

Irish nurses' and midwives' understanding and experiences of empowerment

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Abstract

- Aim* This study explored conceptualisations of empowerment amongst Irish nurses and midwives.
- Background* Current literature on the meaning of empowerment in the literature lacks consensus. As a result there is a likelihood that empowerment will be conceptualised differently between managers and subordinates.
- Method* In order to get a sense of how Irish practitioners viewed empowerment, ten focus groups were held in locations throughout Ireland (n = 93). A national distribution of participants was obtained.
- Results* Twenty-one different responses emerged representing what nurses and midwives understood by the term empowerment. In relation to experiences of empowerment, six themes were found to impact on empowerment experiences. Three themes emerged as central to empowerment. One theme (education for practice) was identified as an antecedent to empowerment.
- Conclusion* Empowerment is a complex concept and its meaning is contextually determined. Managers play a key role in impacting on the empowerment perceptions of Irish nurses and midwives.

Introduction

Globally, empowerment has been viewed as having potential to play a key role in the professional development of nursing (Kuokkanen and Leino-Kilpi 2000). In Ireland, the impetus for nurses and midwives to be empowered to work to their full potential has gained momentum, particularly in the last decade. This was perpetuated by the Report of the Commission on Nursing (Government of Ireland 1998) which reshaped Irish nursing and midwifery management, education and practice structures. From a management perspective, three levels of clinical managers were introduced at that time. This study, funded by the Department of Health and Children, suggests a commitment of Government to understand empowerment from practitioners' perspectives. An 'empowerment impetus' also seems evident within nurse management development programmes (Office for Health Management 2003).

Whilst all of these changes have been undertaken in order to develop the Irish nursing profession, there is a potential for discrepancy between 'top down' approaches to empowerment and practitioners perceptions of what is empowering. This was highlighted by Hewison and Stanton (2002) who state that,

"The range of working practices that can be implemented under the rubric of 'empowerment' is hugely variable. It can also lead to confusion and opposition on the part of the workforce as the promise of genuine empowerment is not realised"

(Hewison & Staunton 2002, p 20)

It is suggested in this paper that the meaning of 'genuine empowerment' also seems unclear. This is primarily due to the number of differing perspectives from which empowerment can be viewed. This study explored the meaning of empowerment from the perspective of practising Irish nurses and midwives in order to highlight the

meaning of empowerment from their perspective. The following literature review explores the different perspectives from which empowerment can be viewed.

Literature review

Empowerment is clearly a popular term that has been used widely. Kuokkanen and Leino-Kilpi (2000) suggest three main ways in which empowerment can be viewed; organisational, psychological and critical social theory perspectives. This paper will also illustrate management and constructivist perspectives. Although elements of power and control seem to be common features, how empowerment is conceptualised within each of these perspectives varies. Due to varied perspectives of empowerment, there is clear scope for divergence of conceptualisations between managers and staff regarding 'what constitutes empowerment'. As a result, management practices undertaken with an intention to empower may have undesired effects. The ambiguous nature of empowerment has been highlighted previously (Lewis and Urmston 2000). Indeed empowerment has been suggested to be more identifiable by its absence (Kieffer 1984). These perspectives offer little solace or clarity for nurse and midwife managers and leaders attempting to enable their workforce. Some conceptual analyses have also attempted to shed light into the meaning of empowerment (Gibson 1991, Rodwell 1996, Ryles 1999). The findings of these analyses concur with the fact that empowerment is widely used as a term and is conceptualised in a number of different ways. Again, this proves rather unhelpful as no definitive definition emerges. The following section outlines current theoretical perspectives within the literature, from which empowerment has been viewed.

