



The Three-component Feedback System of Power, Empowerment and Job Performance: Investigating the System Using Structural Equation Model

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ARTICLE INFO

Article History:

Received: April 7, 2022

Accepted: May 9, 2022

ABSTRACT

Background: Quality-service provision depends on the performance of service providers; therefore, providing an empowering work environment is crucial to achieving excellence. **Objectives:** This study examined the intercorrelation between structural empowerment, nurses' perceived formal and informal power and job performance through a proposed model known as "the three-component feedback system of power, empowerment and job performance". **Methods:** A cross-sectional design was applied. A convenience sampling technique was used to collect data from 200 nurses. A structural equation model analysis was used to test the study model. The study used self-reported questionnaires that included a six-dimension scale to measure nursing performance, job activities and organizational relationship scales to measure power and the CWEQ-II to measure empowerment. **Results:** Nurses perceived only a moderate level of power in their work environment with the highest performance quality in the critical-care subscale. The results revealed that the data strongly fit the proposed model as evidenced by the fit indices of CFI = 1.49, RMSEA = 0.05, $\chi^2/df = 0.99$, $\chi^2 = 76.17$ and $df = 51$. **Conclusions:** This study concludes that job performance, power and empowerment are involved in a loop of feedback systems. Therefore, each variable in the loop affects the other variables either directly or through other variables in the loop. **Implications to Nursing:** Applying staff improvement plans can begin in one component of the system (power, empowerment and performance) and progress will eventually enhance the other components.

Keywords: Nursing management, Power, Empowerment, Job performance.

What does this paper add?

1. Jordanian nurses' levels of power, empowerment and job performance are moderate, therefore requiring improvement.
2. This is the first study that investigates and quantifies the intercorrelations between power, structural empowerment and job performance.

3. A three-component feedback system was created for the three main variables and found to be supported when tested using structural equation modeling.

Introduction

The professional status of nursing has long been a controversial issue that cannot be resolved until

professionals have the sufficient power to create change that starts with improving nurses' performance and exhibiting a sense of control and capability of making autonomous decisions (Pursio et al., 2021). However, this cannot be achieved without improving skills, knowledge and performance as foundations of high-quality professional nursing (Heldal et al., 2019). To improve nurses' performance, managers are required to provide a positive work environment that empowers nurses to achieve excellence within the healthcare domain (Friend & Sieloff, 2018).

With nurses comprising more than a half of the healthcare workforce, nursing job performance is a major determinant of the delivered care quality and consequently patient outcomes (ANA, 2022). Thus, poor nurses' job performance can be considered a risk factor for patient safety (Al-Makhaita et al., 2014; Heldal et al., 2019). Other relevant concepts, such as power and empowerment, were thoroughly, but never adequately, studied within nursing literature. An area that has not been investigated yet is how power, empowerment and job performance interact.

Power is defined as the "ability to mobilize resources to get things done" (Kanter, 1993, p. 210). Perception of power is necessary for nurses to create potential change in the attitudes and behaviors of individuals, including patients, peers and other healthcare providers (Huston, 2020). Two main sources of power were identified within nursing; namely, formal and informal power. Formal power pertains to job characteristics including flexibility and creativity concerning decision-making, whereas informal power relates to social communication and information channels among healthcare providers (Kanter, 1993; Laschinger et al., 2001).

The concepts of power and empowerment are highly relevant to nurses' outcomes; however, there is a lack of studies addressing the causality relationships between power, empowerment and job performance in current nursing research. Therefore, this research aimed to use structural equation modeling (SEM) to investigate the causality relationship among the three main study variables. The SEM is known as a powerful, multivariate technique that provides investigations to evaluate causal relationships among the variables (Sharif et al., 2019).

Background

A literature search was conducted to gain knowledge on what is already known about the study concepts

(power, empowerment and job performance) in nursing literature. Due to the scarcity of research in these areas, the literature searched included all articles that were published in the past ten years (2012-2022), in addition to the classic work in the field. A summary of the findings is presented in this section.

In recent studies, positive associations were demonstrated between the perception of power and job performance (Ko et al., 2020), care quality and professional excellence (Sepasi et al., 2016). On the other hand, the impacts of powerlessness were presented in the form of low job satisfaction (Orgambidez & Almeida, 2020), higher burnout (Orgambidez & Almeida, 2019) and poorer patient outcomes (Sepasi et al., 2016). These findings reflect the importance of understanding how power is perceived among nurses in addition to the flow of power within healthcare environments.

