THE LIVED EXPERIENCES OF REGISTERED NURSES ON STRUCTURAL EMPOWERMENT AND SUBSEQUENT CAREER ADVANCEMENT AT A TERTIARY HOSPITAL IN THE CAPE METROPOLE

By

DONNA BATTLE

Thesis presented in partial fulfilment of the requirements for the degree of Master of Nursing Science in the Faculty of Health Sciences at Stellenbosch University

Supervisor: Dr Mariana M. van Der Heever

Co-Supervisor: Prof. A. Van der Merwe

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third-party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

Background

To enhance the professional development of nurses, nurses should be given access to empowerment structures, such as information, opportunity, resources, and support. Access to these empowerment structures facilitates the professional development of nurses and aids in career advancement. Nurse managers have an obligation to foster a work environment that is conducive to the empowerment of nurses. Nurse managers need to use their power, both formal and informal to ensure that employees have the resources they need to develop professionally. Nurses who are positioned higher up in the organizational hierarchy appear to have more access to empowerment structures than their subordinates. It is therefore imperative that nurse managers support their subordinates and provide them access to empowerment structures.

Research aim

The aim of the study was to explore the lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole of South Africa.

Research objectives

The objectives were:

- To explore the lived experiences of registered nurses on structural empowerment and subsequent career advancement.
- To explore the lived experiences of registered nurses on the role of the unit manager in the empowerment and subsequent career advancement of registered nurses.

Method

Interpretive phenomenology was employed to gain understanding of the phenomenon under study. The population comprised of registered nurses who were permanently employed in the medical and surgical wards at a central hospital in the Cape Metropole in the Western Cape. The final sample comprised of eleven participants which included four junior registered nurses, three senior registered nurses, two operational

managers and one deputy nurse manager. Purposive sampling was employed to select the range of participants. Ethical approval was obtained from Health Research Ethics Committee of Stellenbosch University and institutional permission from the institution under study. Written informed consent was obtained from participants to participate in the study. Data collection was conducted through individual interviews using a semi-structured interview guide and the technique of reflection described by Carl Rogers. Data analysis was conducted according to the six stages described by Ajjawi and Higgs (2007:621-626). Trustworthiness was enhanced by applying the principles of dependability, credibility, confirmability, and transferability.

Results

Four main themes and fifteen sub-themes emerged from the data. The results indicated that although nurses understand the concept of empowerment, not all nurses are empowered. The shortage of nurses significantly impairs nursing empowerment.

Keywords: “nurse”, “empowerment”, “nurse leader”, “structural empowerment”, “psychological empowerment”

OPSOMMING

Agtergrond

Om die professionele ontwikkeling van verpleegkundiges te verbeter, moet verpleegkundiges toegang tot bemagtigingstrukture kry, soos inligting, geleentheid, hulpbronne en ondersteuning. Toegang tot hierdie bemagtigingstrukture fasiliteer die professionele ontwikkeling van verpleegkundiges en hulpmiddels in loopbaanbevordering. Verpleegkundige bestuurders het 'n verpligting om 'n werksomgewing te bevorder wat bevorderlik is vir die bemagtiging van verpleegkundiges. Verpleegkundige bestuurders moet hul krag gebruik, beide formeel en informeel om te verseker dat werknemers die hulpbronne het wat hulle nodig het om professioneel te ontwikkel. Verpleegkundiges wat hoër in die organisatoriese hiërargie geposisioneer is, het blykbaar meer toegang tot bemagtigingstrukture as hul ondergeskiktes. Dit is dus noodsaaklik dat verpleegkundige bestuurders hul ondergeskiktes ondersteun en hulle toegang tot bemagtigingstrukture gee.

Navorsingsdoel

Die doel van die studie was om die geleefde ervarings van geregistreerde verpleegkundiges oor strukturele bemagtiging en daaropvolgende loopbaanbevordering by 'n tersiêre hospitaal in die Kaapse Metropool van Suid-Afrika te ondersoek.

Navorsingsdoelwitte

Die doelstellings was:

• Om die geleefde ervarings van geregistreerde verpleegkundiges oor strukturele bemagtiging en daaropvolgende loopbaanbevordering te ondersoek.

• Om die geleefde ervarings van geregistreerde verpleegkundiges te ondersoek oor die rol van die eenheidsbestuurder in die bemagtiging en daaropvolgende loopbaanbevordering van verpleegkundiges.

Metode

Interpretatiewe verskynsel is gebruik om begrip te kry van die verskynsel onder studie. Die bevolking bestaan uit geregistreerde verpleegkundiges wat permanent in die mediese en chirurgiese wyke by 'n sentrale hospitaal in die Kaapse metropool in die

Wes-Kaap werksaam was. Die finale steekproef het bestaan uit elf-deelnemers wat vier junior geregistreerde verpleegkundiges, drie senior geregistreerde verpleegkundiges, twee operasionele bestuurders, een assistentverpleegkundigebestuurder en een adjunkverpleegkundigebestuurder ingesluit het. Purposive steekproefneming is gebruik om die reeks deelnemers te kies. Etiese goedkeuring is verkry van die Gesondheidsnavorsingsetiekkomitee van die Universiteit Stellenbosch en institusionele toestemming vorm die instelling onder studie. Skriftelike ingeligte toestemming is van deelnemers verkry om aan die studie deel te neem. Data-insameling is uitgevoer deur individuele onderhoude met behulp van 'n semi-gestruktureerde onderhoudsgids en die tegniek van refleksie wat deur Carl Rogers beskryf word. Data-analise is gedoen volgens die ses stadiums wat deur Ajjawi en Higgs beskryf word. Betroubaarheid is versterk deur die beginsels van betroubaarheid, geloofwaardigheid, betroubaarheid en oordraagbaarheid toe te pas.

Resultate

Vier hooftemas en vyftien subtemas het uit die data ontstaan. Die resultate het aangedui dat hoewel verpleegkundiges die konsep van bemagtiging verstaan, nie alle verpleegkundiges bemagtig word nie. Die tekort aan verpleegkundiges benadeel verpleegbemagtiging aansienlik.

Sleutelwoorde: "Verpleegster", "bemagtiging", "Verpleegleier", "strukturele bemagtiging", en "sielkundige bemagtiging*".

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ABBREVIATIONS

- SANC - South African Nursing Council
- T - Top
- S – Senior
- WCDoH - Western Cape Department of Health
- OSD - Occupation Specific Dispensation
- PI - principal investigator
- RNAO - Registered Nurses' Association of Ontario RNAO
- CPD - Continuous professional development
- CV - Curriculum Vitae
- RN- Registered nurse

Chapter 1

Overview of the study

1.1 INTRODUCTION

Empowerment in nursing means giving employees the authority, responsibility and freedom to act on their expert knowledge and skills (Huber, 2017:6). Empowerment entails giving nurses power over their clinical practice decisions and enables nurses to do what they do best (Huber, 2017:154). Empowerment involves the decentralisation of power, meaning that planning and decision making is not centralised to management but is disseminated throughout the organisation, e.g. to lower levels (Marquis, 2012:288; Huber, 2017:206). Subsequently, leaders should share their leadership roles as the act of empowerment is embedded in shared governance. The enactment of empowerment, however, is dependent on a sound, non-threatening organisational culture where employees feel safe to voice their concerns. Moreover, empowerment should be contained and supported at every level within the organisation (Lockhart, 2017:55).

Empowerment is entrenched in growth and development. The growth and development of employees is also mandated by legislation such as the Skills Development Act 97 of 1998 (Republic of South Africa, 1998b). This notion to enable employees is also contained in the Employment Equity Act 55 of 1998, whereby providing training and development to employees of previously disadvantaged groups, makes them more promotable (Republic of South Africa, 1998b). Empowerment, therefore, if practised and managed well, contributes to securing competent employees for the organisation and the individual employee benefits, as their needs for growth and development are attained. Literature on organisational empowerment differentiates empowerment as either psychological or structural in form (Wallace, Johnson, Mathe & Paul, 2011:1).

Structural empowerment, i.e. providing employees with the opportunity to grow and develop (Marquis, 2012:288), is closely related to career advancement, and career advancement is a managerial duty (Meyer & Kruger-Pretorius, 2018:139). Career advancement is influenced by career planning, which is the responsibility of the employee. Career planning requires the employee to perform a self-appraisal to

identify his/her strengths and weaknesses. The employee then identifies opportunities for career development, sets goals, develops and implements plans towards career advancement (Booysens, 2012:392). Career advancement can be understood as any form of professional promotion that recognises and rewards clinical and administrative talent and provides nurses with the opportunity to enhance their competencies through participation in professional development opportunities. Career advancement is thus a management tool that can be utilised to support nursing excellence (Adeniran, Bhattacharya & Adeniran, 2012:42).

Kanter's (1993) theory of structural empowerment forms part of the organisational theory which relates to leadership and management. Kanter's theory (1993) promotes the creation of a healthy work environment as it improves organisational effectiveness and commitment (Hagerman, Högberg, Skytt, Wadensten & Engström, 2017:468). Nurses need a work environment that promotes empowerment, however providing nurses with access to empowerment structures is largely dependent on management (Roji & Jooste, 2020b:8). Creating a work environment that is conducive to the structural empowerment of nurses is an important organisational strategy that contributes to the psychological empowerment of nurses (Wagner, Cummings, Smith, Olson, Anderson & Warren, 2010:448).

Psychological empowerment, as described by Spreitzer (1995:1443), can be understood as how confident and competent an employee feels to perform his/her duties and responsibilities. Thus, psychological empowerment exists when an employee perceives that they can exercise some control over their work-life. There are four dimensions included in Spreitzer's concept. These are *meaning,* the value of the organisations' goals concerning the individual's ideals*; competence*, the individual's belief in his/her ability to perform job activities with skill and personal mastery; *self-determination*, a sense of having autonomy and of controlling the process and work behaviours; and *impact*, the degree to which the individual can influence the work context (Spreitzer, 1995:1444; Laschinger, Leiter, Day & Gilin, 2009:229; Wagner *et al.*, 2010:449). Structural empowerment leads to psychological empowerment and culminates in positive outcomes for both the individual employee and the organisation (Wagner *et al.*, 2010:459).

The study, therefore, explored the lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole.

1.2 BACKGROUND, RATIONALE AND PRELIMINARY LITERATURE REVIEW

Legislative framework – The Employment Equity Act 50 of 1998, the Skills Development Act 97 of 1998 and the Broad Based African Economic Empowerment Amendment Act 46 of 2013 were identified as legislation that relate to the empowerment of employees and are discussed accordingly. The Employment Equity Act 50 of 1998 was promulgated to improve the skills of South African workers and redress unfair discrimination through education and training for persons from previously disadvantaged backgrounds, namely people of colour i.e., Africans, Coloureds and Indians. Nurse managers are mandated by the Skills Development Act 97 of 1998 and the Employment Equity Act 50 of 1998 to empower employees and develop an employment equity plan that is representative of the workforce (Republic of South Africa, 1998b; 1998a). The Broad Based African Economic Empowerment Amendment Act 46 of 2013 aims to redress apartheid era inequalities by giving people of previously disadvantaged backgrounds preferential employment opportunities, skills development and management opportunities, hence it mandates nurse managers to create opportunities for people of colour (Republic of South Africa, 2013a).

The duty to empower employees is prescribed by the Strategic Plan for Nurse Education, Training and Practice 2012/13–2016/17 promulgated by the South African Nursing Council, abbreviated SANC (Republic of South Africa, 2012/13 – 2016/17:11). SANC further requires nurse managers to create an environment that fosters learning, professional growth and development of employees (Republic of South Africa, 2013b). Although the legislation provides nurse managers with a clear mandate to empower their employees, the employment statistics for senior management in the Department of Health of the Western Cape for 2018 to 2019 (see

FIGURE 4), indicates that some ethnic groups have more access to senior management positions than others. Furthermore, the findings of a mixed-method study on the promotion of nurses in the public and private sector of South Africa confers that

empowerment is not equally accessed across ethnic groups (Van der Heever, 2018b:166). Two studies conducted in public and private hospitals in South Africa found that access to empowerment structures and career development opportunities were of such importance to nurses that it negatively influenced their intention to remain with their employers (Mokoka, Oosthuizen & Ehlers, 2010:5; Sojane, Klopper & Coetzee, 2016:1). Only one of the three studies were conducted in the Western Cape. It was therefore important to further explore whether empowerment and career advancement is equally accessible to all registered nurses in the Western Cape.

Resistance to empowerment – The findings of a South African study conducted in public and private hospitals in Gauteng and the Western Cape suggest that there is resistance to the empowerment of nurses with younger nurses not believing they have an opportunity for promotion due to promotions being based on age and work experience. Senior nurse managers have more experience but may not have the necessary educational qualifications, whilst younger nurses may have higher qualifications but lack the experience. In contrast, older nurses felt deprived of the opportunities for career advancement as professional development and study leave was being afforded to the younger generation (Van der Heever, 2018b:137). Fear of being replaced by subordinates has also caused nurse managers to be less willing to empower employees (Mokoka *et al.*, 2010:6; Sparks Coburn & Hall, 2014:131), leading to poor mentorship practices. Promotions also eluded hard workers due to line managers desiring to retain them (Van der Heever, 2018b:144). The heavy workload of nurses potentially hinders empowerment as there is insufficient time for mentoring and training activities (Van der Heever, 2018b:152). The perception of limited power coupled with historical challenges around the nurses' use of power partially explains their inability to control their practice (Laschinger & Havens, 1996:29).

Top and senior management workforce demographics for the South African population

FIGURE 1 displays the disparities in the top and senior management of the South African workforce, based on racial classification. This indicates that post-apartheid, there is still a need for people of colour to access top and senior management positions.

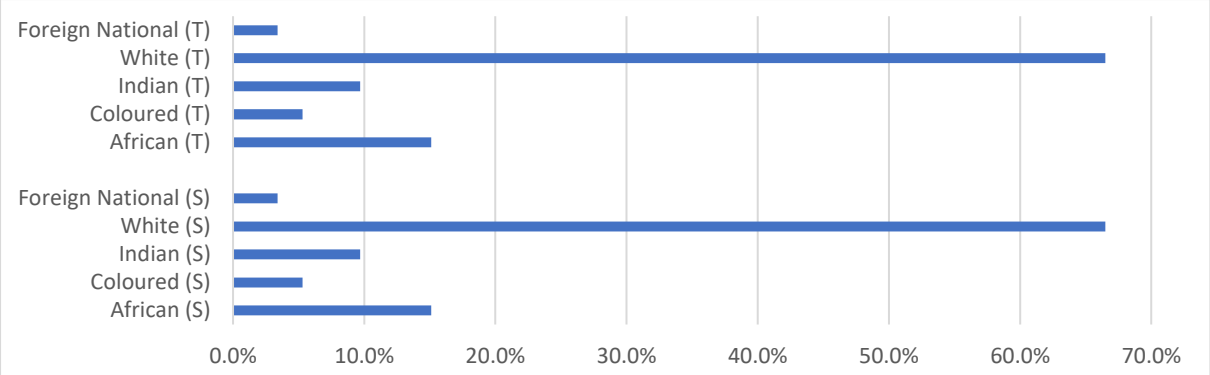

FIGURE 1: Racial profile for the top (T) and senior (S) management in the South African general workforce (Republic of South Africa, 2019)

Figure 2 displays male dominance in the top and senior management and indicates a need for females to be empowered and promoted into these positions.

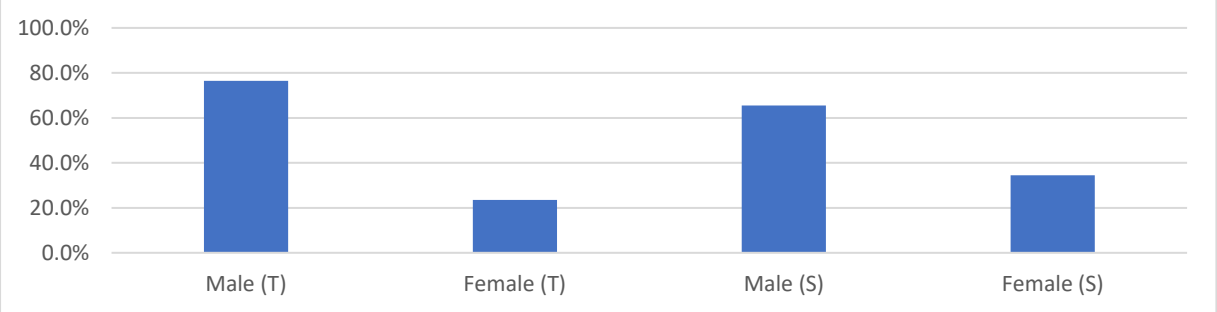

FIGURE 2: Ratio of males to females in the top (T) and senior (S) management of the South African workforce (Republic of South Africa, 2019:21)

Western Cape Department of Health (WCDoH) 2019 - Employment Statistics

The Department of Health has 31 549 employees. Health professionals comprise 63% of the employee component, whilst the remaining 37% are administrative and non-healthcare professionals (Western Cape Government, 2019:154). In accordance with the Employment Equity Act 55 of 1998, the WCDoH has instituted plans to promote equality, eliminate unfair discrimination through the implementation of employment equity measures that address discrimination and promote a diverse and efficient workforce that is representative of the provincial demographics (Western Cape Government, 2019:153).

The workforce overview represented in FIGURE 3 adequately represents the demographics of the Western Cape and is backed by the 2011 census which indicated that the population consisted of 50% Coloureds, 32% Africans, 17% Whites and 1%

Indian or Asian. The gender demographics reflect 50.9% females and 49.1% males (Statistics South Africa, 2011).

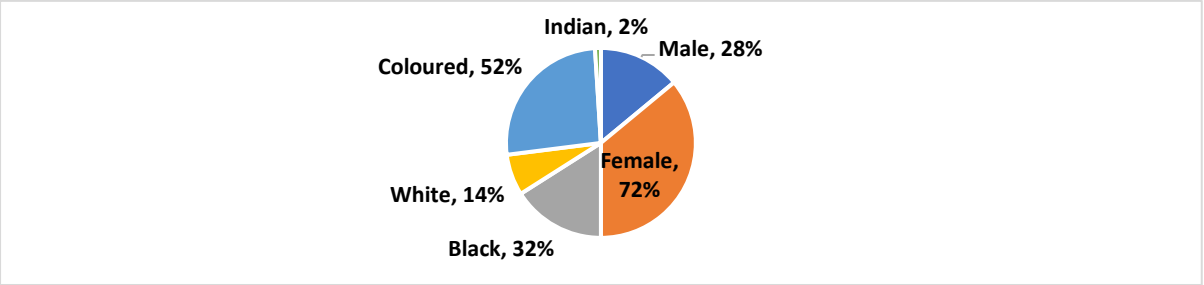

FIGURE 3: Demographic composition of employees at the Western Cape Department of Health for 2018 to 2019 (Western Cape Government, 2019:154)

From 2018 to 2019, the WCDoH developed plans to develop leaders and increase representativity amongst management (Western Cape Government, 2019:155). However, despite more than 20 years after the abolishment of apartheid, equal representation of racial groups in management is not evident. Comparing the statistics in FIGURE 3 and

FIGURE 4, the workforce to senior management proportions are: for whites 38 % to 14 %, for Coloureds 46% to 52 %, for Africans 9% to 32%, and for Indians 2% to 7%. African females represent only 3% of senior management and given the workforce demographics displayed in FIGURE 3, there is a need for additional career mobility for African females.

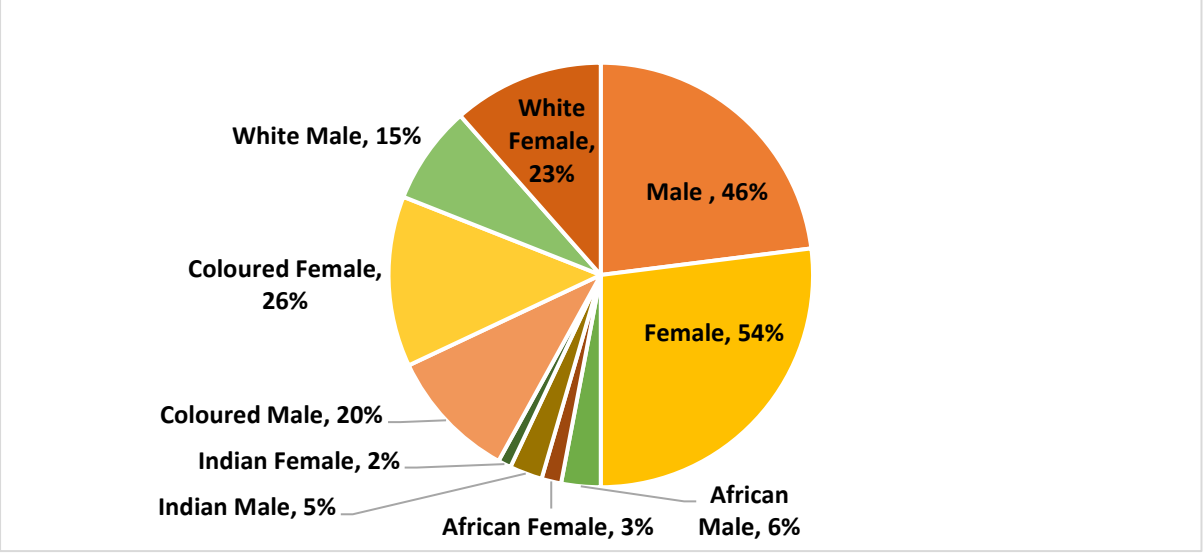

FIGURE 4: Composition of Senior Management employed at the Department of Health for 2018 to 2019

The history of South African nursing

Before 1994, South Africa had a legalised apartheid system that segregated people according to race, ethnicity and caste and intentionally oppressed non-white people, both politically and economically (Lipton, 1986:15). The Nursing Amendment Act 69 of 1957 made it an offence for a non-white nurse to supervise a white nurse (Marks, 1990:2). The longstanding effects of legalised but now abolished apartheid on African nurses in leadership positions (displayed in

FIGURE 1) seem to linger in nursing today.

