Which socio-demographic patterns influence nursing managers' empowerment perceptions among nurses? An investigatory study

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Abstract. *Aim of the work.* Nurses were the most numerous healthcare workers employed in the current Italian healthcare systems. By considering them the driving force of the healthcare systems, the present study aimed to investigate which socio-demographic characteristics in nurses could influence empowerment promoted by their managers, by understanding what socio-demographic characteristics influenced the nursing manager empowerment and could help nursing managers to perform their empowerment approaches by highlighting strengths or weaknesses. *Methods.* An on-line, observational, multicenter, cross- sectional study was conducted by recruiting a total of 126 nurses. *Results.* Negative and significant correlations and associations were recorded between all the Empowering Leadership Questionnaire sub dimensions and age (p<.05). Data reported linear and significant associations between all the five sub dimensions of the ELQ and age (p<.05), as younger nurses more perceived their nursing managers' empowerment presence than their older colleagues, too. *Conclusions.* Empowerment is a very complex topic in the nursing practice in which managers should be aware of the role of empowerment in promoting work engagement and effectiveness and differential effects on new graduates and more experienced nurses. (www.actabiomedica.it)

Key words: Empowerment, Manager, Nurse

Introduction

The concept of "Empowerment" appeared in the literature in the late 1960s and then it was widely used with different meanings in the middle of the 1980s (1). In Italian, the term of "Empowerment" did never find an equivalent significance by expressing its semantic complexity, therefore, there was still no alternative options to the classic translation as: "favoring the acquisition of being able to". Empowerment could be defined as the process that allowed individual to ameliorate own experiences, improving knowledge, skills, attitudes, awareness and problem solving and decision

making attitudes (2) in order to influence others individuals in their behaviors and quality of lives.

The empowerment concept was developing in political, healthcare, pedagogical and organizational contexts (3). Particularly, in the healthcare and psychotherapeutic fields it was adopted to promote processes, as short rehabilitation, promoting the ability to self-diagnose and manage one's own health, based on the premise of emancipating the patient from dependence on the healthcare figure (4). In the pedagogical field, empowerment became one of the fundamental value of adult pedagogy development, in which learning was conceived as a lifelong process, for which each person was considered as responsible by actively participating in a reciprocity relationship with the "trainer" (5).

Additionally, the empowerment concept was performed in several organizational areas, by receiving a strong impetus towards the search for new organizational structures aimed at enhancing human resources. In this regard, greater participation, autonomy and commitment on the part of workers was promoted, giving rise to more horizontal organizations in which the value of teamwork and participatory leadership was particularly emphasized (6).

In the healthcare work environment, empowerment could increase necessary skills for both patients and healthcare professionals to become actively involved, both as individuals and organizations or communities, concerning the own health and the planning decisions in management and evaluation on healthcare services (7). In this regard, Empowerment could be a fundamental element for the management in everything concerning the operational unit of the department and in the well-being of all healthcare professionals.

Healthcare organizations might take into account that the adoption of regulatory, procedural and behavioral practices, supporting for particular forms of coexistence and the adoption of certain leadership styles could contribute to create well-being or malaise and directly affecting the health condition among healthcare workers, such as among nurses (8). Literature supported that organizational health might implicate the ability of a healthcare company, thanks to the fundamental contribution of managers and nursing

managers, not only to be effective and productive in terms of health provided to the patient, but also to grow and develop promoting and maintaining physical and psychological well-being among healthcare workers, specifically among nurses as regards nursing managers for nurses, too (9,10).

To coordinate nursing professionals, simple and direct order was not needed, but different, more demanding and involving mechanisms will request, as empowering leadership and stimulating instills energy, motivating and encouraging the potential of each individual. In this regard, the nursing manager might take the role of a consultant or a coach, by improving the growth of his collaborators and creating opportunities for personal and professional development, facilitating learning processes and new responsibilities and tasks acquisitions (11).

In the nursing context very often nurses suffered more often from diseases directly connected to their working environments, their organizations, by embarking in bio-psycho-social conditions of malaise up to mental disorders, such as burnout, anxiety, depression, insomnia (12,13).

As reporting in the Barrett theory of "power", to enhance challenge it was important to know challenging, too (14). Therefore, the manifestations of power were known in participation. Empowerment could be defined another form of power in the nursing profession, which in known approach could promote challenges in the nursing realities, in a free and intentional way by also considering the nature of the awareness, the type of choices, the degree to which freedom to act intentionally and the manner of involvement un creating specific changes. The empowerment strategy could improve better work environments, nursing well-being, with a constant conscious knowledge of the challenges that each nurse act, also in achieving power (15). Knowledge and power could be considered as key-concepts which influenced each other, since knowledge promoted power and vice versa, power improved through knowledge (16). All human relationships thus embraced power associations in several realities (16,17), also in the healthcare systems, especially in the nursing contexts. The nursing manager could promote empowerment in order to guide this challenging direction in the nursing practical environments, with a

conscious knowledge of the change acting both for the nursing manger and the nurse, too.