The outflow of power among individuals is known as empowerment. Kanter (1993) defined empowerment as providing power to the disadvantaged people within an organization by augmenting access to four main empowerment structures: opportunity, information, resources and support. Empowerment is viewed as the means for forming the person's competence and ability to make meaningful choices and decisions (Friend & Sieloff, 2018). The concept of empowerment originated from business models and was introduced into nursing by Dr. Heather Laschinger and his colleagues (Laschinger et al., 2000). Although studies emerged in the field of nursing in the past decades, the topic is still not well studied (Cayaban et al., 2022; Moura et al., 2020).

Previous research showed how empowerment could impact individual and organizational outcomes (Funk et al., 2020). Cicolini et al. (2014) found that creating a satisfying work environment will positively impact psychological empowerment and increase nurses' satisfaction and retention. Patient-care quality is another outcome of structural empowerment that is central to all healthcare organizations' goals. In the review of Goedhart et al. (2017), they stated that nurse managers need to provide empowering work conditions to guarantee that nurses will deliver high-quality, efficient and effective patient-centered care in their workplaces. Nursing empowerment is also viewed as an antecedent for improving nursing performance (Colquitt et al., 2018; Ko et al., 2020). However, Goedhart et al. (2017)

highlighted the need to further study and better understand how structural empowerment relates to nurses' job performance.

Job performance is generally defined as "the result of any organizational activities over a given period of time" (Islam et al., 2019, p. 667). Therefore, job performance is not merely about task proficiency, but extends to contextual performance within an organization that pertains to motivating others to enhance their productivity by utilizing good interpersonal skills (Tong, 2018). Several studies aimed to investigate antecedents as well as outcomes of job performance (Al-Hawary & Banat, 2017; Cho & Han, 2018). A previous study aimed to assess the predictors of nurses' job performance; the results revealed that work conditions, such as stress level, work shifts and working in specific departments, such as the surgical departments, significantly predicted the level of job performance (Al-Makhaita et al., 2014).

Researchers suggested that further studies are required to review job conditions and structures and their effects on job performance (Al-Makhaita et al., 2014). A study that investigated the impact of motivation on job performance revealed significant relationships between material and non-material motivators and job performance, suggesting that empowering staff is a means of job performance improvement (Al-Hawary & Banat, 2017). In the meta-analytic review of Wang et al (2019), the authors emphasized the importance of improving job performance, as it is a crucial element in improving organizational commitment which can consequently result in higher job satisfaction and decreased turnover rate among employees. However, the authors noted that job-performance relationships with other variables differ according to cultural variables, such as individualism *versus* collectivism cultural contexts (Wang et al., 2019), indicating the need to understand how power and autonomy affect job performance (Ko et al., 2020; Wang et al., 2019).

While previous studies addressed the three concepts of job performance, power and empowerment, there is a clear deficit in understanding the interrelationship between these three variables and the nature of the relationship or reciprocity among them. Moura et al. (2020) stressed the importance of implementing models that enable organizational management to enhance nurses' performance and level of empowerment.

Therefore, the purpose of this study was to examine the intercorrelation between structural empowerment, nurses' perceived formal and informal power and their perceptions of job performance by creating and testing a feedback model.

Theoretical Framework

Two theoretical models were integrated and utilized to guide this study. Kanter's (1979) Structural Theory of Power in Organizations was used to select the variables examined in the current study. Kanter's theory explains structural empowerment components and their relations to power and job performance. Debacher's (1979) Individual Adjustment Model (IAM) guided the study's relationships among the studied variables.

Kanter's Theory of Structural Empowerment

Kanter believed that power within an organization is a prerequisite to mobilizing organizational assets and getting the job done. In Kanter's theory, power is viewed as a dynamic structure that can be represented in formal or informal forms. Accordingly, perception of power results from organizational support to goal accomplishments as well as from personal networks and relationships with managers, co-workers and subordinates. Kanter (1993) argued that power ensures access to empowerment structures which are opportunity, information, resources and support. Structural empowerment in turn is necessary to improve employees' job performance. Access to structural empowerment is expected to enable employees to be more active and innovative in solving problems at work, representing enhanced decision-making capacity.

However, Kanter assumed a linear path for the effect of power on empowerment and the effect of empowerment on job performance, discounting the possible feedback effect of job performance on power and/or empowerment. Therefore, while Kanter's theory explains the conceptualization of the study variables, the IAM model will be used to explain the nature of the interrelationships among the variables of power, empowerment and job performance.

