PERCEÇÃO DO EMPOWERMENT DOS ENFERMEIROS NUMA ORGANIZAÇÃO DE SAÚDE

PERCEPTION OF NURSES' EMPOWERMENT IN HEALTHCARE ORGANIZATION SETTINGS

PERCEPCIÓN DEL EMPOWERMENT DE LOS ENFERMEROS EN UNA ORGANIZACIÓN DE SALUD

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RESUMO

Introduction: O conceito de Empowerment na Enfermagem tem sido utilizado e analisado na literatura académica, conceito digno de exploração e interesse para os enfermeiros, chefes e gestores das organizações de saúde. A perceção dos Enfermeiros acerca do Empowerment é determinante nos resultados organizacionais, no aumento da autonomia profissional, no ganho do poder individual e coletivo e nos cuidados ao utente.

Objetivos: Avaliar a perceção dos Enfermeiros acerca do Empowerment (Psicológico e Estrutural), identificar os fatores que influenciam essa perceção e analisar e refletir sobre as consequências dessa perceção.

Métodos: Estudo quantitativo, numa amostra de 269 enfermeiros predominantemente o sexo feminino (76,6%), faixa etária entre os 21 e os 59 anos, cuja média das idades se situa nos 40,36 anos, 68,8% dos participantes licenciados, em exercício de funções num hospital da região da Beira Alta, Portugal.

Resultados: Nos enfermeiros, a perceção de Empowerment Psicológico está relacionado com a perceção de empowerment Estrutural. Os enfermeiros com mais idade e maior tempo de exercício profissional revelaram maior competência e menor oportunidade. Os enfermeiros com maior tempo no atual serviço, apresentam maior competência, mas menor oportunidade, informação, suporte e globalmente, Empowerment Estrutural. Na categoria profissional há diferenças na informação, recursos e poder informal dos Enfermeiros Especialistas.

Conclusão: Os Enfermeiros revelaram bons níveis de Empowerment Psicológico e baixos níveis de Empowerment Estrutural.

Palavras-chaves: Empowerment; perceção dos enfermeiros; organizações de saúde.

ABSTRACT

Introduction: The concept of Empowerment in nursing has been increasingly used and analyzed in academic literature. It is a concept that nurses, leaders and managers of healthcare institutions should be interested in and should greatly explore.

The perception that nurses have of Empowerment plays a decisive role in the organizational results, in the increase in professional autonomy, in collective and individual power increment and in patients' healthcare providing.

Objectives: To evaluate nurses' perception of Empowerment (Psychological and Structural); to identify the factors that will influence this kind of perception and to reflect on the consequences of that perception.

Methods: Quantitative study, based on a sample composed of 269 nurses, mainly female (76,6%), aged between 21 and 59, with a 40,36 years old average age. 68.8% of the participants have a college degree and are working in a hospital in the Beira Alta region, in Portugal.

Results: In nurses, the perception of Psychological Empowerment is associated with the perception of Structural Empowerment. Older nurses and nurses who have a longer nursing career show higher competence and lower opportunity. Nurses who have spent a longer period of time in their current services show higher competence but less opportunity, information, support and, globally, a lower Structural Empowerment. In this professional category, specialist nurses' opinion about information, resources and informal power is quite different from the one felt by the other nurses.

Conclusion: Nurses show high levels of Psychological Empowerment and low levels of Structural Empowerment.

Keywords: Empowerment; nurses' perception; healthcare organizations.

RESUMEN

Introducción: El concepto de Empowerment en la Enfermería ha sido utilizado y analizado en la literatura académica, es un concepto dignode exploración y de interese para los enfermeros, responsables y gestores de las organizaciones de salud. La percepción que los enfermeros tienen sobre el Empowerment es determinante en los resultados organizativos, en el incremento de la autonomía profesional, el aumento del poder individual y colectivo y en los cuidados prestados a los pacientes.

Objetivos: Evaluar la percepción de los enfermeros sobre el Empowerment (Psicológico y Estructural), identificar los factores que influyen en esa percepción y analizar y reflexionar sobre las consecuencias que puede tener esa percepción.

Métodos: Estudio cuantitativo basado en una muestra de 269 enfermeros, predominantemente del sexo femenino (76,6%), de edades comprendidas entre los 21 y los 59 años, con una media de edad es de 40.36 años. El 68.8% de los participantes tienen un diploma universitario y ejerzan su actividad en un hospital de la región de Beira Baixa, Portugal.