Organisational perspectives on empowerment

Organisational perspectives on empowerment suggest that the environment in which one works solely determines the individual's capacity to be empowered. From an organisational perspective, empowerment is conceptualised as "control over conditions which make actions possible" (Kanter 1993). Access to formal and informal power structures within the organisation facilitates empowerment. Effective working conditions such as opportunity, resources, information and support are thought to determine the degree of access individuals have to these empowering structures, all located within the work environment (Kanter 1993). Many research studies have utilised Kanter's theory of Structural Power as a medium through which to measure empowerment amongst nurses (Laschinger 1996, Laschinger et al 2000, Ellefsen, Hamilton 2000, Scott et al 2003). While these research studies have been effective in measuring 'conditions for work effectiveness', it is notable that all of the findings from these studies have relatively similar results with 'moderately empowered' nurses (e.g. Laschinger and Shamian 1994, Laschinger 1996, Laschinger et al 1997, Laschinger and Wong 1999). The trend of 'moderate empowerment' using a tool developed from this perspective does not seem to be culturally bound. A large Irish study (n = 3854) (Scott et al 2003) and a comparative study between American and Norwegian nurses (Ellefsen and Hamilton 2000) also found their respondents to be 'moderately empowered'. Although this research has use in establishing a large body of work surrounding organisational characteristics and empowerment, the general trend of similar results across multiple studies and populations is questionable. Also, assuming that structural power is a sufficient condition for empowerment may be incorrect. Perhaps the findings from these studies illustrate a limitation in locating 'empowerment' (and its measurement tools) solely in the

workplace. There are also potential issues regarding the sensitivity of the instrument used. It is of note that some recent research seems to have attempted to broaden empowerment research to incorporating both psychological and workplace aspects (Laschinger et al 2001).

Management perspectives on empowerment

Conger and Kanungo's seminal work (1988) sought to merge current theoretical positions between management theory and psychological theory relating to empowerment. Conger and Kanungo (1988) define empowerment as follows.

“A process of enhancing feelings of self-efficacy among organisational members through the identification of conditions that foster powerlessness and through their removal by both formal organisational practices and informal techniques of providing efficacy information”

(Conger & Kanungo 1988, p. 474)

Conger and Kanungo argue that the view of empowerment (as relational to the rank and authority of the employee) is too narrow, and prefer to view empowerment as a motivational construct initiated by management intervention. They devised a five-stage process model of empowerment, which involves effort on behalf of the manager to identify conditions of powerlessness, and intervene using various strategies. Some of the strategies advocated by Conger and Kanungo (1988) include participative management, goal setting, feedback system, modelling, contingent/competence-based rewards and job enrichment. The expected outcome of their five-stage process is employee behaviour change characterised by enhanced productivity. However, it could be suggested that removing factors preventing job dissatisfaction may not necessarily promote growth and motivation (Bowditch and Buono 1997).

The model produced by Conger and Kanungo (1988), whilst acknowledging the individual's perception of their own power and self-efficacy, viewed empowerment as

a process undertaken (by a manager) to enhance an employee's self-efficacy belief. One could question the assumption that managers have the capacity to detect sources of employee powerlessness in every case. The empowering experience of the individual (enhanced self-efficacy) is one of the stages in their process view of empowerment. It is also notable that the final stage in this theory represents desired behavioural effectiveness. The view of improved productivity as an outcome of empowerment is evident predominantly in the management literature (Huczynski and Buchanan 2001). A manager's role often emphasises making use of an employee's full potential, whilst encouraging participation at all times (Steers et al. 1996). It is commonly assumed that 'empowered' employees result in a more productive (and potentially profitable) workforce (Forrester 2000). Whilst this is probably the case, there remains scope for differences of opinion regarding what is meant by being 'empowered'.

Psychological perspectives on empowerment

Theories of psychological empowerment posit that a sense of meaning, self-determination, competence and impact, constitute empowerment (Sprietzer 1995). Several research studies have identified these constructs as necessary components of psychological empowerment (Sprietzer 1995, Laschinger et al 2001). From the community psychology literature, Zimmerman (1995) asserts that although psychological empowerment is distinguishable from other views of empowerment, it has the potential to influence and be influenced by other approaches. As a result, it is possible for psychological empowerment and workplace empowerment structures to co-exist. Thomas and Velthouse (1990) assert that individuals perceive situations considering past, present and future events within a work setting, associating them

with empowerment (or indeed disempowerment). This illustrates further the subjective nature of the notion of empowerment which could undermine current efforts by nurse and midwife leaders to empower their staff. A constructivist perspective acknowledges the social construction of reality. This is discussed in the following section.

