Concept Analysis Article

NURSING STRUCTURAL EMPOWERMENT: A CONCEPT ANALYSIS

Latifah Alenazi1*

1College of Nursing, King Saud University

*Correspondence:
Latifah Alenazi
College of Nursing, King Saud University, Riyadh, Saudi Arabia, 1435
Email: lalmodiani@ksu.edu.sa

Article Info:
Received: August, 11th, 2023
Revised: December, 13th, 2023
Accepted: December, 14th, 2023
DOI: https://doi.org/10.36720/nhjk.v12i2.573

Abstract

Background: The concept of empowerment originated from the social sciences in the twentieth century. The concept was adopted in nursing to increase the professional progress of nursing sciences. The concept of empowerment is used in nursing as two constructs: structural and psychological.

Objectives: The purpose of this paper is to perform a concept analysis of structural empowerment from a nursing perspective.

Methods: Walker and Avant’s method of concept analysis was used.

Results: Autonomy and influence are considered major attributes of the structural empowerment concept in nursing. The method used for concept analysis provided purposeful clarification of the concept and confirmed the findings of the analysis.

Conclusion: Structural empowerment in nursing has contributed positively to nurses, patient care, and organizations. It is linked to better quality effects, patient safety, and work effectiveness. Among leadership, it is associated with enhanced role satisfaction. Both inside and outside of organizational contexts, educational programs should play a part in developing empowerment since empowered nurses are more inclined to exercise skills like decision-making, problem-solving, and caregiving. Entail instructional programs to foster critical thinking, leadership, and better comprehension of nursing.

Keywords: Empowerment, Structural empowerment, Psychological empowerment, Walker and Avant, Concept analysis, Organization nursing

Concept analysis is a rigorous process used to analyze a concept and is also referred to as concept development or concept synthesis (McEwen et al., 2019). Concept analysis is the process of defining the essential components of a concept to clarify the application of the concept and its ability to carry meaning in distinct contexts (Walker & Avant, 2005). Concept analysis allows for understanding the different methods and uses of a concept in the literature and sciences. Moreover, analysis of a concept provides the foundation for the development, improvement, and distinguished use of the concept, which can then be extended for utilizing the concept in theory (Woodward, 2020).

In general, the purpose of concept analysis is to explain, recognize, and describe the concept of empowerment as it relates to nursing phenomena (McEwen et al., 2019). Moreover, it is used to identify gaps in nursing knowledge, redefine and characterize the concept when it has different meanings and definitions, inspect the congruence between the concept’s application and definition, and ensure that it can be appropriately utilized in nursing (McEwen et al., 2019).

Nursing scholars must develop a theory, define nursing phenomena to simplify nursing practices and research, and develop unique concepts for nursing sciences (Meleis, 2007, Rodgers, 2000).
The concept of Structural empowerment is vital to society, especially in fields associated with health, since it enables people to become in charge of their lives and modify unhealthy habits for the better (Chang, 2004). This is particularly crucial for community development since the empowerment approach may improve people's ability and potential, enhancing their well-being (Ani, 2018). Nevertheless, measuring Structural empowerment remains difficult since it requires a conceptualization that can be converted into quantifiable acts (Alsop, 2005). Despite these difficulties, Structural empowerment has a clear place in health promotion when it develops social justice, participation, and control (Woodall, 2012).

In nursing, Structural empowerment is a complicated and diverse term with many theoretical interpretations and real-world applications. The difficulties in empowering patients are noted by both Rundqvist (2005) and Nyatanga (2002), with Rundqvist stressing the importance of reciprocal interaction and Nyatanga drawing attention to the hierarchical and authoritarian structure of nursing. Kuokkanen (2000) and Bradbury-Jones (2008) delve deeper into the theoretical foundations of empowerment, with Bradbury-Jones putting out a poststructural perspective on power and empowerment in nursing and Kuokkanen recommending it as a framework for professional development. When taken as a whole, these findings highlight the necessity of a more complex and critical view of empowerment in nursing practice.

The advancement and survival of the nursing profession depend heavily on developing nursing theory (Ingram, 1991; Craig, 1980). It aids in defining nursing, directs the creation of curricula, and offers resources for professionals (Draper, 1990). Additionally, theories are essential to nursing research because they provide a methodical basis for understanding and direct application and problem-solving (Aydın, 2020). Consequently, the advancement of nursing theory and its application are critical to the scientific and professional development of the field.