Resultados: En los enfermeros, la percepción del Empowerment Psicológico está relacionada con la percepción del Empowerment

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Estructural. Los enfermeros de mayor edad y con una carrera profesional más larga revelan una mayor competencia y una menor oportunidad. Los enfermeros que llevan más tiempo en el servicio en el que trabajan actualmente presentan una mayor competencia, pero menos oportunidad, menos información, menos soporte y, globalmente, un menor Empowerment Estructural. En la categoría profesional, hay diferencias en la información, en los recursos y en el poder informal demostrado por los enfermeros especialistas.

Conclusiones: Los Enfermeros revelaron buenos niveles de Empowerment Psicológico y bajos niveles de Empowerment Estructural.

Palabras Clave: Empowerment; percepción de los enfermeros; organizaciones de salud.

INTRODUCTION

The analysis of this article instills into the readers a reflexive thinking about this wide field of study that is the nursing activity. For a long time, no one really felt any concern about the definition of nursing or what its field of action really was. By the end of the 1950s little had been done about this science. From then on, there seems to have been an agreement among nurses that led to the search for the knowledge that was specific to this activity, knowledge that would then be organized and systematized in theories and structural models aimed at describing, explaining and predicting phenomena related to nursing.

 Initially, nursing represented basically any healthcare provided by women who followed the Church's teachings, healthcare that were merely based on their own life experience. With the advance of scientific medicine, in the second half of the twentieth century, nursing went through a process of autonomy as a scientific discipline and as a profession. Several nursing theories were then developed and published, theories in which concepts that reflect the nature and the scope of nursing are selected and interrelate according to different philosophical perspectives (Cianciarullo, 2001).

In this context, there has been a growing interest in the phenomenon known as Empowerment in nursing, which is part of the Healthcare organizational system.

This concept of Empowerment has been more and more used and analyzed in academic literature and has been adapted over time in order to meet the needs of a variety of disciplines (Bartunek e Spreitzer, 2006). Nursing was no exception and, for this discipline, Empowerment is frequently referred (Bradbury-Jones, Sambrook, and Irvine, 2008). "Nursing is going through a state of change, extremely active in defining its theory, its practice, its investigation, its social and critical representation vis-à-vis its current status" (Filipe, 2003) . Studies suggest that, in nursing, Empowerment is frequently associated with lower evidence of burnout syndrome in nurses and to lower tension at work (Manojlovich, 2007). In fact, we are insistently looking for the best strategies that may contribute to show the added value of our profession in a context where the Healthcare system has to face certain challenges and has to meet the citizens' current and future needs. Hence, it becomes a concept worth exploring and that is of particular interest for nurses, leaders and managers of any healthcare organization.

Literature suggests that Empowerment is a product that comes from the interaction between some individual and organizational factors and the recognition of the power which exists in the relationships that are established during nursing practice. This is a central issue of this study and one which makes its clarification essential. We decided to keep the term "Empowerment" in its original form, that is to say, in English, and not use its translation in order to, according to Vasconcelos (2003), keep its reliability. To define Empowerment represents the first challenge we have to face in order to reflect upon this topic and to achieve a better clarification of the topic in itself. It will thus be a dynamic process that involves cognitive, affective and organizational aspects. It means an increase in power, in autonomy (personal and collective), in self-efficiency which will have effects on the improvement of interpersonal and organizational relationships. According to Amendoeira (2004), nurses have difficulties in developing and justifying their power/autonomy within the Healthcare organizations, despite feeling competent and capable. However, promoting Empowerment in nurses will have positive results, both at an individual/psychological level and at a structural/organizational level, namely in the increase in competence, in autonomy, in confidence, in satisfaction, in professional well-being and in the quality of healthcare provided. Since this issue has such a vast interest, the objectives we have defined were, not only to assess the perception nurses have about Psychological and Structural Empowerment, but also to identify the factors which influence its perception and to analyze and to reflect upon the consequences that such perception might have.

1. THEORETICAL FRAMEWORK

The construction of the Empowerment concept starts in the 1970s influenced by self-help movements. Then, in the 1980s, the influences came from the community psychology through social work and, in the 1990s, from the movements that were trying to consolidate the influence the citizenship rights were meant to have over the different social spheres, healthcare being one of those

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spheres (Carvalho, 2004). The concept of Empowerment may be translated in Portuguese through some synonyms, empowering or emancipation, for instance, but there is no agreement on the translation and significance, so it was decided to keep its original English form.

According to some authors (Vasconcellos, 2003; Silva e Martínez, 2004; Oakley and Clayton, 2003), we could define Empowerment as a dynamic process which involves affective, cognitive and behavioral aspects and that means an increase in power, an increase in personal and even in collective autonomy of some individuals or social groups as far as interpersonal and organizational relationships are concerned. Kanter (1993) defines power as the capacity to mobilize the resources we need to accomplish what we want to accomplish.