Constructivist perspectives on empowerment

Constructivist approaches propose that reality is socially constructed by the perceiver (Berger and Luckman 1966, O'Dowd, 2003). While no studies have explicitly used this perspective in exploring empowerment, it is suggested that qualitative approaches have merit in facilitating participants' constructions of reality. From a nursing perspective, two studies have explored nurses' conceptualisations of empowerment using qualitative approaches. Fulton (1997) conducted two focus group discussions to explore nurses' conceptualisations of empowerment from a critical social theory perspective (n=16). Whilst this research was undertaken in order to develop a related postgraduate education programme, the findings offer interesting insights into conceptualisations of empowerment from nurses. Nurses in this study conceptualised empowerment as freedom and authority to make decisions in practice. The main themes in this study were: empowerment, having personal power, relationships with the multidisciplinary team and feeling right about oneself. Being able to make decisions, having a choice and having authority were factors voiced as empowering by participants. More recently, Kuokkanen and Leino-Kilpi (2001) attempted to explore the ideal qualities of an empowered nurse using interviews (n=30). Five categories describing these qualities emerged; moral principles, expertise, personal integrity, future orientation and sociability. Nurses who had recently undertaken a

career enhancement project, considered themselves ‘empowered’ practitioners, and volunteered to participate were interviewed. What is notable about the findings of both studies is that empowerment seems to constitute multiple meanings amongst nurses. In the literature searched, none of the studies included a midwife population.

Summary

From this review of the literature, it could be suggested that there is no consensus regarding the meaning of empowerment. This is primarily due to the numerous perspectives from which empowerment can be viewed. It is suggested that organisational theories of empowerment are somewhat narrow, as it is impossible to separate the individual’s perceptions, along with what motivates them from the work environment. The view of empowerment from management and psychological perspectives begins to acknowledge the capacity of the individual to interpret situations. However, the focus of these perspectives seems based on a management strategy, motivating individuals to believe in their own self-efficacy and thus improve their productivity. There is a relative paucity of research exploring empowerment from the perspective of nurses. No research to date has used an approach that includes midwifery and all branches of nursing to explore how empowerment is conceptualised.

The Study

Ten focus groups, including 93 participants from midwifery and each branch of nursing were held at locations in the Republic of Ireland. These locations roughly

corresponded to former Irish health board regions. Data was collected in mid 2001.

The focus group guide comprised of the following questions.

- What do you understand by the term empowerment?
- Can you give any examples of empowerment in your practice?
- What things enhance empowerment?
- What things inhibit empowerment?

Method

Focus group discussions were chosen as the method of choice to capture nurses' and midwives' views in relation to the subject. A strength of focus group discussions is that clarification and validation of opinions and experiences occur amongst the participants during the discussion (Morgan 1996). This was felt to be helpful given the diversity of empowerment perspectives that could emerge based on the literature reviewed. Contrasting with one to one interviews, focus group discussions have been viewed as being serendipitously empowering for the participants (Lane et al. 2002, Parahoo, 1997, Wilkinson 1998). This is thought to be due to the reduced researcher influence in group discussions. Having a 'voice' within a group discussion potentially provides the participant with a degree of personal support and incentive to contribute freely (Morgan 1995). Others assert that group dynamics are more stimulating, assisting in the disclosure and clarification of phenomena compared with one to one interviews (Kidd and Parshall, 2000, Wilkinson 1998). The research team contributed to the study in different ways. Author 2 was the principal investigator of the study; authors 1, 4, and 5 were involved in data collection. Authors 1, 2, and 3 carried out qualitative data analysis.

Sample

This study aimed to have representation from all six divisions of the live Irish Nursing Board (An Bord Altranais) Register. In Ireland these divisions are general, intellectual disability nursing, mental health nursing, children's nursing, public health nursing and midwifery. Purposive sampling was used in order to achieve groups, which represented these divisions. A decision to recruit 14 individuals for each group was made. Two representatives from each branch were sought with the exceptions of children's nursing and general nursing where one and four representatives were sought respectively. The decision to recruit 14 participants stemmed from literature, which highlights difficulties which arise from under-recruitment (Lane et al 2002, Morgan 1995, Kitzinger, 1995, Krueger 1994). This strategy was successful in obtaining a range of between 5 and 13 participants in each group. An overview of the representation of each branch is provided in the figure below.

