENT PERSPECTIVE



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## OPSOMMING

*Die toepassing van effektiewe bestuurstrategieë deur die verpleegbestuurder op alle bestuursvlakke in 'n verpleegdiens kan 'n bydrae tot bemagtiging van verpleegkundiges lewer. 'n Konseptuele raamwerk vir bestuursbemagtiging lig die hoofelemente van bemagtiging, waaroor data ingewin is, uit. Die doel van die ondersoek was om die elemente wat nodig is vir die vestiging van 'n bemagtigde verpleegkundige, te identifiseer. Die tipe navorsingsmetode was 'n opname waarin 'n vraelys gebruik is om inligting te bekom deur 'n steekproef van verpleegbestuurders. Die opnamemetode het inligting verskaf wat dit moontlik gemaak het om insig te bekom aangaande die hoofkategorieë wat die bemagtiging van verpleegkundiges beïnvloed. Vierhonderd sewe-en-tagtig vraelyste is vanaf top- middel en funksionele vlakbestuurders in die Gautengarea terug ontvang en gekodeer. Resultate van die regressie-analise fokus op die belangrike aspekte van die hoofelemente waaraan die bestuurder in die toekoms aandag behoort te skenk, ten einde bemagtiging van verpleegkundiges te bevorder. Die slotsom is dat hoe hoër die posisie van die bestuurder in die hiërargie van 'n diens is, des te meer mag beskik hulle oor om bemagtiging van verpleegkundiges te bevorder.*

## ABSTRACT

*The application of effective management strategies by the nurse manager at all management levels in a nursing service contributes to the empowerment of nurses. A conceptual framework for management empowerment highlights the main elements of empowerment on which data was collected. The aim of the study was to identify the elements needed for the establishment of an empowered nurse. The type of research method used, was a survey in which a questionnaire, to obtain information from a sample of nurse manager, was used. The survey method provided information that made it possible to gain insight into the main factors influencing the empowerment of nurses. Four hundred and eighty seven questionnaires were returned from top, middle and functional level managers in the Gauteng area. Results of the regression analysis focus on important aspects of main elements to which the manager should pay attention in order to promote empowerment of nurses. The conclusion was that the higher the position of nurse managers in the hierarchy of a service, the more power they have to promote the empowerment of nurses.*

## INTRODUCTION

The purpose of this article is to describe the identified elements and strategies that could empower nurses in health organisations and is based on a regression analysis.

## GENERAL BACKGROUND

The complex scenario that exists in a modern health service organization is that of rapid decision making, speedy delivery of health care and a required management approach of flexibility and adaptability (Havens & Mills, 1992). The structured policy and uniformity of activities in a bureaucracy are insufficient to accommodate the rapid changes, such as the information explosion and technological advances. A need exists for flattened hierarchical structures and increased empowerment of nurses to overcome these problems (Byham, 1992).

In her research study about a nursing model for nurse managers, De Villiers (1992:112) concludes that the public

sector of health services in South Africa is bureaucratically focused on the legitimate power and superiority of top level management.

Booyens (1993:2) is of the opinion that nurses need a management structure that provides them with the necessary power, so that they can perform in their work situation and so make valuable professional contributions to the service. This situation can be established through a management structure that has a broad basis of decision making on ground level, a free flow of information to workers and delegation of responsibility and management activities; that is, an environment that empowers nurses.

Many divergent definitions of the concept "management empowerment" exist (Gibson, 1991). Burdett (1991) states: "the concern is not the concept of empowerment itself or the ideas behind it, the concern is much simpler: when we talk of

empowerment, do we all mean the same thing?". Empowerment is frequently better understood by the terms powerlessness, the nurse's feeling of hopelessness in her work, subordination to seniors, suppression of ideas and initiative, dependence upon decisions of seniors and a feeling of loss of control over her work situation (Gibson 1991:355). Empowerment could be viewed as a process through which an employee receives the right to take executive decisions with the appropriate *accountability* inside specific limits.

The concept of empowerment takes on different forms through different persons and in different contexts (Perkins 1995:777). Empowerment can thus not be described in a single manner. The need exists for empowerment to be described by persons involved with it (Gibson 1991:355).

## PROBLEM STATEMENT

It appears that world-wide, nurses are of the opinion that they lack empowerment in management practice. This leads to low work productivity and low morale among nurses. Some hospitals are not prepared to decrease the control measures over nurses' performances. Yet the management of health services makes it known that it wants to empower nurses. This approach sends confusing messages to nursing staff. This leads to trust in management being damaged and a general resistance against the management of the service (Manthey 1991:16).

The feeling of powerlessness exhibited by nurses through their rigid behaviour affects the quality of patient care in a negative way, which is displayed in lowered work productivity and morale. The problem that emerged was the non-existence of an acceptable conceptual framework for the concept "management empowerment" in nursing, which could serve as a basis for the investigation into the empowerment of nurses in health services.

Furthermore it was not known how nurse managers viewed and enacted their roles in the empowerment of nurses. The characteristics of the work environment of nurses, promoting their empowerment in nursing and in health services were likewise not specifically defined. The overall problem can be summarized in the following question: Which elements are necessary for the empowerment of nurses?

