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Organizational empowerment among Nursing Faculty in the Northwestern Region of Saudi Arabia

Salman Hamdan Alsaqri

Medical-Surgical Nursing Department, College of Nursing, University of Hail, Hail City 2240, Kingdom of Saudi Arabia, slmn44@gmail.com

Eddieson Pasay-an

Maternal and Pediatric Department, College of Nursing, University of Hail, Hail City 2240, Kingdom of Saudi Arabia, edspasayan@yahoo.com

Liza Villacorte

Medical-Surgical Nursing Department, College of Nursing, University of Hail, Hail City 2240, Kingdom of Saudi Arabia, lmvrnman@gmail.com

Fredezwind Madjid

Medical-Surgical Nursing Department, College of Nursing, University of Hail, Hail City 2240, Kingdom of Saudi Arabia, dhez_madjid@yahoo.com

Carmencita Pacis

College of Nursing, Our Lady of Fatima University, Valenzuela 1440, Philippines, menhcurp19@yahoo.com

See next page for additional authors

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Authors

Salman Hamdan Alsaqri, Eddieson Pasay-an, Liza Villacorte, Fredezwindia Madjid, Carmencita Pacis, and Ahmad Khalil Ahmad Al-Sadi

Organizational empowerment among nursing faculty in the Northwestern Region of Saudi Arabia

Salman Hamdan Alsaqri¹, Eddieson Pasay-an^{2*}, Liza Mendizabal Villacorte¹, Fredezwindia Tammang Madjid¹, Carmencita Pacis³, Ahmad Khalil Ahmad Al-Sadi¹

¹Medical-Surgical Nursing Department, College of Nursing, University of Hail, Hail City 2240, Kingdom of Saudi Arabia

²Maternal and Pediatric Department, College of Nursing, University of Hail, Hail City 2240, Kingdom of Saudi Arabia

³College of Nursing, Our Lady of Fatima University, Valenzuela 1440, Philippines

*E-mail: edspasayan@yahoo.com

Abstract

Background: This study aimed to determine the differences in the workplace empowerment of nursing faculty as it relates to their demographic information. **Methods:** A comparative cross-sectional study was conducted among 65 nurse educators at the College of Nursing, University of Hail, Saudi Arabia. The data were collected through a survey questionnaire between January and March 2019. **Results:** Significant differences were found regarding gender and opportunity ($p < 0.017$), support ($p < 0.020$), resources ($p < 0.022$), job activities scale (JAS; $p < 0.005$), organizational relationship scale (ORS; $p < 0.011$), and marital status on resources ($p < 0.031$). In comparison, gender to information and all of the other demographic variables such as marital status (except resources), years of experience, age, nationality, educational qualifications, and specialization were found insignificant to opportunity, support, resources, information, JAS, and ORS, where all of their p -values were more than 0.05. **Conclusion:** Male nursing faculty were found to be more empowered in terms of opportunity, support, resources, JAS, and ORS but not to information. Married nursing faculty were found more empowered only to resources. This study supports that gender and information, marital status (except resources), years of experience, age, nationality, educational qualifications, and specialization are not determinants for job empowerment.

Keywords: empowerment, nursing faculty practice, work satisfaction

Introduction

By enabling various healthcare practice environments, nursing educators assume significant responsibilities in the advancement of their students' learning.¹ The quality of nursing education is dependent on the ability of nursing educators to enact their specialized roles. Incontrovertibly, nurse educators serve as a workforce in honing the skills of student nurses and advancing their fundamental knowledge, specialized abilities, and practice values.² However, these roles may not be realized if the faculty members are not empowered. The definition of empowerment has been derived from employee engagement, that is, to take part in the authority and accountability to participate in the decision-making within the organization.³ This definition of empowerment could have different perspectives in Saudi Arabia because of its known patriarchal system. As such, organizations could have contextualized empowerment based on employee demographics.

