

## ORIGINAL RESEARCH

# Nurse's psychological empowerment and perceived autonomy in university and teaching hospitals at Menofia Governorate/Egypt

Manal M. Ibrahim<sup>1</sup>, Manal H. Abo El-Magd<sup>2</sup>, Hala Y. Sayed<sup>3</sup>

1. Nursing Administration, Menofia University, Menofia, Egypt. 2. Psychiatric and Mental Health Nursing, El-Minia University, Minya, Egypt. 3. Nursing Administration, Cairo University, Cairo, Egypt.

**Correspondence:** Manal M. Ibrahim. Address: Nursing Administration, Menofia University, Menofia, Egypt.  
Email: mmmoussa66@yahoo.com

**Received:** April 10, 2014

**Accepted:** May 18, 2014

**Online Published:** July 14, 2014

**DOI:** 10.5430/jnep.v4n9p59

**URL:** <http://dx.doi.org/10.5430/jnep.v4n9p59>

## Abstract

**Background:** It is believed that, the greater nurses uncertainty is likely to negative attitude toward their organization and the quality of patient care. Staff nurses can be empowered at all levels of the organization, if management allows them the support, encouragement and rewards them. Empowerment is the process by which a leader shares power with others or enable them to act. Autonomy plays an important part in nurses' job satisfaction and retention. Autonomy is defined as authority and accountability for one's decision and activities.

**Aim:** To study the relationship between psychological empowerment and perceived autonomy of nurses in University and Teaching Hospitals at Menofia Governorate. **Design:** a descriptive correlational design. **Setting:** This study was conducted in two selected hospitals namely Menofia University Hospital and Shebine EL-Kom Teaching Hospital. **Sample:** A convenient sample of 550 nurses was included in the study. **Tool:** Two tools were used to collect the data: 1- Psychological Empowerment Instrument. 2- Nurses' autonomy questionnaire.

**Results:** There was a highly statistical significant correlation between total psychological empowerment and perceived autonomy of nurses. A significant relation was founded between the levels of autonomy and nurses' work place. While, there was insignificant relation between both of nurses' psychological empowerment and autonomy according to their age, level of education and years of experiences. **Recommendations:** Staff development program for nurse managers to integrate staff nurses in decision-making and to deal effectively with new ideas to promote organizational climate and empowerment of nurses.

## Key words

Nurses, Psychological empowerment, Autonomy

## 1 Introduction

A health care sector that supports employees, reduces stress and increases employee commitment will culminate in improved organizational outcomes, including improved patient care <sup>[1]</sup>. Moreover, Chalk, Bijl & Halfens <sup>[2]</sup> reported that

patient care quality and safety relates directly to how empowered nurses are to influence care plans and contribute to organizational decisions. Empowerment has also been linked to the mental and physical health of nurses <sup>[3]</sup>.

Chalk, Bijl and Halfens <sup>[2]</sup> claimed that, nurses could be empowered at all levels of the organization. Moreover, empowerment is the process by which a leader shares power with others or enable them to act. It is the basis of transformational leadership in which the leader shares the vision of what is to be accomplished, delegates a great deal of authority for decision-making, and allows employees to share in the satisfaction derived from goal achievement.

Nurses want to ensure their patients' rights, health, and safety. However, nurses may not be empowered by having a voice in the decision-making. If the structural organization does not support patient advocacy or does not make efforts to create and maintain healthy work conditions, job strain will be a logical outcome. Researchers found that feelings of psychological empowerment strongly influenced nurses' job strain and work satisfaction. The results suggested that even in the highly demanding work settings of nurses, job strain is often modifiable <sup>[3]</sup>.

Empowerment involves more than delegation of authority; it involves employees' perception of competence, self-determination, meaning, and impact. Psychologically empowered employees are confident in their abilities, have control over their work, feel that their job requirements are congruent with their values and beliefs, and feel that they impact organizational <sup>[4]</sup>.

Psychological empowerment in any organization does not work by saying employee that they are empowered it requires requisite changes in the system, practices, and policies of an organization. Thus, to make an employee feel psychologically empowered there has to be change/modification in the managerial practices <sup>[5]</sup>. Managerial practices that promote autonomy, freedom and create an atmosphere of service may develop the feeling of psychological empowerment among employees. Recent management literature proved that, the degree of worker participation in decision making has been found to relate positively to satisfaction with work.