The findings of a South African study conducted by Van der Heever (2018:219) also revealed that discrimination related to the intersection of race, class and gender persists in the workplace, especially for females of colour. Moreover, that males in private healthcare seemingly receive higher salary scales compared to their female counterparts. Although male nurses are the minority in nursing, they appear to obtain management positions at a younger age than females (Hader, 2010:26). Elements of poverty and class seem to influence promotion as those from affluent backgrounds received better education and job market access, ultimately advancing their chances for promotion (Van der Heever, 2018b:197).

Directives for promotion

The directives for promotion for nurses in the public sector, stipulated in the Occupation-specific Dispensation (OSD) in South Africa (2007), state that for a registered nurse to be promoted to senior management, he/she requires a minimum of seven years of experience, however, no additional educational qualifications are required. To be promoted from senior to top management one requires a minimum of 11 years of experience and a postgraduate diploma in nursing management (Republic of South Africa, 2007). These directives imply that educational qualifications are not considered essential for leadership. However, the literature suggests that the more educated the leader, the more skilled he/she is to lead efficiently (Curtis, Sheerin & Vries, 2011:242; Kelly, Wicker & Gerkin, 2014:161). The OSD offers a financial incentive to attract and retain scarce-skilled nurses in the public sector whilst

stipulating the requirements for employment in or promotion to a specific position (Republic of South Africa, 2007:3).

Access to job-related empowerment structures

Access to professional growth and development opportunities – Nurses cannot achieve professional growth and development without being empowered (Lockhart, 2017:55) and nurse managers need certain managerial skills to empower employees (Jooste, 2018:222; Bergstedt & Wei, 2020:49). Therefore, nurses should be given access to on-the-job training, skills development, and formal education opportunities. Nurse managers can create learning opportunities for skills development of nurses by delegating nurses to accompany the doctor on ward rounds, teaching computer skills required to complete the duty schedule or allowing the nurse to draft a meeting agenda. The exposure to these opportunities should be equal as other studies have found that employees felt selected individuals, based on their race, were exposed to managerial activities or given access to educational opportunities (Spetz, 2016:508; Van der Heever, 2018b:97).

The relationship between empowerment and power

For nurse managers to empower nurses, they must be willing to share power (Jooste, 2000:17). Employees obtain power through access and mobilisation of resources, information, support, and opportunities from one's position in the organisation. Access to these empowerment structures is influenced by the degree of formal and informal power an individual has in the organisation. Formal power is associated with flexible jobs, having high visibility and requiring independent decision making. Formal power features include job definition, discretion, recognition, and relevance. Informal power is derived from relationships with supervisors, peers, subordinates and connections outside the organisation (Laschinger, Wong & Grau, 2013:542; Fragkos, Makrykosta & Frangos, 2020:3).

Some nurse managers may be intimidated by subordinates with more informal power. Individuals who have limited access to power perceive themselves to be powerless and may feel that they lack control of their fate. Nurse managers have an invaluable role in the empowerment of nurses (Trus, Razbadauskas, Doran & Suominen, 2012a:419; Bina, Schomburg, Tippetts, Scherb, Specht & Schwichtenberg, 2014:443; Sojane *et al.*, 2016:1) and thus the professional advancement of nurses.

The relationship between empowerment, shared governance and decentralised decision making

Creating and sustaining a culture of empowerment requires shared governance, the decisional involvement of nurses on the frontline, continual support from nursing management, adjustment, and evaluation by all members of the organisation (Bina *et al.*, 2014:441; Bogue & Joseph, 2019:266). For shared governance to be effective it must be combined with a just organisational culture that focuses on processes and problem resolution and involves every layer of employees within the organisation (Lockhart, 2017:55).

1.3 PROBLEM STATEMENT

Empowerment in nursing requires nurses to have access to four empowerment structures, namely resources, information, support and opportunities. By accessing these empowerment structures nurses gain knowledge, skills and experience which enables career development and ultimately career advancement. Empowerment is mandated by legislation (Republic of South Africa, 1996; 1998b; 1998a; 2013a) and is contained in the job description of the nurse manager (Meyer & Kruger-Pretorius, 2018:139). The empowerment of nurses by nurse managers is seemingly influenced by the power contained in the nurse managers' role, and their willingness to engage nurses in managerial activities through coaching and shared governance. Empowerment may also be hampered by issues related to race, class, and gender. Limited research could be found about the role of the nurse manager in the South African context, specifically the Western Cape province, to empower nurses and how empowerment influences subsequent career advancement.

1.4 RESEARCH QUESTION

What are the lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole?

1.5 RESEARCH AIM

The study aimed to explore the lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole.

1.6 RESEARCH OBJECTIVES

The objectives were:

- To explore the lived experiences of registered nurses on structural empowerment and subsequent career advancement.
- To explore the lived experiences of registered nurses on the role of the unit manager in the empowerment and subsequent career advancement of registered nurses.

1.7 RESEARCH FRAMEWORK

Kanter's Theory of Structural Empowerment served as the research framework of the study. According to Kanter's (1993) theory of structural empowerment, for employees to be empowered they should be given access to four empowerment structures. These structures include access to opportunity, information, resources, and support. Access to these empowerment structures increases with the individual's access to formal and informal power. However, access to these empowerment structures and power is dependent on the position of the individual within the organisational hierarchy.

According to Kanter, "power is likely to bring more power, in ascending cycles, and powerlessness to generate powerlessness, in a descending cycle" (Kanter, 1993:196). Thus, individuals higher up in the organisational hierarchy are afforded more access to empowerment structures (Hagerman *et al.*, 2017:468). Access to career mobility is dependent on your position within the organisational hierarchy because power brings more power. Therefore, when employees are provided with access to these four empowerment structures, they are empowered. Accordingly, managers with access to structural empowerment are more likely to be empowered and to provide their employees with access to these empowerment structures (Hagerman et al., 2017:468). However, nurses/employees who are not granted access to these empowerment structures are disempowered or powerless.

This access means that nurses should have access to work and organisation-related information, the resources they need to accomplish their work and support in the form of coaching and feedback. Providing nurses access to empowerment structures also requires nurses to be involved in the decision-making process and that they be granted opportunities to learn new skills over and above their current job description. The

strengthening of their skills ultimately leads to professional development and potential career advancement (Kanter, 1993; Bina *et al.*, 2014:440). Empowerment and the professional development of employees are both required for employees to access promotion opportunities (Mokoka *et al.*, 2010:8). Employee empowerment requires the implementation of policies that ensure the career advancement of employees without discrimination.

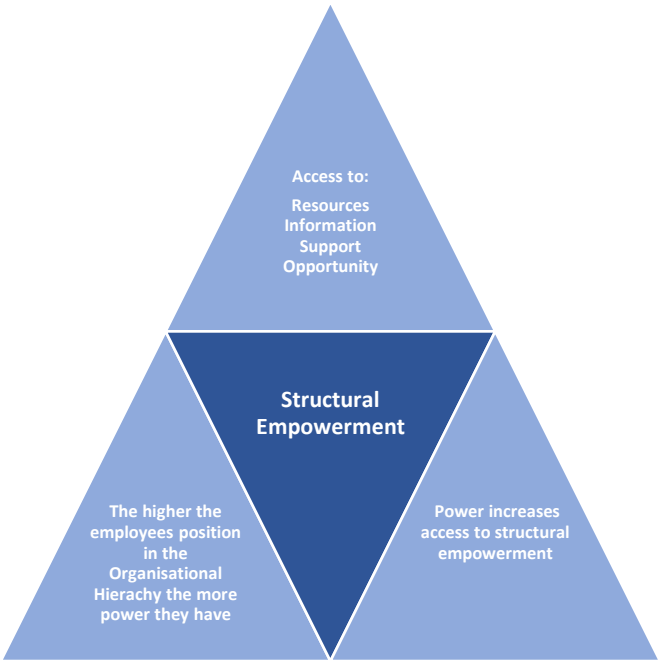

FIGURE 5: Research framework illustrating the link between the central concepts that influence structural empowerment and that are required for career advancement (Adapted from Kanter's Theory of Structural Empowerment, 1993)

1.8 RESEARCH METHODOLOGY

The current chapter provides a brief overview of the methodology applied in the study. An in-depth review of the methodology is provided in Chapter 3.

The study aimed to understand the experiences of registered nurses on empowerment, the role of the nurse manager in empowering registered nurses and their subsequent career advancement. Accordingly, a qualitative, interpretive phenomenological design was employed.

Figure 6 provides a graphic representation of the methodology that was applied to the study.

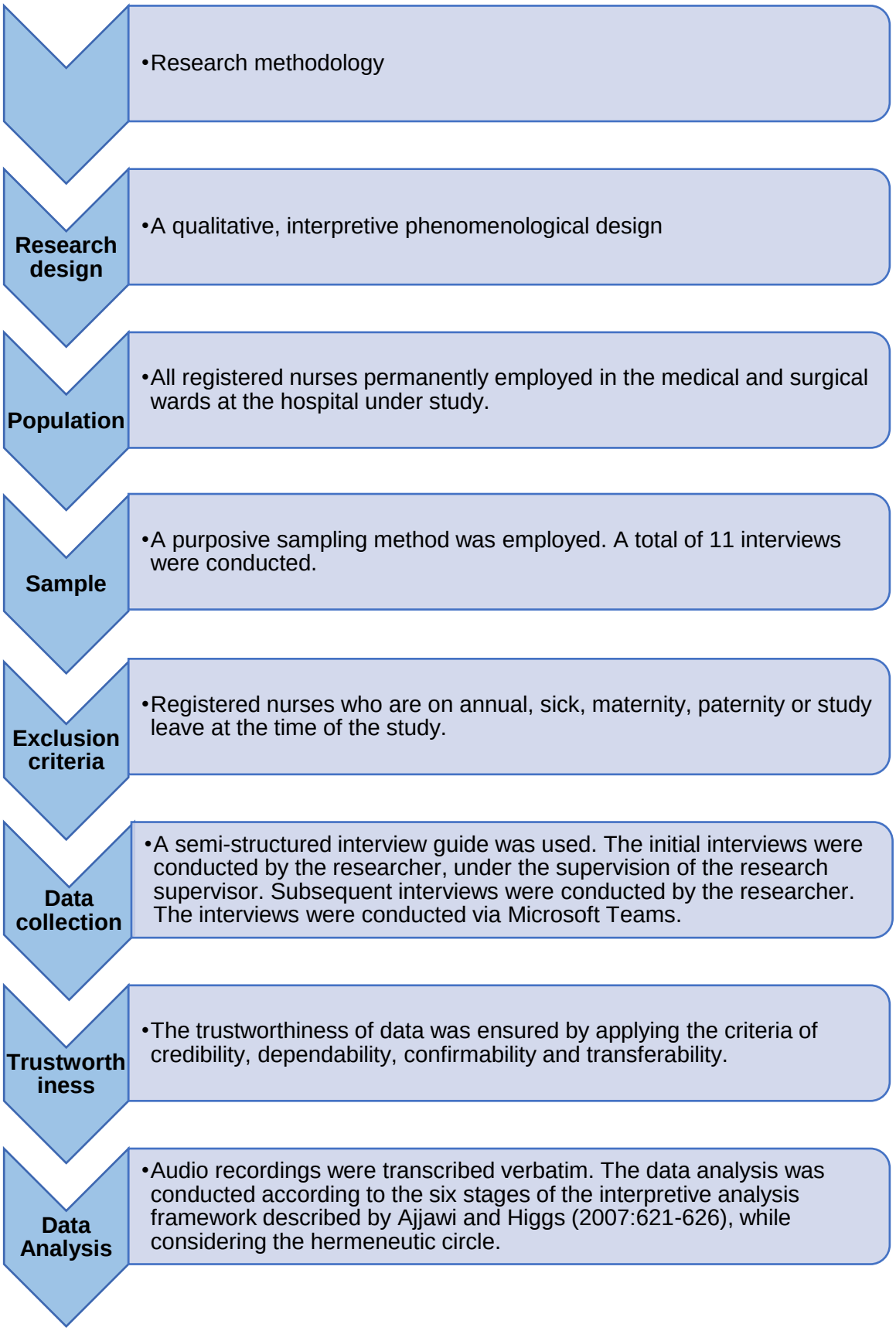

FIGURE 6: Graphic representation of the methodology applied to the study

Qualitative research assists in gaining in-depth insight into phenomena and can generate rich descriptions of the experience, which can be used to increase nurses' understanding of the phenomena and find the best solutions or interventions (Grove et al., 2015:67; Franzel, Davis & Bezuidenhout, 2019:31). Qualitative research is undertaken when the truth is complex and dynamic and can only be understood by gaining an understanding of the lived experiences of study participants (Grove, Gray & Burns, 2015:20). Subsequently, interpretive phenomenology inspired by Martin Heidegger has been adopted, which enables one to understand the lived experiences of people about the phenomenon under study.

1.8.1 Research design

A qualitative, interpretive phenomenological design was employed to explore the lived experiences of registered nurses on structural empowerment and subsequent career advancement.

1.8.2 Population

The population comprised all registered nurses permanently employed in the medical and surgical wards at the hospital under study.

1.8.3 Sample

A purposive sampling method was employed to purposefully select the following categories of registered nurses to allow maximum variation in the population: three junior registered nurses, three senior registered nurses, two line managers, one assistant nurse manager and one deputy nurse manager. An additional study participant was added to achieve data saturation and data verification (Lobiondo-Wood & Haber, 2018:225).

1.8.4 Exclusion criteria

Registered nurses who were on annual, sick, maternity, paternity or study leave at the time of the study.

1.8.5 Data collection instrument

A semi-structured interview guide was designed based on the objectives of the study and the research framework.

1.9 DATA COLLECTION

The interviews were conducted by the PI (principal investigator) and the supervisor was present in the capacity of a moderator. The interviews were conducted via the electronic platform Microsoft Teams.

1.9.1 Trustworthiness of the research

The trustworthiness of data was ensured by applying the criteria of credibility, dependability, confirmability and transferability, as described by du Plooy-Cilliers, Davis & Bezuidenhout (2019:258).

1.10 DATA ANALYSIS

The data analysis was conducted according to the six stages of the interpretive analysis framework described by Ajjawi and Higgs (2007:621-626) while considering the hermeneutic circle.

1.11 PARADIGM

The design was developed by Martin Heidegger who supported ontology, i.e. the science of being in this world—what the real reality is (du Plooy-Cilliers *et al.*, 2019:23).

1.12 ETHICAL CONSIDERATIONS

Ethical approval for the study was obtained from the Health Research Ethics Committee of Stellenbosch University on 16 February 2021. Thereafter, institutional permission was obtained on 19 May 2021, followed by the individual approval of hospital managers on 2 June 2021. Permission from the National Health Research Database was obtained on 25 June 2021. Written, informed consent to participate in the study was obtained from each study participant. To ensure confidentiality and anonymity, the recordings and transcriptions were coded. Adhering to the principle of self-determination, participants were informed that their participation in the study was voluntary, and they could exit at any time, without retribution. Chapter 3 provides a detailed description of these processes.

1.13 CONFLICT OF INTEREST

In 2001, as a student nurse, the PI completed a three-month rotation in the selected hospital. Thereafter the PI has had no affiliation with the hospital or any of the participants.

1.14 DEFINITIONS/OPERATIONAL DEFINITIONS

Registered nurse: Is a person registered with the South African Nursing Council, under section 30 of the Nursing Act 33 of 2005, who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who can assume responsibility and accountability for such practice.

Junior registered nurse: For this study, a junior registered nurse is considered a registered nurse who holds a Professional Nurse title two (PN 2). The PN 2 is a novice registered nurse with one to nine years of nursing experience.

Senior registered nurse: For this study, a senior registered nurse will be considered a registered nurse who holds a Professional Nurse 3 (PN 3) title, with 10 or more years of nursing experience.

Nurse Manager: A nurse manager is a registered nurse who holds a diploma/degree in nursing and may or may not have a postgraduate qualification (postgraduate diploma or degree in Nursing Administration) but is employed as a nurse manager.

Operational Manager: Is a registered nurse who holds a diploma/degree in nursing and may or may not have a postgraduate qualification (postgraduate diploma or degree in Nursing Administration) but is employed as a nurse manager. The operational manager is in command of a ward and is the immediate person/nurse manager to whom employees report. For this study, the operational manager is considered a junior nurse manager.

Assistant Nurse Manager: Is a registered nurse who is in command of all wards in a specific department, e.g. surgery or medical. For this study, an assistant nurse manager is considered a middle-level nurse manager.

Deputy Nurse Manager: Is a registered nurse who is in command of multiple departments, e.g. Medical and Surgical and Intensive Care. For this study, a deputy nurse manager is considered a senior nurse manager.

Career advancement: This can be understood as any form of professional promotion that recognises and rewards clinical and administrative talent and provides nurses with the opportunity to enhance their competencies through participation in professional development opportunities.

Structural empowerment: This refers to the structures within an organisation that nurses should be given access to, to increase their autonomy and authority responsibly. Having access to these structures provides employees with the opportunity to grow and develop.

Racial classification: During the study, information related to race surfaced, therefore for the purpose of this thesis the racial classification will be used according to the description provided by the Department of Labour as it is contained in the Employment Equity Act 55 of 1998, which species the races as African, Coloured and Indians (Republic of South Africa, 1998:6).

1.15 TIMEFRAME

The timeframe for the study is explained in Table 1.

TABLE 1: Study timeframe

Year	Month	Activity
2021	16 February	Approval from Ethics Committee
2021	19 May	Institutional permission
2021	2 June	Permission from the hospital managers
2021	25 June	Permission from the National Health Research Database
2021	July - August	Pilot interviews and data collection
2021	September - October	Data analysis
2021	July - November	Writing of thesis with continuous review by supervisor
2021	October - November	Technical and grammar editing
2021	December	Submission of thesis

1.16 CHAPTER OUTLINE

The chapters of the thesis will be as follow:

- Chapter 1: Introduction and background
- Chapter 2: Literature review
- Chapter 3: Research methodology
- Chapter 4: Research findings
- Chapter 5: Recommendations and conclusion

1.17 SIGNIFICANCE OF THE STUDY

The study was aimed at gaining insight into the lived experiences of registered nurses as it relates to empowerment. Additionally, the study aimed to understand how empowerment was perceived/experienced by the registered nurse and how empowerment influenced the nurses' opportunity for career advancement. These study findings could potentially provide insight into the aspects that influence empowerment, professional growth and development and promotion. The findings could be used to contribute towards policy development and influence how empowerment is enacted in nursing.

1.18 SUMMARY

Empowerment in nursing means giving employees the authority, responsibility, and power to make decisions that relate to their practice. For nurses to be empowered, they should be given access to six empowerment structures, which includes access to opportunity, information, resources, support, formal and informal power. To achieve nurse empowerment, organisations must employ a strategy of shared governance and decentralise decision making, while maintaining a just organisational climate. Organisations should invest in developing the skills of nurse managers as they are influential role models who are key to the empowerment of nurses. The proposed study aimed to explore the experiences of registered nurses as it relates to empowerment. A qualitative, interpretive phenomenological research design was followed, using a semi-structured interview guide to conduct one-on-one interviews. Data analysis followed the six stages described by Ajjawi and Higgs (2007:621). Ethical principles of beneficence, respect for people and justice were applied.

The following chapter presents a discussion on the literature relating to the empowerment of registered nurses.

Chapter 2

Literature Review

2.1 INTRODUCTION

Chapter 1 contains a description of the background, preliminary literature review and rationale for the study. Chapter 2 relates to a review of the literature about the empowerment of registered nurses in the workplace.

A literature review was conducted to identify what is known and unknown about the empowerment of nurses. The review comprises a synthesis of the literature on the topic under study and includes grey literature (reports, working papers and government documents) and academic literature such as research articles and textbooks. The literature search was conducted from 31 January 2020 to 14 September 2021. Electronic database searches were conducted in CINAHL, Scopus, PubMed/Medline, Lippincot, Google Scholar, EBSCOhost, Sabinet African Journals and SUNScholar Research Repository. The keywords for searching were “nurs*”, “empower*”, “nurs* lead*”, “structural empower*”, and “psychological empower*”. Boolean operators were used to focus the search and produce more targeted results. The search range was limited to a date range from 2011 to 2021.

Bibliographies from the literature reviewed were also used to identify further references. In most cases, the literature used ranged from 2011 to 2021, however, the review also includes information derived from seminal studies of Rosabeth Moss Kanter, Gretchen Spreitzer and Heather Spence Laschinger. The following textbooks were also used: (Huber, 2010), (Booysens, 2012), (Marquis, 2012), (Huber, 2017). The initial review was revised between August and September 2021 to create coverage of the main findings that surfaced during data collection

The review is presented in the following order:

- Structural empowerment
- Psychological empowerment
- The role of the nurse manager in empowerment
- Preparing nurses for career advancement
- Barriers to nurse empowerment

- What registered nurses need to feel empowered in the workplace
- The role of government in nurse empowerment
- Summary

2.2 STRUCTURAL EMPOWERMENT

Kanter (1993) describes structural empowerment as the existence of organisational empowerment structures that allow individuals to achieve their work goals through access to information, resources, support and advancement opportunities. Access to these empowerment structures is gained through formal means, such as positions of authority and informal, for example, peer networks (MacPhee, Skelton-Green, Bouthillette & Suryaprakash, 2012:160; Laschinger, Nosko, Wilk & Finegan, 2014:6). Formal power is derived from highly visible jobs, whereas informal power is derived from networking and building collaborative relationships with people inside and outside the organisation (Davies, Wong & Laschinger, 2011:633; Spencer & McLaren, 2017:268). Structural empowerment entails the transferring of power and authority from higher categories to lower categories of employees (Ashena & Keikha, 2015:257). In the clinical setting, nurse managers must share power by providing employees access to information, resources, and opportunities (Salajeghe & Ahmadi, 2015:94).

The findings of a Finnish quantitative study conducted to examine how much power nurse managers have confirmed the linkage between power and the ability of the nurse manager to mobilise resources to achieve unit and organisational goals (Trus, Martinkenas & Suominen, 2017:338). The perception of power within the organisation is gained by the employee's ability to access empowerment structures, e.g. mentoring, professional development, formal training opportunities and promotions within the organisation (Bawafaa, Wong & Laschinger, 2015:611). Although empowered nurse managers can empower others, each manager's access to resources, power and influence is not always equal (Spencer & McLaren, 2017:269). The role and position of an individual in the organisational hierarchy influence how much power and control those individuals hold within the organisation (Kanter, 1993). The higher the level of the employees' position in the organisational hierarchy, the more formal power, influence and control the employee has over information and resources (Roziah, Garavan & Ismail, 2012:200). This means that those lower down in the organisational

hierarchy have less access to and influence over resources and information. Nurse executives and managers should use this power and influence to empower employees by creating an empowering work environment and facilitating access to empowerment structures (Spencer & McLaren, 2017:268) such as medical equipment and supplies that are needed for their departments (Roji & Jooste, 2020a:7).