The following questions were derived from the main problem of the empowerment of nurses:

- What roles do management structures play in the empowerment of nurses?
- What role does power sharing play in the empowerment of nurses?
- To what extent does participation in decision making lead to the empowerment of nurses?
- Which management skills and responsibilities in the daily management task and task design contribute to the empowerment of nurses?
- How do motivation and rewards strategies contribute to the empowerment of nurses?
- Which attributes are characteristic of an empowering manager?

## RESEARCH OBJECTIVES, METHOD OF SAMPLING AND DATA COLLECTION

The research objectives of this study were to

- obtain the opinion of the individual nurse manager with regard to empowerment of nurses;
- identify the current situation in nursing services with regard to the empowerment of nurses;
- identify the most important issues in the empowerment of nurses;
- create a model for nurse managers to empower nurses in the health services.

### Sampling

A descriptive explorative study was done within the South African context analysing literature on the contributing elements of empowerment in nursing management. Private and provincial hospitals (with a minimum of hundred beds, with medical and surgical wards) as well as municipalities in the Gauteng region were selected from the Hospital & Nursing Yearbook 1993. From a total of 82 hospitals that were identified, 37 hospitals indicated that they would participate in the study and were visited (Table 1). The token population for this study was 690 nurse managers working within these hospitals. A convenience sampling was done on the total reachable population of nurse managers. The sampling consisted of 487 top (*head and senior nursing services managers*), middle (*nursing service managers and head nurses*) and functional level (*senior professional nurses*) managers.

**Table 1: Population and sampling of provincial and private hospitals and city councils in the Gauteng area**

HOSPITALS/ COUNCILS	POPULATION	SAMPLING
Provincial	24	12
Private	35	17
City council	23	8
<b>Total</b>	<b>82</b>	<b>37</b>

### Method of data collection

A preliminary model for nursing empowerment evolved with six key components all linked together (Figure 1), namely:

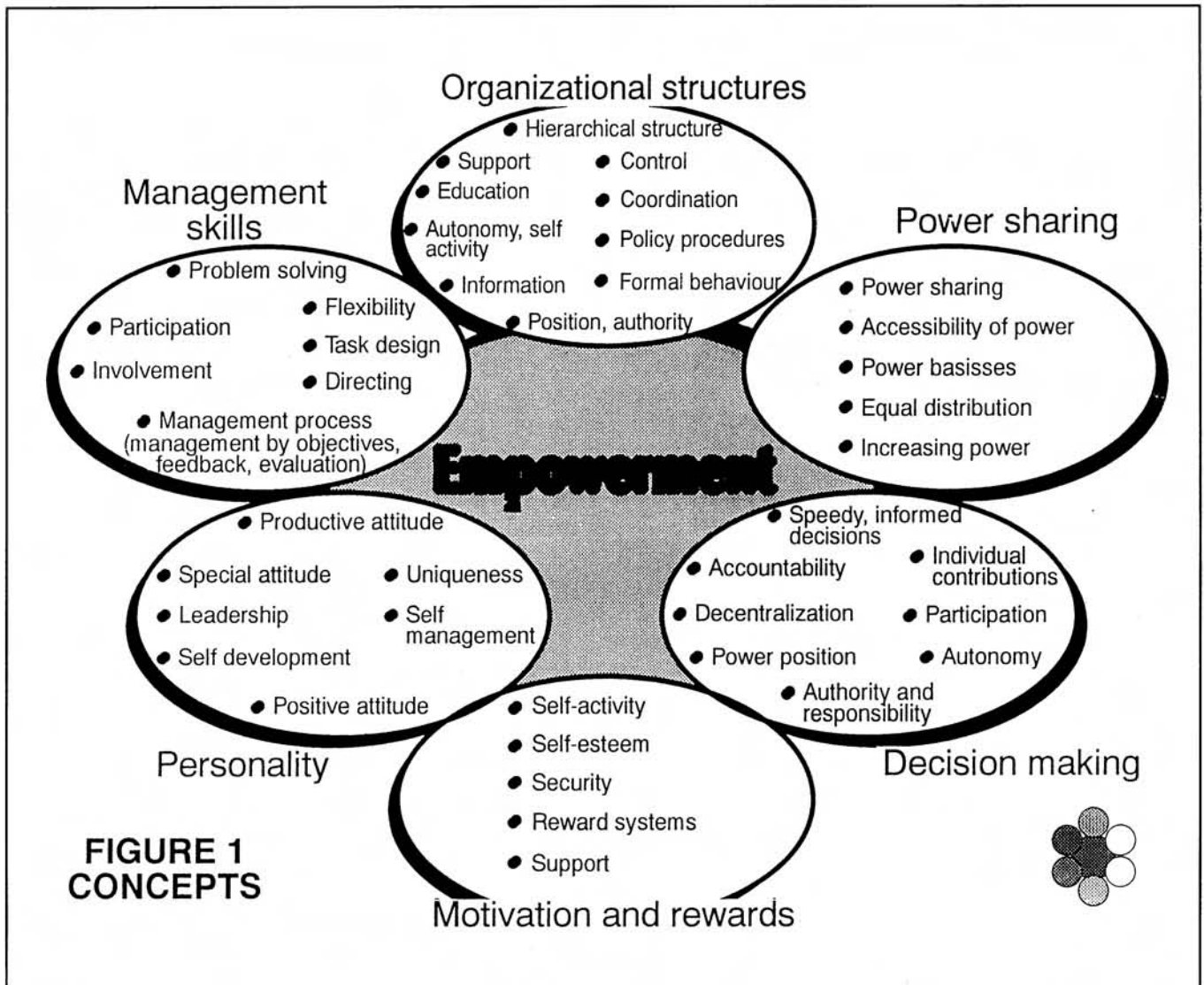
- (a) the organizational structures of the health care organization
- (b) participative decision making in the empowerment of nurses
- (c) motivation and reward strategies contributing towards empowerment
- (d) the role of power sharing in the empowerment of nurses
- (e) attributes that are characteristic of an empowered nurse manager
- (f) the management skills and responsibilities of the nurse manager, in her daily task design and management, contributing to the empowerment of nurses.