Browning <sup>[6]</sup> studied job satisfaction among adult health nurses in Arizona to understand what is important in attracting and retaining nurses' in the workplace. Nurses in this study were most satisfied with autonomy in their jobs. Benefits of job satisfaction included: decreased absenteeism, employee retention, improved productivity, and enhanced performance. Sparks <sup>[7]</sup> founded that nurses who had greater decision-making authority (greater autonomy) had greater outpatient clinical productivity.

Autonomy is both the ability of a person to direct their own life and to make their own decisions, and the capacity for rational deliberation. If the culture of the nurse's workplace hinders their capacity for independent judgment about patient care, they do not have professional autonomy in any meaningful sense. A major advantage of being viewed as a profession is the societal grant of autonomy in practice <sup>[5]</sup>.

In professional terms, autonomy means that occupational group has control over its own practice. The autonomy of professional nurses is evident in an organization in which management trusts them by giving them freedom to make decisions and take actions within the scope of their knowledge. Nurses are free to exercise their authority. So, autonomy plays an important part in nurses' job satisfaction and retention <sup>[8,9]</sup>.

In Egypt, from the literature review the researchers found a very few studies dealing with the variable of autonomy. So the present study will spotlight on nurses working at Governmental Hospitals where workload and patients' needs are at maximum level, and quality of care is mandatory <sup>[10]</sup>. To investigate what the relationship between psychological empowerment and perceived autonomy of nurses in selected hospitals at Menofia Governorate. The answer of these questions will provide a description and analysis of how nurses' behavior is directed and sustained to help decision makers to accomplish organizational goals by a motivated, satisfied and empowered nursing personnel.

## Aims of the study

Study the relationship between psychological empowerment and perceived autonomy of nurses in general University and Teaching Hospitals at Menofia Governorate.

## 2 Subject and methods

### 2.1 Research question

What is the relationship between psychological empowerment and perceived autonomy of nurses in University and Teaching Hospitals at Menofia Governorate?

### 2.2 Research design

Descriptive correlational design was used in the conduction of the present study.

### 2.3 Setting

This study was conducted in University and Teaching Hospitals at Shebine EL-kom/Menofia Governorate, Egypt. The first setting is Menofia University Hospital is a representative of University Hospital. This hospital was established in 1993. It includes four hospitals, the General Hospital, Cancer Hospital, Emergency Hospital, and Susan Mubarak Hospital. It provides its services to the community through the Surgical, Medical, Urology, Orthopedics, Pediatrics, Ophthalmology, ENT, Obstetrics and Gynecology, Kidney Dialysis, Premature, Pediatric Intensive Care, Burn, Intensive Care Units in addition to Operating Theater, Emergency Department, and Outpatient Clinics.

The nursing staff consists of 790 nurses, their qualifications ranged from bachelor degree to diploma in nursing. The second setting is Shebine EL-Kom Teaching Hospital; it affiliates to the Ministry of Health and Population. This hospital was built in 1970. The bed capacity of the hospital is 677. It serves all specialties (Surgical, Medical, Urology, Orthopedics, Pediatrics, ENT, Obstetrics and Gynecology, Premature, Burn, Intensive Care Units, Operating Theater, Emergency Department, Outpatient Clinics).

In addition, the hospital has a Kidney Dialysis Unit, Pediatric Intensive Care Unit, and Cardio Surgery Department, which are located in two other buildings separated from the main hospital setting. The nursing staff consists of 702 nurses. Their qualifications ranged from bachelor degree to diploma in nursing.

### 2.4 Subjects

Convenient sample of all nurses who accepted to participate in this study from the aforementioned units and wards were included to constitute the present study. The total numbers of nurses who accepted to participate were 550 nurses.