INSERT FIGURE 1 HERE

Ethical considerations

Ethical approval from a research ethics committee was not required, as it was customary in Irish health services, at the time of the study, to gain permission from the Directors of Nursing and Midwifery in each relevant area in order to access a sample of nurses and midwives. The Directors of Nursing and Midwifery in each focus group location granted permission for the study. In most cases, Directors also nominated study participants. Mac Dougall and Fudge (2001) identify that quite often 'gatekeepers' can impact on the recruitment process, preventing access to a sample population. This was not the case with this study as all managers nominated

participants. Participants were sent written information about the location of the study and informed in writing of their freedom to participate.

Data Analysis

All of the discussions were taped and transcribed verbatim by authors 1 and 5. Apart from the first research question, which aimed to ascertain what nurses' and midwives' immediate responses to what they understood as empowerment were, it was not possible to analyse the data according to each of the research questions. This was due to the fact that throughout the discussion, many overlapping themes emerged. The data was analysed manually using Tissier's thematic framework (Tissier 1999).

Tissier's framework involves five stages: familiarisation, identification of a thematic framework, indexing, charting and mapping. Thematic analysis of the data resulted in the identification of three separate grouping of themes. One group of themes constituted a listing of nurses' and midwives' understanding of empowerment. The remaining two groups encompassed nurses' and midwives' experiences of empowerment in practice. The decision to have two separate groups of themes representing nurses' and midwives' experiences of empowerment arose from two distinct groupings of themes reflecting experiences of empowerment in practice. These groups were named *impacting factors* and *inherent empowerment beliefs* respectively and are further discussed below.

Findings

Nurses' and midwives' understanding of empowerment

In total, 20 different items emerged as responses to the first question 'what do you understand by the term empowerment'? This question was the first in the interview schedule and was answered with short responses (in comparison with the other responses). This meant that description of items (as opposed to in-depth analysis) was undertaken. These items were broadly categorised into five elements, relating to the ambiguous nature of empowerment, organisational aspects, possessing power in the workplace, personal power, and conceptualisations of ideal practice. These are represented in Table 1 below.

INSERT TABLE 1 HERE

Nurses' and midwives' experiences of empowerment

As highlighted earlier, two distinct types of themes emerged from the analysis of responses to the remainder of the questions. One group of themes (six in total) were clearly articulated as factors that had the capacity to impact in both a positive or negative way on the participants in practice. These themes were titled **impacting factors** as participants stated that these directly influenced whether they felt empowered or not. Further in-depth analysis of the data resulted in the emergence of the second, more subtle group of themes. These themes unlike the other factors were less easily identified, yet permeated throughout all of the focus group discussions from all participants. Usually these elusive themes were voiced 'as a result' of an impacting factor and met with strong agreement by fellow participants, in many cases by voice intonation, nodding, and group agreement (e.g. 'Hmm', 'ahhh'). This

signalled the presence of three subtle yet central perceptions of what empowerment meant to them. These themes were termed **inherent empowerment beliefs**. This was due to the fact that participants voiced that the presence of these aspects clearly related to them (were inherent) and were essential for empowerment to occur.

INSERT TABLE 2 HERE PLEASE

Table 2 above, pictorially represents how groups of themes were categorised during data analysis. The following section presents the findings of each of these groups of themes.

Impacting factors

Six themes emerged from the data, illustrating factors that had the capacity to impact on empowerment beliefs, positively or negatively. These factors were;

Organisational factors, Management, Professional issues, Interpersonal issues, Individual factors and Historical legacy. Table 3 (below) provides an overview of each of these factors, sub headings and examples of contributions made by participants.