Clinical knowledge is achieved over time and healthcare professionals are themselves often unaware of its acquisition. We need to create strategies that will make clinical knowledge visible so that it may be improved and refined and become an expert knowledge (Benner, 2001). Since the 1980s, nursing has been investigated in Europe, United State of America and in Canada (Sarmiento, Laschinger, 2004; Decicco, Laschinger, Kerr, 2006; Laschinger, Finegan, Shamian, 2001). In the last two decades, this scientific discipline has been widely studied by Heather K. Spencer Laschinger, a Canadian nurse who demonstrated the relationship that exists between the different elements we immediately associate with Empowerment and the different dimensions of nursing practice like teaching, public healthcare, nursing home services and, above all, the development of healthcare provided in hospitals. This way, this Empowerment perspective is essential for nursing, since it will build competences and a knowledge that will lead to an improvement in nurses' autonomy. This construct will be useful to implement intervention dynamics that will promote Healthcare.

We easily understand why the role played by Empowerment in nursing is gaining more and more visibility in healthcare. This reality is supported by a review of the literature about the relationships existing between the culture of nursing and the nurses' participation in their own work (Knol, J. and Linge, R. V., 2009). Structural and psychological Empowerment in nursing coexist in an individual's working setting. Structural Empowerment exists whenever people have access to the "information, support, resources and opportunities to learn and to grow" (Laschinger, 2004). Psychological Empowerment is a process that occurs when one is motivated to do his job (Manojlovich, 2007).

Rosabeth Moss Kanter's work about organizational Empowerment, which is responsible for the emphasis that the term Empowerment received in the 1970s and is an historical milestone in the field of organizational management, deserves our attention: for this author, Empowerment is seen as the result of social structures in the professional environment. This allows professionals to be more efficient and show higher satisfaction levels when they are given more autonomy and more responsibilities to make decisions.

The perception of Empowerment influences professional attitudes, organizational efficiency and productivity (Kanter, 1993). In her work place, she could identify six different structural conditions that will make our workplace stronger. She also stated that those characteristics, that depend on the workplace we are part of, have a greater influence on the employees' attitude and behaviors than personal characteristics themselves. The first structural condition is opportunity (a work situation which reflects the possibilities one has to learn and progress within the organization); access to information is another of those conditions (the knowledge one has about the objectives that have to be fulfilled, the organizational and even political decisions, the technical knowledge and expertise required to be a capable member in a vast organizational context); another of those conditions is the access one has to support (the feedback and guidance one gets from managers, superiors and peers, as well as all the useful advice, emotional support or any kind of help one can get from the other elements of the organization); then we have the access one has to resources (the ability one has to access materials, money, time and equipment required to enable us to meet the organizational objectives that had been set); access to organizational structures and power are the last of those conditions. Formal power derives from the high-visibility organizational processes which are essential to the organization and which require independent decisions, a kind of power that comes from an excellent performance in all the activities that are part of one's job and that makes this performance extraordinary, visible, a kind of action that will attract public attention and will play a relevant role in solving any organizational problems (Brown and Kanter, 1982). On the other hand, we also have to take into account informal power that comes from political or social alliances and from alliances made with peers and even with subordinates within an organization (Laschinger, 2004 and Wagner et. Al, 2010).

The objectives of a good organizational management would then have to be the creation of conditions that would lead to a higher working efficiency, that would allow nurses to have access to the information, support, resources and power they will need to fulfill their objectives and that will give them the opportunities they need to improve and develop their abilities.

The Empowerment provided by the working environment seems to predict the organizational Empowerment, which "(…) only reveals part of the story, but is not enough in itself "(Manojlovich, 2007). An explanation is, in a theoretical perspective, in order. Empowerment has to be seen from the individual's point of view (Kuokkanen and Leino-Kilpi, 2000) and as a psychological

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experience (Manojlovich, 2007). In this context, Empowerment is seen as an individual development and growth process in which the individual's beliefs, values, opinions and perceptions are key factors (Kuokkanen and Leino-Kilpi, 2000). With the same purpose, Spreitzer (1995) developed the psychological version of Empowerment: a motivational construct that will find its expression in four different dimensions: competence, the individual's perception that he is capable of performing successfully a given task (Thomas e Velthouse, 1990); self-determination which reflects the autonomy one possesses to start and to carry on a given activity and to make the right decisions about one's own working methods (Manríquez, Ramírez, and Guerra, 2004); the meaning a task, work or specific project has for the individual and whether this meaning is in agreement with this person's beliefs, attitudes and values (Thomas and Velthouse, 1990); the impact that the personal feelings which are influenced by working environment have on the individual (Sommer, Nunes, Hipólito, Brites, Pires, and Pires, 2010).