Background of the Concept

The concept of empowerment originated in the social sciences and is mainly used to refer to vulnerable groups in communities. The Oxford Dictionary defines empowerment as “the act of giving somebody more control over their own life or the situation they are in”, while the Merriam–Webster Learner’s Dictionary defines empowerment as “to give power to someone”. Empowerment is described as a multilevel structure (Rappaport, 1987) and includes both outcomes and processes (Spreitzer, 2008). In general, the empowerment concept is construed as positive, either as an outcome through control or self-actualization or as a process when sharing power with another (Friend & Sieloff, 2021). There are two constructs of empowerment: relational and motivational. The relational construct is more commonly used in management and social sciences and focuses on power or control over another. The motivational construct, on the other hand, is more commonly used in psychology and is focused on how to utilize power for motivation (Conger & Kanungo, 1988). These constructs are referred to as structural and psychological empowerment, respectively. Structural empowerment in an organization is defined as a process aimed at empowering an employee to enhance their levels of effectiveness and productivity (Kuokkanen & Leino-Kilpi, 2001). Contrarily, psychological empowerment is defined as active inner motivation (Deci & Ryan, 2000).

Structural Empowerment: Concept Analysis

Structural empowerment is defined based on Kanter’s theory of structural power in an organization, developed from qualitative research. Kanter defined power in an organization as something that originated from the structural state in an organization and that is not related to employees’ personal traits. They classified power as formal or informal and as systematic power factors. Formal power is based on job activity, and the employee has freedom in decision-making. Informal power, on the other hand, is when the employee draws from their alliances with the organization, stakeholders, and peers (Kanter, 1977). According to Kanter’s theory, there are three access to job-related empowerment structures: First is the opportunity structure, which is related to job conditions and provides an opportunity to develop and support an employee’s knowledge and skills. The second power structure includes three sources of power in an organization: line of information, line of supply, and line of support. According to Kanter, to achieve empowerment for the
employee, the organization must allow the employee access to information, and they can manage their job. The third structure comprises proportions related to social synthesis for the employee in the organization (Kanter, 1977).

If the employee has access to the job-related empowerment structure, the employee is impacted in terms of increased self-efficacy; increased motivation, leading to increased commitment to the organization; decreased burnout; increased autonomy; management participation; and increased employee job satisfaction. Moreover, the organization’s effectiveness is achieved through client satisfaction, respect and cooperation in the organization, and the success of the organization (Kanter, 1977). The theorist Kanter modified the model by adding measurements for formal and informal power (Kanter, 1979). Furthermore, the job activity scale is used to measure formal power and contains three characteristics: relevance, recognition, and discretion (Laschinger et al., 1994). For informal power, the organizational relationship scale is used (Laschinger et al., 1994). The nursing manager encourages the creation of a positive, productive work environment and modifies structural organizational support empowerment for the employee, which leads to the organization’s increased effectiveness.

An example of early research using Kanter’s theory was research done in 1980 that aimed to examine the relationship between selected factors of the perceived power of senior academic administrators and the source of the difference between males and females. The factors considered were formal organizational conditions, informal organizational characteristics, and personal attributes. There were 74 female and 160 male participants. The results showed that there is no difference between men and women in perceived power, and an important predictor of perceived power is formal organizational characteristics such as academic rank and position type. Informal power is essential and followed by formal organizational characteristics (Sagaria, 1980). Many studies have used Kanter’s theory for structural empowerment (Chandler, 1986, Carlson, 1983, Moscato, 1987, Manjojlovich & Laschinger, 2007, Lautizi et al., 2009), the most famous of which is that of Laschinger and colleagues (Laschinge & Havens, 1996, Wilson & Laschinger, 1994, Laschinger et al., 2004, Laschinger et al., 2009, Laschinger et al., 2011).

Psychological Empowerment

Psychological and structural empowerment encouraging and empowering environments inside organizations. It has also been confirmed that psychological empowerment mediates the interaction between structural empowerment and employee-driven innovation (Echebiri, 2020). Psychological empowerment is defined based on the theory of Spreitzer (1995). Psychological empowerment is defined as intrinsic motivation in four domains: meaning, competence, impact, and self-determination. Meaning is drawn between the value of a work objective and job demands and is contrasted with employee ideals (Li et al., 2018). Competence is the employee’s confidence and ability to complete the activity proficiently (Li et al., 2018). Impact is how the employee feels about their ability to affect important work outcomes (Avolio et al., 2004). Self-determination is the employee’s feeling of control over or autonomy regarding their work activities in the workplace (Aggarwal et al., 2018).