INSERT TABLE 3 HERE

Organisational factors included structural factors, practice setting, opportunities, resources, support and decision-making capacity within the organisation. The structure and style of *Management* emerged as did the amount of support and information given by a manager to an employee. Some examples of the participants' contributions are outlined below.

“If you don't get support from your superiors...you don't intervene in something...you can only do it if you know you have the support of your superiors behind you”.

“I would know many skilled nurses who hold back they're wary because they won't have the support of people” FGD 2

A large number of *Professional issues* directly relating to the professions of nursing and midwifery were voiced by the participants to influence their experience of empowerment. These included having general support from professional bodies, having a clearly defined role and having a clear scope of practice.

Interpersonal factors were titled as such as they directly related to interactions with others which impacted (mostly negatively) on nurses' and midwives' empowerment experiences. *Individual factors* reflected the participants' acknowledgement of their own ability to affect their perceptions of empowerment. A positive attitude and a 'willingness' to take on empowerment were the most common aspects voiced.

Some participants spoke about how the *Historical legacy* of their socialisation through traditional training still prevented them from becoming empowered. Reference to carrying 'baggage' from pre-registration nurse training was made, particularly by older members of some groups.

Inherent empowerment beliefs

As highlighted earlier, the participants continually referred to three areas during their articulation of empowerment experiences. The subtlety and frequency of these references were thought to represent empowerment according to the participants. As a result, the three themes *Professional respect*, *Personal power*, and *Control* were thought to represent nurses' and midwives' intrinsic view of empowerment and were termed 'inherent empowerment beliefs'. These are further expounded upon below.

Professional respect emerged through participants' voicing that being respected as a professional nurse/midwife directly affected the experience of empowerment. The contributions made by participants included being respected by the medical profession, managers and the general public. This theme was not highlighted as a core belief in previous literature.

"I think that it is very important [for empowerment]...if you feel valued in yourself, if you are valued by peers, by your other members of the team, your manager and by the public in general" FGD 3

"I don't think our input is as valued". *When probed further, the participant continued:* "By senior management in the sense that the psychiatrists and psychologists or occupational therapists have an input, their input is possibly more valued because of the structure in the hospital, you know, the way things work". FGD 4

Personal power. Personal power related to the individual's intrinsic motivation and emerged as a combination of self-efficacy beliefs (Bandura 1997) and self esteem.

Having the confidence (which was usually as a result of being educated for practice) was felt by nurses and midwives to be essential for empowerment. This broadly linked to psychological perspectives on empowerment, as highlighted in the literature.

"Confidence has a lot to do with empowerment and if your confidence is knocked so far down you just don't feel you can empower yourself" FGD 3

"I feel that nurses sometimes lack in confidence and assertiveness...they know their patients better than anyone else and yet..." FGD 2

It was detectable from the data that individuals who have a sense of **Control** (or possibly perceived that they have control) experienced a greater sense of empowerment. This related to the amount of workplace power perceived by participants and linked with the view of empowerment from an organisational perspective.

"In relation to myself, I suppose the autonomy that we are given within our job description to develop... within certain latitudes...I think that's a huge part of empowerment for me personally" FGD 7.

"It's difficult being empowered if you don't have control and power yourself" FGD 3

Although these are briefly described in this paper, the permeation of these themes throughout all of the transcripts must be reiterated. During analysis, it was notable that one theme was consistently mentioned as an important pre-requisite to each of the above themes. The theme of education for practice is outlined below.

Antecedent to empowerment - education for practice

Education for practice was a theme which was consistently voiced by all participants as something which is necessary *prior* to empowerment. As a result, education for practice was deemed as antecedent to empowerment rather than inherent to empowerment for the nurses and midwives in this study. Examples of this are presented below.

(P1) “I mean to be empowered you need knowledge,” (P2) “Ongoing education”. (P3) “Knowledge is the base, like that's the foundation”. (M) “Right”. (P3) “If you don't have the knowledge you can't... [be empowered]” FGD8

“[People who are educated for practice] They're more empowered to carry out their day to day [work]...they're more able to deal with those issues and therefore you're more... empowered to work within those areas" FGD 4

Summary

While the study objectives sought to answer four distinct research questions, the data which emerged was complex and difficult to categorise. A grouping of nurses' and midwives' understanding of empowerment was possible (see Table 1). However, in analysing conceptualisations of empowerment, three distinct types of themes emerged. The following figure offers a pictorial illustration of the themes which were discussed above.