### 2.5 Tools of the study

In order to fulfill the research aim of this study two tools were used to collect the data. The first tool: part one: it was concerned with the socio-demographic data of the nurses, such as age, years of experience, educational level and name of department. Part two: Psychological Empowerment Instrument developed by Spreitzer<sup>[11]</sup> and this tool modified by Sparks<sup>[7]</sup>. It was used to assess nurse's level of psychological empowerment. The scale consists of 17 statements, which measure four separate but interrelated components. The scale components were as follows: Meaning: 3 statements; Competence: 8 statements; Self-determination; 3 statements; and Impact: 3 statements.

**Scoring System:** respondents answer items on a five-point scale ranging from one to five. The responses of strongly disagree, disagree, neither agree nor disagree, agree, strongly agree were scored respectively as 1, 2, 3, 4, and 5. The over all scores of each component are calculated by taking the average (total score divided by number of items) of the

respondent's score for each component and multiplying this by 100 to convert it into percent score. The score of 34 or less was considered poor empowerment; the score which ranges from 35 to 68 was considered moderate empowerment, the score more than 68 was considered high empowerment.

The second tool: Nurses' Autonomy Questionnaire developed by Beehr *et al.* [12] and this tool modified by Weston [5]. It consisted of 13 items, responses are between 1 to 3 as definitely true, uncertain, definitely false, respectively. This instrument was designed to measure the degree to which organizational nurses' freedom of action is constrained, and a mean score is taken, the highest score indicates high autonomy. (The score of 13 or less was considered low autonomy, the score among 14-26 was considered moderate autonomy and more than 26 was considered high autonomy).

## 2.6 Pilot study

Before any attempt for data collection, a pilot study was carried out in Menoufyia University Hospital and Shebine EL-Kom Teaching Hospital for testing validity, clarity, applicability and comprehensiveness of the questionnaire. It was done on ten nurses who were excluded from the main study subjects during the actual collection of data. Pilot study aimed also at determining the time needed for filling the questionnaire that takes about 30 minutes.

## 2.7 Field work

The actual field work was carried for 3 months for data collection. The nature and the purpose of the study were explained by the researchers to nurses who were included in the study. Verbal agreement was obtained from Children's mothers, and nurses after that the researchers began to collect the data.

## 2.8 Ethical consideration

Before starting the actual data collection process two formal letters were issued from the Faculty of Nursing/Menofia University to the two hospitals where the data were collected to obtain the administrative approval for the research. The letters identified the researchers and the title of the study. The researcher introduced himself, explained the objectives of the study to nurses, and informed them that their information will be confidential and will be used only for the purpose of the study.

## 2.9 Statistical analysis

The content of each scale was analyzed, categorized and then coded by researchers. Subjects' responses to each category were tabulated separately by using Statistical Package for Social Science (SPSS) version 15.5. Data were represented using descriptive statistics in the form of frequencies and percentages for qualitative variables and means and standard deviations for quantitative variables. Pearson correlation analysis was used for assessment of the relationships among quantitative variables, while the Chi-square test was used for qualitative data. Statistical significance was considered at  $p$ -value  $\leq .05$  and considered highly significant at  $p$ -value  $\leq .001$ .

## 3 Results

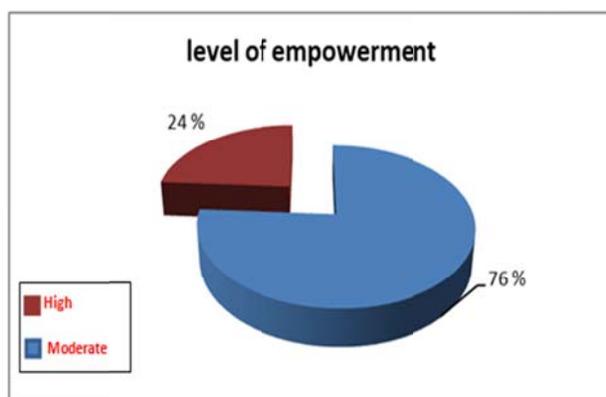
Table 1 showed the socio-demographic data of the studied sample. More than half of the studied sample (54%) were in the age group that ranged from 20 to < 30 years. While 18% of them were in the age group that ranged from 40 to < 50 year. The majority of the studied sample (74%) were have diploma in nursing. In relation to years of experiences, nearly one third of the studied sample (30%) their experiences ranged from 1- < 5 years.