A questionnaire was developed, based on these elements,

and was distributed to top, middle and functional level nurse managers. The preliminary instrument was firstly critically evaluated by fifteen experienced nurse managers and a statistician. Regarding content and face validity: fifteen tutors of different subjects from the Department of Advanced Nursing Sciences viewed the questionnaires critically and made suggestions for improvement. The

process of factor analysis was used that indicated the validity of groupings of questions in the questionnaire.

Important to note was that the item analysis indicated a reliability coefficient of 0,919 for the instrument.



### DEMOGRAPHIC BACKGROUND OF RESPONDENTS

Table 2 indicates that approximately half (230 or 47,2%) the respondents are in middle and top management positions (head nurse and higher positions), while 257 (52,8%) respondents work on the functional level as first line managers. Respondents that selected the option "other" were all first line managers. This distribution indicates a reasonable representation of all management levels in the survey.

Table 3 demonstrates that 286 (58,7%) of respondents have been in their posts for five years or less, indicating that they are probably new appointees, still very enthusiastic and with new ideas.

While 289 (59,3%) respondents indicated that they directly supervise ten or less subordinates, 198 (40,7%) respondents indicated that they supervised eleven or more subordinates (table 4). A broad span of control is not preferable for a work environment of frequent and quality interaction between nurse managers and subordinates. Such a climate can lead to a lack of participation in decision making and a feeling of powerlessness. A manager that supervises a few nurses should find it easier to empower subordinates than those that exercise control and supervision over many subordinates.

**Table 2 : Numbers and percentages of respondents according to their present posts**

POSITION/POST	N	%
<b>Top level managers</b>		
Head nursing service manager	15	3,1
Senior nursing service manager	21	4,3
<b>Middle level managers</b>		
Nursing service manager	65	13,3
Head nurse	129	26,5
Functional level managers	233	47,8
Senior nurse		
Other	24	4,9
<b>Total</b>	<b>487</b>	<b>100,0</b>

**Table 3: Numbers and percentages of respondents according to years in current post**

NUMBER OF YEARS	N	%
0 - 5 years	286	58,7
6 - 10 years	128	26,3
11 - 15 years	41	8,4
16 - 20 years	18	3,7
21 years or more	14	2,9
<b>Total</b>	<b>487</b>	<b>100,0</b>

**Table 4: The numbers and percentages of nurses directly under the supervision of the nurse manager**

NUMBER OF SUBORDINATES	N	%
0 - 5	194	39,8
6 - 10	95	19,5
11 - 15	75	15,4
16 - 20	35	7,2
21 - 25	21	4,3
26 - 30	13	2,7
31 or more	54	11,1
<b>Total</b>	<b>487</b>	<b>100,0</b>

Table 5 shows that half of the respondents (50,5%) are already 44 years or older. Age usually goes with wisdom, insight (knowledge) and experience. It is also possible that respondents in this age group have established ideas and have developed a management style that does not support or promote the empowerment of nurses.

**Table 5 : Age distribution of respondents**

AGE OF RESPONDENTS	N	%
23 - 29 year	31	6,7
30 - 36 year	86	17,7
37 - 43 year	124	25,5
44 - 50 year	113	23,2
51 - 57 year	87	17,9
58 year or older	27	5,5
Unknown	19	3,9
<b>Total</b>	<b>487</b>	<b>100,0</b>

## DATA ANALYSIS AND FINDINGS

Different statistical procedures were utilized, for example a factor analysis that revealed the six components as identified in the development of the conceptual framework. In this article specific focus is on the regression analysis of empowerment. The stepwise procedure was used in the regression analysis and all the variables left in the model are significant at the 0.15 level. The model includes the views of all three levels of nurse managers and focuses on the four components of empowerment namely; (a) organizational structures, (b) motivation, (c) management skills, and (d) decision making (Figure 2). The three levels of nurse managers held different opinions regarding these components.