Aim

The present study aimed to understand what socio-demographic characteristics influenced the nursing manager empowerment and also could help nursing managers to perform their empowerment approaches by highlighting strengths or weaknesses that would be needed to empower nurses, as considering them the driving force of the healthcare systems, as they were the most numerous healthcare workers employed in the current Italian healthcare systems. Therefore, the present study aimed to investigate which socio-demographic characteristics in nurses could influence empowerment promoted by nursing managers.

Materials and methods

Design

An observational, multicenter, cross- sectional study using snowball- sampling method was conducted from October 2021 to February 2022.

Sample

The study was conducted by considering a sample of Italian nurses, who voluntary agreed to participate to the study and answered the questionnaire. Retired nurses who were not employed in the period of data collection were excluded.

Data collection

Data collection was carried out through an ad hoc constructed questionnaire, subsequently computerized through the Google forms platform. The questionnaire, publicized on an online platform and sent through the most common social platforms, such as: WhatsApp, Facebook and Instagram, allowed participants to answer the questions directly from their own devices. The questionnaire consisted of two principal sections. Specifically, the first section collected socio-demographic data of the participants, such as:

- gender, as female and male;
- age, divided into different classes, as: from 20 to 30 years, from 31 to 40 years, from 41 to 50 years and from 51 to 60 years, who were all employed, at different healthcare facilities, at the moment of the enrollment;
- work experience in nursing, as interviewer worked less than 1 years or over 2 years;
- shift working, as nurses worked only during the morning, or both during the morning and the afternoon and during also the night;
- educational level in nursing, as nurses trained only 3 years, between 4 to 5 years or more than 5 years.

The second section of the questionnaire assessed the empowerment perceived by interviewers on their nursing managers, thanks to the Italian version of the Empowering Leadership Questionnaire (ELQ) (Bobbio et al., 2007). The questionnaire consisted of a total of 37 items, expressed through a Likert scale ranging from "1", as: "never", to "5", as: "always". All the 37 items were divided into five sub sections of the empowering leadership, namely:

- sub dimension no.1: "Leading by example", comprising items no.1, 6, 11, 16, 21;
- sub dimension no.2: "Participative Decision-Making", including items no.2, 7, 12, 17, 22, 26;
- sub dimension no.3: "Coaching", comprehending items no.3, 8, 13, 18, 23, 27, 29, 31, 34, 35, 38;
- sub dimension no.4: "Informing", containing items no.4, 9, 14, 24, 28;
- sub dimension no.5: "Showing Concern/ Interacting with the Team", embracing items no.5, 10, 15, 20, 25, 30, 32, 33, 36, 37.

Validity and reliability

It was adopted an Italian validated homogenous instrument to assess nurses' perceptions on their

managers' empowerment, which contained 37 items that well assessed the empowerment levels and its consistency among responses of multiple users was validated from previous studies (18), which also validated the Italian version of the questionnaire (19). In fact, the ELQ tool provided a validated Italian instrument in the Italian health field by analyzing the differences and contact points of the several leadership styles, collecting data to support and enrich established approaches to measuring leadership style perceived. Finally, this tool was directly thought to assess how the implementation of an empowering leadership style from part of the nursing coordinator might influence the intention to leave the organization and the satisfaction of workers in the health sector (19).

Data analysis

All data were collected into an Excel spreadsheet and processed thanks to the SPSS, version 20 program. All socio-demographic characteristics were presented as categorical variables and processed as frequencies and percentages. By considering the Empowering Leadership Questionnaire, each sub dimensions were assessed as means ± standard deviations and Pearson correlations were performed between each sub dimension of the empowerment perceptions and their related socio-demographic characteristics. Then, for each sub dimension of the Empowering Leadership Questionnaire and all socio-demographic characteristics, linear regressions were assessed to investigate how individual characteristics influenced nursing manager empowerment perception. All p<.05 values were considered as statistically significant.

Ethical consideration

At the beginning of the questionnaire, in the presentation section, all the ethical characteristics of the study were stated. It was emphasized that participation was voluntary and that the participant could decline participation in the protocol whenever they wished. Those interested in participating were given an informed consent form, which reminded them of the voluntary nature of participation, as well as the confidentiality and anonymous nature of the information.