Figure 1 demonstrated the distributions of psychological empowerment levels among the studied sample. Seventy six percent of the studied sample had moderate level of psychological empowerment, while 24% of them have high level of psychological empowerment.

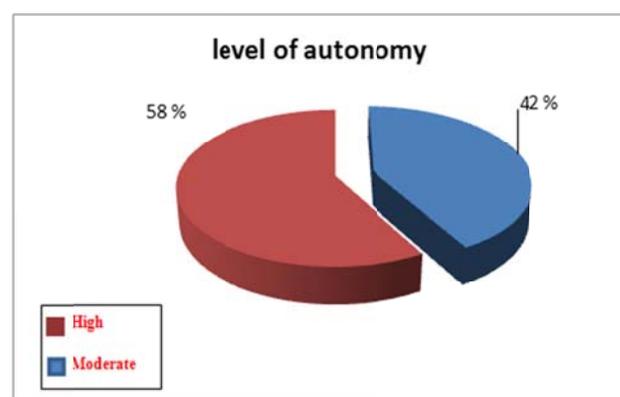
**Table 1.** Frequency distribution of the studied sample according to their socio-demographic characteristics. (No. = 550)

Variables		No.	%
Age group	20 - <30 yrs	297	54
	30 - <40yrs	154	28
	40 - >50 yrs	99	18
Mean $\pm$ SD (29 $\pm$ 9.3)			
Level of education	Diploma in Nursing	407	74
	Diploma and Specialization in Nursing	121	22
	Bachelor Degree in Nursing	22	4
Name of department	Renal Dialysis Unit	39	7.09
	Operating Theatre	52	9.46
	Premature Unit	47	8.55
	Burn Unit	39	7.09
	Medical Unit	84	15.28
	Urology Unit	61	11.09
	Surgical Unit	66	12
	Intensive Care Unit	69	12.54
	Obstetric Unit	48	8.72
	Orthopedics Unit	45	8.18
Years of experiences	1- <5 yrs	165	30
	5 - <10yrs	99	18
	10 - <15yrs	143	26
	15 - >20 yrs	143	26
Mean $\pm$ SD (11.54 $\pm$ 8.36)			

Figure 2 clarified the distributions of autonomy among the studied sample. Fifty eight percent of the studied sample had high level of autonomy, while 42% of them have moderate level of autonomy.



**Figure 1.** Frequency distribution of psychological empowerment levels among the studied sample



**Figure 2.** Frequency Distribution of Autonomy Levels among The Studied Sample

Table 2 illustrated the relationship between the levels of psychological empowerment as perceived by nursing staff and socio-demographic characteristics among the studied sample. There was insignificant relation between psychological empowerment levels according to age, level of education and years of experiences. The highest percentage (81.5%) of young age nurses reported and perceived moderate psychological empowerment. While both nurses with diploma and bachelor degree in nursing more perceived psychological empowerment than nurses with diploma & specialization in nursing.

**Table 2.** Relationship between level of psychological empowerment as perceived by nursing staff and their socio-demographic characteristics (No. = 550)

Variables	Total No.	Moderate empowerment		High empowerment		$\chi^2$	P	
		No	%	No	%			
Age	20 - <30 yrs	297	242	81.5	55	18.5	1.03	.596
	30 - <40 yrs	154	110	71.4	44	28.6		
	40 - >50 yrs	99	66	66.7	33	33.3		
Years of experiences	1- <5 yrs	165	132	80	33	20	.480	.923
	5 - <10yrs	99	77	77.7	22	22.3		
	10 - <15yrs	143	99	69.2	44	30.8		
	15 - >20 yrs	143	110	76.9	33	23.1		
Educational level	Diploma in Nursing	407	330	81.1	77	18.9	3.93	.140
	Diploma and Specialization in Nursing	121	66	54.5	55	45.5		
	Bachelor Degree in Nursing	22	22	100	0	00		

Table 3 showed relationship between the levels of psychological empowerment as perceived by nursing staff and their working place. All nurses had moderate psychological empowerment level regarding the working place, except the nurses working in Premature Unit, they had high psychological empowerment level. However, there was insignificant relation between the levels of psychological empowerment levels and nurses' work place.