INSERT FIGURE 2 HERE PLEASE

Discussion

In this study, the experience of empowerment was effectively subjective (Gibson 1991, Ryles, 1999, Foster Fishman et al 1998). The nature in which the themes emerged suggests that some aspects of empowerment may be easily visible while others may be more subtle. Wilson (1979) states that “some cases in which the word is used – are nearer to the heart of the concept than others” (p.27). In this study, inherent empowerment beliefs were found to be closest to the ‘heart’ of empowerment according to Irish nurses and midwives. The development of a pictorial representation of empowerment based on this data (see above) proves useful in clarifying how these themes relate.

In relation to what nurses and midwives understand by empowerment, its ambiguous and multifaceted nature (Ryles 1999, Lewis and Urmston 2000) was initially highlighted through the many different responses given by participants when asked this question. The impacting factors presented in this study represents another way of viewing empowerment, as each factor had the capacity to have either a positive or negative effect on the individual. A similar ‘mirroring effect’ of empowering attributes was also found by Kuokkanen and Leino-Kilpi (2001) in their empowerment research. For example, in the impacting factor of management, the style of manager could either positively or negatively influence empowerment. In this study, helpful and supportive managers contributed to empowerment whereas authoritarian managers were counterproductive.

The nature of inherent empowerment beliefs, as a more subtle yet permeating influence within the data, suggests that the key constituents of empowerment are also

difficult to capture using superficial methods of inquiry. The theme of respect has been recognised in previous empowerment research (Rodwell 1996, Kuokkanen and Leino-Kilpi 2001). Managers in particular seemed to have a capacity to empower staff through allowing staff a degree of autonomy in practice. This elicited a perception of professional respect on behalf of the participants and links with the motivational capacity of a manager's role (Conger and Kanungo 1988). The emergence of this theme represents a broader view of perceived respect than was found in other studies (Kuokkanen and Leino-Kilpi 2001).

Believing that one has the capacity and ability to be empowered featured clearly in the data as aspects of the inherent empowerment belief of personal power. Having both personal confidence and confidence in one's competence seemed to be key to this belief, in common with previous studies (Fulton 1997, Kuokkanen and Leino-Kilpi 2001), yet its centrality to empowerment is an interesting finding in this study. This may be due to the historical influence of traditional Irish nurse/midwife training which encouraged obedience and discouraged critical thinking (Scanlan 1991). Examples of having to "scrub floors" and "not question anything" by participants may provide an insight into the centrality of personal power in conceptualisations of empowerment. Links between self-esteem, a sense of meaning, impact, self-determination, and competence are also evident in the literature (Spreitzer 1995).

The inherent empowerment belief of control is reflective of empowerment literature (Conger and Kanungo 1988, Kanter 1993). Nurses and midwives seemed to articulate their sources of control as primarily external, using the term 'autonomy' to describe their control in practice. Autonomy within nursing and midwifery refers to having a

degree of clinical judgment within one's scope of practice in caring for patients (An Bord Altranais 2000). Similar research amongst a nursing population has found autonomy to be an important factor for empowerment (Fulton 1997, Kuokkanen and Leino-Kilpi 2001). The other aspect of this theme related to formal power and the ability to 'get things done' in the organisation (Kanter 1993). Being able to access resources in particular for patient care was viewed as vital. It seems that a sense of autonomy and formal authority amongst nurses was necessary for empowerment in this study population.

It is notable that education for practice emerged as a clear antecedent to inherent empowerment beliefs. Whilst nursing expertise has been identified as a facet of an empowered nurse (Kuokkanen and Leino-Kilpi 2001), the nature of being educated for practice and its proposed causative effects on perceptions of control, personal power and professional respect are new. The recent change in the structures of Irish nurse education (Government of Ireland 1998) signalling a move to degree level nurse training, may have precipitated an internal recognition among practitioners of the importance of educational preparation (and possible deficits) for practice. The majority of participants, although experienced practitioners, were trained to certificate level.