The present study was approved by the Ethical Committee of General Hospital, Policlinic of Bari, Italy, with id no. 7007/2021.

Results

A total of 126 Italian nurses were enrolled in the present study. 27.80% were females and 72.20% were males. Most of participants (62.70%) aged from 20 to 30 years and 73.80% of interviewers were employed over 2 years. 46% of nurses worked only during the morning, 17.50% worked both during the morning and the afternoon and 36.50% of participants worked also during the night shift, too. Most of nurses interviewed (82.50%) trained 3 years in nursing matters (Table 1).

Negative and significant correlations were reported between all the ELQ sub dimensions and age of participants, as younger nurses more perceived their nursing managers' empowerments. No further significant correlations were assessed between each sub dimension of the ELQ and other sampling characteristics (Table 2).

Table 1. Sampling characteristics (n=126).

Characteristic	n (%)
Sex	
Female	35(27.80%)
Male	91(72.20%)
Age	
20-30 years	79(62.70%)
31-40 years	16(12.70%)
41-50 years	15(11.90%)
51-60 years	16(12.70%)
Years of work experience	
>1 years	33(26.20%)
<2 years	93(73.80%)
Shift working	
1 shift/day	58(46.00%)
2 shift/day	22(17.50%)
3 shift/day	46(36.50%)
Nursing educational level	
3 years	104(82.50%)
4-5 years	11(8.70%)
>5 years	11(8.70%)

Table 2. Pearson correlations between the ELQ sub dimensions and sampling characteristics.

ELQ sub dimensions/ Sampling characteristics	Sex	Age	Work experience	Shift	Educational level
Sub dimension 1: "Leading by example"					
r	-.062	-.232	-.064	-.004	-.020
p	.492	.009*	.477	.961	.825
Sub dimension no.2: "Participative Decision-Making"					
r	-.053	-.229	-.096	-.036	-.046
p	.558	.010*	.284	.693	.608
Sub dimension no.3: "Coaching"					
r	-.066	-.226	-.039	-.004	-.015
p	.465	.011*	.664	.964	.863
Sub dimension no.4: "Informing"					
r	-.105	-.190	-.076	.007	.008
p	.240	.033*	.401	.935	.931
Sub dimension no.5: "Showing Concern/ Interacting with the Team"					
r	-.084	-.217	-.050	.003	-.015
p	.347	.015*	.580	.969	.869

*p<.05 is statistically significant.

Significant and negative associations between all the ELQ sub dimensions and age were assessed, meanwhile no significant associations were measured according to the other sampling characteristics (Table 3).

Discussion

The present study aimed to investigate which socio-demographic characteristics in nurses could influence empowerment perception promoted by nursing managers.

It should be considering that very few literatures dealt with specific topic, therefore the present study could be considered as pilot in this topic. The present data reported linear and significant associations between all the five sub dimensions of the ELQ and age, as younger nurses more perceived their nursing managers' empowerment presence than their older colleagues, too. In this regard data did not be comparable with the current literature, as evidence suggested empowerment competencies in nursing managers according their experiences, but not on the nurses' perceptions on their nursing managers approaches in the empowerment direction. Evidence suggested that inexperienced in empowerment management could reduce information, support, in the perception of empowerment (20), also in the organizational environment, staff perception and patient safety. However, nothing was considered on the other part, such as the receiver, as empowered nurses. In this regard the present study added another specific interesting aspect to the nursing empowerment theories, as nurses who were treated by their nursing managers though an empowerment approach, more perceived the empowerment effect in their younger ages than in their older ages, respectively. Age could be defined as a specific variable which influenced nursing empowerment perception. By considering that, nursing managers could improve their empowerment strategies among older nurses, by also considering which factors could influence this resistance to the empowerment perception, in order to empower them by feeling accountable both for the care they provided and also for their active participations in research projects, improving innovations in practice and making challenges in their work environments. To reach high quality in nursing, the nursing managers might recognize empowerment and apply in their staff

Table 3. Association between the ELQ sub dimensions and sampling characteristics.