Debacher's Individual Adjustment Model (IAM)

Debacher illustrated how the person makes decisions in his model; "The Individual Adjustment Model (IAM)", Figure 1. According to the model, a human's behavior (job performance) interacts with the environment through conscious and unconscious

creative and reactive micro-processes (Debacher, 1979). This cognitive model assumes that persons adjust their behaviors in response to their perceptions (power) and environmental inputs using a feedback mechanism. Making decisions requires interactive communications with a person's environment which produces micro-processes that feed a personal behavioral adjustment. Within any system, the perception and decision-making processes progress amid the surrounding environment, feeding the person's behavior and being fed by it in a loop-like pattern.

In this study, we suggested that "perception" refers to the perception of power, "decision making" refers to

the concept of empowerment which, at its core, resembles autonomy and decision-making capacity, whereas job performance is the "behavior". Accordingly, employees continuously adjust in response to their perceptions and decisions within their organizational environment. The use of these two models can be of great benefit to innovatively studying how power, empowerment and job performance interact. The model in Figure 2 illustrates the final conceptual presentation of the three-component feedback system proposed for this study. The model components are power, structural empowerment (SE) and job performance (JP).

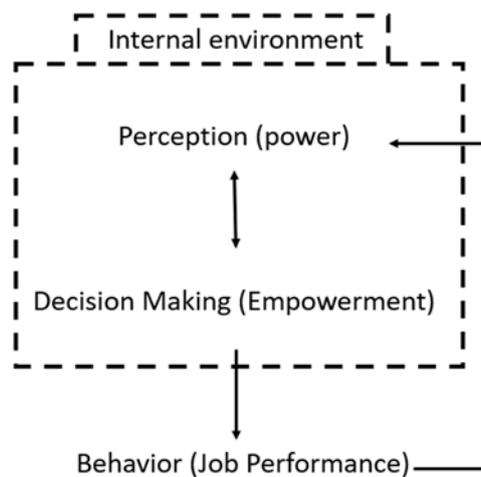


Figure 1. Debacher's (1979) Individual Adjustment Model (IAM) (adapted)

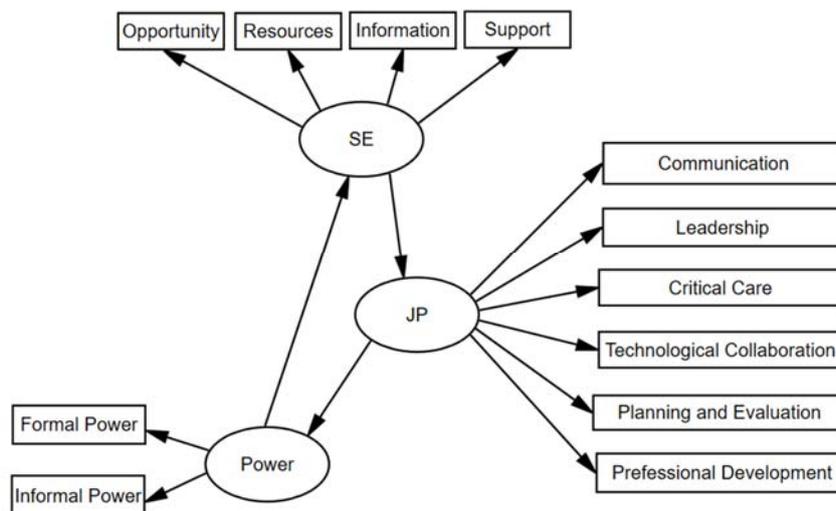


Figure 2. Hypothesized model; the three-component feedback system of power, empowerment and job performance

Methods

Design and Sampling

The study applied a cross-sectional method to investigate the interrelations between the study variables. The study setting included governmental and non-governmental hospitals in Jordan to produce a generalizable sample of participants. The *a-priori* sample-size calculator for structural equation models was used to determine the minimum required sample size (Soper, 2006). Given that the number of observed variables is 12, with 3 latent variables in the model, a medium (0.3) effect size, a probability level of 0.05 and a statistical power level of 0.95, the required sample size is 184 at minimum. This study included 200 participants using the convenience sampling technique. The inclusion criteria were registered nurses with full-time employment who were working for at least six months in their current position before the data collection date, to ensure the nurses' familiarity with the conditions of their work and the utilization of resources.