Limitations

Some limitations of the study include the sampling strategy which relied on Directors of nursing to nominate potential recruits for the focus group discussions. Given the initial concern, this strategy did not seem to detract from all participants giving enthusiastic, detailed (and in many cases negative) exemplars of empowerment.

The recruitment strategy aimed to ensure representation from all five branches of nursing, and midwifery. While fourteen participants were scheduled to attend each group, not all participants who were invited attended the discussions. This meant that in some discussions, representation across all of the branches of nursing and midwifery was not obtained. The fact that the themes spanned all ten discussions despite incomplete attendance, suggests that this did not influence the findings.

Conclusion

Zimmerman (1995) asserts that a universal measure of empowerment may not be feasible due to the contextual and cultural elements that are unique to each group. This study recognises Zimmerman's view, as it was not possible to separate the context of Irish nursing and midwifery practice from the participant's descriptions of empowerment. This study highlighted that beliefs of professional respect, personal power and control are core to Irish nurses and midwives conceptualisations of empowerment. Being educated to practice effectively emerged as an antecedent condition. Supporting nurses and midwives through motivational techniques and continuing education initiatives would appear beneficial in fostering empowerment amongst this workforce. Relatively little is known about the meaning of empowerment amongst healthcare workers such as nurses and midwives. This study attempted to enhance understanding about empowerment and how it relates to nurses and midwives as they care for their patients. It is hoped that the findings of this research will support those who wish to create conditions that facilitate the empowerment of nursing and midwifery, namely nurse and midwife managers and professional bodies alike. Nurse and midwife managers play a key role in impacting on self-efficacy beliefs of their employees. The findings of this study imply that

managers should use a broad approach to improve nurses' and midwives' beliefs in their own ability, considering the many factors which can influence these beliefs. Replication of this study amongst a population of nurse/midwife managers would provide interesting data from which empowerment perceptions could be compared. Whilst the context of empowerment is complex and multifaceted, it is influential for Irish nurses and midwives. Irish nurses and midwives need to believe in their capability, to be enabled to deliver optimum patient care. It is hoped that the findings of this study will contribute to the achievement of this goal.

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Figure 1: Overview of representation in focus group discussions