Power to empower – When nurse managers do not have sufficient power, their ability to accomplish organisational goals is limited (Trus *et al.*, 2017:434). The authors, Trus et al. (2017:344), found that nurse managers rate their power on the unit level as moderate to high but indicates that their power at the organizational level is limited. This finding is supported by a second quantitative Finnish study conducted at 11 public hospitals, that showed that nurses have the power to make decisions in their units. Nurses are however not included in decision making at organizational level, which is needed to influence aspects such as budgetary and human resources (Katriina, Sari, Anja, Christina, Paula & Tarja, 2013:586). This lack of power is relevant as the amount of power contained in the position influences one's ability to access resources and information and without this access, one's ability to empower employees is limited. On the other hand, when nurse managers are not willing to share power by encouraging participative decision making, being supportive, having open communication and building trusting relationships, employees may feel powerless (Udod & Racine, 2017:5227).

Empowerment and career advancement – The findings of a quantitative study conducted at a public hospital in South Africa on the perception of nurses' access to structural empowerment indicated that nurses have minimal access to workplace empowerment structures. Access to these empowerment structures was found to be largely dependent on the management team (Roji & Jooste, 2020a:8).

Findings from a Taiwanese quantitative study conducted on the empowerment and career advancement of male nurses indicated that empowerment is positively correlated with nursing career development and is a predictor of nursing career development. Furthermore, the findings of this study confirmed a need to further explore this concept of empowerment in nursing (Chen, Fu, Li, Lou & Yu, 2012:876). In addition, it is important to understand the factors that influence career advancement and professional development in nurses, such as the opportunity for promotion and

support from the manager (Sheikhi, Fallahi-Khoshnab, Mohammadi & Oskouie, 2016:2) as these factors may be used to encourage nurses to engage in professional development (Rita, Mary Ellen, Anand & Yu, 2013:438).

Spreitzer (1996:498),argued that when employees are given access to information and resources, they are empowered. When employees are empowered, they have higher levels of work motivation and performance. This elevated level of work motivation and performance leads to greater objective career success (i.e. promotion), which in turn leads to greater subjective career success, i.e. psychological empowerment (Roziah *et al.*, 2012:200).

2.3 PSYCHOLOGICAL EMPOWERMENT

According to American author Spreitzer (1995:1444), psychological empowerment can be understood as how confident and competent an employee feels to perform his/her duties and responsibilities, i.e. intrinsic work motivation. Although psychological and structural empowerment are derived from different theories, MacPhee *et al.* (2012:160), found that structural empowerment significantly influences the psychological empowerment of nurses.

A South African quantitative study conducted on manager empowering behaviour found that psychological empowerment has an indirect effect on management empowerment behaviour. This means that when management empowerment behaviour is increased, the employees' level of psychological empowerment is increased. Therefore, when managers apply structural empowerment, such as engaging with employees by sharing information, providing support, coaching, and increasing the degree of authority and autonomy assigned to employees, employees experience feelings of control. When employees feel that they can make an impact through their work, they experience psychological empowerment (De Klerk & Stander, 2014:40).

2.4 THE ROLE OF THE NURSE MANAGER IN EMPOWERMENT

The literature on empowerment suggests various strategies that nurse executives and nurse managers can implement to improve access to workplace empowerment structures. These strategies are participatory decision making, power-sharing, enhanced communication, clear policy development, individualised mentoring,

equitable resource allocation, higher remuneration and rewarding employees for a job well done (MacPhee *et al.*, 2012:160160; Wheeler & Foster, 2013:413413). Nurse managers are ideally situated to identify management potential in their employees and to support employees by exposing them to management development opportunities (Moore, Sublett & Leahy, 2016:102).

Nurse managers must empower employees (Republic of South Africa, 1998a). Read and Laschinger (2015:1618) write that the nurse manager should create a work environment that is conducive to empowerment. Creating this conducive environment, i.e. a positive work environment, requires the nurse manager to build trusting relationships, communicate the relevant information, support and provide employees with the opportunity for professional growth and development (Read & Laschinger, 2015:1618).

Creating positive work environments – In South Africa, nurse managers are mandated by legislation to empower employees (see Chapter 1, Section 1.2) and are therefore obligated to create an empowering work environment that facilitates access to these empowerment structures and removes barriers that limit access to empowerment structures (Republic of South Africa, 1998b; MacPhee *et al.*, 2012:160). An empowering work environment positively contributes to both the structural and psychological empowerment of nurses, leading to positive outcomes for the individual and the organisation (Dahinten, Macphee, Hejazi, Laschinger, Kazanjian, McCutcheon, Skelton-Green & O'Brien-Pallas, 2014:18). To foster a work environment that is conducive to empowerment, employers should strive to reduce aspects such as disproportionately heavy workloads, lack of employee autonomy, inadequate recognition and rewards, poor interpersonal working relationships and unfair treatment of employees (Laschinger, Finegan & Wilk, 2011:129).

In addition, an empowering work environment is one in which employees feel free to ask questions and where employees can rely on their senior colleagues for advice and assistance (Read & Laschinger, 2015:1613). Nurses should also be taught to create an empowering work environment in which employees are supported throughout their professional growth and development (Wheeler & Foster, 2013:413). Results from a Belgian qualitative study on the experiences of nurses on empowerment suggests that nurse managers play a pivotal role in creating and sustaining an empowering work

environment (Van Bogaert, Peremans, Diltour, Van heusden, Dilles, Van Rompaey & Havens, 2016:12). When employees experience a positive work environment in which the manager empowers rather than controls the employees, the employees experience psychological empowerment (De Klerk & Stander, 2014:39).

A South African qualitative study conducted to identify the barriers to obtaining a postgraduate nursing qualification indicates that nurses lacked information about postgraduate programmes and also lacked the financing to pursue their education (Mbombi & Mothiba, 2020:41). Therefore, organisations can support nurse managers in creating a positive work environment by giving employees access to higher education and supporting employees with the tuition. Furthermore, organisations should be open to flexible duty scheduling so that employees can complete formal study programmes (Rita *et al.*, 2013:47).

***Organisational climate and culture* –** When nurses work in a supportive organisational climate and a proficient organisational culture, they feel structurally and psychologically empowered (Trus, Galdikiene, Balciunas, Green, Helminen & Suominen, 2019:54). Organisational culture can be described as the expectations, values or practices that guide how work should be performed in the organisation, whereas organisational climate refers to how people experience their work environment (Trus *et al.*, 2019:58). A stressful work climate can cause nurses to feel emotionally exhausted and overwhelmed, and unable to fulfil all their duties and responsibilities (Trus *et al.*, 2019:59).

Findings of a Canadian quasi-experimental study on the effects of an empowerment-based management development programme suggest that a cyclical process may exist where an empowering organisational climate may catalyse the manager empowerment process resulting in the manager displaying empowering behaviours, which in turn supports an empowering organisational climate (MacPhee, Dahinten, Hejazi, Laschinger, Kazanjian, McCutcheon, Skelton-Green & O'Brien-Pallas, 2014:12). Nurse managers have an important role to play in fostering a supportive organisational climate (Laschinger, Wong, Grau, Read & Pineau Stam, 2012:886). Results from a quantitative Egyptian study on the relationship between nurses' work performance and organisational climate concludes that when nurses work in a positive organisational climate their work performance is enhanced, and nurse managers can

facilitate this positive organisational climate by valuing nurses and building team relationships (Mohamed & Gaballah, 2018:191).

Nurse manager-employee relationships – The quality of the relationship between the employee and the manager influences the employees' access to workplace empowerment structures (Van Bogaert *et al.*, 2016:11). This finding is supported by a Canadian study that reports that employees who have higher-quality relationships with their supervisors experienced greater access to workplace empowerment structures, which consequently was associated with greater levels of empowerment (MacPhee *et al.*, 2014:6). The relationship between the manager and team members catalyses manager empowering behaviours (MacPhee *et al.*, 2014:12).

Nurse managers who demonstrate high visibility in their units can build positive relationships with their employees, convey work expectations and provide immediate feedback, which helps to reinforce positive work behaviours (Bawafaa *et al.*, 2015:619). When nurse managers provide employees with their approval, it helps to build the employees' confidence and builds trust between the manager and employees which results in enhanced employee empowerment (Spreitzer, 1996:498). It is therefore important that nurse managers acknowledge the value of relationship building and allow their employees reasonable spans of control which will help develop and enhance relationships between the nurse manager and employees (Bawafaa *et al.*, 2015:619). Nurse managers should facilitate employee access to courses in communication and interpersonal relationships as such programmes can lead to professional development and improved employee performance (Awases, Bezuidenhout & Roos, 2013:7).

Performance appraisal – Performance appraisal is a documented process in which a manager evaluates and discusses the employee's work performance with him/her. This process serves amongst others to motivate and improve employee performance (Huber, 2017). The Registered Nurses' Association of Ontario (RNAO) (2013:91) published Best Practice Guidelines on developing and sustaining nursing leadership. These guidelines advise that performance appraisals are conducted regularly and that management skills should form part of the performance assessment (Registered Nurses' Association of Ontario, 2013:91). Findings of an Iranian qualitative study on nurse managers' experiences on implementing a career advancement programme

indicate that nurse managers viewed performance appraisal as a tool for a salary increase, but not as a tool for professional development (Sheikhi *et al.*, 2016:76). This highlights the need for discussion about employee performance and professional development during the performance appraisal process (Huber, 2017:402; Roji & Jooste, 2020a:4). However, according to Huber (2017:408), some managers lack training on performance appraisal, which may diminish the efficacy of the process. It is therefore imperative that registered nurses receive training on the purpose and process of conducting performance appraisals

***Support* –** For employees to feel supported, they should receive guidance and feedback from their supervisors and peers (Kanter, 1993; Bawafaa *et al.*, 2015:619; Trus *et al.*, 2017:343). Managers and peers may demonstrate support in the form of emotional support, hands-on assistance or problem-solving assistance (Laschinger *et al.*, 2011:125). Nurse managers should adopt a non-punitive approach to mistakes, instead, mistakes should be treated as a learning opportunity (Registered Nurses' Association of Ontario, 2013:41-47). Employees should be encouraged to work independently, knowing that the manager is available to support them during challenges and with decision making (Roji & Jooste, 2020a:7).

***Shared governance* –** Shared governance is considered a form of empowerment as it allows employees to participate in decision making, thereby increasing their sense of autonomy, and enhancing their management skills. Participation in shared governance may create the opportunity for employees to transition into management roles which could lead to career advancement opportunities (Wheeler & Foster, 2013:409). Nurse managers should create processes that enable nurses to participate in decision making (Registered Nurses' Association of Ontario, 2013:40; Udod & Racine, 2017:5227). When management encourages shared governance, it signals to employees that their opinions are valued and that they can make a difference in the organisation (Spreitzer, 1996:498). Spreitzer (1996:498), emphasises that when employees are involved in decision making and not micro-managed by their manager, employees feel empowered.

***Opportunity* –** Employees should be provided with the opportunity to develop their knowledge and skills if they are to advance within the organisation (Boamah & Laschinger, 2015:272). Providing employees with access to opportunities for

professional growth and development entails providing employees with the opportunity to enhance their professional knowledge and skills, access to challenges and rewards (Laschinger *et al.*, 2011:125). These opportunities for professional growth and development can be achieved by providing employees with access to formal and informal training programmes (Van Bogaert *et al.*, 2016:11). Nurse managers have the vital role of empowering employees by sharing knowledge (Ansah, Yennuten & Theresa, 2020:5) and facilitating informal learning in the workplace (Torunn, Toien & Sorensen, 2013:437). Nurse managers can share knowledge by informing employees about education and training opportunities, how they can access these opportunities and how these opportunities can help advance their careers (Roji & Jooste, 2020a:7).

Informal learning is a crucial element of nurse empowerment and occurs when nurses are exposed to administrative and managerial activities (Torunn *et al.*, 2013:437) which includes learning about charge nurse duties, hospital information systems, performance appraisals, duty scheduling and conducting meetings. Registered nurses should be exposed to managerial duties by being allowed to participate in organisational committees, attend management meetings, attend patient care conferences, and by attending management development programmes (Registered Nurses' Association of Ontario, 2013:41).

For registered nurses to be empowered, they should be prepared for their administrative and managerial roles. Nurses should be taught problem-solving skills, the importance of meeting deadlines and the importance of completing their work in a timely and methodical manner. Nurse managers can also create groups in which employees are encouraged to share their knowledge and strategies with others (Registered Nurses' Association of Ontario, 2013:41). This does not imply that the nurse manager should provide all the teaching, instead the nurse manager should create an environment that supports learning (Torunn *et al.*, 2013:436). Nurse managers can facilitate informal learning through a process of coaching and mentoring (Registered Nurses' Association of Ontario, 2013:20).

Coaching – Coaching is a process designed to develop the knowledge and skills of an individual to enhance their work performance (Rahayu, Hartiti & Rofi'i, 2016:21). Coaching may be a valuable tool in the development of nurse managers and when coaching is conducted as part of a development programme it may enhance work

performance and help individuals reach their maximum potential. Individuals who were successfully coached demonstrate increased confidence, resilience and better coping mechanisms (Westcott, 2016:2669). Managers who received coaching are more likely to use coaching with their employees (Westcott, 2016:2671).

Mentorship **-** Like coaching, mentorship is an important aspect of developing managers. The key distinction between coaching and mentoring is that coaching aims to address short term goal achievement, whereas mentoring aims to address longer terms career goals (Drake, 2021:56). Mentoring can be understood as a relationship in which a senior, influential, experienced, and knowledgeable person supports and imparts knowledge and skills, to advance the professional development of the mentee. Mentoring is a powerful tool that helps the mentee advance in their profession, as they are allowed to observe, discuss and learn from experienced individuals in the profession (Adeniran *et al.*, 2012:47).

Despite the importance of mentorship having been established, many nurses still experience a lack of, or insufficient, mentoring (Moore *et al.*, 2016:100). Mentoring has been welcomed by employees, as a lack of mentorship takes an emotional toll on mentees (Jooste, Frantz & Waggie, 2018:700). Therefore, managers should work towards developing standardised orientation programmes, utilising experienced personnel to serve as mentors who guide mentees in their new role (Moore *et al.*, 2016:102).

Westcott (2016:2670) in the United Kingdom conducted a qualitative study on the role of coaching in the development of nurse managers. The author found that employees should be given access to empowerment structures such as coaching and mentorship. However, such access rarely materialises due to lack of funding from the employer, lack of time for the employee to be released from work or simply that these opportunities have not been suggested as a form of professional development (Westcott, 2016:2670). Jooste et al. (2018:703) confirm that employees are more likely to develop professionally in a positive work environment. Mentorship and coaching programmes facilitate this positive work environment and encourage a climate of learning. This is important for succession planning where senior employees prepare and develop junior employees to become future managers (Jooste *et al.*, 2018:703).

Succession planning – Succession planning is a proactive business strategy that involves the purposeful identification and development of employees through a process of mentoring and education. Succession planning is employed to ensure that qualified candidates are available to fill future management positions and thus ensures continuity of management in an organisation. Succession planning is needed to ensure the continued professional growth and development of nurse managers (Phillips, 2020). Global nursing shortages make succession planning vital for nurse managers to ensure that competent and capable individuals are available to manage in the future (Griffith, 2012:900; Moore *et al.*, 2016:102). Nurse managers are ideally situated to identify and develop those nurses who demonstrate management abilities and help them grow to their full potential (Moore *et al.*, 2016:102).

Information – To facilitate the empowerment of employees, nurses should be given access to information that is pertinent to their work (Skytt, Hagerman, Stromberg & Engstrom, 2015:1008). When employees have access to information about their work and how their work and behaviour influence the organisational goals, employees develop a greater understanding of the organisation and feel a sense of ownership towards their work (Spreitzer, 1996:498). Although it has been demonstrated that nurses prefer to be involved in the decision-making process, a South African quantitative and Belgian qualitative study conducted on nurse empowerment showed that nurses still receive limited access to information within the organisation (Van Bogaert *et al.*, 2016:11; Roji & Jooste, 2020a:3). The South African quantitative study demonstrates that registered nurses had less access to information than their subordinates, which is concerning as the registered nurses fulfil managerial roles either at shift, unit, departmental or institutional level related to their level of appointment (Roji & Jooste, 2020a:6).

According to Amir Abou and Amen (2014:13), to fully empower nurses, they must be given access to all relevant information on the state of the organisation. This information should be effectively communicated from the nurse manager to the employees (Spencer & McLaren, 2017:268). Examples of information include the promotional process, budgetary and financial issues, job description about the level of appointment, employees satisfaction and turnover, and continuous professional development opportunities (Clavelle, O'Grady & Drenkard, 2013:570). Nurse

managers should also facilitate access to organisational policies, procedures, and circulars for employees (Skytt *et al.,* 2015:1008). In addition, to enhance the engagement of nurses, nurse managers should communicate the organisational values and ensure that employees understand the organisation's work expectations (Glavas, 2016:796).

Engaging nurses through the exchange of information allows them to contribute to and influence both unit and organisational directives (Udod & Racine, 2017:5228). With today's technology, nurse managers have various forms of communication platforms available to enhance communication with their employees, such as email, applications on a mobile device and meetings. The use of technology is a fast and effective way for information to be shared with multiple employees simultaneously (Skytt *et al.*, 2015:1008).

Resources – To accomplish their work and meet organisational goals, employees need access to resources, i.e. supplies, money, time, equipment, and human resources (Davies, Wong & Laschinger, 2011:633; Laschinger *et al.*, 2011:125). Managers should have access to adequate staffing, within the budgetary constraints, and should have the material supplies needed to provide adequate patient care. In addition, employees should have access to additional staffing when required (Roji & Jooste, 2020a:7).

The findings of a quantitative study conducted at a public hospital in South Africa in 2020 on the perceptions of registered nurses' access to empowerment structures suggest that nurses have limited access to the resources they require, i.e. resources, support, and information. One difficulty experienced by nurses is the challenge of securing temporary employees for their units when the need arises. The study's findings showed that professional nurses in more senior positions are more influential in obtaining the resources they need for their units. Access to resources is influenced by the employee's position in the organisational hierarchy, meaning that those employees in a more senior position have more access to and influence over the resources and can therefore access these resources more easily than their subordinates (Roji & Jooste, 2020a:7). This highlights the importance of the nurse manager, as Trus *et al.* (2017:344), suggest that the length of work experience that the nurse manager has is positively correlated to the level of power the nurse manager

holds on the specific unit level. Thus, nurse managers are invaluable at supporting employees by facilitating access to these resources. This support will help employees thrive while they gain the power that is associated with experience in their position (Trus *et al.*, 2017:344).

Resource allocation by the South African government – The Sub-Saharan African health care system is said to have less than one health care worker per 1000 population in comparison with 10 per 1000 in Europe (Fonn, Ray & Blaauw, 2011:658). In South Africa, health care systems are even further challenged by the unequal distribution of health care professions between the public and private sectors. Despite equity being a priority for the South African government, little has been done to redistribute resources such as infrastructure, medical equipment and supplies from the private to the public health care sector (Maphumulo & Bhengu, 2019:5).

However, in 2020, the South African government prioritised the training and development of health care workers in the National Strategic Plan for the Department of Health for 2020 to 2025. The government has committed to substantially increase the financing for the Department of Health to ensure the development, sustainment and recruitment of adequately skilled health care professionals (Republic of South Africa, 2020:8). Organisations can empower their nurses and alleviate the nursing shortage by developing mentorship programmes in which nurses are taught additional skills. Through the mentorship programme, nurses are not only exposed to additional skills but are also assessed for competency in the newly-developed skills. When nurses are deemed competent, they can be assigned to work in other areas of the hospital, thus making these nurses more versatile employees and easing the nursing shortage (Bell, Henry & Kirksey, 2015:187).

A system for the recognition and reward of nurses by the South African government – the Occupational-specific Dispensation – Most nursing career advancement pathways reward nurses' clinical competence but do not incentivise nursing management positions, nor does it encourage nurses to pursue formal education (Adeniran *et al.*, 2012:48). This has been addressed by the South African government in 2007 through the implementation of the Occupational-specific Dispensation (OSD), which is a financial incentive aimed at retaining skilled employees in the public sector. The OSD stipulates the educational requirements for

promotion and provides a monetary reward for those who meet the educational qualifications (Republic of South Africa, 2007:25). When nurses are recognised by the organisation, they feel valued and are motivated to improve their work performance, which subsequently increases the psychological empowerment of the nurse (De Klerk & Stander, 2014:40; Skytt *et al.*, 2015:1008).

2.5 PREPARING NURSES FOR CAREER ADVANCEMENT

Career advancement in nursing often encompasses management. If nurses are expected to lead, then they should be prepared for this role through formal and on-the-job training. This training should equip nurses with the necessary knowledge and skills to allow them to fulfil their management roles effectively (Kanter, 1993; Wheeler & Foster, 2013:413; Bawafaa *et al.*, 2015:619; Trus *et al.*, 2017:343). A qualitative study conducted in South Africa on the challenges of health care leaders indicated that management skills develop over time, while the person occupies a specific position and gains experience in that position (Jooste *et al.*, 2018:703).

A Ghanaian quantitative study exploring the competencies of nurse managers indicated that the continuous training and skills development of nurse managers is important to ensure that they remain up to date with the latest knowledge and skills (Ofei, Paarima & Barnes, 2020:6). Managerial skills development should be tailored to the individual and planned to cultivate specific skills that enhance the management abilities of the individual being trained (Jooste *et al.*, 2018:703). The findings of a Canadian qualitative study (Macphee *et al.,* 2012:161) on the development of an empowerment framework for nursing leadership suggests that competency in skills such as communication, computer literacy, knowledge management and globalisation are important for managers. However, the lack of a theoretical framework, specific to nursing management, makes it difficult to identify the specific set of skills that should be taught in a nursing management development programme.