Psychological empowerment shows a significant positive correlation with job satisfaction (Li et al., 2018). A study analyzed the relationship between psychological empowerment and work burnout, using professional identity as a mediator, in nine rural teachers in China. The participants comprised 650 primary and secondary school teachers. The results showed that teachers with high psychological empowerment had a high tendency toward a professional identity, while both psychological empowerment and professional identity had a negative to work burnout (Ding & Xie, 2021). When an employee lacks empowerment, they feel unsafe and unable to influence others because they lose power over the management of job resources (Ya et al., 2020). A cross-sectional study in India with 389 female participants aimed to study the psychological empowerment of women in their role as a mediator on the relationship between structural empowerment and organizational commitment. This study’s results showed that psychological empowerment is a mediating factor for both structural empowerment and commitment (Aggarwal et al., 2018). These studies showed
a significant intermediate correlation between nurses’ perceptions regarding both structural and psychological empowerment and organizational commitment (Ibrahem et al., 2013). Psychological and structural empowerment concepts are interrelated and have a role in building an environment of support and empowerment in nursing.

Method
This paper used the Walker and Avant concept analysis method because the steps are intentional and concrete and provide a specific pinpoint analysis through an iterative process to confirm the findings. The Walker and Avant method includes eight steps: selecting the concept; determining the name and purpose of the analysis; identifying all of the uses of the concept; determining the defining attributes, identifying model, borderline, and contrary cases; identifying antecedents and consequences; and defining empirical referents.

Results

Selecting the Concept
The concept of interest for this analysis was Structural empowerment.

Determining the Name and Purpose of the Analysis
The purpose is to investigate the concept of Structural empowerment in nursing, especially as it relates to an individual’s experience and its possible effects on communities and the nursing profession. This multifaceted idea encompasses assisting people in taking charge of their own lives and includes characteristics about the nurse and the client. The analysis also emphasizes how nursing must undergo a paradigm change to embrace the empowerment model properly. Additionally, it highlights how critical it is to consider theories of power while comprehending and putting empowerment into practice in nursing.

The ideology of empowerment was obtained for minorities in society during the social movement between 1960 and 1970. Friend and Sieloff (2018) defined empowerment as “a process whereby an individual’s belief in his or her self-efficacy is enhanced”. It has also been defined as follows: “To empower means either to strengthen this belief or to weaken one’s belief in personal powerlessness” (Conger & Kanungo, 1988). Another definition of empowerment is “a dynamic concept: power is taken over and given away, power is shared” (Kuokkanen et al., 2000).

Structural empowerment is an important and valuable concept for all healthcare providers because it affects both employees and the organization. In nursing, there is dissatisfaction due to many factors such as insufficient participation in decision-making, too high workloads, and no support for development (Purdy et al., 2010). Research on 21 hospitals in Canada studied the relationship between the effect of the work environment on nurse and patient outcomes using a cross-section design for multiple levels and sites. There was a total of 697 nursing participants and 1,005 patient participants. The results supported the positive impact of empowerment for both nurses and patients by supporting patient care and increasing nurses’ job satisfaction (Purdy et al., 2010).

Moreover, a study including 30 nurses in Finland used a qualitative design to define the factors that enhance empowerment. They classified five factors: moral principles, personal, expertise, sociability, and future orientation (Kuokkanen, 2008). Nursing empowerment creates a positive work environment, as well as engagement and satisfaction (Spence Laschinger et al., 2006). A descriptive study on the relationship between structural empowerment and patient identification behavior in Korea had 984 nurses as participants and used the conditions of work effectiveness questionnaire and another instrument that Kim et al. (2014) developed to measure patient identification behavior, and participants followed a quality improvement project at a hospital in Korea. The results showed a significant correlation between the patient identification behavior of nurses and structural empowerment for nursing (Young, 2019). Another study undertaken to explore the relationship between structural empowerment and job performance in four hospitals in Jordin used a cross-sectional descriptive design and two questionnaires. The first condition for workplace effectiveness contained 21 items, and the second was a six-dimensional scale of nursing performance that included 52 items. There was a total of 195 nursing participants in the study, and the results showed a significant positive correlation between structural empowerment and job performance (r = 0.928, p 0.01) (Ta’an, 2020). A meta-analysis of
eleven studies examined the relationship between psychological empowerment and job satisfaction, and ten studies reporting a correlation between psychological empowerment and job satisfaction were found (Li et al., 2018).