ELQ sub dimension	Sampling characteristics	μ±s.d.	t	p-value
Sub dimension 1: "Leading by example"	**Sex** Female Male	2.93±1.09 3.08±1.12	–.435	.664
	Age 20-30 years 31-40 years 41-50 years 51-60 years	3.17±1.00 2.79±1.13 2.51±1.29 2.60±1.14	–2.704	.008*
	Work experience >1 years <2 years	3.10±1.13 2.94±1.08	–.794	.429
	Shift One Two Three	3.02±1.19 2.72±0.95 3.03±1.03	–.123	.902
	Educational level 3 years 4-5 years >5 years	2.99±1.07 2.84±1.35 2.96±1.11	.841	.402
Sub dimension no.2: "Participative Decision-Making"	**Sex** Female Male	3.00±0.88 3.10±084	–.287	.775
	Age 20-30 years 31-40 years 41-50 years 51-60 years	3.20±0.79 2.88±0.92 2.62±1.02 2.77±0.87	–2.635	.010*
	Work experience >1 years <2 years	3.18±0.85 2.99±0.86	–1.135	.259
	Shift One Two Three	3.10±0.93 2.81±0.79 3.05±0.81	–.432	.667
	Educational level 3 years 4-5 years >5 years	3.05±0.85 2.90±0.98 2.95±0.97	.606	.545
Sub dimension no.3: "Coaching"	**Sex** Female Male	2.99±1.15 3.17±1.17	–.496	.621
	Age 20-30 years 31-40 years 41-50 years 51-60 years	3.25±1.09 2.86±1.13 2.53±1.25 2.69±1.23	–2.632	.010*
	Work experience >1 years <2 years	3.13±1.15 3.03±1.16	–.510	.611

ELQ sub dimension	Sampling characteristics	μ±s.d.	t	p-value
	Shift One Two Three	3.09±1.23 2.82±1.09 3.09±1.09	–.117	.907
	Educational level 3 years 4-5 years >5 years	3.05±1.15 3.03±1.27 2.99±1.18	.840	.402
Sub dimension no.4: **"Informing"**	**Sex** Female Male	3.04±1.05 3.27±0.88	–.988	.325
	Age 20-30 years 31-40 years 41-50 years 51-60 years	3.24±0.97 3.16±0.94 2.56±1.07 2.87±1.12	–2.249	.026*
	Work experience >1 years <2 years	3.24±0.94 3.06±1.04	–.908	.366
	Shift One Two Three	3.13±1.02 2.90±1.12 3.16±0.94	.001*	.999
	Educational level 3 years 4-5 years >5 years	3.09±1.02 3.14±0397 3.11±1.07	.954	.342
Sub dimension no.5: **"Showing Concern/** **Interacting with the Team"**	**Sex** Female Male	2.95±1.09 3.15±0.99	–.745	.458
	Age 20-30 years 31-40 years 41-50 years 51-60 years	3.19±1.02 2.86±1.02 2.55±1.11 2.69±1.18	–2.491	.014*
	Work experience >1 years <2 years	3.10±1.11 2.98±1.06	–.610	.543
	Shift One Two Three	3.06±1.14 2.74±1.04 3.08±0.97	–.080	.936
	Educational level 3 years 4-5 years >5 years	3.02±1.06 3.01±1.14 2.95±1.07	.747	.456

*$p < .05$ is statistically significant.

(21), by providing adequate time and support to do a job with a problem solving approach. In this regard, evidence suggested that although, training nurses was fundamental in their power, the most important issue was that nurses could be able to achieve several perspectives which creatively apply to their attitudes and competences (17).

Nursing empowerment might include three elements, such as: a work environment, which was an essential element to improve empowerment; a psychological belief in one's competence to be empowered for each nurses by their nursing managers; and acknowledgement that there was power in the relations and caring that nurses provided. In this regard, empowerment could more encourage nurses in their nursing job activities, as literature reported as more vulnerable to burnout and depersonalization, especially in nurses with a higher number of work experience (22). This latest aspect could explain the negative relationship between age and nursing manager empowerment perceptions.

Conclusion

Empowerment will be a well-researched areas of nursing practice, but the concern of how to empower nurses by their managers' just creating debate, since empowerment could be more influenced also the organizational culture. Empowerment was always considered as a very complex topic in the nursing practice in which managers should be aware of the role of empowerment in promoting work engagement and effectiveness and differential effects on new graduates and more experienced nurses.

Surely, the present study was one of the few studies presented in the current literature which better emphasized the nursing manager empowerment perception among nurses according to socio-demographic characteristics. Although, the study had several limitations. First of all, as literature reported that empowerment was strongly linked to organizational culture, investigating the essence of empowerment at one facility could be desirable in order to consider the unique role of the nursing manager among all nurses who had the unique manager figure, respectively. Additionally,

the use of online platforms to collect answers could have led to possible bias selection. Finally, the sample was not representative of the entire Italian nursing population.

Further research will help to understand which associations could influence age, nursing managers' empowerment strategies and nursing work conditions, in order to highlight which factors were hidden in this misrecognition of the empowerment approach among older nurses.

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