The management role of nurses – Nurses are often promoted to management positions based on their clinical expertise and experience. Although many nurses have no formal training or little to no experience in nursing management, they are expected to fulfil these management roles effectively (Fairhurst & Connaughton, 2014:18; Naicker & Hoque, 2017:291). While newly appointed nurse managers may be able to

plan, prioritise, communicate and organise, they lack the formal education and training that would have afforded them the management and leadership skills required to be effective nurse managers (Ibarra, 2015:35). Consequently, much of the learning occurs as trial and error once the individual has been appointed to the position (Moore *et al.*, 2016:100).

The importance of preparing nurses for their role before being appointed as a nurse manager has been established (Duffin, 2012:7). Given the complex and diverse responsibilities of a nurse manager, one would expect that nurse managers are adequately prepared for their role before the conceptualisation (Moore *et al.*, 2016:98; Westcott, 2016:2675). However, many nurse managers feel inadequately prepared and unsupported in their role (Westcott, 2016:2670). Naicker and Hoque (2017:324), suggest that all newly appointed nurse managers are provided with a formal nursing leadership orientation programme.

A Canadian quasi-experimental study conducted to test the impact of an empowerment-based leadership programme found that registered nurses can be developed into effective managers by undergoing focused training. When these training programmes are based on an empowerment framework, there is an increased use of empowering behaviours by the manager (MacPhee *et al.*, 2014:13). Various teaching strategies have been suggested to prepare new managers for their roles. These strategies include the transfer of knowledge to practise through role modelling, peer networking, mentorship, feedback and on the job training (MacPhee *et al.*, 2014:12). Empowered nurse managers may be influential role models, enhancing employee access to opportunities, resources and power, therefore nurse managers should equip themselves with the knowledge and expertise to act as role models for their employees (Spencer & McLaren, 2017:268).

Leadership and management – Nurse managers have both a leadership and management function (Baker, Marshburn, Crickmore, Rose, Dutton & Hudson, 2012:26). A manager is a formal leader who has a title and holds a position in the organisational hierarchy. In contrast, a leader can be found at any level of nursing and may not have any delegated authority, however, a leader is someone who motivates and supports others, is a role model, is visible, is an effective communicator, is clinically competent and is a value-focused decision-maker (Zydziunaite, 2012:1;

Stanley & Stanley, 2018:1731). The key concept associated with the leadership role of the nurse manager is the ability to interact and influence people. Leaders use vision, communication and motivation to influence others towards goal attainment (Huber, 2017:2). In contrast, managers are responsible for ensuring that employees meet the organisational goals. The manager uses a process of planning, organising, directing and controlling resources to achieve specific organisational goals and objectives (Huber, 2017:2). To meet organisational goals, managers undertake activities such as organising supplies and assets, establishing goals and objectives, communicating, managing conflict, establishing work plans, analysing, evaluating, motivating, and developing people (Huber, 2017:18). Managers can adopt empowering behaviours to facilitate employee empowerment, such as delegation of authority, affording autonomy and removing barriers associated with powerlessness (MacPhee *et al.*, 2014:6; De Klerk & Stander, 2014:28).

In nursing, there is often an overlap between the role of the leader and manager, as the leader focuses on people and the manager on structures and systems (Huber, 2017:3). Leaders can build interpersonal relationships, solve problems, inspire, build confidence and support their employees (Huber, 2017). Effective leadership is therefore a prerequisite to effective management (Naicker & Hoque, 2017:293) as managers use leadership behaviours to attempt to influence employees (Peterson & Peterson, 2012:104). Nurse managers require both leadership and management skills to be effective managers (Westcott, 2016:2670; Huber, 2017:3).

Continuous professional development (CPD) – A system known as CPD is practised in the United States and the United Kingdom. CPD is a system designed to encourage continuous professional development in which nurses are required to complete a certain number of courses each year (Jooste & Jasper, 2012:60). CPD allows nurses to enhance their professional competencies and is deemed an effective system for developing nurse managers (Adeniran *et al.*, 2012:42). This CPD system is yet to be applied in South Africa (Jooste & Jasper, 2012:60). If the South African Nursing Council (SANC) were to implement this CPD system, nurses would be obliged to obtain the required number of CPD hours annually and it would thus serve to enhance nurses' knowledge and skill. Hence the application of the CPD system would

be considered a form of empowerment for nurses as it enhances the nurses' professional knowledge.

Promotion – As discussed in Chapter 1, the minimum requirements for promotion in the public sector indicate that years of work experience, rather than educational qualifications, may be the determining factor for career advancement. Spreitzer (1996:498), suggests that higher levels of education are essential to enhancing employee empowerment as it equips employees with the knowledge and skills, they require to feel competent at their work.

The findings of a South African qualitative study on the promotion of nurses revealed that nurses find it difficult to obtain study leave and believe that the lack of qualifications may negatively influence their opportunity for promotion (Van Der Heever, Van Der Merwe & Crowley, 2019:10). It is therefore important that organisations have a clear policy, specifying the process and criteria for promotion and this policy should be communicated to all employees (Wheeler & Foster, 2013:413).

2.6 BARRIERS TO NURSE EMPOWERMENT

Formal training opportunities – According to Rita *et al.* (2013:48), a nurse's level of professional and educational preparedness significantly contributes to their ability to engage in career advancement opportunities. However, the results of a South African quantitative study conducted across 62 hospitals on the nursing practice environment indicated that it is challenging for nurses to access formal training opportunities (Klopper, Coetzee, Pretorius & Bester, 2012:685). Nurses either need to wait to be sent for training by their organisation or they need to fund their own training, which can be costly.

Management is also challenged because when employees are sent for formal education, the workload of those who remain in the unit is increased (De Beer, Brysiewicz & Bhengu, 2011:10). The shortages created by affording nurses study leave for formal education makes the process of obtaining study leave challenging. If one does not obtain the educational qualifications required for promotion, it may hinder one's opportunity for career advancement.

Additional responsibilities with limited compensation – The findings of a qualitative study conducted in Belgium showed that nurses viewed empowerment as an additional task and a managerial obligation and indicated that they did not have adequate time available to engage in empowerment (Van Bogaert *et al.*, 2016:11). Others appeared concerned that career advancement opportunities, especially advancing into nursing management, come with increased responsibilities and that the remuneration was not worth the additional responsibilities (Wheeler & Foster, 2013:412). Nurses were also of the opinion that nurse managers were mere administrators and that working as a manager meant that they could no longer earn overtime. Some nurses are reluctant to engage in nursing management as they preferred bedside nursing and believed that they would lose their clinical skills (Rita *et al.*, 2013:443; Wheeler & Foster, 2013:411; Aspinall, Jacobs & Frey, 2021:1934).

A New Zealand quantitative study on the impact of intersectionality on nursing leadership and empowerment highlights the bias that exists concerning doctors that can maintain both a clinical and managerial position simultaneously but nurses are expected to relinquish their clinical position for a managerial position (Aspinall *et al.*, 2021:1938). It was also found that the long hours that nurse managers, at times, need to work, may hinder one's chances of having a balanced family life (Rita *et al.*, 2013:443; Aspinall *et al.*, 2021:1933).

The application process for promotion – Some nurses are discouraged from seeking career advancement opportunities due to the complex application processes that require too much effort (Wheeler & Foster, 2013:412), for example, submitting a professional portfolio to a selection committee and demonstrating competency against predetermined criteria (Rita *et al.*, 2013:443). The authors also reported that nurses could feel inadequately prepared for a management position due to a lack of mentorship and support from their managers (Rita *et al.*, 2013:444) and subsequently qualified and experienced nurses fail to apply for management positions (Iheduru, 2020:664).

Lack of time – A qualitative study conducted in the United States on the barriers to professional advancement shows that nurses find it challenging to attend meetings as the meetings either interfere with their patient care responsibilities or with their time off from work. Nurses who worked night duty were expected to attend meetings after their

shift even if they were required to work the same night and they were not compensated for their time (Wheeler & Foster, 2013:411).

Discriminatory practices – A qualitative study conducted in the United States concurs that nurses of colour were reluctant to apply for management positions because they did not see other nurses of colour in management (Iheduru, 2020:674). A South African study on discriminatory practices in nursing found that discrimination in nursing still exists and that discrimination may influence one's opportunity for career advancement (Van Der Heever & Van Der Merwe, 2021:180). This is evidenced by male nurses experiencing upward career mobility faster than their female counterparts; older nurses not being afforded educational training opportunities because of their age; and nurses having to declare their marital status and number of dependents on their study leave or training application.

In addition, at times, managers tended to use their power to promote individuals who are similar to themselves in respect of sexual orientation, tribe and race (Van Der Heever & Van Der Merwe, 2021:188). Although these are considered discriminatory factors, these factors influence who receives access to career advancement opportunities and could therefore hinder one's opportunity for career advancement. This highlights the importance of equality and ensuring that all qualified nurses receive the same access to opportunity, irrespective of race, creed, class or gender. Organisations can support nurses' engagement in professional advancement by providing them with dedicated time for professional development and educational activities (Rita *et al.*, 2013:1933; Aspinall *et al.*, 2021).

2.7 WHAT REGISTERED NURSES NEED TO FEEL EMPOWERED IN THE WORKPLACE

The findings of a qualitative South African study on the challenges of health care leaders highlights some valuable nursing needs. Nurses expressed the need to work in an environment in which they feel supported by their managers and can express their career development needs and desires without feeling threatened (Jooste *et al.*, 2018:702). The findings also showed a need for managers who are knowledgeable, experienced and willing to share this knowledge and experience with their employees (Jooste *et al.*, 2018:703). Findings of a Portuguese quantitative study conducted to examine the influence of empowerment on job satisfaction in nursing indicated that for

nurses to experience empowerment, they need to feel that they are supported by their managers. Nurses want a development plan that is tailored to their individual needs and provides access to educational training opportunities. The study findings also indicated that nurses need access to information about their work and that nurses want to be involved in decision making. Lastly, the study findings indicated that nurses need access to formal power to secure the resources they need (Almeida, Orgambídez-Ramos & Batista, 2017:754).

However, if managers are to teach, share knowledge and mentor employees, the manager must acknowledge the value of continuous professional development and the need to improve their skills. The manager also needs to think strategically and involve team members in the accomplishment of goals and objectives (Jooste *et al.*, 2018:703).

2.8 THE ROLE OF GOVERNMENT IN NURSE EMPOWERMENT

The RNAO (2013:68) writes that governments can contribute to the empowerment of nurses by providing financial support for nursing research, ultimately ensuring that nursing decisions are informed by research and evidence-based guidelines. The organisation (Registered Nurses' Association of Ontario, 2013:68) further advises support of governments to nurses by assigning formal power to their positions and by providing leadership opportunities. In addition, governments should provide the material and financial resources that are needed to provide service delivery.

The government can facilitate the empowerment of nurses through the provision of adequate resources and opportunities for professional development. Nurses should be recognised for their professional competency and should be involved in the decision making of health care at all levels, including the executive level of leadership. If nurses are not provided with access to executive leadership, they will continue to have limited ability to influence organisational policy and access to the resources they need. Governments should include nursing experts in the planning of Health Care Policies and directives to ensure that nursing opinions are incorporated into Health Care planning.

2.9 SUMMARY

Nurse managers have an invaluable role in the empowerment of employees and are tasked to support employees. Managers, however, require power to facilitate employees' access to resources, opportunities, support, and information (Roji & Jooste, 2020a:1). To facilitate empowerment, nurses should be given opportunities for professional development and career advancement. Organisations should afford nurses control and autonomy over their practice and ensure that nurses have the resources they require to perform effectively. Pertinent information should be shared with nurses so that they can make informed decisions about their practice.

Nurses who participated in a management development programme reported increased levels of self-confidence in their ability to fulfil their duties and responsibilities, self-efficacy, positive changes to their management approaches and a greater understanding of the importance of employee recognition and reward systems (MacPhee *et al.*, 2012:159). This provides support for the establishment of a formal management development programme that can prepare our nurses for their roles as empowering nurse managers (MacPhee *et al.*, 2012:161).

During the literature review, the PI examined 41 articles that relate to the empowerment of nurses. The concept of nurse empowerment is well researched and documented in first world countries, however the PI found limited research in South Africa and on the African continent. Most of the articles were from Europe and the United States of America with 16 and 11 articles respectively ranging from 2012 to 2021. In addition, there were 4 articles from African countries, 2 articles from Asia and 2 articles from the Middle East ranging from 2012 to 2020. There were 6 South African articles reviewed of which only 4 were written between 2018 and 2021. The latter 4 articles were written by two authors that addressed the aspect of nursing empowerment, however I was not able to find additional articles that address the empowerment of nursing in South African. Based on the limited research available in South Africa and on the African continent on the empowerment of registered nurses, the PI identified the need for this study.

The next chapter contains a discussion of the research process.

Chapter 3

Research Methodology

3.1 INTRODUCTION

Chapter 1 contains an overview of the study and Chapter 2 provides a review of literature on the topic under study. Chapter 3 comprises of an in-depth discussion of the research methodology that was applied in the study.

3.2 RESEARCH AIM

The study aimed to explore the lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole of South Africa.

3.3 RESEARCH OBJECTIVES

The objectives were:

- To explore the lived experiences of registered nurses on structural empowerment and subsequent career advancement.
- To explore the lived experiences of registered nurses on the role of the unit manager in the empowerment and subsequent career advancement of registered nurses.

3.4 RESEARCH METHODOLOGY

3.4.1 Research design

The research study aimed to understand the experiences of registered nurses on empowerment, the role of the nurse manager in empowering registered nurses and their subsequent career advancement. Accordingly, a qualitative, interpretive phenomenological design was employed.

Qualitative research was undertaken to gain in-depth insight into the phenomena under study and to generate rich descriptions of the experience which can be used to increase nurses' understanding of the phenomena and find the best solutions or interventions (Grove et al., 2015:67; Franzel, Davis & Bezuidenhout, 2019:31). A qualitative approach was undertaken because the truth was complex and dynamic and could only be understood by gaining an understanding of the lived experiences of study participants (Grove, Gray & Burns, 2015:20). Subsequently, interpretive

phenomenology inspired by Martin Heidegger was adopted as the design enabled the principal investigator (PI) to engage with participants in conversation to explore and understand the lived experiences of people about the phenomenon under study.

3.4.2 Paradigm

Ontology concerns a focus on the nature of being. It refers to the study of reality, being or existence (du Plooy-Cilliers *et al.*, 2019:23). According to Heidegger, it is impossible for people embarking on research to set aside their preconceived ideas about the phenomenon being studied since this ideas/thoughts/pre-knowledge triggered their interest in the phenomenon. Instead, the PI should analyse the phenomenon under study and provide insight into how people experience a phenomenon, as interpreted by the PI (Grove, Gray & Burns, 2015:69). (Grove *et al.*, 2015:69). Consequently, since ontology requires one to understand the truth or the reality as contained in this paradigm (Maree, 2019:63), the PI did not bracket her own experience about the phenomenon, instead she reflected on her own experience in the context of the conversations with the participants. The aim was to enhance an inductive understanding of the meaning of the phenomenon as experienced by the participants, i.e., to enlighten reality.

3.4.3 Study setting

The study was conducted in a natural setting, which means that the study took place in an uncontrolled real-life environment and there was no manipulation of the environment (Grove *et al.*, 2015:277). The study was conducted at a central public hospital in the Cape Metropole in the Western Cape. The hospital was selected on the presumption that larger hospitals provide more opportunities for employees to be developed and promoted. Consequently, employees would have experienced issues related to empowerment and career advancement.

3.4.4 Population and sampling

3.4.4.1 Population

A population is a particular group of individuals who are the focus of research, whereas the target population is the entire set of individuals or elements who meet the sampling criteria (Grove *et al.*, 2015:250). As the PI aimed to understand the experiences of registered nurses on empowerment and career advancement, the population included all registered nurses permanently employed in the medical and surgical wards at the hospital under study.

The population was selected on the premise that the nursing practice environments for these departments were relatively comparable and that these nurses would therefore have had similar experiences related to structural empowerment. Nurses from areas of speciality such as Intensive Care, Emergency Department, Paediatrics and Obstetrics were excluded due to the sheer busyness of the units and because these areas often limit visitors due to security and infection control concerns. Consequently, the medical and surgical wards were selected for participant recruitment.

3.4.4.2 Sample

Sampling refers to the selection of a portion of the designated population (Lobiondo-Wood & Haber, 2018:215) and includes a list of characteristics that are essential for eligibility into the target population (Grove et al., 2015:251). Purposive sampling was employed as this sampling method allowed for the purposeful selection of individuals who have experience of the topic under study and by sharing their experiences/stories, can provide insight and understanding of the phenomena being studied (Grove et al., 2015:258).

Accordingly, the following categories of registered nurses were selected to allow maximum variation in the sample: three junior registered nurses, three senior registered nurses, two operational managers (registered nurse in command of a ward), one assistant nurse manager (registered nurse in command of all wards in a specific department, e.g. surgery or medical) and one deputy nurse manager. An additional junior registered nurse was added to ensure that data saturation and data verification was achieved (Lobiondo-Wood & Haber, 2018:225).

The sample size of the study was determined when data saturation and verification had been achieved. Data saturation occurred when no new information was obtained, only redundancy. Data verification occurred once relationships or theories were confirmed (Grove *et al.,* 2015:274). Data saturation was confirmed during the 11th interview when no new information was obtained during the interview. The PI acknowledged that an authentic insight had been gained of the participants' experiences of empowerment and that similar themes were repeatedly described. The information described by participants generally related to themes that were highlighted in previous interviews, e.g. shortage of employees, lack of career planning, and lack

of succession planning. Thus, the sample of 11 was deemed adequate to describe the experiences of registered nurses on structural empowerment.

3.4.4.3 Recruitment of study participants

The (PI) requested permission from the nursing service manager to recruit registered nurses at the ward level. However, due to the Covid-19 pandemic, access to the hospital was restricted and a liaison officer from the Nursing Education Department of the hospital under study was assigned to assist in the recruitment process. The liaison officer, a registered nurse, approached participants who fitted the inclusion criteria and the range of participants required for maximum variation. Once participants indicated a willingness to participate in the study and consented to share their email addresses with the PI, the PI invited potential participants via email to participate in the study. Consent forms were emailed to the liaison officer, who printed and provided the consent form to the participants. At the start of the interview, participants were provided with the printed version of the consent form and the PI then explained and obtained informed consent from the participants, who then signed the consent form. Individuals who consented to participate in the study were interviewed via Microsoft Teams.

3.4.4.4 Inclusion criteria

The term “inclusion criteria” refers to the characteristics that a study participant must possess to be included in the target population (Grove et al., 2015:251).

- Registered nurses who were employed on a full-time basis in the medical and surgical wards and who consented to be interviewed.

3.4.4.5 Exclusion criteria

The term “exclusion criteria” refers to those characteristics that can cause a study participant to be excluded from the target population (Grove et al., 2015:251).

- Registered nurses who were on annual, sick, maternity, paternity or study leave at the time of the study.
- Registered nurses who were employed on a full-time basis in wards other than the medical and surgical wards and who consented to be interviewed.

3.5 DATA COLLECTION TOOL

Data collection took the form of individual interviews and the utilisation of a semi-structured interview guide, as it allowed the PI to ask open-ended questions and clarify

or probe participants on aspects that required additional information (Maree, 2019:109). The interview guide, Addendum A, contained five questions aimed to explore the lived experiences of registered nurses on their access to empowerment, education, training, and mentorship and to understand the elements that influence one's prospect for career advancement.

An example of a question contained in the interview guide is, "Tell me what you understand by empowerment in the workplace?" The questions contained in the guide were aligned to the research framework and the objectives of the study, meaning it relates to empowerment and concepts such as information, opportunities, support, resources, and power.

3.6 PILOT INTERVIEW

A pilot interview was respectively conducted with one registered nurse and one nurse manager at the selected hospital. The pilot interview was used to test the feasibility of the study, to determine whether participants clearly understood the terms and questions included in the data collection tool and to highlight any unanticipated concerns. Feedback from participants indicated that the interview guide and questions were clear and therefore did not require amendment. Data obtained during the pilot interviews were included in the study. The pilot interviews were overseen by the research supervisor, who provided feedback to the PI.

3.6.1 Preparation for individual interviews

Interviews were conducted using the technique of reflection, explained by Carl Rogers (1945). Preparation for the interviews related to the PI having to be competent using this technique. The PI received training on using the technique during the first year as a registered Master of Nursing student and practised this technique during the months before data collection with the supervisor involved in the study. This technique required the PI to use reflective listening skills, summarising the participants' accounts and then reflecting the participants' ideas, without repeatedly asking questions.

According to Carl Rogers, the technique of reflection, much like holding a mirror up to the participant, allows the participant to reflect upon their experiences and to acknowledge that their account of the experience has been understood by the PI. Furthermore, through reflection, the PI conveys a message to the participant to

indicate that the PI has understood what the participant is saying, and the participant then has an opportunity to confirm that the PI has understood the participant correctly (Rogers, 1945:279). To confirm that the PI has correctly understood the participants' experience/expression, the PI would clarify or reflect the participants' account, which encourages participants to further expand on their thoughts or experiences (Arnold, 2014:356). Following the Rogerian interview techniques, the PI did not argue, give advice or attempt to persuade participants, instead the PI exhibited an attitude of acceptance, showing unconditional positive regard and empathy (Arnold, 2014:355). By reflecting on the clients' experiences, the PI conveyed an attitude of acceptance and this created a non-judgemental environment in which participants felt safe and were allowed to talk about their experiences (Arnold, 2014:357).

3.7 DATA COLLECTION

After obtaining approval from the Health Research Ethics Committee at Stellenbosch University (Ethics Reference Number S20/11/306) and the Department of Health, the study was conducted at the selected central hospital from 29 June to 13 August 2021. However, due to the current Covid-19 pandemic and social distancing requirements, interviews were conducted remotely. Upon obtaining permission from study participants, interviews were conducted for approximately one hour each and were digitally recorded using an audio recorder and Microsoft Teams. As the official medium of instruction for nurse training in South Africa is English or Afrikaans, the interviews were conducted in English or Afrikaans.