The need for an alternative theoretical perspective to structural Empowerment is therefore evident, a perspective in which Empowerment will also exhibit a crucial psychological connotation.

Laschinger et al (2001) suggest that psychological Empowerment is associated with organizational commitment and that it may be a variable that stands halfway between structural Empowerment and the individual's behavior. The sense of belonging we can find in psychological Empowerment comes from environmental factors that can be found in the organizational structure. The perception one has of Empowerment derives from the interaction that takes place between those factors.

The concept of Empowerment is based on the assumption that the organizations' employees are resources that have the appropriate experience and knowledge and that share common interests within the context of an institution organizational development, since, in a constantly changing environment, all the organizations need motivated workers who will accept their responsibilities and pursue excellence.

The Empowerment construct in nursing is becoming an important factor in determining health and well-being standards in new reformed healthcare organizations. According to (Laschinger, Almost, Tuer-Hodes, 2003; Matthews, Laschinger, Spence, Johnstone, 2006; Laschinger, Finegan, 2005), in these organizations, the easy access to information, the participation in qualification activities and the use of Empowerment will influence nursing practice aiming at a professional performance that will reflect a higher autonomy and higher quality standards. This kind of professional performance will thus contribute to a higher quality when it comes to provide healthcare to the patients who need it and, consequently, will bring positive results to the organization.

In the organizations, structural Empowerment includes the access to information, to support and to all the resources that belong to the working environment and that will allow the organization's employees to carry out their work in the most expressive and efficient way. The opportunities that any organization' workers have to improve their own competences and to develop their knowledge within the organization itself is crucial for their efficiency and for their job satisfaction. On the other hand, when these opportunities are not available feelings like frustration, hostility, lack of motivation that will lead to a poor working performance and low levels of commitment with the organization are likely to be perceived (Kanter, 1993). The impossibility to access these Empowerment structures will create feelings of helplessness. This perspective is in total contrast with the higher levels of Empowerment that come from the major motivation felt by any organization's employees when they are directly involved in the achievement of personal and organizational objectives that will undoubtedly lead to a major feeling of autonomy (Kanter, 1993 and Laschinger, 1996).

Consequently, we perceive Empowerment as a process that was socially created, built on the individual relationships that it establishes with the environment and with one's peers. The individual's vision of what happens around him is essential, as well as is the individual's self-knowledge and willingness to act which will be expressed through concrete actions and behaviors and which will lead to a personal and professional improvement. This improvement will be based on an increase in autonomy, in power, on a greater motivation and visibility which will bring greater responsibilities.

2. METHODS

This is a study based on a quantitative research methodology, with correlational and cross-sectional methodologies. The population of our study is totally composed of the 400 nurses who work at the Sousa Martins Hospital (SMH) a medical institution which belongs to the Healthcare Local Unit from Guarda, EPE, in Portugal.

Based on the objectives of our study and on the theoretical framework presented, we formed the following research hypothesis: Hypothesis 1- The perception of psychological Empowerment is related to the perception of structural Empowerment; Hypothesis 2- The perception of Empowerment (Psychological and structural) is related to the nurses' age; Hypothesis 3- The perception of Empowerment (Psychological and structural) is different depending on the nurses' gender; Hypothesis 4- The perception of Empowerment (Psychological and structural) is different according to the nurse's academic degree; Hypothesis 5- The perception of Empowerment (Psychological and structural) is different depending on the nurse's professional category; Hypothesis 6 - The

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perception of Empowerment (Psychological and structural) is influenced by the duration of his/her professional nursing career; Hypothesis 7 - The perception of Empowerment (Psychological and structural) is influenced by how long the nurse is working in his/her current service/specialty.

2.1 Sample

In our descriptive analysis we witnessed that, as far as socio-demographic and professional characteristics were concerned, the 269 nurses who have participated in our study were between 21 and 59 years old, which represents a 40.36 years old average age with a 9.04 years standard deviation. Most of the elements in our sample were female (76.6%). We have also confirmed that most nurses (68.8%) had a college degree.

As far as the professional characteristics were concerned, we observed that 69.5% of the participants were Nurses and that 26.4% of them were Specialist nurses. Their career duration ranged between 1 month (0.08 years) and 35.92 years. 17.07 years was the average career duration with a 8.92 years standard deviation. We also realized that 19.7% of the nurses referred they had been working for a period of time between 20 and 24 years. When it came to state the amount of time they have been working in their current service or specialty, we could observe values that ranged between 1 month (0.08 years) and 31.92 years. 9.62 years was the average time with a 8.12 years standard deviation. We observed that 34.2% of the nurses had been working in their current service for less than 5 years.