**Searching Strategy**

According to Walker and Avant, concept analysis requires searching various sources to obtain all information relevant to the concept. Therefore, the first phase involved a full-text search for the concept “empowerment” in the CINAHL, PubMed, ProQuest, Science Direct, Willy Online Library, Sage, Google Scholar, and Emerald databases, including journals, books, e-books, reviews, and reports from 1990 to 2022. There were 52,199 search results. The second phase involved limiting the search to nursing, which led to 881 results. The third phase was limiting the search to academic journals and e-books in English, which gave 147 results. The last phase excluded duplications and involved reviewing the results according to title and abstract, providing.

**Identifying All of the Uses of the Concept**

The concept of Structural empowerment is used in education, leadership, and motivation. In education, a cross-sectional design study was conducted in China to investigate the relationships among structural empowerment, environment resources, psychological capital, and interpersonal resources in nursing. A total of 300 nursing students participated in the study. The results indicated that students believe that with a high level of structural empowerment, they can achieve high levels of competence (Liao & Liu, 2016). Moreover, an education study in Spain including 226 university teachers with a minimum of one year’s experience aimed to examine the relationship between structural empowerment and job satisfaction, and the results showed a strong relationship between structural empowerment and job satisfaction (Orgambidez & Borrego, 2014).

In leadership, a study in Auckland using a mixed-methods, non-experimental descriptive design comprised 37 registered nurses and aimed to examine clinical leadership for nursing work in the emergency department and perceptions of structural and psychological empowerment. It used three different questionnaires to measure psychological and structural empowerment and leadership inventory, and for qualitative purposes, four questions need to be answered at the end of the questionnaire. The results suggested that emergency nurses need structural and psychological empowerment to act as clinical leadership, while psychological empowerment showed a moderating effect on structural empowerment (Connolly & Scott, 2018).

For motivation, a quantitative study aimed to study the relationship between work-related empowerment and job satisfaction and motivation using a questionnaire containing work-related empowerment promoting and work-related empowerment impeding factors, with 36 items for both. The results suggested a positive relationship between job satisfaction and motivation and work-related empowerment (Kuokkanen et al., 2009).

**Determining the Defining Attributes**

The defining attributes of a concept are considered the core of concept analysis. The concept of empowerment has the attributes of autonomy and influence.

Autonomy: In the literature, autonomy is defined as being prior to empowerment (Kuokkanen et al., 2014), while others define autonomy as renovated to empowerment (Kretzchmer et al., 2017). As an attribute of empowerment, employees need to practice autonomy in the work setting through empowerment. In general, when integrated into the organization, autonomy empowers employees to thrive and contribute effectively to the organization's success. Employees' autonomy is positively associated with their structural empowerment, contributing to their decision-making autonomy.

Influence: There are two ways to express influence for the employee: employee idea or passion (Woodward, 2020). In the literature, influence is shown to be a characteristic of the organization related to having structural empowerment for the employee (Spreiter, 1995). For effective influence, the employee needs three things: clear concentration and measurement, specified vital behavior, and the utilization of the different resources available, such as structural ability (Grenny et al., 2013).

**Model Case**

An interdisciplinary team developed a new protocol for health precautions during the COVID-19 pandemic for the infection control
department of the hospital. Employees began the development of health precautions with a shared governance committee, and employees were rewarded for participation in the team. The infection control manager assisted the employees’ team by providing them with resources such as a meeting room and computers. During the meeting, the employees’ team needed to have access to databases to develop the precaution protocol based on evidence-based practices. The organization supported this by purchasing access to databases and assisted the employees’ team in developing the protocol for health precautions. The employees’ team suggested an education program to increase the level of awareness of health precautions in general and of COVID-19 specifically. The organization supported collaboration with the education department in the hospital to build and operate the education program. Further, the employees’ team saw a need to send memos to all employees in the hospital containing a copy of the protocol for health precautions, including a number for consultation if the employees needed clarification or had any questions. The employees’ team led the process of implementation and consultation. With this opportunity, the employees’ team increased their autonomy and influence in the organization.