The interview guide was made available to participants in English, Afrikaans and Xhosa. The interviews were conducted by the PI, who was accompanied by the supervisor involved in the study. The supervisor, who is skilled in conducting research interviews, documenting field notes, and maintaining ethical standards related to research, served as a moderator. The rationale for her presence was to support the reflexive nature of the interviews, to enhance hermeneutic understanding and interpretation and the taking of field notes. The PI requested permission from participants to conduct an additional interview if the PI needed to clarify information from the initial interview or if the PI needed additional information from the participant. The PI informed participants that if an additional interview was required it would be scheduled at a time that was convenient for the participant. Once the interview was

completed, audio recordings and field notes were reviewed to identify gaps that may require additional exploration in future interviews. As a precautionary measure, a second audio recorder and computer were available.

3.8 DATA ANALYSIS

Audio recordings were transcribed verbatim. Thereafter data analysis was conducted according to the six stages of the interpretive analysis framework described by Ajjawi and Higgs (2007:621-626) while considering the hermeneutic circle. The hermeneutic circle encompasses the understanding and interpretation of data and the phenomenon. The term “hermeneutics” is derived from Greek terminology and translates to “interpret or understand”. The PI used the hermeneutic cycle, an iterative process, to repeatedly read, analyse and interpret the data over and over in a cyclic manner (du Plooy-Cilliers *et al.*, 2019:230).

Utilising interpretive phenomenology and incorporating the hermeneutic circle required the PI to move back and forth between the data, the phenomenon and the PI’s understanding and interpretation of the data. The PI had to move from interpreting the data as a unit to interpreting the data as parts and then back to interpreting the data as a unit. Interpreting the data through the hermeneutic cycle was done to decipher the hidden meaning embedded in the text and to search for the different levels of meaning which are implied in the literal meaning of the data (Maree, 2019:125; du Plooy-Cilliers *et al.*, 2019:230). Applying the hermeneutic circle, the PI continually checked/assessed pre-study assumptions about the phenomenon and compared and contrasted those assumptions with the data, meaning the lived experiences of the participants/their narratives. The process of consistently cross-checking the PI’s interpretation with the transcripts allowed the PI to remain faithful to the participants’ constructs and to ensure that the PI’s interpretation is grounded in the data (Ajjawi & Higgs, 2007:619-623).

Stage 1 – Immersion: This stage involved iterative reading of the text. During this stage, the PI read and reread the interview transcripts and field notes and listened to the recordings of the interviews to become familiar with the text. This iterative reading was done to enhance the PI’s preliminary interpretation of the text, which facilitated coding (Ajjawi & Higgs, 2007:623).

Stage 2 – Understanding – This stage involved identifying the first-order constructs, i.e. the ideas of study participants, expressed in their own words and capturing the true meaning of what participants were trying to convey. These constructs were continuously checked by the PI for completeness, appropriateness and coded, i.e. labelling these pieces of text (Ajjawi & Higgs, 2007:624).

Stage 3 – Abstraction - Identifying second-order constructs and grouping to create themes and sub-themes: Second order constructs were created by integrating personal knowledge with the actual message received from the participants (first-order constructs). The latter relates to the need for the PI to engage in conversation with participants, so that the experiences of the PI, as it pertains to what the participant has experienced, can be shared with the participant. By engaging in conversation and sharing experiences, the PI could obtain a deeper understanding of the participant's experience of the phenomenon. Second-order constructs flow from the first-order constructs (Ajjawi & Higgs, 2007:624).

Stage 4 – Synthesis and theme development – Themes were developed from the results of the analysis from stages 1 to 3. Second-order constructs were grouped into a smaller number of broad themes, using the data obtained from participants. Specific themes and subthemes were developed from the broad themes by reading and rereading the data and continuously moving back and forth between the literature, the field notes, the transcripts and the first- and second-order constructs (Ajjawi & Higgs, 2007:625).

Stage 5 – Illuminating and illustrating the phenomenon – In this stage, the PI examined the literature to identify how the themes and subthemes relate to the literature for all the data obtained. The themes, subthemes and their interrelationships were used to reconstruct the experiences of participants, by using the words of participants to highlight the key findings obtained from the data (Ajjawi & Higgs, 2007:625).

Stage 6 – Integration; Testing and refining the themes – The PI and supervisor critically reviewed the final themes and compared them against the literature for key developments that could increase or decrease their understanding of the phenomenon (Ajjawi & Higgs, 2007:625).

3.8.1 Trustworthiness

To ensure trustworthiness, the principles of dependability, confirmability, credibility and transferability were applied.

3.8.1.1 Credibility

Credibility refers to the accuracy with which the data provided by study participants has been interpreted (du Plooy-Cilliers *et al.*, 2019:258). Accordingly, member checking was applied, meaning the transcriptions were shown to participants to verify the accurateness thereof (Grove *et al.*, 2015:274). In addition, summarising and reflecting the responses of the participants during the interviews, also contributed to member checking/credibility (Maree, 2019:144).

3.8.1.2 Transferability

Transferability refers to the applicability of the findings to another situation/setting and therefore lies with the reader (du Plooy-Cilliers *et al.*, 2019:258). Consequently, to enhance transferability, the PI endeavoured to provide a thick report of the research process, indicating the reasons for making certain decisions, such as selecting the specific hospital, the reason for inclusion and exclusion criteria and the sampling process.

In addition, the PI provided thick descriptions of the data collection, data analysis, context, participants and research design in the report. Providing this information may assist other researchers to assess the applicability of the findings in their context. Thick descriptions were used as it provides the reader with a full and purposeful account of the context, participants, and research design so that the reader can make their own decisions about transferability. The use of a research framework delineated the theoretical scope of the study, identified the key concepts to be studied and provided guiding principles through which one should examine the topic under study. The conceptual framework guided the data collection, analysis, and interpretation process, aiding transferability (du Plooy-Cilliers *et al.*, 2019:55).

3.8.1.3 Dependability

Dependability was ensured by documenting the steps taken and decisions made during the research process, which is referred to as an audit trail (Grove *et al.*, 2015:392). An audit trail was created to allow the same study to be conducted on

similar participants and in a similar context, yielding similar results (du Plooy-Cilliers *et al.*, 2019:259).

3.8.1.4 Confirmability

To ensure confirmability the process of developing themes and subthemes was documented, and member checking was implemented. Fieldnotes and transcripts were verified by the supervisor. Final themes were assessed against the raw data to reconfirm that the information provided by participants was not distorted. Using the hermeneutic circle, the PI continuously compared and cross-checked the final themes considering the PI's pre-knowledge of the phenomenon and ensuring that the data remained a true reflection of the participants' experiences.

3.9 ETHICAL CONSIDERATIONS

The research proposal was submitted to the Health Research Ethics Committee of Stellenbosch University for approval. Upon obtaining permission from the Health Research Ethics Committee of Stellenbosch University, the study was registered on the National Health Research Database of South Africa. Thereafter, institutional permission to conduct the research was requested from the institution via the National Health Research Database of South Africa.

Three fundamental ethical principles were adhered to, namely beneficence, respect for people and justice. These principles were applied by providing participants with informed consent, informing participants of the risks and benefits of participating in the study and selecting participants fairly and equitably (Maree, 2019:47). The human rights of participants were protected through self-determination, privacy, anonymity and confidentiality, fair selection and treatment, and protection from discomfort and harm (Grove *et al.*, 2015:100). To ensure confidentiality, the name of the hospital has been omitted and the focus remained on the study findings instead of the organisation.

3.9.1 Beneficence

The principle of beneficence states that one should do good and above all should do no harm to participants in any physical, emotional, social or economic manner (Grove *et al.*, 2015:108). Concepts associated with empowerment, such as race, lack of opportunity, favouritism, amongst others may illicit negative emotions for participants (Maree, 2019:49). Therefore, the PI remained cognizant of this during interviews,

ensuring that sensitive issues were dealt with respectfully. Every endeavour was made to build a trusting relationship with participants and allow participants to express their feelings and emotions. The PI had prepared a plan to deal with participants if they become distressed during the interview. This plan entailed postponing the interview to a time that was convenient for the participant or if this was not adequate to support the participant, the PI had liaised with the mental health department at the hospital to assist in counselling the participant if needed. If participants chose to seek assistance from a private counsellor, the PI would have assisted participants to obtain an appointment for counselling. If private, the counselling service would have been at the expense of the participant. During the interviews, none of the participants became distressed.

3.9.2 Autonomy and informed consent

Participants were treated autonomously by informing them about the study and that their participation is voluntary and that they would be allowed to withdraw from the study at any time (Grove *et al.*, 2015:101). Participants were informed that they can withdraw from the study at any time without penalty. Informed consent was available in English, Afrikaans and Xhosa (the three most frequently spoken languages in the Western Cape). Informed consent was obtained from participants for the interviews to be recorded and is stored separately from the data, in a locked safe for five years. The process for obtaining informed consent included the PI informing participants of the study at the start of the virtual interview and obtaining their verbal consent, while the liaison officer provided participants with the printed version of the consent form which participants were able to sign after they were fully informed about the study by the PI.

3.9.3 Confidentiality and anonymity

Interviews were conducted via Microsoft Teams, in a venue that participants deemed suitable, and participants were assured that their identity and responses would be regarded as confidential and not be made available to any unauthorised person, including the institution or any individual that can exercise any form of power over the participant.

(Maree, 2019:48). Audio recordings of the interview were downloaded and stored on a computer, which is password protected. Transcripts are stored in a locked filing cabinet for five years. The audio recordings will be deleted from the audio recorder/

computer once the five-year period has expired. The data stored on the computer and transcripts will only be accessed by those directly involved in the study, the PI and supervisors.

3.9.4 Justice

The principle of justice was ensured by delineating the inclusion and exclusion criteria and using a purposive sampling method. Registered nurses who met the inclusion criteria were approached by the liaison officer and asked to participate in the study. Some participants who were approached to participate in the study declined. Participants were compensated for their time and effort by providing each participant with a healthy snack basket to the value of R50. These snack baskets were delivered to the liaison officer, who presented them to participants after the completion of the virtual interview.

3.10 SIGNIFICANCE OF THE STUDY

The study endeavoured to provide insight into the aspects that influence empowerment and career advancement in nursing at the institution under study. As previous studies on the phenomenon were not conducted at the institution, the findings serve as baseline information for future studies. The study findings can potentially be used to contribute towards policy development and how the enactment of empowerment and professional development is instituted in nursing practice.

3.11 SUMMARY

The study employed a qualitative, interpretive phenomenological design. The research objectives were to explore the lived experiences of registered nurses on structural empowerment and subsequent career advancement and to explore the lived experiences of registered nurses on the role of the unit manager in the empowerment and subsequent career advancement of nurses.

The research methodology and the research process were discussed. The study was conducted in a natural setting at a central public hospital in the Cape Metropole in the Western Cape. The population included all registered nurses permanently employed in the Medical and Surgical wards at the hospital under study. Data saturation was achieved with a sample size of eleven participants. Due to the Covid-19 pandemic, the

hospital assigned a liaison officer to assist the PI with the recruitment of participants. Data collection was achieved using a semi-structured interview guide and interviews were conducted virtually. Data analysis was conducted according to the six stages described by Ajjawi and Higgs while considering the hermeneutic circle. The ethical principles of beneficence, justice and respect for people was maintained throughout the study.

The findings of the analysed data will be presented in the next chapter.

Chapter 4

Findings and Results

4.1 INTRODUCTION

Chapter 4 contains a presentation of the study findings. Interview data was analysed and the findings presented on the lived experiences of registered nurses (RNs) and the role of the unit manager on structural empowerment and subsequent career advancement. The interviews were transcribed verbatim and analysed according to the six stages of data analysis described by Ajjawi and Higgs (see Chapter 3, section 3.8).

The data is presented in two sections. Section A contains the participants characteristics and Section B a discussion of the themes that were derived from the raw data. In the discussion, the verbatim quotes, representing the evidence provided by the voices of the participants, are accompanied by the assigned number of the particular participant, e.g. “participant 4 or participant 5”. The researcher highlighted a key or key preconceived ideas held by her prior to the discussion of each respective theme.

4.2 SECTION A: PARTICIPANT CHARACTERISTICS

Eleven RNs participated in the study. Four of the participants were male and seven were female. The race groups of the participants were seven Coloured (mixed race), two Africans and two White nurses. There were four junior RNs, three senior RNs, two operational managers (registered nurse in command of a ward, junior/first-line managers), one assistant nurse manager (registered nurse in command of all wards in a specific department, e.g. surgery or medical, representing middle management) and one deputy nurse manager (representing senior management). The nurses’ work experience ranged from two years to more than 30 years.

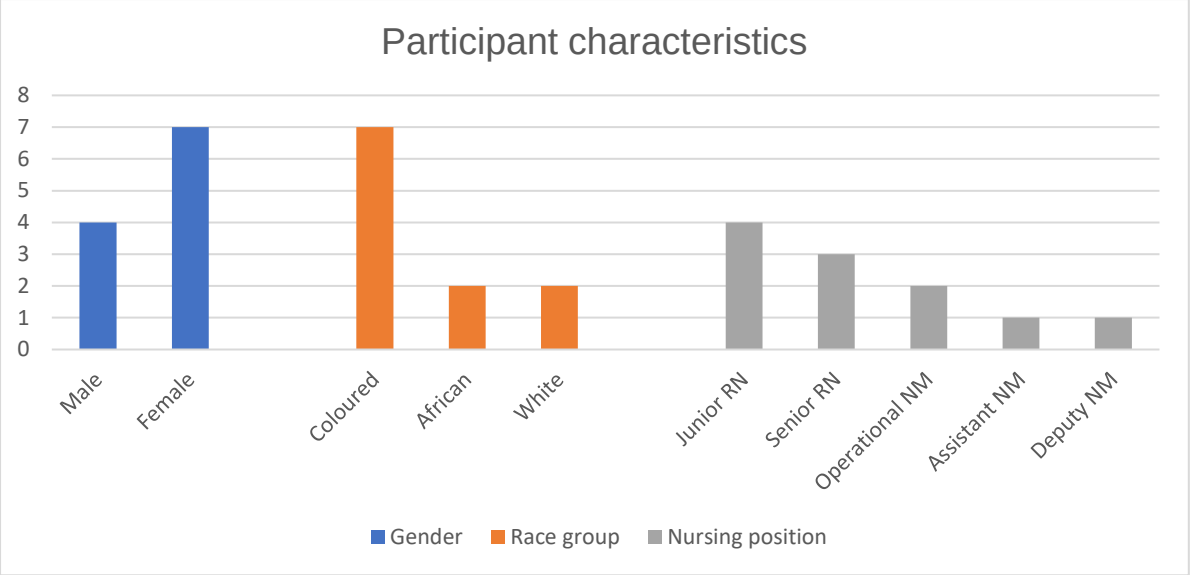

Figure 7 - Participant characteristics

4.3 SECTION B: THEMES THAT EMERGED FROM THE DATA

The study aimed to describe the lived experiences of registered nurses concerning structural empowerment and subsequent career advancement. The study also aimed to describe the role of the unit manager on the structural empowerment and subsequent career advancement of registered nurses. The PI engaged with the data through a process of iterative readings of the transcripts and by listening to the audio recordings. It was important to the PI that the interpretation of the findings remained true to the participants' experiences. Thereafter the data was coded, and four main themes emerged, namely empowerment, power, career advancement and barriers to empowerment.

Table 4.1 provides a graphic presentation of the main themes and sub-themes that emerged from the data.

Table 4.1 The themes and sub-themes

Number	Themes	Sub-themes
1	Empowerment	Differing forms of enactment
		Resources
		Information
		Opportunity
		Support
2	Power	Power to empower
		Consequences of powerlessness
		Power to influence the career mobility of those other than the dominant group
3	Career Advancement	Career and succession planning
		Mentoring
		Performance appraisal (PA)
		Education and training
4	Barriers to empowerment	Lack of support from the nurse manager
		Shortage of employees
		Managers not implementing empowerment strategies

4.4 EMPOWERMENT

The preconceived ideas of the PI: *RNs are familiar with the concept of empowerment, but sometimes struggle to implement empowerment strategies. Nursing units are often understaffed and this nursing shortage hinders the access of RNs to empowerment structures. Not all RN's have equal access to opportunities in the workplace because at times elements of favoritism and gender bias may influence such access. Not all managers are supportive towards their employees.*

Participants appeared to be well versed with the concept of empowerment. They indicated that empowerment entails providing employees with access to opportunities for professional growth and development.

Differing forms of enactment - During the interviews, however, it seemed that the enactment of empowerment was not consistently applied. The senior nursing manager expressed that it is important to empower employees and that they do provide employees with empowerment opportunities, such as access to training, learning new skills and mentoring.

Although the senior manager indicated that they do involve their subordinates in decision making, he stated that he wanted those decisions to be discussed with him before finalisation. However, when the senior manager was asked about his own empowerment, he shied away from discussing his access to empowerment structures.

The middle-level manager provided mixed accounts of wanting to access further career advancement opportunities. He perceived there to be additional opportunities for career advancement but indicated that he was content in his current position. However, upon further discussion, he realized that although he had been exposed to some of the duties of his manager, that exposure was not sufficient to enable him to apply for the more senior positions. In that moment he acknowledged that although he was partially empowered, he was not empowered enough. He relayed that if he had indeed been more empowered, he may have been further advanced in his career.

> *"… Daai vlak van coaching en succession planning, it has yet to happen … Ja, dan was ek seker ook nou al Head of Nursing." (Participant 8, middle-level nurse manager).*

Translated response:

> *"… That level of coaching and succession planning, it has yet to happen … Yes, then I would probably have been the Head of Nursing by now."* (Participant 8, middle-level nurse manager).

Junior nurse managers expressed the importance of empowerment and described how they provide their employees with access to empowerment, however, the junior RNs (those yet to experience career mobility/advancement) described that they received very limited access to empowerment structures and did not feel that they

were supported by their nurse managers. These nurses express feelings that they were exploited or abused by their nurse managers at times.

> *"… They feel like you must learn by yourself, and they are not going to teach you"* (Participant 2, female, junior registered nurse).

> *"… the manager just called me and she's like, I need to speak to you…So she said yes, she just came from a meeting. A few changes must be made. I must move. So I said but why me?... So she said no, you have been chosen and I was like but why?... But she said that is what it is. And you have to move"* (Participant 2, female, junior registered nurse).

Most participants highlighted the need for the employee to take initiative for their professional development. Managers indicated that it was sometimes difficult to convince employees to go for additional training or to apply for a promotion as some employees were complacent in their positions. There was a general view that one needs to take the initiative if one wants to learn and that one cannot wait for the manager to approach one.

> *"So you, yourself need to make the effort to say this is where I am now and what is my next step? So, you decide yourself. You never wait for your supervisor or your Line Manager to tell you "no, I'm looking at this … You need to improve…No, they won't do that"* (Participant 7, male, operational nurse manager).

For nurses to achieve empowerment, they must receive access to training opportunities. This training could be either through formal education or on-the-job training. Access to formal training opportunities is limited as the hospital can only send a limited number of employees at a time. This may be due to limited financial resources available for employee training and due to the shortage of employees.

For nurses to advance in their careers, they should be taught not only basic nursing skills but also be exposed to management skills such as duty scheduling, the ordering of consumable supplies and equipment. Some participants indicated that they were exposed to these duties and that the senior nurse or manager took the time to explain how these duties should be performed. Others, however, indicated that they were obligated to learn because the senior nurse was off sick or on vacation and they were

expected to fulfil that role even though they had never been shown how to complete the required task. These nurses reported that they had learned by observing what other nurses had previously done or they had learned by trial and error.

> *"It's like maybe the senior nurse or the unit manager can say, come out, I'm doing the off duties today, come let me show you so tomorrow or next week you can do it. Or I'm doing the orderings today, next month you can do it. Then I know at least this is what I must do, this is how it's supposed to be done. But there's no such thing here, really. You just must figure it out on your own"* (Participant 4, female, senior registered nurse).

Nurses expressed that for them to feel empowered, they want to be involved in decision-making. They expressed a need to feel that their opinions and expertise are acknowledged by management and that their input into decision making is valued. The nurses did not value the top-down approach to decision-making which sometimes occurred.

> *"… trust you as a person or trust your input and not…make decisions regarding your unit… get your input before they make decisions, but they just bring it down to you and you guys will just do it. So, I think by involving me more in decision making"* (Participant 9, female, junior registered nurse).

Resources - The major challenge identified that impedes the empowerment of RNs in the workplace in the hospital under study was the shortage of employees. The shortage of employees limits the time available for teaching and mentoring. Nurses repeatedly expressed their busyness and not having the time to teach or to be taught. Covid-19 has further exacerbated the employee shortage, as nurses now care for an increasing number of patients and there are also times when nurses were booked off sick because of Covid-19.

Nurse managers indicated that in-service training is ongoing, however, many of the participants have indicated that since Covid-19 has started, in-service training is almost non-existent. Some also verbalised limited access to opportunities in the organisational in-service plan irrespective of Covid-19, while some related that before Covid-19 most units did follow an in-service plan. When participants were asked why the in-service has come to a halt, they indicated that there was just no time available at present.

Participants repeatedly indicated that they were often expected to work with less than adequate staffing levels because they are not allowed to overspend on the staffing budget. Nurse managers seemed almost unperturbed at the struggles of their nurses as employees were at times expected to work with unsafe staffing levels.

> *"Yeah. It's just like that. And sometimes they will tell you that we don't have money to book the staff for that day, just like that. We don't have the money to book the staff for agent or moonlight or overtime. They said they don't have money. So, you must work while you have 30 beds in the ward, and you are only 4"* (Participant 3, male, junior registered nurse).

> *"I just don't think there's enough staff for a Covid ward really because you need so many hands. So, we are always understaffed"* (Participant 2, female, junior registered nurse).

Nursing managers indicated that they make every effort to fill vacant positions as soon as they become available, however, there are aspects outside of managerial control that hinder employee retention. These aspects include nurses who are from a different province wanting to return home to work there or older nurses who are retiring. The middle-level nurse manager reported that despite their efforts to retain employees, the turnover remains rapid.

> *"Die meeste van die tye is die poste gevul tot op say 97, 98%, maar jy weet ons het so 'n huge, vinnige turnover soos wat mense aangestel word, so gaan mense weg … Maar soos ek sê ons bly nie voor nie"* (Participant 8, middle-level nurse manager).