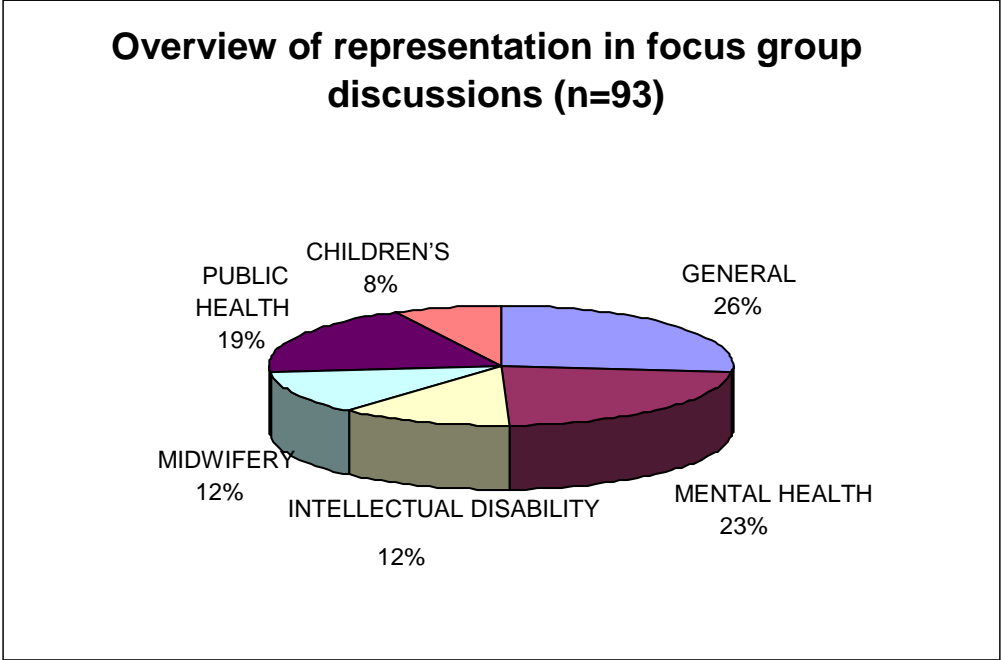


Table 1: What nurses and midwives understood by the term empowerment

Ambiguity of term	Organisational aspects	Workplace power	Personal power	Practice
Uncertainty	Doing the job	Having autonomy	Confidence	Ideal practice
Buzzword	Job Satisfaction	Being accountable	Being educated	Client empowerment
	Having management support	Being listened to	Feeling respected	Reciprocal nurse/patient empowerment
	Decision making	Having control over practice	Having a voice	Explanation of role
	Working with the multidisciplinary team	Having responsibility		
		Having authority		

Table 2: Illustration of terms used in organizing data

Study term of reference	Defining term	How this emerged in the data	Theme/s emerging under this category
Participants' understanding of empowerment	<i>'Understanding of empowerment'</i>	Instant responses to initial question 'what do you understand by the term empowerment?'	Ambiguity of term Organisational aspects Workplace power Personal power Practice
Participants' experiences of empowerment	<i>Impacting factors</i>	Clearly articulated factors which influenced inherent empowerment beliefs in a positive or negative way	Organisational factors Management Professional issues Interpersonal issues Individual factors Historical legacy
	<i>Inherent empowerment beliefs</i>	Subtle presentation – being referred to (rather than clearly stated) constantly via impacting factors.	Professional respect Personal power Control
	<i>Antecedent</i>	A pre-requisite for empowerment stated by participants	Education for practice

Table 3: Factors impacting on empowerment amongst nurses and midwives

Impacting Factor	Description	Sub headings	Example of discussion
Organisational Factors	Factors which were specific to the organisation in which one practised	Structural factors, practice setting, opportunity resources Support Decision making	"I would say... [Practitioners were]...a lot more empowered within the smaller working unit. We were busy, but at the same time we kept, we seemed to have more control on what was going on...to have a better rapport with the doctors, and we certainly worked a lot more independently". FGD 4
Management	Participants' contributions which referred to their line managers	Management Structure Management Style Management support Giving information/communicating with staff The 'real' power of management	"I suppose the type of management, the style of management, if you work in an area where your manager involves the other members of the team and they'll feel empowered but if they are very autocratic 'this is the way we do it here', it doesn't matter ". FGD 6
Professional Issues	Issues relating to the practice of nursing / midwifery	General issues Practice issues Role-related issues	"I feel empowered in the team and probably because of the knowledge that I would have of the client which would differ from a consultant or the registrar, the registrars...don't really know the core group of patients, they wouldn't attain a deep knowledge that I would have" FGD 1
Interpersonal issues	Reactions between nurses / midwives and other persons	The medical profession Nurses and Midwives The general public	"I think it is very important that we as nurses would be supported by our colleagues and also by other members of the team...a dietician or a psychologist or a doctor or whoever it is" FGD 7 "If you come up with a lovely idea, you have the backup of management and they agree with you to go ahead, and then you meet this brick wall with the obstetricians...whatever empowerment that you had for your new ideas you've spoken to management, you've spoken to all the girls that work and everyone thinks it's a great idea and then, like, it stops. As I said with midwifery like, there's great scope for empowerment with both the midwife and for the mothers as well but there's that obstacle there". FGD 5
Individual factors	Recognition of the individual's perspective on empowerment	Desire for / fear of empowerment Assertiveness Self-value	"I feel that if you're willing and wanting to take on some more power people will allow you to do that but part of the problem is that people don't want to take it" FGD 2
Historical legacy	Past experiences	Socialisation of the role of nurses / midwives	"We were told to scrub floors in the past literally... You could be expelled from the nursing... in my time anyway. After years of working that way, it's difficult [to be empowered]". FGD 6

Figure 2: Pictorial representation of emergent themes of empowerment