2.2 Data collection instruments

The Conditions of Work Effectiveness Questionnaire – II (CWEQ-II), developed by Laschinger et al (2001), was used to assess the perception of structural Empowerment in nurses. This questionnaire is based on Chandler's (1986) original CWEQ which included 36 items and on the "Job Activities Scale" (Lashinger, Sabistan and Kutzcher 1997) and the "Organizational Relationships Scale" (Lashinger, Sabistan and Kutzcher 1997). The adaptation of the original CWEQ, developed by Laschinger et al (2001), gave birth to the CWEQ – II, using a predictive and non-experimental study. The CWEQ-II instrument assesses the 6 components described by Kanter (1977) in her theory of structural Empowerment and each one of these components forms a subscale that includes 19 items: opportunity (3 items), information (3 items), support (3 items), resources (3 items), formal power (3 items) and informal power (4 items). It also includes a global Empowerment scale used to validate the construct (2 items) and where this evidence is based on the correlation between this scoring and the Empowerment total scoring. CWEQ-II uses a 5 point Likert Scale, with scorings that range from "none" to "a lot" in each item. Questions are asked in a positive form and a higher scoring means a higher level of structural Empowerment.

The Psychological Empowerment Instrument (PEI) was developed by Spreitzer (1995). It is a valid and reliable instrument to assess the employees' perception of psychological Empowerment at a certain work setting. This instrument is based on Thomas and Velthouse's (1990) model where four dimensions that may come to influence the perception of individual Empowerment were defined: meaning, competence, self-determination and impact. These four dimensions are represented by 16 items, in a 7 item Likert scale, ranging from 1(totally disagree) to 7 (totally agree). The intermediate value (4) is considered as neutral. Thus, the total scoring ranges between 16 and 112, between 4 and 28 in each subscale. We are capable of calculating an average and total scoring.

2.3 Inclusion criteria

We have defined a purpose sampling based on the following criteria: nurses belonging to the SMH and who were available to willingly participate in our study.

2.4 Procedures

The previous approval to use this instrument was given by its original author. Teixeira A. (2012), the researcher who validated and translated the scales so they could be used in Portugal, refers that Spreitzer, in the information he gave when he sent the validation of the scale, suggested that we could remove one item from each dimension. The scale would nonetheless keep its psychometric properties and the scoring would range from 12 to 84.

The reliability of the two instruments that were part of the questionnaire we developed was studied through the analysis of the internal consistency of the different dimensions and of the total scorings. The method we chose used Cronbach's alpha coefficient determination which value may range between 0 and 1. The results allow us to confirm that, for the dimensions observed in both

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scales, the values were above 0.70 with a maximum 0.92 value. As for the total scorings, values above 0.85 were found: 0.85 for the PEI Scale and 0.83 for the CWEQ-II Scale. This way, we can conclude that both scale show a good or very good internal consistency and, consequently, consider that, for the current study, these instruments show a good reliability. Statistical treatment was processed using the version 22 (2015) of the SPSS (Statistical Package for the Social Science) programme. We chose non-parametric tests because the two central variables of this study (psychological and structural Empowerment) don't show a normal distribution in any of their dimensions.

In all the tests, 0.05 was set as the significance limit, that is to say that the null hypothesis was rejected when the probability (p) that was defined in the test was below the set value, or, in other words, when $p < 0.050$. We have accepted the research hypothesis when p value < 0.050.

3. RESULTS

Based on the data we have collected through the application of the PEI and CWEQ-II scales, we can confirm that nurses show a higher psychological Empowerment in the "meaning" and "competence" dimensions and a lower Empowerment in the "impact" and "self-determination" dimensions. We got total scorings that ranged from 3.00 to 82.00, which represents a 65.65 point mean value, with a 7.71 point standard deviation.

Half of the nurses obtained values of 66.00 points or above. Since the total of the evaluation scale could range between 12 and 84 points, the results we have obtained show that nurses exhibit good psychological Empowerment levels.

As far as structural Empowerment is concerned, which was assessed through the CWEQ-II scale, the results show that nurses reveal higher Empowerment levels in the "opportunity" and "informal power" dimensions. In contrast, nursing professionals show lower Empowerment levels when it comes to "formal power" and "information". We observed total scorings that ranged between 1.22 and 4.61 points which gives us a 2.89 points mean value with a 0.63 point standard deviation. Half of the nurses obtained a 2.89 score or above. Since the evaluation scale could range from 1 to 5 points, the results confirm that nurses have a certain tendency to show low structural Empowerment levels.