(See Figure 2 on next page)

### Regression analysis Organizational structures (Figure 3)

At the functional level it became clear that to empower nurses, the necessary information must be provided to them regarding matters such as: (a) the organization's plans for the future, (b) its achievements to date, (c) its failures and its current status in the community, (d) available finances, and (e) financial allocations per unit. It was recommended that the necessary information be provided mainly through conducting regular meetings with staff. At these meetings functional level managers would welcome the opportunity to openly voice their concerns regarding organizational matters.

Management structures of support, equipment, supplies, information and challenging work opportunities can let a worker feel empowered or disempowered (Byham 1992:12).

Middle level managers also require regular access to important information from top management by means of regular division meetings, newsletters and notifications. According to middle level managers it is the responsibility of all nurse managers to

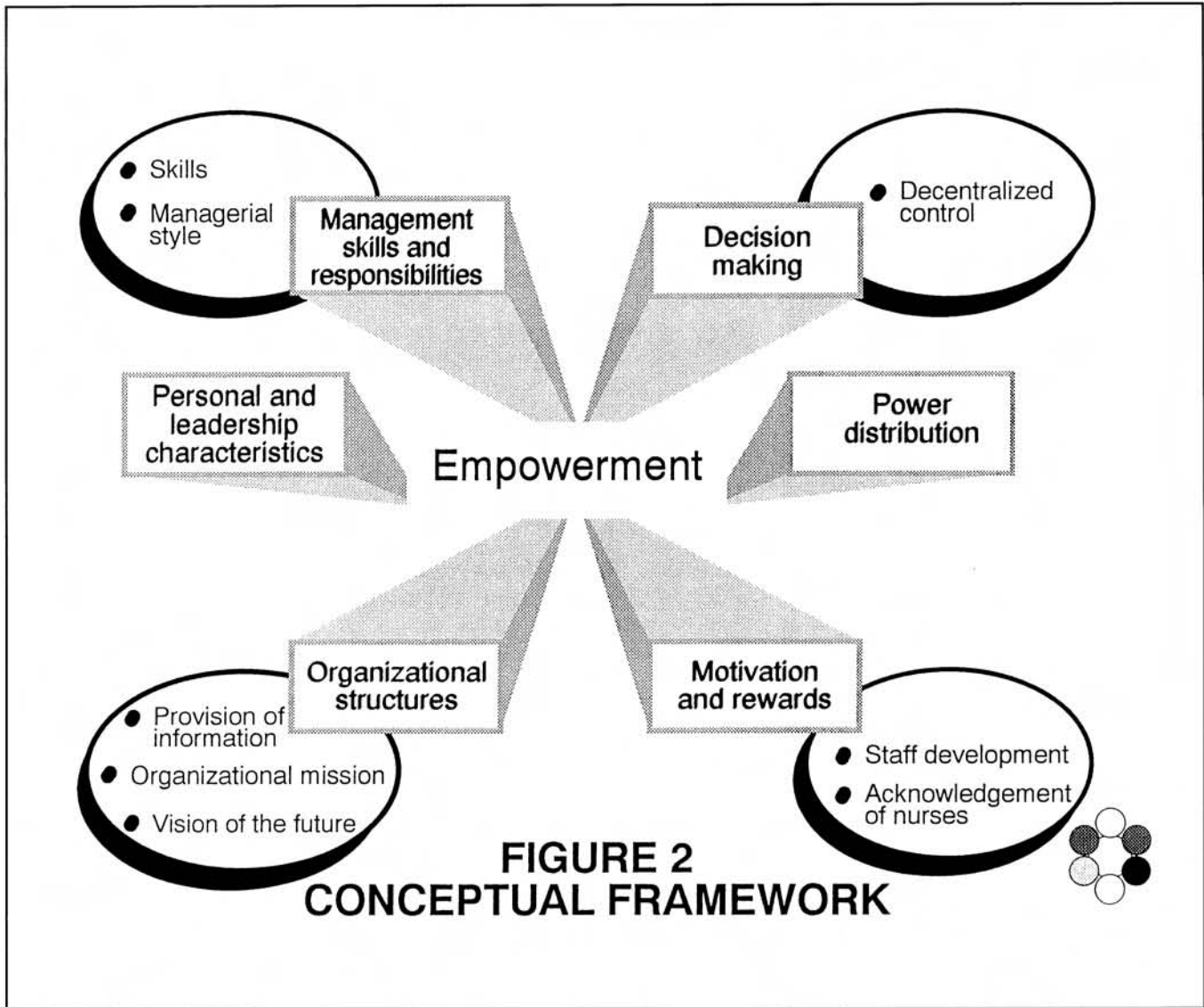
ensure that a vision of the future exists in their services. At the top level an open climate of trust in nurses should be reflected through supplying the relevant information facilitating the work of nurses. As a starting point top level management should pass on information specifically addressing the aims of management.

Top level managers views the existence of a mission in their services as important and believe that the mission of a service assists them in making effective management decisions.

Many individuals require and expect participative management and an empowering work situation. The existence of empowerment of nurses in a service helps to recruit, appoint and maintain competent workers (Klann 1992:20). According to Wilson and Laschinger (1994:40) empowered workers are more productive than other individuals.