**Table 3.** Relationship between level of psychological empowerment as perceived by nursing staff and their working place (No. =550)

Variables	Total No.	Moderate empowerment		High empowerment		$\chi^2$	P	
		N	%	N	%			
Working place	Renal Dialysis Unit	39	31	79.4	8	20.6	12.7	.176
	Operating Theatre	52	32	61.5	20	38.5		
	Premature Unit	47	17	40.4	30	59.6		
	Burn Unit	39	24	61.5	15	38.5		
	Medical Unit	84	84	100	0	00		
	Urology Unit	61	61	100	0	00		
	Surgical Unit	66	66	100	0	00		
	Intensive Care Unit	69	69	100	0	00		
	Obstetric Unit	48	29	60.4	19	39.6		
	Orthopedics Unit	45	27	60	18	40		

Table 4 illustrated the relationship between the levels of autonomy as perceived by nursing staff and socio-demographic characteristics among the studied sample. There was insignificant relation between the levels of autonomy according to age, level of education and years of experiences. All nurses had high autonomy levels except the nurses who had experience from 15 - >20 years. Moreover, the nurses with bachelor degree perceived equal autonomy levels whether high or moderate.

Table 5 clarified relationship between the levels of autonomy as perceived by nursing staff and their working place. A significant relation was founded between the levels of autonomy and nurses' work place. The highest percentage of nursing staff working in the following four units/wards: Premature, Urology, Surgical and ICU was observed in the high level of autonomy. While, the nursing staff working in the rest of units/wards had moderate autonomy level.

**Table 4.** Relationship between level of autonomy as perceived by nursing staff and their socio-demographic characteristics (No. = 550)

Variables	Total No.	Moderate autonomy		High autonomy		$\chi^2$	P	
		No	%	No	%			
Age	20 - < 30	297	132	44.4	165	55.6	0.31	.85
	30 - <40	154	55	35.7	99	64.3		
	40 - >50	99	44	44.4	55	55.6		
Years of experiences	1- <5 yrs	165	55	33.3	110	66.7	1.58	.66
	5 - <10yrs	99	33	33.3	66	66.7		
	10 - <15yrs	143	66	46.2	77	53.8		
Educational level	15 - >20 yrs	143	77	53.8	66	46.2	0.13	.93
	Diploma in Nursing	407	165	40.5	242	59.5		
	Diploma and Specialization in Nursing	121	55	45.5	66	54.5		
	Bachelor Degree in Nursing	22	11	50	11	50		

**Table 5.** Relationship between level of autonomy as perceived by nursing staff and their working place (No. = 550)

Variables	Total No.	Moderate autonomy		High autonomy		$\chi^2$	P	
		N	%	N	%			
Working place	Renal Dialysis Unit	39	20	51.2	19	48.8	17.6	.04*
	Operating Theatre	52	30	57.6	22	42.4		
	Premature Unit	47	20	42.5	27	57.5		
	Burn Unit	39	24	61.5	15	38.5		
	Medical Unit	84	44	52.3	40	47.7		
	Urology Unit	61	25	40.9	36	59.1		
	Surgical Unit	66	22	33.3	44	66.6		
	Intensive Care Unit	69	33	47.8	36	52.2		
	Obstetric Unit	48	29	60.4	19	39.6		
	Orthopedics Unit	45	27	60	18	40		

Note. (\*) means statistically significant

It can be noted from Table 6 that, the coefficient correlation between a psychological empowerment components and total autonomy as perceived by nurses are tested by prearon correlation test, there was a strong significant correlation was found between total psychological empowerment and total autonomy ( $p = .000$ ). While there was insignificant relation between psychological empowerment components (Meaning, Competence, Self-determination and Impact) and the total autonomy ( $p = .09, .61, .24$  &  $.19$  respectively).

**Table 6.** Coefficient correlation between psychological empowerment components and autonomy as perceived by nurses (No. = 550)

Psychological empowerment components	Nurses' autonomy		Total	
	R	P	r	P
Meaning	0.24	.09	0.15	.000**
Competence	0.07	.61		
Self determination	0.16	.24		
Impact	0.18	.19		

Note. (\*\*) means highly statistically significant

## 4 Discussion

Empowering work settings are necessary and nurses need to be empowered in order to fulfill their role within the standards espoused by the nursing profession and the dynamics of an evolving healthcare system that is flooded with service delivery challenges<sup>[13]</sup>. Empowerment within the workplace can result in job satisfaction which is essential given that empowerment and job satisfaction lead to quality patient care outcomes and professional autonomy<sup>[14]</sup>.