In the hypothesis 1, studying the correlation between psychological Empowerment (PEI) and structural Empowerment (CWEQ-II) allows us to confirm the existence of a positive and statistically significant correlation in most situations. Such results confirm that the data support the hypothesis we had defined and that nurses who show higher psychological Empowerment levels are prone to exhibit higher structural Empowerment levels (Table 1).

Table 1 – Study of the correlation between psychological *Empowerment* (PEI) and structural *Empowerment* (CWEQ-II).

Structural Empowerment		Psychological Empowerment				
		Meaning	Competence	Self-determination	Impact	Total
Opportunity	r_s	+0.36	+0.20	+0.34	+0.28	+0.41
	p	0.000	0.000	0.000	0.000	0.000
Information	r_s	+0.09	+0.12	+0.30	+0.37	+0.32
	p	0.125	0.053	**0.000**	**0.000**	**0.000**
Support	r_s	+0.15	+0.07	+0.37	+0.32	+0.34
	p	**0.013**	0.249	**0.000**	**0.000**	**0.000**
Resources	r_s	+0.04	+0.14	+0.27	+0.28	+0.26
	p	0.498	**0.024**	**0.000**	**0.000**	**0.000**
Formal power	r_s	+0.09	+0.07	+0.32	+0.37	+0.32
	p	0.155	0.231	**0.000**	**0.000**	0.000
Informal power	r_s	+0.26	+0.26	+0.29	+0.29	+0.38
	p	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

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| Total | r_s | +0.22 | +0.19 | +0.42 | +0.44 | +0.45 |
| | p | **0.000** | **0.002** | **0.000** | **0.000** | **0.000** |

Studying the correlation between Empowerment (psychological and structural) and the nurses' age, hypothesis 2, the results we had obtained, showed that there is only a statistically significant correlation for the psychological Empowerment dimension "competence" and for the structural Empowerment dimension "opportunity". In the first case, the correlation is positive, while this correlation is negative in the second case. Therefore, we can conclude that older nurses are more likely to show higher levels of psychological Empowerment (competence) and lower levels of structural Empowerment (opportunity).

In the hypothesis 3, the results show that none of the differences we could observe may be considered as statistically significant. This fact led us to conclude that there is no statistical evidence to show that the perception of Empowerment in female nurses is different from the male nurses' perception.

In the hypothesis 4, the results obtained showed that there isn't any statistically significant difference. This fact leads to the conclusion that the perception of Empowerment (structural and psychological) does not differ according to the nurses' academic level.

To the hypothesis 5, only 2 categories were taken into account: nurse and specialist nurse, since the number in the remaining categories wasn't representative. The results (Comparison between psychological Empowerment (PEI) and structural Empowerment (CWEQ-II) according to the nurses' professional category) revealed that there is no statistically significant difference as far as psychological Empowerment is concerned. However, those differences are visible when it comes to some structural Empowerment dimensions, namely "information", "resources" and "informal power". In all these situations, specialist nurses tend to show higher levels of structural Empowerment (Table 2)

To the hypotheses 6 and 7, the results we obtained when we studied the correlation between psychological Empowerment (PEI) and structural Empowerment (CWEQ-II) and the duration of the nurses' professional practice and the amount of time they have been working in their current service/specialty showed that hypothesis 6 is confirmed as far as the psychological Empowerment's "competence" dimension and the structural Empowerment's "opportunity" dimension are concerned. In the first case, the correlation is positive, while, in the second case, we have a negative correlation. We can therefore conclude that nurses who have been working for a longer period of time are more likely to show higher levels of psychological Empowerment (competence) and lower levels of structural Empowerment (opportunity).

In the second case, the hypothesis is confirmed as far as the psychological Empowerment dimension "competence" and the structural Empowerment dimensions "opportunity", "information" and "support" are concerned, being in this case, confirmed in global terms as well.

Table 2 – Comparison between psychological Empowerment (PEI) and structural Empowerment (CWEQ-II) according to the nurses' professional category.

Scale	Dimension Professional Category	n			Md	z	p
PEI (Psychological *Empowerment*)	Meaning						
	Nurse	187	127.16	18.58	18.00	-0.830	0.406
	Specialist Nurse	71	135.65	18.65	19.00		
	Competence						
	Nurse	187	124.33	17.92	18.00	-1.825	0.068
	Specialist Nurse	71	143.11	18.30	18.00		
	Self-determination						
	Nurse	187	129.06	14.88	15.00	-0.156	0.876
	Specialist Nurse	71	130.67	14.90	15.00		
	Impact						
	Nurse	187	125.38	13.71	14.00	-1.447	0.148
	Specialist Nurse	71	140.35	14.39	14.00		
	Total						
	Nurse	187	125.69	65.09	65.00	-1.331	0.183
	Specialist Nurse	71	139.53	66.24	67.00		