**Decision making** (Figure 4)

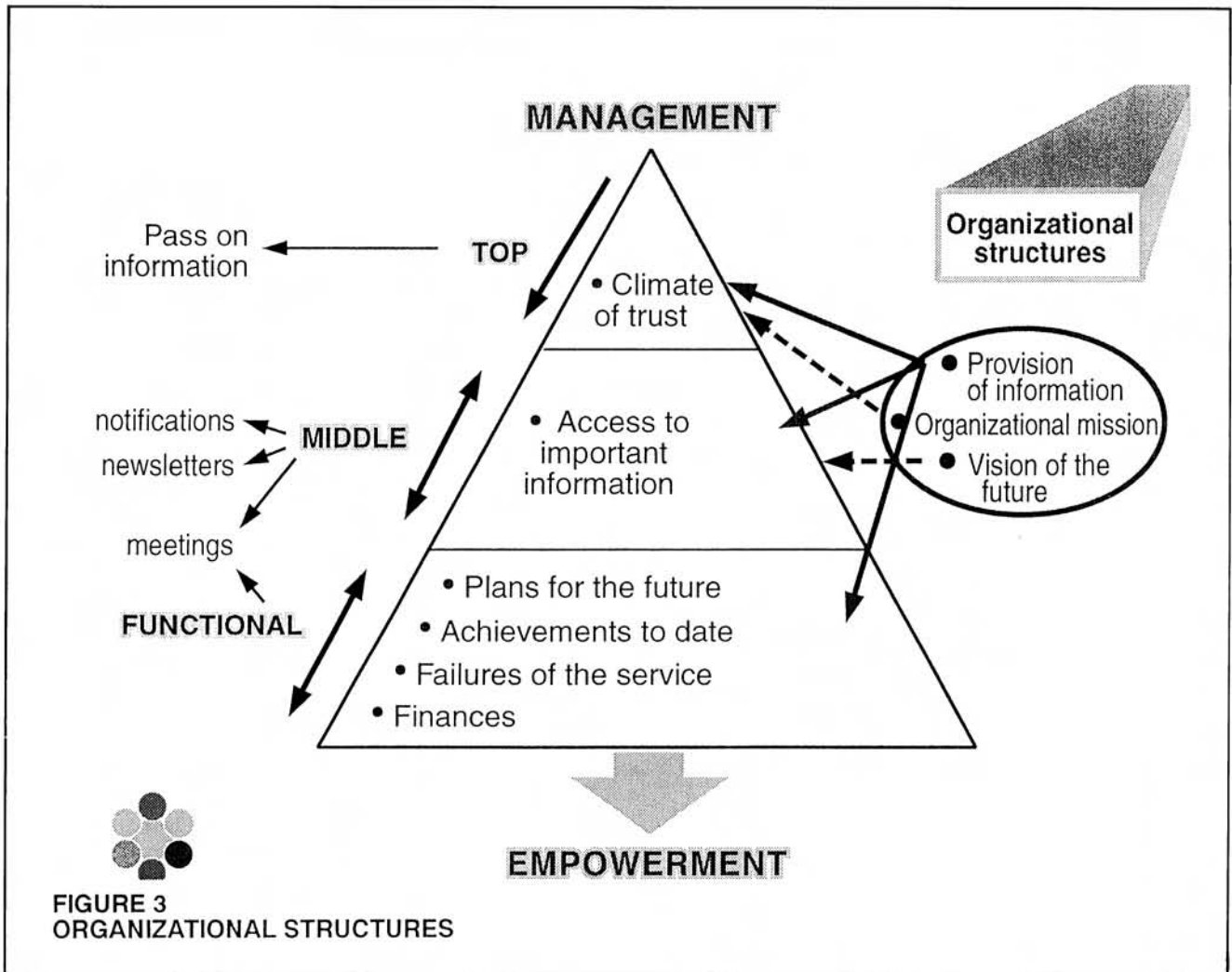
It became clear, that to get functional level managers to feel



empowered, they need to be involved in a number of managerial decisions, for example (a) setting criteria for the performance appraisal of staff, (b) assessing the number of posts needed per unit, and (c) prioritizing budgetary needs. The functional level managers should also be allowed to present the annual unit budget by themselves, to purchase smaller equipment, for example Baumanometers, and to replace such items when broken. They should likewise be allowed to take full responsibility for the necessary decisions regarding patient care and to solve problems as they occur on their level of functioning (Ameigh & Billet, 1992). The design of the nurse's task should be such that it provides for independent decisions and responsible professional behaviour (Clifford, 1992; Dalton, 1990).

Decentralized management will provide more opportunity for middle management to develop their specific areas of expertise. Middle management will feel empowered if they have a full say regarding the financial management of their division, for example (a) determining the number of personnel posts per division, and (b) prioritizing the budgetary needs. Middle management can also contribute to functional level empowerment by paying attention to the proposals of nurses, and by actively listening, with a view to implementation of acceptable ideas.

Middle management can enhance innovation in nursing practice (Booyens, 1993). Innovation is promoted through



- the testing of alternative solutions to problems and not always focusing on policy stipulations to solve problems;
- actively involving nurses in the solution of problems resulting in work satisfaction, cost-effectiveness and acceptability of solutions.