Contrary Case

The manager of the hospital sent a new memo containing an application for a new policy in the surgical ward. The head nurse and any other staff in the surgical ward were not involved in the committee aimed at developing the new policy. Thus, the nursing staff and head of the department complained that they needed clarification and wished to comment on the new policy, but they were ignored. Therefore, the nurses felt a lack of autonomy and influence in the organization.

Borderline Case

The director nurse in the tertiary hospital aimed to develop a team for work schedule guidelines, planning to build the team to contain one nurse from each department in the hospital as a representative. All of the departments sent one nurse as a representative for the team. Then, team members worked on a proposal for the schedule guideline and sent it to the director nurse for revision. The director nurse revised the proposal and supported the implementation of the guideline. However, the director nurse commented on the financial aspects due to the organization’s budget cuts. The director nurse encouraged the step due to increased nursing staff autonomy and influence.

Antecedents

The empowerment antecedent depends on the inner motivation of employees and the work environment of the organization. For inner motivation, the organization must support leadership behavior to enhance nurses’ perception of autonomy, relevance, and job demands. Moreover, it improves nurses’ confidence so that they can perform their work effectively, and nurses will perceive their influence over issues in the workplace.

For the antecedent of the organization’s work environment, the organization should allow access to resources such as finances, information, equipment, and supplies to assist employees in completing their tasks optimally. In addition, the ability to access knowledge is needed to improve the skills and training of employees in an organization. This also includes the ability to access direction, feedback, and support as employees in the organization.

Consequences

In the literature, the evidence supports the important role of empowerment in delivering high-quality care, which is beneficial in the nursing profession. Empowerment results in increased nursing job satisfaction and the effectiveness and efficiency of nursing care (Al-Dweik et al., 2016). An organization’s changes regarding empowerment positively affect employee satisfaction and motivation (Kuokkanen et al., 2009), as well as the ability to work as a clinical leader for nurses in the emergency department (Connolly & Scott, 2018). For the patient, the employee work environment and empowerment are positively connected with patient satisfaction (Purdy, 2010) and patient care (Teran & Webb, 2016).

Defining Empirical Referents

Empirical referents are defined as the instruments used to measure the concept through the categories of phenomena to determine the existence of the concept itself and measure it (Wåhlin, 2017). However, there is
no instrument to measure empowerment, but there are instruments to measure structural and psychological empowerment. The structural empowerment measure is that of Kuokkanen and Laschinger and colleagues, as mentioned previously in the paper. For psychological empowerment, Spreitzer and many studies used it, as mentioned in the paper. The work to measure the structural and psychological empowerment for nursing and the study of the impact on nurses, patients, and the organization.

**Redefining the Concept in Research**

According to the literature, Structural empowerment in nursing has a positive correlation with job satisfaction and job commitment. Structural empowerment increases autonomy in nursing, while psychological empowerment increases influence and motivation for nurses in the organization.

**Conclusion**

Structural empowerment has a positive effect on nurses based on the literature discussed. However, to achieve Structural empowerment, the positive roles of the organization and leadership behavior need to be reinforced, and the difference between individual empowerment and organizational empowerment needs to be delineated. Nursing Structural empowerment is defined as the nurse’s ability to select and perform their work and direct their development in a demanded manner. To ensure the effective adoption of Structural empowerment, the organization should not be the only decision-maker when choosing a method of nursing empowerment as a professional field, and a strategy to enhance nursing empowerment should be delivered.

**ACKNOWLEDGMENT**

The authors are thankful to the Deanship of Scientific Research, College of Nursing Research Center at King Saud University for funding this research.

**DECLARATION OF CONFLICTING INTEREST**

No Conflict of Interest

**FUNDING**

No fund

**AUTHOR CONTRIBUTION**

Latifah Alenazi: main author

**ORCID**

Latifah Alenazi: none

**REFERENCES**


Ibrahim, S. Z., Elhoseeny, T., & Mahmoud, R. A. (2013). Workplace empowerment and organizational commitment among nurses working at the Main University Hospital, Alexandria, Egypt. Journal of the Egyptian Public Health Association, 88(2), 90–96. https://doi.org/10.1097/01.EPX.0000430957.52814.8a


Community Psychology, 15(2), 121. https://doi.org/10.1007/bf00919275