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CWEQ-II (Structural *Empowerment*)	Opportunity						
	Nurse	187	130.57	3.60	3.67	-0.378	0.705
	Specialist Nurse	71	126.68	3.54	3.67		
	Information						
	Nurse	187	121.88	2.34	2.33	-2.701	**0.007**
	Specialist Nurse	71	149.58	2.71	3.00		
	Support						
	Nurse	187	126.98	2.68	3.00	-0.891	0.373
	Specialist Nurse	71	136.13	2.79	3.00		
	Resources						
	Nurse	187	123.18	2.58	2.67	-2.231	**0.026**
	Specialist Nurse	71	146.15	2.86	3.00		
	Formal Power						
	Nurse	187	127.27	2.38	2.33	-0.788	0.431
	Specialist Nurse	71	135.38	2.47	2.67		
	Informal Power						
	Nurse	187	123.13	3.28	3.25	-2.245	**0.025**
	Specialist Nurse	71	146.29	3.50	3.75		
	Total						
	Nurse	187	123.93	2.81	2.80	-1.948	0.051
	Specialist Nurse	71	144.18	2.98	3.00		

In the first situation, we can observe that the correlation is positive, but when it comes to structural Empowerment, all the correlations are negative. Based on these results, we can conclude that nurses who have been working longer in the same service/specialty are more likely to show higher levels of psychological Empowerment (competence) and lower levels of structural Empowerment (opportunity, information, support and global) (Table 3)

Table 3 - Correlation between psychological *Empowerment* (PEI) and structural *Empowerment* (CWEQ-II) with the duration of the nurses' career and the amount of time spent in the same service/specialty.

Scale	Dimension	Duration of nursing career		Amount of time in this service/ specialty	
		r_s	p	r_s	p
PEI (Psychological *Empowerment*)	Meaning	-0.03	0.595	-0.03	0.637
	Competence	+0.19	**0.002**	+0.22	**0.000**
	Self-determination	-0.05	0.436	-0.06	0.290
	Impact	+0.08	0.208	-0.06	0.330
	Total	+0.05	0.412	+0.01	0.964
CWEQ-II (Structural *Empowerment*)	Opportunity	-0.17	**0.005**	-0.25	0.000
	Information	-0.06	0.303	-0.15	**0.015**
	Support	-0.08	0.201	-0.15	**0.017**
	Resources	+0.10	0.096	-0.01	0.874
	Formal power	-0.06	0.308	-0.10	0.105
	Informal power	+0.09	0.128	+0.01	0.996
	Total	-0.05	0.404	-0.16	**0.007**

DISCUSSION

More than ever, nursing workers must be recognized and appreciated for their knowledge, since this   helps promote their professional autonomy and, at the same time, ensures a valuable contribution to the creation of a collaborative environment with other health workers, contributing to an interdisciplinary atmosphere. Analyzing and understanding our actions, we realize that Nursing is much more than a mere set of techniques, it is truly a creative process that involves sensibility and a reflexive attitude which will bring benefits to our professional performance and will contribute to its development and recognition. Healthcare practices cannot survive if they keep on being undervalued. It is up to nurses to make them visible through their competence and

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professional autonomy.

As far as Empowerment in nursing is concerned, we can identify countless consequences, both for Nurses, with the improvement in nurses' competence, autonomy, confidence, satisfaction, professional well- being and with the decrease of feelings like frustration, failure, professional dissatisfaction, and for Healthcare organizations. In this case, those benefits will be visible in an increase in productivity and organizational efficiency; they will represent a motivational factor by promoting the sharing of common organizational goals. Ultimately, all these consequences will have positive effects on what really matters when we deal with nursing practice: the improvement in healthcare provided to patients. The results of our study support Kanter' workplace Empowerment theory (1993) which states that the Empowerment of working conditions has positive effects on the attitudes and behaviors of the individuals who are part of an institution's organizational structures. Psychological Empowerment is the individual answer to structural Empowerment, that is to say that it is the result of a structured working environment that will provide access to opportunity, information, support and resources which, when combined, are capable of shaping nurses' conduct and feelings.

CONCLUSIONS

The results of this study, along with the support we got from literature, are particularly important to nursing management. All this will help develop this Empowerment process by creating conditions through which working relationships, organizational cooperation and support given to nurses can be improved. These improvements will lead to higher feelings of competence, autonomy, meaning and impact on the organization.