Top level management should realize that

- final management decisions should be made on the level nearest to the source of the problem, that is, where persons most clearly, understand the problem and that they should actively listen to the proposals of their employees/nurses.

Havens and Mills (1992:62) are of the opinion that nurses should be in future empowered through greater participation in those decision making processes, that affects them directly. Thus, participation in matters with regard to their work conditions and the quality nursing care that they should deliver.

### Management skills and responsibilities (Figure 5)

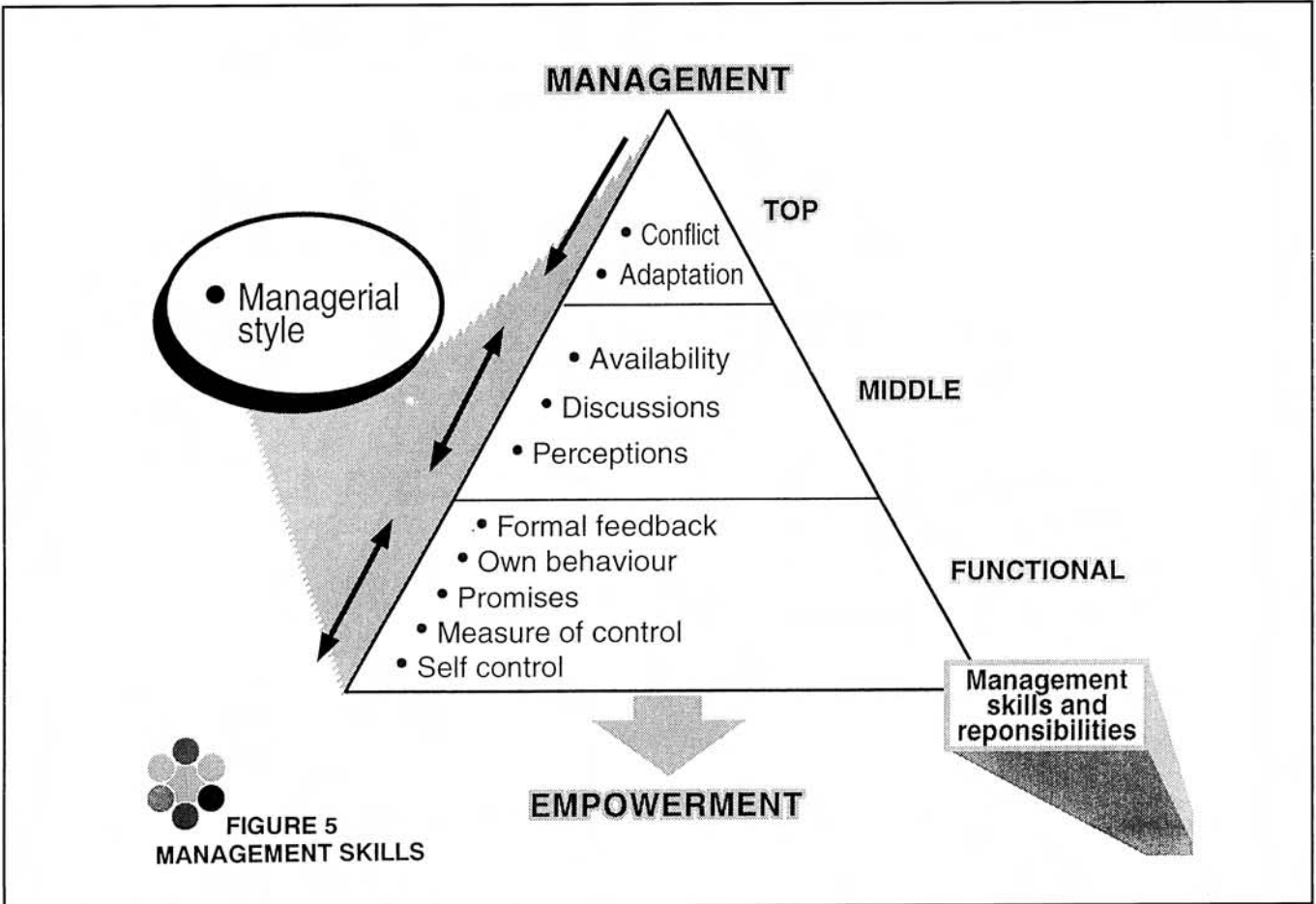
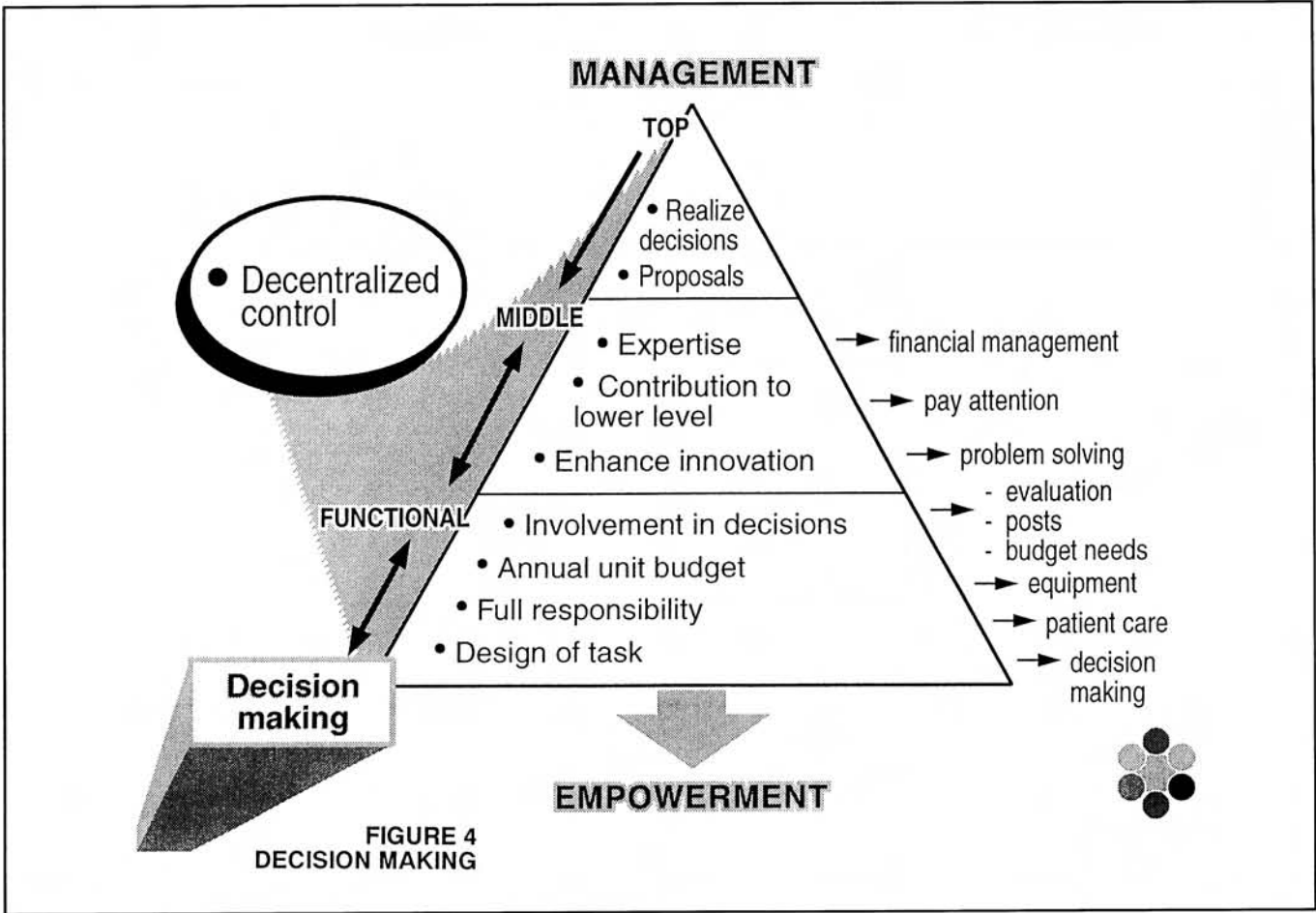
According to the functional level, the managerial style of the nurse manager will lead to empowerment when