The finding of the study indicated that the majority of nurses were perceived psychological empowerment as moderate level. This result consistent with Nasiripour and Siadati<sup>[15]</sup> who founded that nurses in Iran social security organization hospitals considered their empowerment status at moderate level.

The achievement of excellence in nursing profession requires empowered staff nurses in order to be effective in their roles and to be more autonomous<sup>[16]</sup>. Nurses who perceive themselves to be psychologically empowered are more likely to enhance client care through more effective work practice. Thus by providing the sources of job-related empowerment and autonomy, work methods and outcomes could be improved<sup>[17]</sup>.

In the same line, nurses who have appropriate power they feel more effective in performing their tasks, and provide better levels of patient care in their own ward<sup>[18]</sup>. The role of nurse managers in this regard is to create conditions that nurses are empowered to make the best possible care for their patients to facilitate<sup>[19]</sup>. Moreover, Corbally *et al.*<sup>[20]</sup> proved that the psychological empowerment has been viewed as having potential to play a key role in the professional development, increasing nurses' job satisfaction, giving a better quality for patients and included sense of meaning, self-determination, competence and impact.

The finding of the present study clarified that more half of nurses were perceived a high autonomy level. As a result of Laschinger *et al.*<sup>[1]</sup> who emphasized that employees can sense their feelings of self-worth, meaningfulness, job satisfaction and morale that result from their contributions and control or autonomy over their work. Additionally, empowerment is essential for enhancing nurses' role, strengthening the professional image, and continuously improving the healthcare system. It allows the nurses to perform in a professional manner by being more autonomous, responsible and participative<sup>[21]</sup>.

Nurses' autonomy or control over work was seriously limited by unequal power relationships with medical staff, which enhanced physician power and restricted the nurses' freedom, and consequently hindered their empowerment<sup>[22]</sup>.

In the same line of Manojlovich & Laschinger<sup>[23]</sup> and Faulkner & Laschinger<sup>[24]</sup> studies founded that once nurses are empowered, they use organizational and nursing unit domains more effectively, and resulting in greater job satisfaction. Accordingly Laschinger *et al.*<sup>[19]</sup> founded that a strong relationship with physicians and nurses with nurse managers, especially facilitate the nurses' feeling of being empowered. China<sup>[25]</sup> added that when there is no positive relationship with others in the workplace, the risk of disability increases among staff.

High-quality patient care depends on a nursing workforce that is empowered to provide care according to professional nursing standards<sup>[26]</sup>. Empowered nurses will certainly have the ability to resolve the patients' needs and their families' expectations and can effectively achieve their career and organizations goals<sup>[27]</sup>. In the same domain Al-Aseeri & Ezzat<sup>[28]</sup> found that the nurses' perception at the three settings were highly recorded for, especially in their perception for meaning, indicated that there is a fit between nurses' values, believes, behaviors and their work goals which is particularly beneficial for organizational success and quality care.

Followed by their perception for competence or believes in his/her capability of performing work tasks. Subsequently their perception for impact or the degree to which they can influence the outcomes of the organization, and the least nurses

response were recorded in their perception for self-determination or believes that they have choice in initiating actions in the work place <sup>[28]</sup>.

In the present study, there was a strong significant correlation was found between total psychological empowerment and total autonomy among staff nurses. The results of (Erickson *et al.* <sup>[29]</sup> studies supported the present finding and hypothesized relationships between empowerment and the magnet hospital characteristics of autonomy, control over practice environment, and positive nurse-physician relationships. The combination of access to empowering work conditions and magnet hospital characteristics was significantly predictive of nurses' satisfaction with their jobs. These findings suggest that nursing leaders' efforts to create empowering work environments can influence nurses' ability to practice in a professional manner, ensuring excellent patient care quality and positive organizational outcomes <sup>[30]</sup>.