Measurements

Self-reported questionnaires were used to collect the study data. Power was measured using two scales: The Job Activities Scale (JAS) to measure formal power and the Organizational Relationships Scale (ORS) to assess informal power. These two scales were developed by Laschinger et al. (2001). The JAS is a three-item scale measured on a 5-point Likert scale with well-established reliability (Cronbach's α of 0.69). The ORS is a four-item scale that has a Cronbach's α of 0.67. The ORS and JAS mean scores are obtained by averaging the items. Scores range between 1 and 5 with higher scores representing higher formal and informal power for JAS and ORS, respectively.

Structural empowerment was measured using the CWEQ-II with the four subscales of (opportunity, information, support and resources). Each of these subscales is a 4-item scale that is measured on a 5-point Likert scale. Their reliability indices were evaluated using Cronbach's α and were as follows: 0.89, 0.84, 0.87 and 0.83, respectively (Ta'an et al., 2021). Each subscale mean score is calculated by averaging the items; a range of 1 to 5 results with higher scores reflecting higher access to the organizational empowerment structure.

Job performance was assessed using Schwirian's (1978) Six-dimensional Scale of Nursing Performance. The scale consists of 52 items divided into six scales;

namely, leadership, critical care, collaboration, evaluation, interpersonal relations and professional development. The Cronbach's α values for these subscales were 0.90, 0.92, 0.93, 0.94, 0.96 and 0.98, respectively. To assess the quality of job performance, the questionnaire begins by asking "how well do you perform these activities?". The 52 items then follow (e.g. maintain high-performance standards). The responses can be 1 for not very well, 2 for satisfactory, 3 for well and 4 for very well. The scale scores were calculated by averaging the scores of each subscale's items.

The JAS, ORS and CWEQ-II were previously translated into Arabic and the Arabic versions of the instruments were found to be psychometrically valid and reliable (Ta'an et al., 2021); therefore, the Arabic versions of these tools were used. For the Six-Dimensional Scale of Nursing Performance, the standard translation procedure was followed and a pilot study was conducted.

Data Collection

Data collection started by introducing the study to potential participants by a research assistant, then the participants were provided with informed consent to read and sign if they were interested in participation in the study. If the nurses agreed to participate in the study, they are offered the questionnaires and were asked to return them to the research assistant upon completion. Each participant's questionnaire kit receives a code, then consent forms and demographic data were kept separate from their responses to the study questionnaires in a locked cabinet at the principal investigator's office. Raw data was destroyed upon completing the analysis and unidentified data was kept for five years for potential additional analyses.

Ethical Considerations

Before starting the data-collection process, permissions were obtained from the questionnaires' developers to use their tools. Ethical approval was also obtained from the affiliated institution of the principal investigator. Approvals from data-collection sites were obtained as well. Informed consent was collected from each participant and they were assured that their anonymity and confidentiality will be preserved and that they can withdraw from the study at any time without penalties.

Data Analysis

Data analyses were performed using the SPSS for Windows, version 27 and IBM SPSS AMOS, version 27 (IBM, 2020). To describe the demographic and main study variables, descriptive analyses were conducted. Pearson's correlation was also used to examine the relationships among the study variables (formal and informal power, structural-empowerment domains and the six scales of nursing job performance). Structural Equation Modeling (SEM) was utilized to test the model by analyzing the relationships among the three components of the proposed model. A significance level of less than 0.05 was set for the analyses.

Results

Table 1 summarizes the characteristics of the study participants. The total number of participants who agreed to participate in the study and completed the study kit was 200 nurses. Among those, 90 participants (45%) were males and 179 (89.5%) were Bachelor's degree holders, whereas 21 (10.5%) had a Master's degree in nursing. The highest number of nurses (n= 68, 34%) were working in medical-surgical wards, 65 (32.5%) of them were critical-care nurses and the rest of them were working in pediatrics units, emergency departments and other hospital units.

Table 1. Participants' characteristics (N=200)

Variable		Frequency	Percent (%)	Mean	Standard Deviation
Age				28.4	4.50
Years of experience				5.4	3.83
Number of assigned patients				6.84	5.67
Weekly working hours				45	4.90
Gender	Male	90	45		
	Female	110	55		
Education	Bachelor's degree in nursing	179	89.5		
	Master's degree in nursing	21	10.5		
Marital status	Single	98	49		
	Married	97	48.5		
	Widowed or divorced	5	2.5		
Yearly income	Less than 5000 JD	25	12.5		
	5000-7000 JD	117	58.5		
	More than 7000 JD	58	29		
Unit	Medical-surgical	68	34		
	Critical care	65	32		
	Pediatrics	28	14		
	Emergency department	23	11.5		
	Others	16	8		
Hospital sector	Governmental	100	50		
	Non-governmental	100	50		