The review of the literature we carried out show that all the efforts made to improve nursing practice through Structural Empowerment are only part of the factors that facilitate nurses Empowerment. Changing merely the organizational practices is not enough to fully perceive Empowerment, since psychological Empowerment must also be considered in this construct. One of the objectives of the current study was to acquire a deeper knowledge about the factors involved in nurses' perception of Empowerment. As a result of the analysis of the PEI scale, we found out 4 factors: competence, meaning, self-determination and impact, in agreement with what is envisioned by Spreitzer (1995, 1996). The CWEQ-II scale shows the existence of 6 factors: opportunity, information, resources, support, formal and informal power, in agreement with those identified by Laschinger et al. (2001).

In this context, we can conclude that Empowerment is a process which is influenced by an interconnection of working factors (access to opportunity, information, resource, support, formal and informal power) and by values and efforts that are an integral part of any individual (competence, meaning, self-determination and impact).

Nurses show good Psychological Empowerment levels and low Structural Empowerment levels. They reveal a higher psychological Empowerment (assessed through PEI scale), namely in its "meaning" and "competence" dimensions, and a lower Empowerment in the "impact" and "self-determination" dimension. As far as structural Empowerment is concerned (a fact which was assessed through the CWEQ-II scale) the results show that nurses exhibit higher levels of Empowerment in its "opportunity" and "informal power" dimensions. On the other hand, nurses show lower levels in the "formal power" and "information" dimensions. Nurses that show higher levels of psychological Empowerment also show higher levels of structural Empowerment.

Although the research which explore the relationship between structural and psychological Empowerment are quite recent (Laschinger, 2008), the results of our research suggest a significant and positive relationship between structural and psychological Empowerment. We realized then, in agreement with the reviewed literature, that the increase in structural and psychological Empowerment is not only associated with the improvement in nurses' innovative strategies and with an increase in the way they perceive Empowerment, but also with the increase in nurses' professional satisfaction and autonomy. Older nurses and nurses who have a longer career show a higher psychological Empowerment and a lower structural Empowerment. They show , respectively, a higher competence resulting in a great ability to perform their medical duties, a perception that they have a greater control over the working environment and that they have enough autonomy and flexibility to perform their activities. This perception will have a great impact since nurses will feel a higher commitment and engagement with the organization (effective functioning) and because it will lead to an improvement in healthcare provided to their patients. Inversely, those nurses will show lower opportunity, which will provoke frustration, hostility, lower motivation to fulfill their work responsibilities and lower levels of commitment with the institution.

All the nurses who have participated in this study have a similar perception of Empowerment, regardless of their academic level.

In the professional category of Nurses, there is no statistically significant difference as far as psychological Empowerment is concerned; however there are significant differences in some dimensions associated with structural Empowerment: information, resources and informal power , namely. This means that, in all these situations, Specialist nurses are more likely to show higher

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levels of (structural) Empowerment than the remaining nurses.

Informal power, strengthened by effective relationships, the support of managers, colleagues and other health workers, is very important to Specialist nurses and to their professional autonomy and contributes to the improvement of their ability to make decisions which will, in turn, help achieve and improve the objectives set by the organization. These improvements will also bring them greater visibility and a greater recognition of the position they hold in the organizational environment.

The perception nurses have of Empowerment is similar regardless of their gender,   even though most of the nurses who have participated in our study were female.

Nurses who have been working longer in the same service/specialty show a higher psychological Empowerment and lower structural Empowerment. Those nurses denote higher competence and, on the other hand, a lower access to opportunity, less support, a lower access to information and, finally, lower global structural Empowerment. Therefore, we can conclude that the lack of access to these structures leads to a feeling of powerlessness which contrasts with a higher motivation felt to achieve personal and organizational goals. This evidence will lead to a higher feeling of autonomy, to a greater professional satisfaction, to a greater commitment and to successful organizational processes.

Empowerment is linguistically used frequently. Being able to reflect upon the range of this concept helps Nursing, as a scientific discipline, to approach Empowerment issues with a greater insight.

This research showed us the way in the development and promotion of a healthy and productive nursing body by showing that Empowerment may well be implemented. It gave us an appropriate reference framework about the research conducted on nursing professional development, thus becoming essential to organizational management.

As a final reflection, we want to believe that the next century will give nursing and its specialties the importance it deserves. This recognition will be based on its autonomy, its own conceptual basis that will determine which nursing problems will have to be solved and which are the phenomena that are of concern. This is the common basis upon which nurses will find a professional satisfaction which will be developed within a multidisciplinary team. This interdependence will be a crucial factor for all those who benefit from healthcare services.

Thus, we affirm that the challenge of being a nurse with Empowerment is worth accepting!

CONFLICT OF INTERESTS

The authors declare that there are no conflicts of interest

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