The studies on empowerment have been anchored to Kanter's theory of organizational empowerment, which states that four elements must be present in the workplace for the employee to become effective in their role: information, support, resources, and opportunities.⁴ Although empowerment has been viewed in the structural⁵ and the psychological⁶ context in the literature, this current study focuses on structural empowerment. The outcomes of structural empowerment can lead employees to increase their self-worth and become self-governing in the workplace.⁷ Access to structural empowerment provides the employees with incentives that enable the formulation of increased personal ability and the effectiveness to set and achieve organizational goals.⁷ Based on this consideration, employee empowerment is seen to enhance individual competence and self-esteem, which, in turn, increases autonomy in the workplace. In the context of nursing education, a nurse educator who is empowered in his or her tasks is innovative and can

make decisions and execute programs.⁸ The empowerment of nurse educators is vital to the successful implementation of quality programs and the effective utilization of teaching strategies that promote competencies for nursing students.⁹ In this context, nursing faculty need to focus on factors or behaviors that improve their degree of empowerment, so they will be more committed to performing their tasks. According to Thorndike and colleagues, faculty empowerment is vital because it advances academic realization.¹⁰ Consequently, opportunities should be provided for the teaching faculty to influence and impact the nursing programs¹¹ and create involvement in academic success. Despite the presence of negative conditions, having these elements can lead to the employees' commitment to their work.¹²

Given that, most of the relevant studies have found that empowerment provides positive results regarding job satisfaction, quality care outcomes, and organizational goals, and one can assume that empowerment would yield similar outcomes irrespective of the combination of variables. However, with changing demographics, there is the need to contextualize empowerment in the local setting. To the knowledge of the researchers, this is the first study on the empowerment of nursing faculty conducted in Saudi Arabia, particularly the Northwestern region. This study is especially important since the faculty members in the area belong to different nationalities and cultures, and they have diverse experiences. Significantly, this study can guide the authorities to strategize, develop, and maintain an empowering work environment that would enhance job satisfaction and student outcomes. This study aims to determine the empowerment of nursing faculty with their demographic information.

Methods

The Research Ethics Board (H-2020-0089) of the University of Hail approved this study. Written informed consent was obtained before gathering the data. The aim of the study, the benefits, and the right to withdraw at any time were explained to the respondents. The anonymity, confidentiality, and privacy of the respondents were all observed. This research study adopts a comparative cross-sectional approach to investigate the differences in the job empowerment of nursing faculty across their various demographic information. The study population included 65 nursing educators (51 women and 14 men) of the College of Nursing of the University of Hail during the first semester of 2019–2020. The inclusion criteria were faculty members with at least a year working in the university and willing to participate in the study.

The researchers received approval to administer the adapted structured questionnaire from both the Ethics

Research Committee of the University of Hail and the university authorities. Before the administration of the questionnaire, the researchers explained the purpose of the study to prospective participants in an informal orientation. Before joining the study, the nursing faculty was given an orientation, which covered issues such as the extent of their participation and their rights as participants, including their rights to withdrawal of their participation, confidentiality, anonymity, and privacy. The consent forms were acquired before the respondents' participation was confirmed. Data gathering was conducted between January and March 2019.

The study used the six-subscale questionnaire adapted from the English version of the Conditions for Work Effectiveness Questionnaire by Laschinger *et al.*¹³ The researchers obtained permission from the original authors. The questionnaire was divided into two parts. The first part included the demographic information of the nursing faculty: sex, age, marital status, nationality, educational qualifications, and specialization. The second was the six-subscale version, which is composed of the following: 7 items on faculty opportunities, 8 on faculty information, 9 on faculty support, 7 on faculty resources, 9 on the faculty job activities scale (JAS) or formal power, and 18 on the faculty organizational relationship scale (ORS) or informal power. The scoring system was according to Laschinger *et al.*¹³ and the interpretation is provided below.

- 1) Opportunity: A subscale mean score was obtained by summing and averaging the items. The score range was between 1 and 5. Higher scores represented more reliable access to opportunity.
- 2) Resources: A subscale mean score was obtained by summing and averaging the items. The score range was between 1 and 5. Higher scores represented more reliable access to resources.
- 3) Information: A subscale mean score was obtained by summing and averaging the items. The score range was between 1 and 5. Higher scores represented more reliable access to information.
- 4) Support: A subscale mean score was obtained by summing and averaging the items. The score range was between 1 and 5. Higher scores represented stronger access to support.
- 5) JAS (formal power): A scale mean score was obtained by summing and averaging the items. The score range was between 1 and 5. Higher scores represented job activities with higher formal power or position.
- 6) ORS (Informal Power): A scale mean score was obtained by summing and averaging the items. The score range was between 1 and 5. Higher scores represented stronger networks of alliances in the organization or higher informal power.