- the manager invites formal feedback regarding the perceptions of her managerial style;
- she behaves in the same way that she expects nurses to behave;
- she does not make promises to nursing staff too easily, because such promises can often be broken;
- a measure of control is exercised, for example by doing ward rounds unexpectedly, rather than utilizing no control measurements in the work place;
- nurses are encouraged to control their own practice and to consult the manager only when their own problem solving attempts fail.

When the right person is empowered to solve a problem, it is not necessary for him/her to consult supervisors higher in the hierarchy and a solution is found faster (Wallace 1993:12).

Middle level managers are of the opinion that the managerial style of the top level manager could enhance empowerment of nurses through:

- making themselves available for the handling of clinical nursing care problems;



- openly discussing nurses' expectations of their managerial style with them;
- conveying the reasons for their behaviour when she deviates from the just management of nurses, according to their perceptions.

According to top level managers a manager should adapt her leadership style according to daily situations to empower nurses. Conflict should be resolved constructively, that means no person involved in it must feel that she/he steps out of the battle as a loser.

Thier (1989:11) is of the opinion that empowered managers do not necessary know how to empower subordinates and thus should be trained in the types of behaviour they should disclose to empower workers. This makes a structure for the training of nurse managers is necessary (Troskie 1994:40).

### Motivation and rewards (Figure 6)

Nurses at the functional level will feel empowered if they are assisted to work actively on their own self development by using the appropriate strategies for career progression (Thier, 1989). Nurses will be developed when

- managers make objectives for nurses slightly unattainable in order to develop their maximum potential;
- nurses are given the opportunity to present in-service training sessions on topics in which they feel themselves to be competent;
- nurses are acknowledged for outstanding performances in their work place.