Translated response:

> *"Most of the time the positions are filled up to say 97, 98%, but you know we have such a fast turnover of people. As you hire, so others leave…But like I said, you just can't stay ahead"* (Participant 8, middle-level nurse manager).

Participants also indicated that there are times when resources that are needed for day-to-day operations are not available. The middle-level nurse manager indicated that although the access to supplies has improved, the time frame for the procurement of some supplies may extend up to three months which creates frustration amongst the employees who require these supplies.

> *"As jy moet elke keer jy weet loop en soek of leen vir goed. Dit … al wat ek net kan sê dit is … it's very, very frustrating"* (Participant 8, middle-level nurse manager).

Translated response:

> *"If you always need to walk around to look for and borrow things. It… all that I can say is it's very, very frustrating"* (Participant 8, middle-level nurse manager).

Information - Employees are seemingly not adequately informed of empowerment opportunities, such as training and how to access such opportunities. The filtering down of information related to promotions and training appears to be occur inconsistently or at times may be lacking or incomplete.

> *"I never heard about promotions or anything. They never talk about it or even send out … Send out the list of promotions"* (Participant 4, female, senior registered nurse).

> *"Actually, there's no discussion that we have, like that's what I need to do in order to be promoted on to go to the next level or get the promotion, there's no discussion about that."* (Participant 3, male, junior registered nurse).

Information about changes in the organisation is not consistently conveyed to all employees. Some participants reported that they are well informed of changes in the hospital, while others indicated that they often received information from colleagues and not from the manager.

> *"There was a problem when it comes to visiting time during Covid. For a time in our ward, there was a visiting time. And then the matrons came to our ward asking why is there still visiting times in our ward, we never got the notification. And then the manager brought us a piece of paper showing us there is no more visiting times. So sometimes it does get lost between the ranks"* (Participant 11, female, junior registered nurse).

> *"We only hear in the corridor that we don't get this … going to get this and that. So, it's a corridor story"* (Participant 4, female, senior registered nurse).

Opportunities - The hospital provides opportunities for professional growth and development, such as exposure to managerial duties, mentoring, access to training and support. However, it appears that these opportunities were not consistently provided to all employees.

> *"Well, the unit I am in now, it's quite different to what I'm used to, because in this ward now, it's like the managers wants to do everything themselves, she doesn't want help. And if you ask, then it's almost like no, I did it already"* (Participant 2, female, junior registered nurse).

Support - Senior and middle-level nurse managers indicated that they are supported by their managers. However, the junior nurse managers and junior RNs stated that they were not adequately supported by their managers.

Junior RNs described feeling mistreated. They reported times when they were moved to different units or had their duty schedules changed without being consulted. In these cases, the manager exercised autocratic leadership and informed the employee that they had to comply with the instruction of the manager. The junior RNs stated that there were times when employees were addressed in a demeaning manner and called nick names, instead of being addressed by their professional title. The junior RNs indicated that there were times when they felt humiliated because the manager shouted at them or called them a weak leader and that they were not given the same level of support as their senior colleagues. Some of the participants also indicated that when they approached their manager for assistance or guidance, they were made to feel that they are a bother.

> *"… This whole weekend, I will be working alone, because the other Sister is on leave. And when it comes to the other Sisters, they usually would organise somebody for overtime to help during the weekend. And they didn't do it for me... And I would appreciate them showing that okay, I will make sure that there is somebody to help you because now it's extra for me to phone the Matron because I have to leave all my work, phone the Matron, beg them to get somebody to help me this weekend. And I feel like the unit manager could have done that for me"* (Participant 11, female, junior registered nurse).

Some participants expressed that they received support from their managers and peers and indicated that their managers are available for advice and assistance even

after hours or that they could call the matron for assistance when they need it. However, most of the junior nurses relayed that they relied on their peers for advice and *support.*

> *"No so there was, in this specific ward there was two managers. So, the one was basically like the one who was strict, you must do this, you must learn how to do this, you better learn quickly because this is what happens every day and the other one I will say she knew if I was struggling, because if I walked into the office, and I looked at her she will say, are you struggling? Must I come and help you and then she will come and she will help me..."* (Participant 2, female, junior registered nurse).

Participants reported minimum visibility of middle and senior managerial figures and that their sporadic presence is often related to crisis management/solving problems and not to motivate or thank employees for their hard work. Participants expressed a desire to see their managers in their units (increased visibility/presence on ward level) and that those on ward level be acknowledged and shown appreciation for their hard work and the efforts, especially during this difficult time where they are dealing with the pandemic.

> *"I think management must come… our management never come to the floor. I think… so for management to come, especially in… when there's crises or when people work, you know. Just for example, you make the ward now a Covid unit now. Did they come to motivate the staff? After Covid come say thank you to the staff... I mean show more appreciation to the staff…When management can come down to the floor and just make people inspired and not when a negative thing happen only. Cause that is the only time you see management, when you see the media is here"* (Participant 9, female, junior registered nurse).

Nurse managers indicated that although there may be times when they want to support their staff, e.g. by providing more teaching and mentorship, they are unable to accommodate these employee needs due to the shortage of employees.

> *"What I would like to see differently is more mentorship for our nurses or sisters, especially those that want to go ahead in life. I do think … But I don't think that we have the personnel to do that*" (Participant 1, senior nurse manager).

The junior nurses often relayed that the sub-ordinates (staff nurses) were the nurses who taught them and not their peers or managers. These nurses also stated that peer support was mixed. Some nurses experienced consistent support from their peers, while others felt that when they approached their peers for assistance, and they were made to feel that they were a nuisance and that the peer did not have time to assist them.

> *"I must give him that plus there yes. He's actually … he is very supportive and he actually what do you call it … he will actually give me opportunity to handle certain things where while he's there just for guidance"* (Participant 9, female, junior registered nurse).

4.5 POWER

The preconceived ideas of the PI: *Nurse managers have power contained in their position. Some nurse managers use their power to positively influence the empowerment of nurses, while others use it to hinder the empowerment of nurses.*

The position that a nurse manager occupies is associated with a degree of power. Nurse managers who are higher up in the organisational hierarchy have more formal power than their subordinates.

Power to empower - The senior nurse manager indicated that he has power and that he uses his power to provide his employees with empowerment opportunities. The senior nurse manager demonstrated his use of power to positively influence and motivate his subordinates.

> *"… Last month we identified one sister that had about three years' experience now. So, there's somebody that always coordinates for us. So, now we put her with this sister and say, listen, now you learn from this sister first. And then maybe, in a month's time or two then we will ask you to do it on your own. But they normally would be allocated a very senior sister that has done it before, and once we see that they're okay then we let them go"* (Participant 1, senior nurse manager).

Consequences of powerlessness - However, the middle and junior nurse managers related feelings of powerlessness when it pertains to employee shortages. Despite having power, they are not able to maintain an adequate number of employees. The perceived lack of power to manage staff shortages/attain more human resources seems to enhance the exploitation of junior RNs in terms of workload and not

proactively prepare them to manage managerial tasks. These nurses explained that it is expected of them to manage large patient numbers with a limited number of nurses per shift and they perceived indifference from management to their plight. Some also reported a tendency from the junior nurse managers to talk down to them/show them less respect

> *"So, if it is tonight only two then those two must cope alone with that 28 patients, that is how it works because they say there is no money"* (Participant 6, female, junior nurse manager).

> *"…in the beginning, she wouldn't called me Sister [name], she would call me Meisiekind (little girl) in Afrikaans…I didn't like that at all, but the older sisters she would call Sister this, Sister that"* (Participant 11, female, junior registered nurse).

Power to influence the career mobility of those other than the dominant group - Power was also used to influence the empowerment of employees who have less power, those other than the dominant group (mostly Coloured nurses are employed at the hospital). This was evident in the accounts from some of the junior nurses and a junior nurse manager. The junior nurse manager, an African male, explained how the promotion was withheld from him, despite having the qualifications and experience required for the position.

> *"You … there's not that support. People are not there to support you … they want to bring… their own people or someone who they want in that position"* (Participant 7, male, junior nurse manager).

4.6 CAREER ADVANCEMENT

The preconceived ideas of the PI: *Career planning is not undertaken by the nurse manager and the individual employee is responsible for directing their careers. Nurse managers do not fully engage in the professional development of their employees and do not adequately prepare nurses for promotion. Succession planning rarely occurs in nursing and nurses are expected to learn the duties and responsibilities of a position once they are appointed and are given limited mentorship before they are appointed.*

For career advancement opportunities to take place, employees first need to be empowered and given access to training and mentorship. If employees are not exposed to additional duties, beyond their daily clinical tasks, they will not have the

chance to learn new skills. However, there appear to be factors that influence who has access to career advancement and promotion opportunities. Women who are married or have children while maintaining a career have the added pressures of family responsibility and therefore may have less time available to attend formal training or to take on the additional responsibilities that are associated with a promotion.

Males, on the other hand, have indicated that it was easier for them to advance in their careers and apply for promotions because they did not feel that they had the same level of family responsibility as their partners. Male nurses, a minority group in a female-dominated profession, seem to benefit due to their minority status. To achieve gender equality in the profession, male nurses seem to gain a slight advantage over their female counterparts when it comes to accessing career advancement opportunities.

> *"… They tell me, you know what, your sister scored the most points, but because she is not a male, she couldn't get the pos."* (Participant 5, female, senior registered nurse).

> *"So, by the time … I am 35 and a woman is 35 she might still just be a normal sister. Because she couldn't apply because she was pregnant…Waiting for her child to grow. Whereas I don't have that"* (Participant 1, senior nurse manager).

Participants expressed that the advancement system is not consistently fair. Participants described times when candidates were supposedly pre-selected or that elements of nepotism favored a certain candidate. A junior nurse manager described having the qualifications and experience for the job, but not being given access to a promotion opportunity. This junior nurse manager asserted that he did not believe he would be afforded the opportunity to get promoted to the next level of nursing management, because he would not be the preferred candidate.

> *"I apply for the positions. I want to go to the next level and then … My CV got lost. So I've heard the people talking, I hear them say there was a group of people who were called for an interview… And then … I went to query why am I not being interviewed because I applied and I know that I meet all the criteria for the position. And they say "Oh but your CV, where did you put your CV?' They start looking for a CV. Few days after that, they call you 'Can you come for interview tomorrow or on Wednesday or whenever?' So you go for interview. You did well and you feel like … I've done it. And*

> *then after they see that you come in and that you got the position, they cancel the process. They say 'Okay, we are cancelling the process. We're gonna re-advertise the post.' Now the person which was appointed, okay that person is the one they want in this position. So there's no fairness. There's no fairness in the process, I can say … So if I have that position, maybe in other institution I'll apply there rather than apply in my own institution"* (Participant 7, male, junior nurse manager).

Career and succession planning - RNs in the study are seemingly not afforded the opportunity to discuss their career plans with their managers and therefore nurse managers do not advise or assist nurses in working towards their career plan. The participants verbalised that they develop their own career plans. Some indicated that they do not always know how to go about achieving their career goals and do not understand the process of applying for a promotion or how to reach the next rank. Even during the quarterly employee performance evaluation, the RNs' career goals or career plans were not discussed.

This was evident in the junior and senior RNs. Nurse managers do not facilitate employee readiness for promotion by e.g. assisting employees to update their Curriculum Vitae (CV) or helping an employee to prepare for a promotional interview. Not all managers encourage employees to apply for promotions and the standard practice appears to be that the onus/responsibility is on the employees themselves and that they must be internally motivated to apply for a promotion.

> *"Nee, ongelukkig nie. Nie by hierdie hospitaal nie. U weet die advertensie gaan uit en soos ek weer eens sê, dit hang seker nou maar van jouself af as jy belangstel of wil jy aansoek doen en dies meer. Maar daai tipe prep word nie met jou gedoen nie"*(Participant 8, middle-level manager).

Translated response:

> *"No, unfortunately not. Not at this hospital. You know, the advertisement goes out and again it depends on you, if you are interested in applying and so on. That type of prep does not get done with you"* (Participant 8, middle-level manager).

The concept of succession planning was well understood by the nurse managers; however, succession planning was not exercised in the hospital. Nurse managers confirmed that internal candidates are not always developed to ensure a consistent supply of competent managers. A junior nurse manager indicated that even when

employees are scheduled to retire, no one is mentored and prepared to fill that position before the individual retires or leaves. When an employee retires or leaves the hospital, the post is advertised and filled, but prospective candidates are not mentored by the person holding the position.

> *"My Nursing Manager, she will be retiring soon, maybe in the next three to four months…But did she ever call someone to say 'Come or sit with me, see what I'm doing.' So maybe if they advertise the post, you can also apply and see what is happening … She's there, doing everything on her own… I feel like this is the time where you should say 'Okay, it's fine, I'm retiring in December or November. So let me pull one of the managers in … He can be working with me to see what I'm doing"* (Participant 7, male, junior nurse manager).

Mentoring - The concept of mentoring was experienced differently, by different categories of nurses. RNs and managers acknowledged the importance of mentoring and recognized that through mentoring the hospital gains more versatile and experienced employees.

Some nurse managers practiced and encouraged mentorship; however, this practice did not appear to happen across all levels of management. There were RNs that reported that they had experienced wonderful mentoring, while others indicated that they were not mentored into their new roles at all and were expected to learn on their own. Even the middle-level nurse manager expressed not always being mentored and prepared for more senior positions. The RNs who provided a positive account of mentoring indicated that they were supported by their mentors and that their mentors were available to them. Those nurses who were not mentored, expressed that they were expected to learn on their own and that they often learned through observation or by trial and error. Nurses reported having to perform the duties of the shift leader or unit manager in their absence, without being taught how to do these duties.

> *"It's not discussed. No one will … If I feel that I don't know much about something I will ask. But no one will tell me that, I see you can't do this properly, come let me show you. Come over, let's do this, let me show you. There's … yes, we don't … It's not done here"* (Participant 4, female, senior registered nurse).

Junior RNs expressed that when they were assigned a new task by the nurse manager, they were not given feedback on their performance. This left the RNs feeling unsure about whether their actions were correct or not. Some who acted as shift leaders were expected to complete the performance appraisal of staff on their respective shifts without prior guidance on the process to be followed.

> *"The sister gave it to me, I actually asked her, but sister I've never done this before, can you please explain it to me? And then she told me to read those that she has done and to use it as an example. So, I did that, I applied it to the, to the nurses, and then I gave it to the unit manager, saying Sister, please, before I give it to sign, can you please just read it through and see if this is correct. And she just gave it to them to sign? So, I think it was correct. So nobody really sat with me and explain what should I look at when it comes to the nurses and how their perform? And some … I don't know, nobody really took the time to explain it to me"* (Participant 11, female, junior registered nurse).

The selection and appointment of nurses is an important process. However, nurses who are assigned to participate in the selection and appointment of employees are seemingly not adequately prepared. Nurses who participated in the selection and appointment of employees reported that they did not receive any training to prepare them before they were assigned to the interview panel and the only preparation that they received was the drafting of interview questions before the commencement of the interview. These nurses indicated that the Employment Equity Act No 55 of 1998 was never discussed with them, but that there was always a representative from the Human Resources Department on the panel.

> *"But because of my previous experience, I've sat also on other interview panels, so it was fine for me…So the experience is that nobody will teach you how to do it. They don't have a training to go on how to do an interview, so you will be called in as a panel member and then you start. If you have to learn it, you learn it while you are there doing it"* (Participant 7, male, junior nurse manager).

A junior nurse manager and senior registered nurse confirmed that there are times when the appointment/promotion process is manipulated by managers to ensure that the preferred candidate is appointed.

> *"… there are cases where that really happens. There are, I can't say there isn't. I've seen it. I know of it. But what can you do?"* (Participant 5, female, senior registered nurse).

> *"There's already someone there and then the process has been manipulated by somebody in a very nice way, in a way that you know that it will never change anything. It's very nice. And then you cannot even complain about that because it is done and then people are being manipulated, they accepted the way it is and then that's it"* (Participant 7, male, junior nurse manager).

Performance appraisal (PA) - It is required that employees who are responsible for conducting PAs are trained to do so. The PA should be used not only to evaluate the competency of an employee, but also to create a development plan that is geared towards improving the knowledge and skills of the employee.

Despite the importance of the PA, RNs who are expected to complete these PAs are not trained on how to do it. Junior RNs reported that they had learned to complete a PA by looking at other employees' PA documentation, how these forms were completed, and then duplicating the information. Some RNs did not know that the procedure should materialise through dialogue between the manager and subordinate; that it should entail the discussion of goals and achievements.

Furthermore, they did not know that it is an improper process to complete such documentation and then to ask the employee to sign the PA forms. Most nurses viewed the PA as a tool to receive a bonus or notch increase but did not see the PA as a tool to identify career development needs or career goals. PAs are conducted quarterly at the hospital under study as part of the professional development of employees. Nurses are assessed for their competency against predetermined standards and are assigned a competency score. Based on this PA, the nurse may receive a bonus or notch increase. These PAs, although conducted quarterly, appear to be a paper exercise in which the manager completes the form and hands it to the employee for his/her signature. Since the employee's performance is not discussed with him/her, there is no opportunity for the employee to share their career goals with their manager. As a result, there is no evidence of an employee development plan being created.

> *"We never had a meeting or a sit down with regards to the performance appraisal. She told me one day that she wants to do that, but she never did. She just writes it down, she puts in an envelope with the shift leader's name so the shift leader can sign or… Then you know yours is in the envelope. You must just sign it, put it back and she will get it …So, we don't sit down and discuss this thing properly"* (Participant 4, female, senior registered nurse).

> *"How I found it out, I wrote for my nurses so I just take a photo of someone else's then I see, okay, I must do … This section must go according to that, so I just write the thing that I think needs to be written"* (Participant 4, female, senior registered nurse).

Education and training - The younger generation of RNs expressed the importance of the nurse manager having both formal management training and experience. However, some of the nurse managers indicated that experience was more important than educational qualifications, but they acknowledged that formal management training was beneficial.

> *"As I believe more in experience. However, I'm not going to say that formal education is wrong. But then I also know about … I'm going to say 90% of the people who are formally educated in any case doesn't go for promotional posts"* (Participant 1, senior nurse manager).

> *"I think they firstly need to be educated as well, management they also need to go for the administration course, so that they will understand their role. Because I feel some point … In order for them to pass it to us, the management information, they need to have that information"* (Participant 3, male, junior registered nurse).

Both junior and senior RNs expressed that they wanted to be exposed to more learning opportunities, both clinical and managerial. They verbalised that they wanted to be mentored and that they desired guidance and assistance from their nurse managers to help them develop professionally and advance their careers.

"I think just to expose oneself more to learning opportunities, leadership opportunities and activities. Or just to increase our training, increase our knowledge about even clinical stuff, and also more leadership development." (Participant 4, female, senior registered nurse).

4.7 BARRIERS TO EMPOWERMENT

The preconceived ideas of the PI: *Some RNs have supportive nurse managers (the junior manager in command of a ward), who are willing to empower their employees, whereas other nurse managers may not know how to implement empowerment strategies or may not be willing to do so. The shortage of nurses is likely to be a barrier to nurse empowerment.*

Lack of support and respect from the nurse manager - Junior RNs expressed that they did not feel respected or supported by their manager and they did not feel that they were being empowered. Two junior RNs indicated that they were disciplined by their manager in front of their colleagues, which made them feel embarrassed. Another junior registered nurse accounted that when employees called to report that they were not coming on duty, the nurse manager would discuss those reasons with other employees in a disrespectful manner. This led them to feel that they are not supported by their manager.

> *"Being unprofessional. Because if I have a problem like … the thing that happened to me, like in my shift, but I found out that problem is discussed with the following shift in our absentia. But we are the ones with the problem. So, it is discussed on the next shift in the morning … things that were not discussed with us … but they discussed with other shift"* (Participant 3, male, junior registered nurse).

Shortage of employees - The shortage of employees was highlighted as a barrier to empowerment by both junior and senior employees. However, not all managers appeared to make time to empower their employees. There was very limited in-service training and mentorship of employees. The reasons provided for this limited training opportunity was that the units are busy and with employee shortages, there was no time available for these opportunities.

> *"The training is a big problem because now the Covid no one is doing training. So, I would say that is a big, a big problem"* (Participant 2, female, junior registered nurse).

> *"Even if it's just like a two-minute in-service training but you actually know you need a full course of that to be competent. But they actually will give you just like a quick in-service training because you need to do that job now or render that service now. So at the end of the day, you put yourself at risk because it suits them*…"(Participant 9, female, junior registered nurse).

Managers not implementing empowerment strategies - Management acknowledges the importance of empowerment and encourages their subordinates to empower their staff. Although managers were able to describe the concept of empowerment, the enactment of empowerment was not always done. Nurse managers reported that they had learned about empowerment through their management training but there was no training provided to employees on empowerment. It appears that empowerment or the lack thereof is left to the discretion of the individual employee. Although managers described how they empowered their subordinates, junior employees expressed a lack of empowerment.

4.8 SUMMARY

The findings on the lived experiences of RNs and the role of the unit manager on empowerment and subsequent career advancement showed that access to empowerment opportunities is not equally experienced by all RNs. There were mixed accounts of both positive and negative experiences of empowerment. The access to empowerment opportunities also appeared to increase as the nurse progressed through the organizational hierarchy, with junior nurses experiencing less access to empowerment opportunities and support.

Participants consistently expressed that the busyness of their units and the nursing shortages were their greatest challenges to empowerment. Managers acknowledged that even though time and employee shortage were challenges, employees should still be given access to empowerment structures that can facilitate career advancement. Despite this acknowledgement, the accounts of nurses did not indicate that managers were consistently creating opportunities for staff to develop.

Access to formal training was limited seemingly due to a lack of resources, while in-service training, although fragmented before Covid-19, appeared to be halted due to the pandemic. Some RNs reported having access to empowerment opportunities such as training and mentorship while others experienced that they did not.

The middle and senior nurse managers reported that they were exposed to managerial activities and that they were mentored by their supervisors. However, one participant indicated that if the manager had exposed him to more empowerment opportunities, such as mentoring and on the job training, he may have applied for more senior

positions. However, since the exposure to managerial activities was limited, the employee did not feel adequately prepared for the next position.