Four experts in the nursing profession field assisted in validating the instrument in the Saudi context. All four

validators had a doctorate in nursing and were members of the nursing policymaking and regulatory body in the Hail region. The results of the validation were in agreement with the clarity and consistency of the items. After validation, the tool was subjected to a reliability test involving 10 nursing faculty members who did not take part in the actual study. The Cronbach's alpha yielded 0.90, indicating that the tool was highly reliable.

Although the nursing faculty was diverse in nationality and language, they employed English as a medium of communication; therefore, the questionnaire was not translated into Arabic or in any language used in Saudi Arabia.

The IBM Statistical Package for Social Sciences Version 25 was used for analysis. Frequency count and percentage were used to determine the profiles of the respondents. The analysis of variance (*F*-test) was employed to determine the significant difference in empowerment between the subgroups in each demographic category; the exceptions here were for gender, marital status (married or unmarried), and years of experience (1–10 and above 10 years), in which the *t*-test was used. All of the statistical analyses were performed at a 0.05 level of significance.

Results

Most of the respondents were women. Most of the respondents outnumbered the Saudi, Egyptian, Jordanian, and Indian respondents. Most of the respondents were 41–50 years old and married. Most of the respondents were master's degree holders. The specialization of the majority was Medical-Surgical, followed by Nursing Administration, Maternal and Child Nursing, Educational Management, Psychiatric Nursing, and Community Health Nursing. Concerning years of experience as a nursing faculty, the majority of them had 1–10 years (Table 1).

A *t*-test was performed to determine whether there was any significant difference between gender, marital status, and years of experience on the empowerment variables. The variables—opportunity, support, resources, JAS, and ORS—were found to be significant, with the male faculty members feeling empowered about these variables. Meanwhile, the information yielded no significant difference between the two groups of respondents. Further, regarding marital status, only the resources were found significant, where married faculty perceived to be empowered, whereas other variables such as opportunity, information, support, JAS, and ORS were found not significant. Concerning years of experience, the opportunity,

information, support, resources, JAS, and ORS were found not significant (Table 2).

A one-way analysis of variance (*F*-test) was conducted to determine whether there were any significant differences between the different age ranges, nationalities, educational qualifications, and specialization (Table 3). The results showed that there were no significant differences on all variables for age, nationality, educational qualifications, and specialization of the faculty.

Table 1. Demographic characteristics of the respondents

Demographic characteristics	Frequency	Percentage
Gender		
Female	51	78.5
Male	14	21.5
Age (years)		
21–30	10	15.4
31–40	16	24.6
41–50	33	50.8
51–60	6	9.2
Marital status		
Married	53	81.5
Unmarried	12	18.5
Nationality		
Egyptian	10	15.4
Filipino	33	50.8
Indian	1	1.5
Jordanian	5	7.7
Saudi	16	24.6
Educational qualification		
Bachelor's degree	6	9.2
Master's degree	35	53.9
Doctoral degree	24	36.9
Specialization		
Medical-surgical nursing	25	38.6
Psychiatric nursing	3	4.6
Community health nursing	2	3.1
Maternal and child nursing	17	26.2
Nursing administration	18	27.7
Experience as nursing faculty (years)		
1–10	48	73.9
≥11	17	26.2

Table 2. Difference in the empowerment variables by gender, marital status, and years of experience

Variables	Gender				Mean difference	<i>p</i>
	Female		Male			
	Mean	<i>SD</i>	Mean	<i>SD</i>		
Opportunity	3.53	0.79	4.08	0.52	0.551	0.017*
Information	3.42	0.77	3.84	0.66	0.423	0.067
Support	3.31	0.81	3.87	0.59	0.556	0.020*
Resources	3.21	0.82	3.77	0.63	0.556	0.022*
JAS	3.17	0.82	3.85	0.56	0.671	0.005*
ORS	3.50	0.83	4.12	0.65	0.628	0.011*

Variables	Marital status				Mean difference	<i>p</i>
	Married		Unmarried			
	Mean	<i>SD</i>	Mean	<i>SD</i>		
Opportunity	3.48	0.83	3.72	0.99	0.244	0.379
Information	3.40	0.82	3.55	0.82	0.151	0.565
Support	3.21	0.84	3.57	0.94	0.360	0.194
Resources	3.11	0.83	3.70	0.90	0.592	0.031*
JAS	3.13	0.82	3.32	1.13	0.198	0.486
ORS	3.44	0.86	3.73	1.07	0.292	0.315

Variables	Years of experience				Mean difference	<i>p</i>
	1–10		≥11			
	Mean	<i>SD</i>	Mean	<i>SD</i>		
Opportunity	3.57	0.92	3.43	0.74	0.142	0.545
Information	3.46	0.82	3.36	0.81	0.096	0.665
Support	3.32	0.84	3.19	0.92	0.124	0.597
Resources	3.30	0.92	3.03	0.71	0.276	0.237
JAS	3.19	0.89	3.09	0.88	0.098	0.682
ORS	3.53	0.96	3.41	0.78	0.124	0.612

*Significance at $p < 0.05$; *SD*: standard deviation, JAS: job activities scale, ORS: organizational relationship scale.