## Recommendation

- Staff development program should be done for nurse managers to how integrate staff nurses in decision-making and to deal effectively with new ideas to promote organizational climate and psychological empowerment of nurses.
- Nurses should be allowed to participate in decision making to empower them, as well as increasing their feeling of autonomy.
- Further researches focusing on factors that can retain highly empowered and committed nurses.

## References

- [1] Laschinger H.K.S., Finegan J., Shamian J. & Wilk P. Impact of Structural and Psychological Empowerment on Job Strain in Nursing Work Settings: Expanding Kanter Model. *Journal of Nursing Administration*. 2011; 31: 260-272.
- [2] Chalk D., Bijl M. & Halfens R. Interventions aimed at improving the nursing work environment: a systematic review. *Implementation Science*. 2010; 5: 34. PMID:20423492 <http://dx.doi.org/10.1186/1748-5908-5-34>
- [3] Christens B. D. Targeting empowerment in community development: A community psychology approach to enhancing local power and well-being. *Community Development Journal*. 2012a; 47(4): 538-554. <http://dx.doi.org/10.1093/cdj/bss031>
- [4] Knol J. & Van Linge R. Innovative behavior: the effect of structural and psychological empowerment on nurses. *J Adv Nurs*. 2009; 65(2): 359-370. PMID:19191936 <http://dx.doi.org/10.1111/j.1365-2648.2008.04876.x>
- [5] Weston M.J. "Strategies for Enhancing Autonomy and Control Over Nursing Practice" *OJIN: The Online Journal of Issues in Nursing*. 2010; 15(1): Manuscript 2.
- [6] Weston M.J. Defining control over nursing practice and autonomy. *Journal of Nursing Administration*. 2013; 38: 404-408. PMID:18791425 <http://dx.doi.org/10.1097/01.NNA.0000323960.29544.e5>
- [7] Sparks A.M. Psychological empowerment and job satisfaction between Baby Boomer and Generation X nurses, *Journal of Nursing Management*. 2012; 20: 451-460. PMID:22591147 <http://dx.doi.org/10.1111/j.1365-2834.2011.01282.x>
- [8] McPherson D. Achieving Nursing Autonomy in Relation to Staffing and Workload Determination. Major industry paper submitted to the Sauder School of Business, UBC, 2010.
- [9] Mark B.A., Lindley L. & Jones C.B. Nurse working conditions and nursing unit costs. *Policy, Politics, & Nursing*. 2009; 10: 120-128. PMID:19628511 <http://dx.doi.org/10.1177/1527154409336200>
- [10] Seada A. Effect of a Training Program on Staff Nurses' Performance and Empowerment in the Emergency Unit at El-Manial University Hospital. Unpublished Doctorate Dissertation. Faculty of Nursing, Cairo University, Egypt; 2003.
- [11] Spreitzer M. Psychological Empowerment in the Work Place: Dimensions, Measurement and Validation. *Academy of management review*. 1995; 38(5): 1442-1485. <http://dx.doi.org/10.2307/256865>
- [12] Beehr A., Streeb T., Braunste M., Bachorach N. & Aiken B. Quoted by Cook J., Susan J., Wall T. & Warr P. The experience and review of 249 measures and their use, social and applied psychology unit. University of Sheffield, England. 1981; 199-202.
- [13] Christens B. D. Toward relational empowerment. *American Journal of Community Psychology*. 2012b; 50(1-2): 114-128. PMID:22094588 <http://dx.doi.org/10.1007/s10464-011-9483-5>
- [14] Christens B. D., Collura J. C. & Tahir F. Critical hopefulness: A person-centered analysis of the intersection of cognitive and emotional empowerment. *American Journal of Community Psychology*. 2013; 52(1-2): 170-184. PMID:23793530 <http://dx.doi.org/10.1007/s10464-013-9586-2>