Table 2 presents the descriptive results of the study variables. For power, the mean scores for formal -and informal- power scales were 2.9 and 3.3, respectively, representing that nurses perceive only a moderate level of power in their work environment. Results on structural empowerment showed that nurses feel a

moderate level of empowerment in its four domains with the highest score being in the domain of access to opportunities (M = 3.23 ± 0.11), followed by access to resources (M = 3.21 ± 0.81). Nurses believed that they perform with the highest quality in the area of critical care (Mean [M] = 2.81 ± 0.79), followed by leadership

(M = 2.72 ± 0.79), evaluation (M = 2.71 ± 0.90), professional development (M = 2.71 ± 0.84),

interpersonal relations (M = 2.70 ± 0.78) and collaboration (M = 2.61 ± 0.83).

Table 2. Description of study variables (N=200)

Variable	Scale	Mean	Standard Deviation
Power			
	Formal power: Job Activities Scale (JAS)	2.92	1.05
	Informal power: Organizational Relationships Scale (ORS)	3.33	0.844
Structural Empowerment			
	Opportunity	3.23	1.09
	Resources	3.21	0.810
	Information	3.15	0.896
	Support	3.15	0.896
Job Performance			
	Leadership	2.72	0.785
	Critical care	2.81	0.790
	Collaboration	2.61	0.834
	Evaluation	2.71	0.903
	Interpersonal relations	2.70	0.783
	Professional development	2.71	0.837

Pearson's correlation coefficient was used to measure the strength and direction of the relationships among the study variables (formal and informal power, structural-empowerment domains and the six scales of nursing job performance). As presented in Table 3, all

scores were statistically significant, demonstrating significant positive correlations, with Pearson's correlation values ranging between 0.683 and 0.914 at $P \leq 0.01$.

Table 3. Pearson's correlation scores

	1	2	3	4	5	6	7	8	9	10	11	12
Power												
1 Formal power	1											
2 Informal power	0.747**	1										
Structural empowerment												
3 Opportunity	0.802**	0.683**	1									
4 Information	0.801**	0.756**	0.772**	1								
5 Resources	0.768**	0.707**	0.788**	0.790**	1							
6 Support	0.768**	0.691**	0.750**	0.761**	0.749**	1						
Job performance												
7 Leadership	0.807**	0.736**	0.777**	0.762**	0.746**	0.755**	1					
8 Critical Care	0.780**	0.698**	0.780**	0.733**	0.731**	0.699**	0.847**	1				
9 Collaboration	0.851**	0.714**	0.851**	0.795**	0.805**	0.788**	0.876**	0.849**	1			
10 Evaluation	0.827**	0.712**	0.817**	0.786**	0.783**	0.767**	0.833**	0.781**	0.883**	1		

11 Interpersonal relations	0.843**	0.703**	0.839**	0.786**	0.777**	0.759**	0.859**	0.854**	0.914**	0.851**	1
12 Professional development	0.757**	0.692**	0.773**	0.739**	0.732**	0.698**	0.799**	0.796**	0.800**	0.807**	0.815**

** Correlation is significant at the 0.01 level (2-tailed).

The three-component feedback system of power, empowerment and job performance model was assessed using Structural Equation Modeling (SEM). The results displayed in Figure 3 revealed that the data strongly fit

to the proposed conceptual model (Figure 1) as evidenced by the fit indices of CFI = 1.49, RMSEA = 0.05, $\chi^2/df = 0.99$, $\chi^2 = 76.17$ and $df = 51$.