Junior RNs highlighted that they did not feel that they were supported by their managers and expressed a need to feel respected in the workplace. The experience of junior RNs showed that they were exposed to managerial activities, but mostly without mentoring. These junior registered nurses report having to learn most of the managerial activities on their own and did not feel confident in their ability to perform managerial duties as they were not given feedback on their performance by their managers.

The next chapter contains a discussion of the findings concerning the literature, a description of the limitations of the study, recommendations based on the findings of the study and the conclusions.

Chapter 5

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The preceding chapters provide a description of the background and rationale for the study, a literature review, a detailed discussion of the methodology that was applied in the study and the presentation of the study findings. Chapter 5 provides a discussion of findings as they relate to the literature and research objectives. The limitations of the study are also discussed and conclusions are drawn based on the findings that emerged from the data. Lastly, recommendations are proposed to improve the access of registered nurses to empowerment.

5.2 DISCUSSION OF FINDINGS

The study aimed to explore the lived experiences of registered nurses on structural empowerment and their subsequent career advancement and the role of the nurse manager in the empowerment of registered nurses and their subsequent career advancement. The study findings are discussed concerning each of the objectives, the literature and the conceptual framework of the study. When analysing the data, the main concepts contained in the research framework spontaneously emerged, i.e. support, resources, information, opportunities, and power. Consequently, these central terms surfaced in the themes and subsequent discussion.

5.2.1 Objective 1: Describe the lived experiences of registered nurses on empowerment and subsequent career advancement

Empowerment

The findings indicated that although registered nurses understand the basic concept of empowerment, i.e. to provide employees with access to information, resources, support and opportunities, not all registered nurses are given equal access to empowerment opportunities.

Nurse managers conceptualised the theory of empowerment well and explained how they empowered their subordinates, however when speaking to the junior registered nurses, they reported that the act of empowerment was fragmented and occurred inconsistently. It became evident that some of the nurse managers did not fully understand the range of empowerment duties/obligations that they had towards their

employees as most of the empowerment efforts that they referred to related to mentoring, formal and in-service training. A middle-level nurse manager appeared stunned when he realised that he had not been comprehensively empowered and that his lack of exposure to senior leadership activities hindered his opportunity for career advancement. Iheduru (2020:664), concurs that not all nurses are given equal access to empowerment opportunities such as mentoring and support and this lack of empowerment discourages qualified and experienced registered nurses from applying for higher-level positions. Additionally, Van Bogaert, Peremans, de Wit, Van heusden, Franck, Timmermans and Havens (2015a:1585), found that even nurse managers with a master's degree in nursing found it challenging to implement empowerment strategies.

This notion that the enactment of empowerment is entrenched in providing employees with access to formal and in-service training and mentoring persisted in the interviews with nurse managers. The idea that empowerment entailed ensuring that employees have adequate staffing levels, adequate material resources and are professionally developed to assume command from their nurse managers when they leave or retire (succession planning) seemed to evade nurse managers. Nurse managers reported that they had not received any in-service training on empowerment or the legislation that mandates employee empowerment. The findings indicated that before the Covid-19 pandemic, in-service was conducted sporadically and during the pandemic, it was almost non-existent.

Barriers to empowerment - The barriers to empowerment at the organisation under study appeared to be a shortage of employees, a lack of time available for employee empowerment and unsound appointment/promotion practices. Van Bogaert, Peremans, de Wit, Van Heusden, Franck, Timmermans and Havens (2015b:1586) found that the daily workload and shortage of nurses may hinder nurse empowerment. Similarly, Van Der Heever *et al.* (2019:9), found that elements of unsound managerial practices, such as nepotism and good interpersonal relationships, may influence the appointment/promotion of a preferred candidate. Furthermore, when employees are provided with limited access to empowerment opportunities, their ability to access promotions are also diminished (Vosloo, 2018:283; Van Der Heever & Van Der Merwe, 2019:3). This means that if employees are not given access to on-the-job training or

formal education, they are unable to acquire the professional competency needed to access a promotion opportunity. Paulse, Wilson and Jooste (2020:9), had similar findings where registered nurses expressed that they were not given sufficient training opportunities to empower them and increase their knowledge and competency.

Junior registered nurses did not appear to understand the promotion system and were not informed of how to reach the next rank or how to apply for a promotion opportunity. This finding was also reported by (Wheeler & Foster, 2013:409; Van Der Heever, 2018a:103).

Managers are not implementing empowerment strategies - The findings of the current study showed that not all nurses were empowered by their nurse managers. Nurse managers described many empowerment strategies, however despite knowing how to empower nurses, they did not appear to implement them consistently. This was evident in the mixed accounts from registered nurses, with some experiencing empowerment and others not**.** Van Bogaert *et al.* (2016:7), found that respondents unanimously indicated that their nurse manager provided them with empowerment opportunities, however, Vosloo (2018:283) concurs that some nurses might experience stagnation in their careers due to limited exposure to empowerment.

Support - Junior registered nurses reported a lack of support from their nurse managers and indicated that they were provided with limited mentorship when they were assigned managerial tasks and that they were often expected to learn new tasks on their own.

Furthermore, they reported being mentored inconsistently and expressed times when they had to seek guidance from their peers to accomplish clinical and managerial tasks. Authors Kenya and Wrenetha (2016:592), had similar findings where nurses reported inadequate or no mentoring. When nurses are not adequately mentored and professionally developed, they often learn by trial and error or once they have already been appointed to a position (Moore *et al.*, 2016:99). Roji and Jooste (2020a:4), found that nurses often learn to perform their tasks by observing and mimicking their peers. Authors Chen *et al.* (2012:876), found that nurse managers were somewhat supportive, however, nurses wanted more support from their managers (Hagerman, Engström, Häggström, Wadensten & Skytt, 2015:695). Nurses reportedly perceive the

role of the nurse manager to be pivotal in creating an empowering work environment that is conducive to the transfer of knowledge and skills (Van Bogaert, Peremans, de Wit, Van Heusden, Franck, Timmermans & Havens, 2015b:1585).

Some junior registered nurses indicated that they were not respected in the workplace and that there was a lack of participative decision making as decisions about their work were made without their consultation. Van Bogaert *et al.* (2016:1), state that nurses want to be involved in decision making, however, some decisions are made with the involvement of nurses while other decisions are made hierarchically.

These junior nurses highlighted feeling exploited and at times feeling abused by their managers because they were not involved in decisions about their work. Nurses also highlighted their frustration about being moved to different wards without consultation or because the manager yelled at them in front of patients and colleagues. Authors Morton, Topper, Bowers, Jardien-Baboo, Nyangeni and Mabitja (2020:1028), also found that nurses expressed feelings of abuse and exploitation.

The registered nurses also expressed the need to feel valued and appreciated for their hard work and dedication. A need was voiced by registered nurses (junior, middle and senior) that managers be more visible and available in the unit and that managers show gratitude towards employees and not only visit the unit in difficult times or when problems occur.

This sentiment was echoed in the findings by Morton *et al.* (2020:1028), in which nurses stated that they were not recognised and appreciated for their hard work. Bawafaa *et al.* (2015:619), found that nurse managers who are highly visible and present in their units can build positive relationships with their employees, convey work expectations and provide employees with immediate feedback.

Mentoring - Nurses expressed the need for additional mentoring and feedback from their nurse managers about their work performance. Nurse managers indicated that they needed more time to allow them to teach and that the heavy workload impeded their ability to teach subordinates. Moore *et al.* (2016:100), also found that nurses expressed a need for additional mentoring, while Van Bogaert *et al.* (2015a:1585), state that the heavy workload of nurse managers may hinder their empowerment efforts. Rita *et al.* (2013:437), concur that mentoring is essential for the professional growth and development of nurses.

Opportunities - A junior nurse manager expressed a lack of professional development opportunities and indicated that even though he was adequately qualified and experienced, his application for promotion was unsuccessful due to elements of nepotism and racial discrimination as he was an African male working in a hospital with a Coloured hegemony. He stated that he was reluctant to apply for a promotion as he did not believe that he would be granted access to a more senior nursing management position.

The nurse manager spoke further, generalising the feeling of being held back from promotion, by using words such as “we” and “the people” feel. McMillan and Perron (2020:6), state that when nurses feel powerless, they may speak as part of a collective to provide insight into the experiences of the collective subject, by generalising their challenges and using the concept of “we” to strengthen and validate the individuals’ experiences. However, Denker, Sherman, Hutton-Woodland, Brunell and Medina (2015:408), also found that nurse managers expressed that they were passed over for promotion despite their competency.

Iheduru (2020:665), found that nurses of ethnic minority experienced marginalisation, discrimination and unequal career advancement opportunities, which caused many of these nurses to leave their place of employment. Furthermore, nurses of colour were underrepresented and less prepared for managerial positions and experienced a lack of support from their managers. In addition, nurses of colour were stereotyped by their managers and were considered less competent and lacking in motivation for professional development and promotion. These nurses were also excluded from promotion due to racial classification or a perceived lack of competence (Likupe, Baxter, Jogi & Archibong, 2014:113).

Other nurses provided mixed accounts of having access to empowerment opportunities in the workplace. The findings of two studies indicated that registered nurses experienced limited access to empowerment structures (Bawafaa *et al.*, 2015:613; Paulse *et al.*, 2020:8). However, the study findings of Van Bogaert *et al.* (2016:7), found that nurses were provided with access to empowerment opportunities.

Education and training - Nurses expressed that it was challenging to access formal training opportunities and that in-service training was limited. Access to formal training opportunities is limited due to budgetary constraints and the availability of employees to manage the workload in the absence of those who are granted study leave. Ng, Eley and Tuckett (2016:439), found that the shortage of employees and lack of support from the employer may hinder nurses access to both formal and informal nursing education, whereas (Iheduru, 2020:666) found that being of ethnic minority may limit one's access to training opportunities.

Information - Nurses noted that access to information is on a need-to-know basis, but that information that is needed by the employees is not always filtered down to those employees. Information about promotion and career advancement opportunities are not discussed with the employee; each nurse should use their initiative to search for promotions or career advancement opportunities on the government website. Similar findings are reported in which registered nurses had fragmented access to information about the hospital and hospital systems (Bawafaa *et al.*, 2015:616; Van Bogaert *et al.*, 2016:10).

Performance appraisal (PA) - Nurses indicated that PA was conducted quarterly and took place in an informal and ad hoc manner and that there was no discussion or constructive feedback provided on their performance. Additionally, nurses who were expected to complete performance appraisals for their subordinates seemingly did not receive any training on performance appraisal management. Two other studies had similar findings, in which the nurses assigned to conduct performance appraisals did not receive any training to do so (Awases *et al.*, 2013:4; Majidi, Daneshkohan, Zarei & Ashktorab, 2020:1). The lack of immediate and constructive feedback and unfair performance appraisals may render the performance appraisal ineffective at improving employees work performance (Majidi *et al.*, 2020:1). Performance appraisal should include the appropriate gathering of information that is documented and should contain

both positive examples of professional development and identify areas where development is needed. In addition, efforts should be made to include the employee's evaluation of his/her performance (Rajput, 2015:292).

Succession planning - Succession planning is seemingly absent and regarded as an individual decision/responsibility. Nurse managers acknowledge the importance and value of succession planning but admit that it is not practised in the hospital. Nurse managers indicate that there should be more emphasis placed on succession planning as it helps to sustain nursing managers for the future. Succession planning is an effective organisational strategy employed to identify and develop individuals for future leadership/management positions (Denker *et al.*, 2015:404). Succession planning provides purposeful direction to identify and develop emerging managers for future managerial positions (Tucker, 2020:334).

The influence of gender on career advancement in nursing - Participant responses indicated that males achieve career advancement at a faster rate than their female counterparts. Males verbalised that they have fewer family obligations which allow them more freedom to study and take on additional responsibilities in the workplace. The element of gender equity also serves to advantage males over females in a female-dominated profession, aiding in their ability to climb the career ladder. This finding is supported by Van Der Heever and Van Der Merwe (2021:188), who concur that male nurses advance into senior positions at a faster pace than female nurses. Muench, Sindelar, Busch and Buerhaus (2015:1266), report that male nurses are remunerated at a higher rate than their female nurses.

Resources - Nurses believed that if they had adequate staffing levels, they would have time to engage in empowerment opportunities. Nurses indicated that working in understaffed units did not allow them to make time for empowerment because patient care needed to be prioritised. According to Read and Laschinger (2015:1613), managers should provide their employees with access to the resources, supplies and equipment that they need to achieve their work goals, however, Trus, Doran, Martinkenas, Asikainen and Suominen (2018:327), found that managers do not always have access to all the resources they need for their units.

Power - Junior managers seemed to use their positional power to exploit the junior registered nurses, whereas senior managers used the power contained in their positions to empower staff. Power also came to the fore in the seemingly unsound way that the African male was not promoted. Authors Trus *et al.* (2017:338), state that formal power is gained through clinical competence, managerial experience, teaching and research, whereas informal power is derived from the relationships with supervisors, peers, and connections inside and outside the hospital (Laschinger *et al.*, 2013:542; Fragkos *et al.*, 2020:3).

According to Sheikhi *et al.* (2016:4), a nurse's ability to establish good relationships with individuals inside and outside of the hospital (informal power) can positively influence their opportunity for career advancement. However, McMillan and Perron (2020:6), state that power is associated with being heard or acknowledged and that when a nurse is not heard or acknowledged, they experience feelings of powerlessness.

Similar to the findings of Roziah *et al.* (2012:200), this study found that senior and middle-level nurse managers have power and greater access to information and that managers exercised their power to obtain the resources that the nurses required to do their daily tasks.

However, despite the efforts of these managers, the shortage of employees remained a barrier to empowerment which these managers were not able to overcome. The findings indicated that employees higher up in the organizational hierarchy have more access to power and empowerment opportunities as compared to their subordinates, with junior employees reporting less access to empowerment opportunities than their senior colleagues. Similar findings were reported by Trus *et al.* (2017:341), where the authors report that the years of work experience that a nurse manager has is associated with the degree of power the nurse possess. In addition, nurse managers can use their informal power to collaborate with doctors and managers to problem solve and obtain resources that are required in the unit (Trus *et al.*, 2018:324).

Some nurse managers apparently also exercised their power to manipulate the appointment and promotion system. Nurse managers who participated in the appointment and selection process of candidates reported unsound

promotion/appointment practices, such as pre-selection of a preferred candidate and tampering with a candidate's score to ensure that the preferred candidate is appointed. These unsound managerial practices were reportedly done in such a manner that they could not be detected later on.

Nurse managers expressed that although the practice was unsound, they could not do anything about it. Managers who use their power to abuse/mistreat/manipulate their subordinates is the most common form of workplace incivility (Lee, Bernstein, Lee & Nokes, 2014:255). Managers are most often the source of workplace incivility, while junior nurses are most often the targets. These targeted nurses often fail to report the uncivil behaviour as they fear that reporting may result in the loss of their jobs, retaliation or that their careers may suffer as a result of their report (Mikaelian & Stanley, 2016:694).

5.2.2 Objective 2: Describe the role of the nurse manager in the empowerment and subsequent career advancement of registered nurses

Empowerment - Nurse managers describe their role in empowerment as being important. They indicate that they have a responsibility to provide their employees with access to resources, information, opportunities, and support.

The findings however indicate that this application of empowerment is not consistently practised by all nurse managers, as evidenced by the accounts of their subordinates. Read and Laschinger (2015:1613), concur that nurse managers have an instrumental role to play in providing nurses with access to empowerment structures. However, Iheduru (2020:665), reports that although nurse managers are positioned to empower, nurses of ethnic minorities experienced racial discrimination which hindered their access to empowerment structures.

Power - Some nurse managers used their power to enhance the access of their subordinates to opportunities for professional growth and development by teaching, coaching and mentoring their employees. However, other nurses experienced limited professional growth and development. Trus, Razbadauskas, Doran and Suominen (2012b:419), state that when nurses have power and control over their practice it contributes to their empowerment and empowered nurses can use their power to control their nursing practice environment.

Information - Nurse managers reported that they have access to some information that they need to perform their duties, however, they also indicated that there are times when important information is not filtered down to the nurses who need it, resulting in nurses making uninformed decisions, which went against hospital policy. Similarly, Hagerman *et al.* (2015:700), found that operational managers did not receive all the information relevant to their units, but they were still held accountable for the operational management of the unit.

According to Trus *et al.* (2018:326), nurses have access to some information about the hospital, but to enhance the access of nurses to empowerment structures Paulse *et al.* (2020:1), suggest that nurses should be given access to all the information that is relevant to their practice.

Resources - Nurse managers' reported using their power to ensure the availability of resources. They also indicated that although there are still challenges in securing the consumable supplies, the process has improved over time. Nurse managers acknowledged that despite their efforts, a shortage of employees remained a constant battle.

Findings from Trus *et al.* (2017:343), show that nurses managers could mobilise the resources that they required for their units. Nurse managers should ensure that employees have access to the resources they need to do their work, however, there are times when organisational factors limit the nurse managers' access to resources (Spencer & McLaren, 2017:269). Nurses were reportedly frustrated as they did not always have access to the resources and infrastructure that they needed to perform their tasks. In addition, a shortage of registered nurses resulted in unmanageable

workloads which was further exacerbated by high levels of absenteeism (Denker *et al.*, 2015:408; Morton *et al.*, 2020:1025).

Opportunities - Nurse managers acknowledge the importance of providing employees with empowerment opportunities, however, the findings indicate that not all employees are afforded equal access to empowerment opportunities. Nurses reported times when formal training was withheld or times when they were overlooked for promotion. Thus, indicating that not all employees are afforded equal access to empowerment. Iheduru (2020:664), concurs that not all nurses are given equal access to opportunities. When nurses have limited access to information about professional development and promotions, it could limit their access to these career advancement opportunities (Roji & Jooste, 2020a:5).

Succession planning - Nurse managers verbalised that succession planning aimed to ensure the consistent availability of qualified and skilled nurse managers for the future. These managers acknowledged the value of succession planning, with the middle nurse manager highlighting the ageing population of nurses who are nearing retirement in the next ten years.

However, despite this acknowledgement, nurse managers noted that succession planning was fragmented or non-existent in the hospital under study. Similar findings have been reported in which nurse managers were aware of the nursing shortage yet failed to implement succession planning (Griffith, 2012:908). However, despite acknowledging the ageing population of nurses, many hospitals failed to implement succession planning (Sherman, Patterson, Avitable & Dahle, 2014:188; Denker *et al.*, 2015:408).

Mentoring - The findings indicated that some nurse managers do mentor their employees and are available to their employees, while other nurse managers do not. Moore *et al.* (2016:102), state that nurses desire to be mentored and professionally developed and that managers could be great mentors, but often do not have sufficient time available for mentoring. For a mentorship programme to be successful, there should be a rigorous selection of a mentor, who has received adequate training on mentoring (Yuanyuan, Yan, Juemin, Fule & Yaqing, 2016:136). Mentoring and

professional development are tools that can be used to enhance the leadership/management capabilities of the nurse (Adeniran *et al.*, 2012:48).

Performance appraisal (PA) - Nurse managers seemingly considered the use of the PA as a tool to provide nurses with a notch increase or a monetary bonus/award. Findings indicated that the performance appraisal system is not used to advance the professional development of nurses, nor is it used to improve employee performance as the employee's performance is not discussed with him/her, there is no constructive feedback provided and no development plan is created or discussed.

Consistent with the results obtained in this study, Majidi *et al.* (2020:5), found that employee performance was not discussed with them, nor were employees provided with constructive feedback and employees were not assisted to develop a plan to improve the areas in which they performed poorly. When nurses were not provided with feedback on their performance, they often did not know what they needed to do to improve their performance (Roji & Jooste, 2020a:4). It is therefore imperative that employees be involved in the process of their performance appraisal (Rajput, 2015:290).

Education and training - Nurse managers asserted that they do provide their employees with on-the-job training and in-service training, however, junior nurses revoked these accounts and indicated that their access to formal and in-service training was very limited and had been further reduced due to the Covid-19 pandemic. Nurse managers should mentor their subordinates, however, when the workload is too heavy, nurse managers often prioritise patient care before the mentoring of their subordinates (Hattingh & Downing, 2020:6).

Barriers to empowerment

Support: Nurse managers provided accounts of how they support their employees, however, junior nurses expressed feeling a lack of support from their nurse managers. Nurse managers consistently expressed that the shortage of employees hinders their ability to empower employees and additionally budgetary constraints impede their ability to ensure that the units are adequately staffed. Senior registered nurses, middle-level nurse managers and senior nurse managers indicated that they received support from their nurse managers. The fact that it was mostly junior nurses that

reported a lack of support may indicate a lack of training of operational managers on nurse empowerment. Morton *et al.* (2020:1027), found that the constant employee shortages resulted in nurses feeling that they were not supported by management. In addition, nurse managers were frustrated by the budgetary constraints which prevented them from ensuring adequate staffing levels (Hagerman *et al.*, 2015:701). This lack of support from managers has caused many nurses to leave their place of employment (Iheduru, 2020:665).

Middle-level and senior registered nurses reported to be empowered and supported, however, none seemingly received training regarding their duties and responsibilities when assigned to the appointment interviews or the legislation that mandates the empowerment and professional development of employees. Similarly, Hagerman *et al.* (2015:701), found that the managers described that they were supported by their supervisors, consequently, it appears that nurse managers who are higher up in the organisational hierarchy report greater access to empowerment structures than their subordinates. The empowerment of employees in South Africa, however, is mandated by legislation such as the Skills Development Act 97 of 1998, the Employment Equity Act 50 of 1998 and the Broad-Based African Economic Empowerment Amendment Act 46 of 2013 (Republic of South Africa, 1998b; 1998a; 2013a). However, despite having these mandates to empower, nurse managers reported that they did not receive in-service training on the mandates contained in these legislative documents; therefore Van Der Heever (2018a:283), recommends that nurses be educated on legislation that relates to the empowerment of employees.

Family responsibilities were also highlighted as a barrier to career advancement and junior and senior male managers confirmed that they had a degree of advantage over females in applying for promotions as females need to consider how a promotion may influence their family life, whereas males did not feel that they had the same level of family responsibility as the women have. Findings from Van Der Heever *et al.* (2019:11), concur that male nurses advance through the organisational hierarchy faster than their female counterparts.