According to middle level managers it is the duty of all managers to assist their nurses/employees in their professional growth and development. Middle management should regard evaluation of the performance of nurses as a positive experience contributing to growth and identifying exceptionally outstanding nurses for promotion. In their task of staff development and motivation top level management should

- ascertain that available resources are used effectively, for example making funds available for the attendance of symposia;
- openly acknowledge the performance of nurses to promote inherent feelings of pride;
- develop a perceivable feeling of self-worth among nurses, by motivating middle management to regularly support nurses in their work performance;
- motivate middle management and nurses towards ownership of their ideas, through acknowledgement of ideas which lead to service improvements;
- promote challenging opportunities for each nurse in order to realize her full potential. All nurses should get the opportunity to serve on committees.

Empowering managers plan their management role in such a way that they can support workers in their professional growth. The manager should, where appropriate, ensure that the priority learning needs of workers are fulfilled. Empowering managers demonstrates caring for the development of workers in their daily activities (Boyadjis 1990:60).

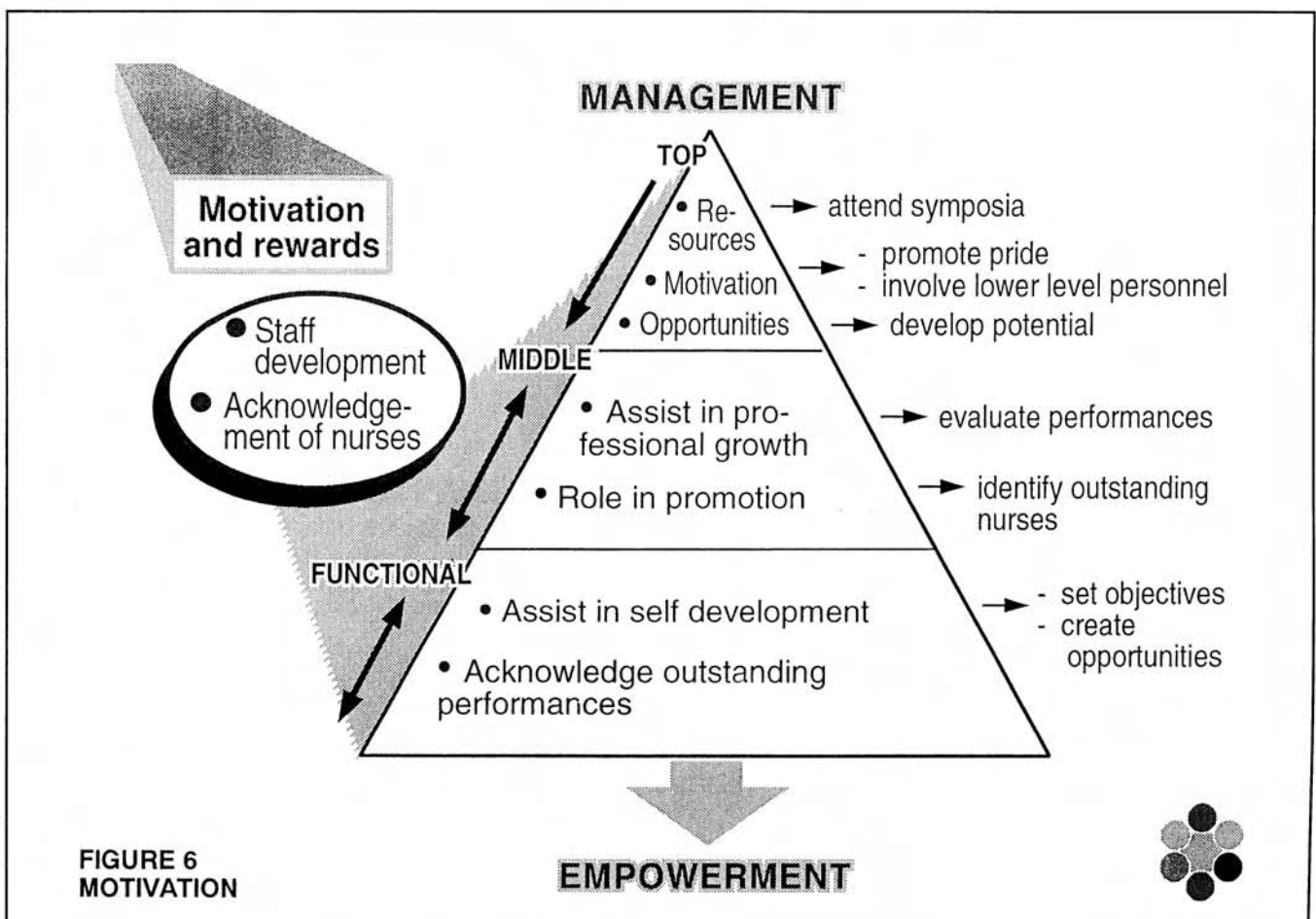


FIGURE 6  
MOTIVATION



## CONCLUSION

Nurses experience empowerment if nurse managers demonstrate certain personal and leadership behaviours. An empowering organization also has certain management structures that contribute to the empowerment of nurses. There are many ways of thinking and planning for future empowerment of nurses. Russ Ackoff (1981), one of America's premier strategic thinkers, has identified proactive futuring as the act of deciding what you want to happen and then setting out to make it happen (Nolan, Goodstein & Pfeiffer, 1993). The regression analysis actually designs the future scenario of empowering nurses in health services.

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