Table 3. Differences in the empowerment variables by age, nationality, educational qualification, and specialization

Variables	<i>f</i>	<i>p</i>
Age		
Opportunity	0.262	0.852
Information	1.485	0.228
Support	1.741	0.168
Resources	0.978	0.409
JAS	1.652	0.187
ORS	1.392	0.254
Nationality		
Opportunity	0.624	0.602
Information	0.053	0.984
Support	0.974	0.411
Resources	1.566	0.207
JAS	1.243	0.302
ORS	1.338	0.270
Educational qualification		
Opportunity	0.718	0.583
Information	0.341	0.849
Support	0.144	0.965
Resources	0.382	0.820
JAS	0.244	0.912
ORS	0.365	0.833
Specialization		
Opportunity	0.377	0.687
Information	0.132	0.877
Support	0.422	0.657
Resources	0.566	0.571
JAS	0.059	0.943
ORS	0.308	0.736

Discussion

This study aimed to determine the difference between nursing faculty empowerment based on differences in their demographic information. In this study, opportunity, support, resources, JAS, and ORS differences existed between men and women. This implies that the male faculty viewed themselves as having more access to opportunity, resources, and support than their female counterparts; they also valued being regarded as the formal and informal power when it comes to decision-making. This result is a confirmation that gender inequity still exists in this modern era. One possible reason for this finding could be the perception of the patriarchal culture of Saudi Arabia, where men are perceived to be the primary decision-makers in both the family and society. The study of Montanari and Bergh suggested that women are unrecognized when it comes to their work efforts and uncompensated.¹⁴ Indeed, even in a different context of the organization, gender disparity still exists. For example, researchers such as Alghamdi, Topp, and Alyami found that employees have higher job satisfaction and viewed their male manager as transformational.¹⁵ This patriarchal-oriented system may leave the women out of the formal occupational sector,¹⁶ weakening both their commitment and presence in the organization, which leads to a lack of empowerment.

The dominance of men over women remains misunderstood in society and numerous organizations.¹⁷ The customary perspective places prominence on the supremacy of men who, even today, are favored in positions of power in most organizations. Scholars are certainly suggesting that there is a need for gender-related reforms.¹⁸ It is noteworthy to consider that, regardless of gender, the employees must be empowered for an organization to achieve its goals. This gender imbalance finding suggests the need for the university to create opportunities for advancement for their female nursing faculty, for instance, engaging them to expand their departmental influence, such as in asking their opinions on various matters and decision-making. This, in turn, gives them more confidence to lead a program or department, which would highlight their relevance to the organization. When sending them to training aligned to their field, it is assumed that women would be more empowered to create further opportunities to advance in their careers as well.

The access to information showed no significance between men and women, implying that both perceived themselves as empowered in that regard. Having transparency of information within an organization will direct the employees to perform their tasks. According to Baroi and Panday, access to information is a requisite to a responsible and

understandable organization because it permits the individual to decide based on his or her understanding of the available information.¹⁹ As such, being directed with the information enhances work satisfaction and the perception of the justice of procedures.²⁰ It is in this context that the nursing faculty needs to be supported by the academic organization, to empower them in their teaching role.²⁰ In this case, the nursing faculty must be supported in their access to information in which they are provided with the organizational vision, values, and policies.⁴ Ultimately, the transparency to information within an organization will allow the nursing faculty to understand their individual role and that they are afforded the liberty to make decisions. Therefore, this study finding recommends that academic authorities should maintain the flow of essential information that is needed in the roles of the nursing faculty members, so they will be able to function independently.