Managers not implementing empowerment strategies: The findings suggest that although most nurse managers were familiar with empowerment strategies, not all nurse managers were able to discuss empowerment strategies beyond providing

employees with access to training and opportunities for professional development. Some of the nurse managers did not recognise that they were not comprehensively empowering their employees and even the middle-level manager acknowledged that he too was not fully empowered and that the limited empowerment opportunities that he was exposed to had not adequately prepared him for career advancement. According to Roji and Jooste (2020a:8), registered nurses should understand the factors that influence their work environment and career advancement as those with more senior positions are more influential in obtaining the resources they require to empower their employees.

5.3 CONCLUSION

The findings confirm that registered nurses are familiar with the concept of empowerment, however, registered nurses and nurse managers do not fully comprehend the magnitude of their role in empowerment. Nurse managers are adamant that they do empower their employees. However, junior registered nurses do not perceive these actions as acts of empowerment, instead, these nurses describe feeling a lack of support from their nurse managers and feelings of incivility.

The findings indicate that the structural empowerment of registered nurses is influenced by their access to resources, information, opportunities and support. The findings also showed that the higher the position of the nurse in the organisational hierarchy, the more power the nurse possesses, and the more power the nurse has, the more access the nurse has to empowerment opportunities. Nurse managers can use their power to both empower and influence the empowerment of registered nurses. Although nurse managers have formal power associated with their positions, they too have limited access to information relating to their empowerment and that of their subordinates.

Senior and middle-level registered nurses experience higher levels of access to empowerment structures than junior registered nurses and this limited access to empowerment structures may influence the career advancement of junior registered nurses.

5.4 RECOMMENDATIONS

Access to empowerment structures - To empower registered nurses, they should be given access to workplace empowerment structures, i.e. information, resources, opportunities and support. Managers should provide registered nurses with information about the hospital policies and procedures and should ensure that information is filtered down to all employees that need the information (Roji & Jooste, 2020a:7). Access to resources should be improved so that managers have more time available to be visible and available to nurses in the unit (Hagerman *et al.*, 2015:703). Nurse managers should enhance the access of registered nurses to professional development and career advancement opportunities (Morton *et al.*, 2020:1028). Nurse managers should increase their level of support for employees by improving employee access to mentorship and professional development, thereby contributing to the psychological and structural empowerment of their employees (De Klerk & Stander, 2014:40).

Shortage of registered nurses - Nurse executives should use their power to lobby municipal, provincial and national government to reform healthcare policies that influence the availability of registered nurses (McMillan & Perron, 2020:2). Nurse managers should acknowledge the global reality of nurse shortages and adopt the concept of succession planning. Nurse managers should develop a structured succession planning programme that incorporates the early identification of potential nurse managers, the implementation of a succession plan which is monitored and evaluated to ensure continuous improvement in the programme. For succession planning to be successful, it should be supported at the highest level of management (Griffith, 2012:908).

The hospital management should provide better working conditions and ensure the availability of human and material resources as these are some of the leading causes of nurses leaving their employment (Manyisa & van Aswegen, 2017:36).

Acknowledge the plight of nurses on the ground level - Nurse managers should incorporate strategies that recognise and reward employees for their performance. These strategies should be aligned with the hospital goals and objectives. Management should use these reward strategies to attract suitably qualified registered nurses and enhance the retention of their nurses (Roji & Jooste, 2020a:7).

Work towards nurturing a culture of empowerment - Nurse managers should be provided with administrative support that allows nurse managers the time to maintain an empowering work environment and to engage in the empowerment of their employees. When nurses are provided with the resources and support they need to create an empowering work environment, it increases the nurses' feelings of self-esteem and self-efficiency, which may enhance the nurses' sense of empowerment (Trus *et al.*, 2018:319).

Nurse managers should work towards building a good relationship with their subordinates as these relationships create a positive work climate in which nurses experience increased levels of empowerment**.** In addition, nurse managers should create an environment that is conducive to empowerment and should provide employees with the support that they need to be empowered and to advance their careers (Trus *et al.*, 2018:326).

Empowerment must be contained and supported at every tier in the hospital - The concept of empowerment should be understood and should be incorporated and supported at every level within the hospital (Lockhart, 2017:55).

5.5 LIMITATIONS OF THE STUDY

The interviews were conducted via a virtual platform, namely Microsoft Teams. During the interviews, there were moments when the internet connection was lost during which the finer nuances may have been missed. The virtual platform also limits one’s interpretation of the participant's body language which may have been evident in a face-to-face interview.

The process for professional development and promotion of registered nurses may differ in the private and public sectors. The target population was registered nurses; therefore, other categories of nurses were excluded from the study, hence the study findings are only applicable to registered nurses at the hospital. However, the report details the study purpose, process, and findings which prospective researchers may use to determine if the study may be transferred to their settings.

5.6 RECOMMENDATIONS FOR FUTURE RESEARCH

The results of this study could be used as a foundation for future studies to explore the experiences of registered nurses on the access to structural empowerment and subsequent career advancement. Future studies could include both the government and private sector so that one may obtain a more comprehensive idea of the experiences of registered nurses in both government and the private sector.

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ANNEXURES

ANNEXURE A: INTERVIEW GUIDE

Title: The lived experiences of registered nurses on empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole.

Introduction: As a registered professional nurse, I am interested in understanding your experiences about empowerment and career advancement. Literature shows that empowerment in the workplace is a managerial function which is mandated by legislation to assist and prepare employees for career advancement. The literature also indicates that the empowerment of employees is influenced by their access to information, support, resources, and opportunity. Therefore, the questions contained in this interview guide have been developed to explore your experience of empowerment and career advancement at a tertiary hospital in the Cape Metropole.

The following questions will be asked.

1. Tell me what you understand by empowerment in the workplace?

   Probing words: exposure to leadership activities, i.e., do off duties/ attend management meeting / plan night duty schedule, support from supervisor, help to update cv, career goals discussed during performance appraisal.

2. Tell me about your experiences/views on empowerment in the workplace?

   Probing words: SDA (Skills Development Act) are considered/not considered/ partially considered, clear criteria for promotion, academic/competency, in-service/continuous professional development plan.

3. Tell me who guided you along your career pathway in the workplace?
   Probing words: opportunities for training, education, mentorship, fairness, resources, overtime, night duty.

4. Has anything hindered your opportunity for empowerment and career advancement?
   Probing words: busyness of the unit, lack of access to opportunities/support/information/resources, networking, favoritism, friends in senior positions, relationship with supervisor, family status, language, feeling powerless.

5. Do you believe your nurse manager could have done more to empower you in the workplace?
   Probing words: exposure to leadership activities, opportunity for training, continuous professional development plan, SDA.

Thank you for your participation.

Donna Battle

ANNEXURE B: STELLENBOSCH UNIVERSITY ETHICAL APPROVAL

UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

Approval Notice

New Application

16/02/2021

Project ID :18779

HREC Reference No: S20/11/306

Project Title: The lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole

Dear Mrs Donna Battle

The **Response to Modifications** received on 29/01/2021 was reviewed by members of the **Health Research Ethics Committee** via **expedited** review procedures on 16/02/2021 and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Date: 16 February 2021

Protocol Expiry Date: 15 February 2022

Please remember to use your Project ID 18779 and Ethics Reference Number S20/11/306 on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process. **After Ethical Review**

Translation of the informed consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note you can submit your progress report through the online ethics application process, available at: Links Application Form Direct Link and the application should be submitted to the HREC before the year has expired. Please see *Forms and Instructions* on our HREC website (www.sun.ac.za/healthresearchethics) for guidance on how to submit a progress report.

The HREC will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Please note that for studies involving the use of questionnaires, the final copy should be uploaded on Infonetica.

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: https://www.westerncape.gov.za/general-publication/health-research-approval-process. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit: Forms and Instructions on our HREC website https://applyethics.sun.ac.za/ProjectView/Index/18779

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,

Mrs. [redacted]
Health Research Ethics Committee 1 (HREC1)

National Health Research Ethics Council (NHREC) Registration Number:

REC-130408-012 (HREC1)·REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372

ANNEXURE C: STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

You are invited to take part in a study conducted by Donna Battle, from the Department of Nursing and Midwifery at Stellenbosch University. You were approached as a possible participant because I believe that you may have valuable information which may help us understand how empowerment or the lack of empowerment influences career advancement in nursing.

1. PURPOSE OF THE STUDY

The purpose of this study is to understand whether the empowerment of staff improves their opportunity for promotion and career advancement in nursing.

2. WHAT WILL BE EXPECTED OF ME OF ME?

If you agree to take part in this study, you will be asked to participate in an audio recorded interview, which will take approximately one hour to complete and will contain a combination of questions covering your experience of empowerment or lack of empowerment in the workplace and how that experience influenced your career advancement. The interview will be conducted either at the hospital or via an electronic platform such as e.g. Microsoft Teams or Zoom.

3. POSSIBLE RISKS AND DISCOMFORTS

I do not foresee any risk of harm to you, however given the sensitivity of the topic I understand that there is a possibility that you may experience discomfort or become emotional while conducting the interview. Should this occur, I will provide you with emotional support. If you remain emotionally distressed, I will assist you in identifying a suitable therapist who can assist you further.

4. POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY

Your views on empowerment in the workplace is of significant value to me and although the study may not benefit you directly, the information gained from the study may be used to influence future policy development in nursing.

5. PAYMENT FOR PARTICIPATION

To thank you for your participation, you will receive a healthy snack basket or voucher to the value of R50.

6. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study and that could possibly identify you as a participant will be protected. This will be done by adhering to the following process:

The audio recording of the interview will be transcribed, meaning it will be typed out. This typed version of the interview, called a transcript will be coded, meaning that instead of using your name a number will be assigned to your transcript e.g., Interview number 1. This process of coding is done to ensure your confidentiality and protect the content. The transcripts will not contain any personal details which could identify you or your institution. The transcripts and audio recordings will only be accessed by those directly involved in the study.

The information that can be used to identify you and your institution, called a master list, will be stored on a password protected computer. A master list is required if the researcher needs to confirm/ clarify information about the interview with you. The master list will only be accessed by the researcher. The master list and consent form will be stored on a password protected computer, which is backed up on iCloud, for a period of 5 years. The audio recordings and transcripts will be stored in a locked cabinet. The master list, consent form, audio recordings and transcripts will be destroyed after a period of 5-years.

7. PARTICIPATION AND WITHDRAWAL

Participation in the study is optional. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you do not want to answer and still remain in the study.

8. RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Donna Battle at [redacted] or email me at [redacted], and/or the supervisor Dr. Mariana Van der Heever on [redacted] or email her at [redacted].

9. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne [redacted] 021 808 4622] at the Division for Research Development.

DECLARATION OF CONSENT BY THE PARTICIPANT

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ agree to take part in this research study, as conducted by Donna Battle

_____ _____

Signature of Participant **Date**

LARATION BY THE PRINCIPAL INVESTIGATOR

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition, I would like to select the following option:

	The conversation with the participant was conducted in a language in which the participant is fluent.
	The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.

_____ _____

Signature of Principal Investigator **Date**

ANNEXURE D: PERMISSION FROM WESTERN CAPE GOVERNMENT

Western Cape Government
Health

Project ID: 18779

Ethics Reference: S20/11/306

TITLE: **The lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole.**

Dear Mrs Donna Battle

PERMISSION TO CONDUCT YOUR RESEARCH AT HOSPITAL.

1. In accordance with the Hospital Health Research Policy and Protocol of **April 2018**, permission is hereby granted for you to conduct the above-mentioned research here at Hospital for a year based on your HREC approval.

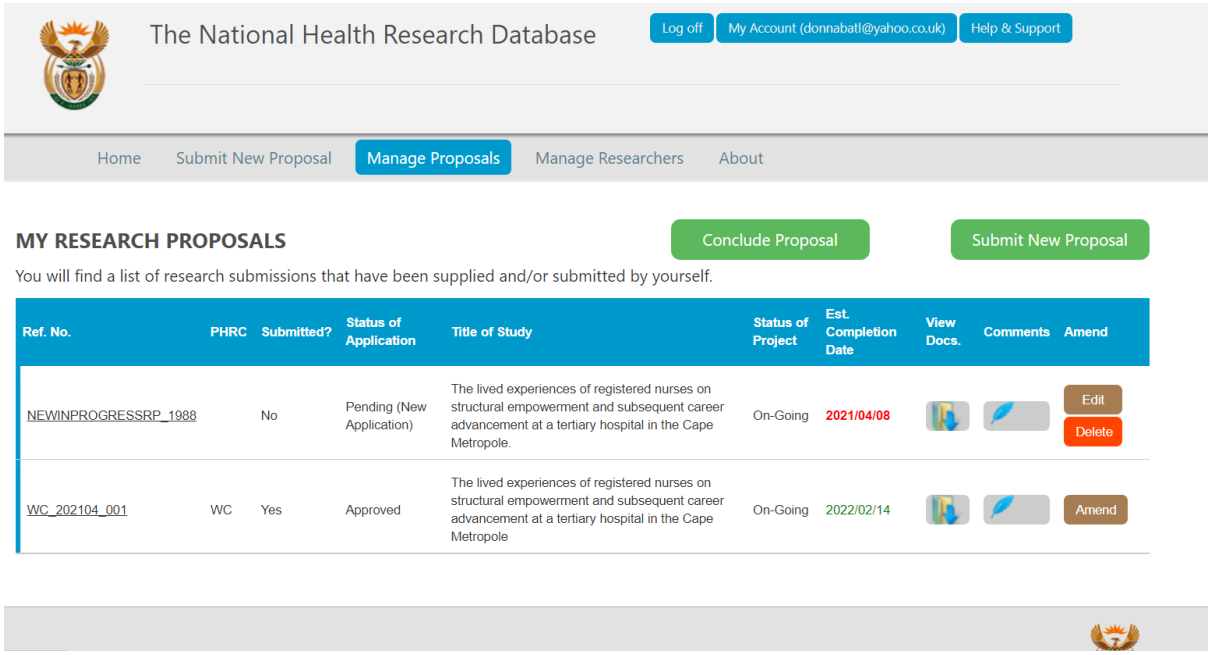
2. Researchers, in accessing Provincial health facilities, are expressing consent to provide the Department with an electronic copy of the final feedback within six months of completion of research. This can be submitted to the Provincial Research Co-Ordinator (Health.Research@westerncape.gov.za).

[redacted]
MANAGER: MEDICAL SERVICES

Date: 19/1/2021

A

ANNEXURE E: NATIONAL RESEARCH DATABASE APPROVAL



The National Health Research Database

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Home | Submit New Proposal | Manage Proposals | Manage Researchers | About

MY RESEARCH PROPOSALS

Conclude Proposal | Submit New Proposal

You will find a list of research submissions that have been supplied and/or submitted by yourself.

Ref. No.	PHRC	Submitted?	Status of Application	Title of Study	Status of Project	Est. Completion Date	View Docs.	Comments	Amend
NEWINPROGRESSRP_1988		No	Pending (New Application)	The lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole.	On-Going	2021/04/08			Edit / Delete
WC_202104_001	WC	Yes	Approved	The lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole	On-Going	2022/02/14			Amend

ANNEXURE F: INVESTIGATORS DECLARATION

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

HEALTH RESEARCH ETHICS COMMITTEE 1 AND 2

SECTION 1: INVESTIGATOR DETAILS and ROLE IN THIS RESEARCH											
Title, First name, Surname: Donna Battle			SU number: 14600358					*PROJECT ID NUMBER* *(HREC office use only)*			
Professional Status: Registered Nurse											
University DIVISION and DEPARTMENT: Department of Nursing and Midwifery											
Telephone No: 079 545 8434			E-mail address: donnabatl@yahoo.co.uk								
Role *(mark with X)*	Principal investigator	x	Co-investigator		Sub-Investigator		Supervisor		Pharmacist		

SECTION 2: PROJECT TITLE *(maximum 250 characters for database purposes)*

The lived experiences of registered nurses on empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole.

SECTION 3: CONFLICT OF INTEREST DECLARATION (OBLIGATORY)

I *(Title, Full name)*……Donna Battle…….declare that:

☒ I have no financial or non-financial interests, which may inappropriately influence me in the conduct of this research study; OR

☐ I do have the following financial or other competing interests with respect to this project, which may present a potential conflict of interest: (Please attach a separate detailed statement)

Signature: …Donna Battle…… Date: ……9 November 2020……

SECTION 4: DECLARATION (OBLIGATORY)

I, *(Title, Full name)* ……Donna Battle…… declare that:

- I have read through the submitted version of the research protocol and all supporting documents and am satisfied with their contents
- I am suitably qualified and experienced to perform and/or supervise the above research study.
- I agree to conduct or supervise the described study personally in accordance with the relevant, current protocol and will only change the protocol after approval by the HREC, except when urgently necessary to protect the safety, rights, or welfare of subjects. In such a case, I am aware that I should notify the HREC without delay.
- I agree to timeously report to the HREC serious adverse events that may occur in the course of the investigation.
- I agree to maintain adequate and accurate records and to make those records available for inspection by the appropriate authorised agents when and if necessary.
- I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements in the Declaration of Helsinki (2013), as well as South African and ICH GCP Guidelines and the Ethical Guidelines of the Department of Health as well as applicable regulations pertaining to health research.

- I agree to comply with all regulatory and monitoring requirements of the HREC.
- I agree that I am conversant with the above guidelines.
- I will ensure that every patient (or other involved persons, such as relatives), shall at all times be treated in a dignified manner and with respect.
- I will submit all required reports within the stipulated time frames.

Signature: …Donna Battle…… Date: ……9 November 2020……

ANNEXURE G: TRANSCRIPT

Name of audio	**:**	**Meeting with Participant 11**	
Transcription legend	**:**	**Researcher**	**R**
	:	**Interviewee**	**I**

I No, it has not. Not at all. Like, I don't know what in my ward physically, I can do more to become more qualified in my post. The only thing that I actually see is that I, the evaluation they do quarterly, the SPMSs that's the only thing that I actually know, well, I've seen that my unit manager or my, my fellow Sisters, that they evaluate me, and then I see wow okay. Like the last one, they wanted me to be more with when it comes to stock control. They wanted me to be more efficient with that. But that's the only way I actually saw okay whoa, somebody is actually evaluating me, like the first time when I was this year, I actually saw it for the first time, okay, somebody is evaluating me, and this is what I need to improve on. But nobody actually sat with me and say, okay, you need to do this, you should go more into that.

R So, you're saying that, during this SPMS is when you found out what people perceive to be your strengths or your weaknesses, what you needed to work on. But you also said that there was no discussion about that. So how did the SPMS, how did it actually happen? So, like who completes it, not by name, but I'm just saying, like, who completes this for you? And then how does the process happen of this evaluation?

I So it's usually our unit manager that, well, this the last one, the unit manager completed, and then I didn't even know she was busy with it. And then the morning, she just, she just slide it over to me and said, please sign, read it through, and then please sign. So I read it through, and I signed it, and I gave it back to her, no further discussion about it. And then they also asked me to complete it for the nurses I've been working with. I've never seen it in my life. But now I have to evaluate the nurses. So I had to evaluate them on a few things that I know, okay, what type of person they are, what are their capabilities, so I had to do that. I wasn't quite sure I actually asked her, please just give me a brief summary. And please help me a little bit, but she didn't really, really help me that much. So I just read through those

that she filled in for the nurses, I got an idea and then I just applied it to the nurses. I had to do it, but no more discussion about it, no.

R So, so, if I understand you correctly, this SPMS process is a matter of completing paperwork, and then handing it off to somebody else for their signature.

I Yes.

R And when you say this SPMS is actually a performance evaluation. So it says how well are you doing at your job? But you were saying that there's no actual discussion about that. So, even throughout that process, you were saying that nobody taught you how to do it, but they said please, you need to now complete this for your staff?

I Yes, and I had to teach myself how to do it.

R Yes. So, if I can understand correctly, it's as if there is sort of a limited amount of instructions given to you on how to complete this process?

I Yes,

R And so how long were you working with your staff when you were expected to complete this type of performance evaluation for your staff?

I About three to four months I will say.

R Okay, so it was very quickly. And so how did you feel, or do you feel that you were adequately prepared to evaluate somebody else?

I No, not at all because I didn't even know what to look at, you see? So that's why, when the Sister gave it to me, I actually asked her but Sister I've never done this before, can you please explain it to me. And then she told me to read those that she has done and to use it as an example. So I did that, I applied it to the, to the nurses, and then I gave it to the unit manager, saying Sister, please, before I give it to sign, can you please just read it through and see if this is correct even. And she just gave it to them to sign? So I think it was correct. So nobody really sat with

me and explain what should I look at when it comes to the nurses and how their performance? And some, I don't know nobody really took the time to explain it to me.

R So you're saying that nobody explained to you how you should conduct this performance evaluation?

I Yes.

R But when you, but you had to do it, so you did it, but when you completed this, did you get any feedback from your supervisor to say, Sister [name], this performance evaluation that you did was good, not good? Or did you get any feedback from her to say, you still need to do this, you didn't do this well. Was there any kind of feedback from her?

I Not at all.

ANNEXURE H: DECLARATION BY LANGUAGE EDITOR

Van Schalkwyk Editorial Services
(accredited by the University of Pretoria, Stellenbosch University,
University of Johannesburg, and others)

Email: arayofhope1@gmail.com

LinkedIn profile: https://www.linkedin.com/in/ar%C3%A9-van-schalkwyk-0214202a/

05/12/2021

To whom it may concern

I hereby confirm that I edited Donna Battle's master's thesis and that the content thereof will be kept confidential.

Regards

Mr Aré van Schalkwyk

ANNEXURE I: DECLARATION BY TECHNICAL EDITOR

7580
+27 71
rukshan

RUKSHANA ADAMS
COPYWRITING AND EDITING SERVICES

CERTIFICATE OF TECHICAL FORMATTING AND EDITING

This is to certify that the thesis titled

"The lived experiences of registered nurses on structural empowerment and subsequent career advancement at a tertiary hospital in the Cape Metropole"

written by **DONNA BATTLE**

Was Reviewed for Technical Formatting and Editing by **RUKSHANA ADAMS**

Date: 24 November 2021
Signature: R. Adams