- [15] Nasiripour A. & Siadati S. A Propose Model for Nurses Empowerment through Characteristics of Workplace and Management Strategies; A Study in Iranian Hospitals, *Australian Journal of Basic and Applied Sciences*. 2011; 5(6): 906-911.
- [16] Marquis, B.L. & Huston C.J. *Leadership Roles and management Functions in Nursing; Theory and Application*. 7th ed., Philadelphia.Lippincott Co. 2013; 34: 139.
- [17] American Association of CriticalCare Nurses. AACN PositionStatement on Moral Distress, 2012. Available from: [http://www.aacn.org/WD /practice/Docs/Moral\\_Distress.pdf](http://www.aacn.org/WD /practice/Docs/Moral_Distress.pdf). Accessed December 4,2012.
- [18] Laschinger H.K.S., Wilk J. & GrecoP. Empowerment, Engagement and Perceived Effectiveness in Nursing Work Environments: Does Experience Matter *Journal of Nursing Management*. 2009; 17: 636-646. PMID:19575722 <http://dx.doi.org/10.1111/j.1365-2834.2008.00907.x>
- [19] Laschinger, H.K.S., GilbertS., Smith L.M. & LeslieK. Towards a Comprehensive Theory of Nurse/Patient Empowerment: Applying Kanter's Empowerment Theory to Patient Care. *Journal of Nursing Management*. 2010; 18: 4-13. PMID:20465724 <http://dx.doi.org/10.1111/j.1365-2834.2009.01046.x>
- [20] Corbally M.A., ScottP.A., MatthewsA., GabhannL.M. & MurphyC. Irish Nurses' and Midwives' Understanding and Experiences of Empowerment. *Journal of Nursing Management*. 2007; 15: 169-179. PMID:17352700 <http://dx.doi.org/10.1111/j.1365-2834.2007.00626.x>
- [21] Christens B. D., Speer P. W. & Peterson N. A. Social class as moderator of the relationship between (dis)empowering processes and psychological empowerment. *Journal of Community Psychology*. 2011; 39(2): 170-182. <http://dx.doi.org/10.1002/jcop.20425>
- [22] Manojlovich M. Power and empowerment in nursing: Looking backward to inform the future. *OJIN: Online Journal of Issues in Nursing*. 2009; 12(1).
- [23] Manojlovich M. &LaschingerH.K.S. The Nursing Worklife Model: Extending and Refining a New Theory. *Journal of Nursing Management*. 2009; 15: 256-26. PMID:17359425 <http://dx.doi.org/10.1111/j.1365-2834.2007.00670.x>
- [24] Faulkner J. and LaschingerH.K.S. The Effects of Structural and Psychological Empowerment on Perceived Respect in Acute Care Nurses. *Journal of Nursing Management*. 2008; 16: 214-221. Available from: [www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No1Jan07/LookingBackwardtoInformtheFuture.aspx](http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No1Jan07/LookingBackwardtoInformtheFuture.aspx) PMID:18269553 <http://dx.doi.org/10.1111/j.1365-2834.2007.00781.x>
- [25] China Z. Impact of professional nursing practice environment and psychological empowerment on nurses' work engagement: test of structural equation modelling. *J NursManag*. 2013 Sep 23.
- [26] Mark B.A., Lindley L. & Jones C.B. Nurse working conditions and nursing unit costs. *Policy, Politics, & Nursing*. 2009; 10: 120-128. PMID:19628511 <http://dx.doi.org/10.1177/1527154409336200>
- [27] Williamson K. Home health care nurses' perceptions ofempowerment. *J Commun Health Nurs*. 2007; 24(3): 133-153. PMID:17650984 <http://dx.doi.org/10.1080/07370010701429512>
- [28] Al-Aseeri A. &Ezzat H.A. "Psychological Empowerment and Organizational Commitment as perceived by ICU nurses in Governmental Saudi Hospitals" *The New EgyptianJournal of Medicine*. 2007; 37(3): 62-75.
- [29] Erickson J.; Dorothy E. & Ditomassi M. Measuring the Impact of Collaborative Governance: Beyond Empowerment. *Journal of Nursing Administration*. 2003; 33(10): 497, October. PMID:14551465 <http://dx.doi.org/10.1097/00005110-200310000-00002>
- [30] Browning A. Moral Distress And Psychological Empowerment In Critical Care Nurses Caring For Adults At End, *AMERICAN Journal of Critical Care*. March 2013; 22(2): 143-153. PMID:23455864 <http://dx.doi.org/10.4037/ajcc2013437>