10.7: Empowerment and Advocacy

Discussion of nurse empowerment within the health care workplace is evident throughout worldwide nursing literature. **Empower** is defined as “to give official authority or legal power to [or] to promote the self-actualization or influence of” (Merriam-Webster, n.d.). To understand empowerment further we turn to the definition by Conger and Kanungo (1988): “a process of enhancing feelings of self-efficacy among organizational members through the identification of conditions that foster powerlessness and through their removal by both formal organizational practices and informal techniques of providing efficacy information” (p. 474). Many nurse researchers have investigated empowerment in an attempt to further understand this relationship between empowerment, the workers, and the workplace.

Essential Learning Activity 10.6.1

There are numerous studies conducted on workplace empowerment by nurse researchers. Dr. Heather Laschinger from the University of Western Ontario played an important role in many of these studies.

Search the term "structural empowerment" and the author "Laschinger" in the Cumulative Index to Nursing and Allied Health Literature. How many studies can you find?

Dr. Laschinger passed away in 2016. Search for articles published after 2016 by Canadian nurse researchers that are focused on empowerment of patient care providers such as nurses, occupational therapists, and health care aides. How many studies can you find?

Structural Empowerment

Considerable research on empowerment in recent nursing literature has focused on Kanter’s ethnographic work (1993) on structural empowerment. This work focuses on the contextual or social-structural aspects of the organization that
facilitate empowerment. Structural empowerment involves the sharing of power and the eventual transference of pertinent decision-making power from managers to lower levels of the organizational hierarchy. The applicability of the shared power to the needs of the employees is the key to the success of structural empowerment, enabling employees to make decisions related to their job or role (Spreitzer, 2008).

Structural empowerment consists of four dimensions (Havens & Laschinger, 1997). Employees of an organization have structural empowerment when they have access to: (1) opportunities (advancement or new experiences); (2) information (knowledge about the organization required to be effective); (3) resources such as equipment, supplies, and staffing required to carry out their daily work; and (4) support (from colleagues and superiors as required to complete their work and make decisions). Access to structural empowerment is gained through formal power (one’s position in the organization) and informal power (networks and alliances with supervisors, peers, and colleagues, both within and without the organization). Presence of the structural dimensions of opportunity, information, resources, and support leads to an empowered workforce with increased job satisfaction and retention (Wagner et al., 2010).

Psychological Empowerment

Psychological empowerment is another perspective on empowerment found in the recent literature. It is more micro in nature than structural empowerment, focusing on the individual’s psychological empowerment or perceptions of power; Spreitzer (2008) refers to the “individual’s reactions to the structures, policies, and practices they are embedded in” (p. 55). Psychological empowerment does not focus on sharing a manager’s organizational power, but rather concentrates on how employees experience their work. Components of psychological empowerment include: (1) meaning (a fit between job requirements and the individual’s own ideals or standards); (2) competence (individual’s confidence in his or her ability to do a good job of the required work); (3) self-determination (sense of control over work); and (4) impact (the sense of being able to influence important outcomes at work) (Spreitzer, 2008).

Essential Learning Activity 10.6.2

Structural empowerment and psychological empowerment are believed to be strongly linked within the health care workplace. Leaders who understand and implement changes based on structural empowerment theory can make positive changes to their workplace. Read the following systematic review for a more in-depth understanding, then answer the questions that follow.


1. What is the relationship between structural empowerment and psychological empowerment?
2. Why do the authors of this systematic review believe that there is no relationship between the psychological empowerment subscale of competence and overall structural empowerment in the example of Ontario staff nurses?
3. Why does the author recommend “delegation or decentralization of formal power” by leaders?
Critical Social Theory and Empowerment

Nursing leaders are also aware of the importance of critical social theory to empowerment in nursing. Critical social theory strives to create an awareness of how culture and the norms of everyday life constrain or disempower people. It strives to remove oppressive barriers, which are revealed in exchanges that contain hidden values and norms; these values and norms change, depending on the situation and the participants (Sumner & Danielson, 2007). According to Clune and Gregory, “A person who challenges the status quo in the social world is taking a critical social approach” (2015, p. 202).

Manias and Street (2000) describe four main theoretical areas of critical social theory:

1. **Theory of false consciousness** shows how a group of people may have a common set of false beliefs (e.g., people with non-white skin are inferior to white people).
2. **Theory of crisis** requires people to look at how their dissatisfaction threatens the cohesion of a society (e.g., ISIS terrorist actions).
3. **Theory of education** in which individuals receive benefit from education (e.g., information regarding the impact of terrorism upon the well-being of individuals).
4. **Theory of transformative action**, which involves making plans for change (e.g., the WHO’s development of sustainable development goals).

Critical social theory is important to nurses who are involved in caring relationships with patients where the communication is from the nurse to the patient. Much of the nursing literature speaks about the patient’s expectations of the nurse; however “what is rarely, if ever examined, are the human needs of the nurse that need to be met in the patient–nurse relationship” (Sumner & Danielson, 2007, p. 30). Perhaps it is time to look at the power structure of these unidirectional relationships between nurse and patient. In a similar manner, as aspiring nurse leaders, it is necessary to look critically at the nurse leader’s relationships with followers and with the overall health care organization. Critical social theory provides the opportunity to look at the nurse’s needs and think about how these needs may be met, while reflecting on the inherent asymmetry of the relationships (Sumner & Danielson, 2007).

Critical race theory, queer theory, and feminist theory are examples of well-known critical social theories. Another important critical social theory that is crucial to the profession of nursing is associated with oppressed groups. MacPhee (2015) states that nurses are considered by sociologists to be an oppressed group, or a group “whose freedoms and rights are restricted by socially imposed inequalities” (p. 189). MacPhee stresses that members of an oppressed group do not realize that their powerlessness is a socially constructed situation and can be challenged. Not surprisingly, members of oppressed groups tend to dominate or oppress others (bullying and horizontal violence). However critical social theory can assist members of oppressed groups, such as nurses, to gain insight into their behaviour through reflection and education. This new understanding may motivate them to engage in transformative action that challenges their socially conditioned powerlessness.