When looking at marital status, married faculty members appeared to be more empowered than the unmarried regarding resources. One possible reason could be that more consideration is granted to married people when it comes to benefits such as on leave, time concerns with their family, and material availability when they are needed. This particular finding agrees with the previous studies^{21,22} in which the level of empowerment was determined by marital status. This present finding demonstrates that unmarried nursing faculty members need to be as well afforded with other resources through alternative remuneration. This will allow them to feel that they are invaluable to the work, thus preventing them from leaving the organization. In comparison, years of experience is not attributable to faculty empowerment, which is similar to an earlier finding that the years of service is not significantly different.²³ Moreover, Baker *et al.* pointed out that tenure status has no significant difference regarding the level of empowerment.¹¹ The foregoing findings indicate that the organization needs to provide balanced resources that are based on the needs of the employee. This influences a good commitment of the employees to their work and the organization as a whole.

The insignificant differences between the age, nationality, educational qualifications, specialization, and years of experience with regard to opportunity, information, support, resources, JAS, and ORS are an indication that the nursing faculty are engaging themselves beyond their work level. Specifically, to achieve the expected outcomes from the nursing faculty, there is a need for continuous improvement in providing the means of information sharing, support, chances for advancement, access to resources, and formal and informal power to make decisions. These insignificant results could be because the needs and

expectations of the nursing faculty were met as an individual in a supportive work environment. Dunker²⁴ theorized that, for an institution to afford an enabling work environment, four characteristics need to exist—the creation of opportunities, sufficient information, access to resources, and support—all of which must exist in each level of the organization. These results on the demographic variables suggest that the creation of opportunities, sufficient information, access to resources, and support (including both formal and informal power) should take place in the work environment, ensuring continuous improvement within the organization.

For structural empowerment, formal and informal decision-making need to exist in the work environment.^{24,25} Proactive strategies that include professional advancement, directed by the academic authorities, and must be present for the nursing faculty. They need to seek professional growth, which may include training, postgraduate programs, and seminars that can help them to expand their roles.²⁶ Access to sufficient information plays a role in the context of how an employee contributes to the achievement of the organization's goals. This current study recommends that, for nursing faculty to participate freely in the decision-making, they must be informed of both the roles and responsibilities that they need to perform and of the vision and goals of the organization. Accordingly, communicating the information about the organization is an essential empowerment advantage for the employees since it facilitates and engages them to contribute meaningfully for the organization.²⁷ The nursing faculty's access to resources such as time, money, and available materials has an essential role with job satisfaction,²⁸ which is a conduit to empowerment.²⁹

School authorities need to understand that access to resources gives the employees the “enabling” feeling that they can deliver and provide something with the accessible resources. It is noteworthy that the findings of this present study support the theoretical organizational empowerment of Kanter, where managers support employees through timely feedback and guidance and assist coworkers, whether from a different hierarchical level.⁴ The available evidence demonstrates that organizational support is viewed as significant in understanding how employees respond and perform in the workplace.³⁰ Such support of the managers and the organization provides the employees with the capacity to be more committed; therefore, a good working relationship is expected. In addition to structural empowerment, apart from gender, the JAS and the ORS have been found to have no influence on nursing faculty's demographic variables. Recent studies support the idea that, when work is seen and adaptable within the aims of an organization, the formal power is viewed to be intensified. However,

this must be demarcated clearly by creativity and discretionary decision-making. Further, the social linkages and communication among the managers, peers, and associates, both within and outside the confines of the organization, are an outcome of informal power,^{31,32} and this enables the advancement of opportunity, engagement to resources, sufficient information, and organizational support.²⁵ Overall, the findings of the study can be used to further the understanding of how demographic variables can be factored-in with the empowerment of the employees. The results of this study can lay the groundwork to plan for an evidence-based developmental program toward employee empowerment.

The researchers acknowledge the limitations of this study, which can be addressed in future research. The sample size of this study was small, which affects the generalizability of the findings. The study could be in a wider context and consider more universities in Saudi Arabia. Moreover, there was no further exploration on the gender differences concerning the expectations of empowerment. Further exploration in these areas is worth recommending in future investigations.

Conclusion

The male nursing faculty in this study were found to be more empowered in regard to opportunity, support, resources, JAS, and ORS. Those who were married were found to be more empowered concerning resources. Conversely, age, years of experience, marital status (apart from resources), nationality, educational qualifications, and specialization were not significant determinants of job empowerment. The organization must continue to provide opportunities for greater involvement of both sexes, especially women, for them to feel that they are relevant in the organization.

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Conflict of Interest Statement

The authors declare no conflict of interest.

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