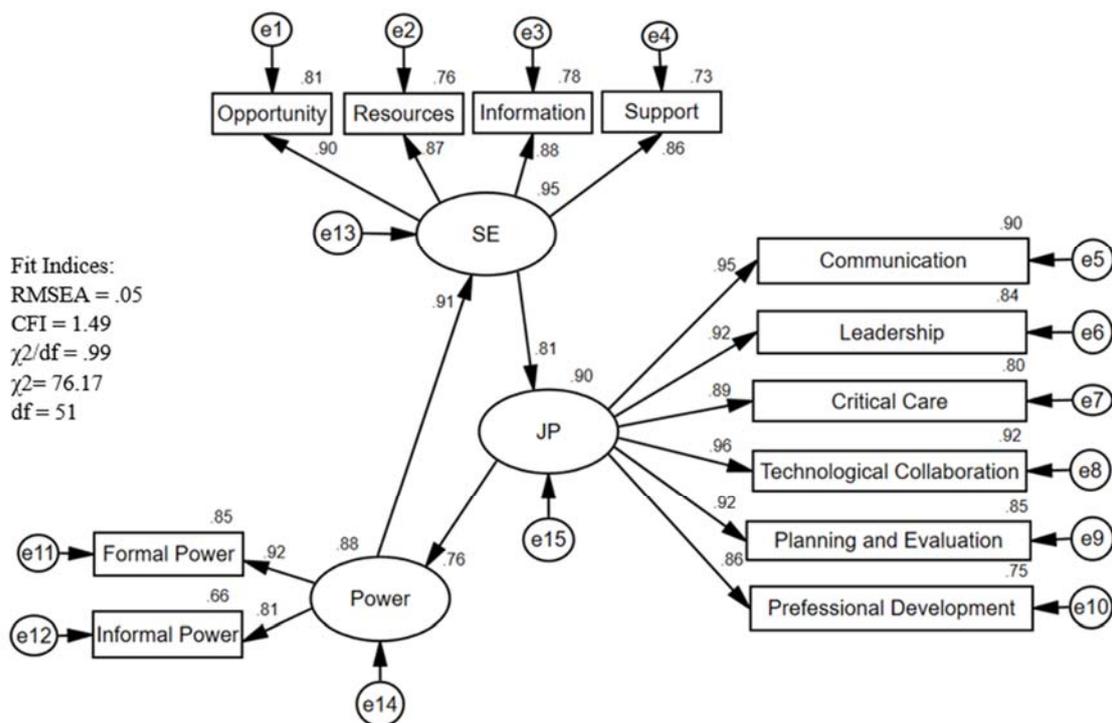


Figure 3. Final model; the three-component feedback system of power, empowerment and job performance

The statistical analysis also showed high factor loadings for all variables, ranging from 0.81 to 0.96. All of the hypothesized relationships among the study variables were statistically significant. The variable "power" has a significant relationship with "structural empowerment (SE)". When power increases by one standard deviation (SD), SE increases by 0.91 standard deviation when all other variables are held constant. Likewise, an increase of SE by one SD increases job performance by 0.81 SD. Making a loop, a one SD increase in job performance results in a 0.75 SD increase in power. These relationships support that power, empowerment and job performance feed each other in a circular pattern, creating a feedback system.

Discussion

This is the first study that investigates and quantifies the intercorrelations among power, structural empowerment and job performance and how these variables interact to form a feedback system. The current study revealed that the mean perception of power among Jordanian nurses reflected a moderate level of power, which is to some extent consistent with findings from research in other neighboring countries. In Egypt, only 10 percent of 300 nurses had a perception of a high level of power, whereas the remaining 90% of them scored low-to-moderate levels of power (Elewa & Ibrahim, 2020).

Structural empowerment is the key element for providing nurses with autonomy and power that enable them to perform at maximum efficiency (Woodward,

2020). It is alarming that nurses in the current study demonstrated only a moderate level of structural empowerment in all four domains with the highest score being in the domain of opportunities, followed by resources and scoring the lowest in the areas of access to information and support within their organizations. This is congruent with other studies conducted in Canada (Laschinger et al., 2000), China (Wang et al., 2013) and Egypt (El-Demerdash & Obied, 2016), in which empowerment was perceived to be moderate among the researched nurses. Eliminating barriers to nursing empowerment is particularly essential to impact nurses and the discipline of nursing (Woodward, 2020). Additionally, improving access to empowerment structures can lead to increased job performance, as the correlation results of the current study suggest.

Nurses in the current study reflected on their job-performance quality to be moderate on average for all six performance domains. This result is also congruent with other studies that were conducted previously among nurses working in Jordanian hospitals (Mrayyan & Al-Faouri, 2008) and on nurses in China (Tong, 2018). The study of Cho and Han (2018) linked job-performance quality to the work environment and found that higher job performance is reported by nurses who work in a sufficiently staffed and highly supported environment. Banibakr et al. (2019) stressed the importance of studying the factors that can improve nurses' performance to establish meaningful quality-improvement plans. Their study further revealed that Job performance can significantly be affected by structural empowerment and can significantly impact the perception of power.

The results support the utilization of DeBacher's (1979) Individual Adjustment Model (IAM), in which the perception of power nurtures empowered decisions, which in turn can improve job-performance behaviors. Additionally, quality performance is back-linked to the perception of power creating a three-component feedback system of power, empowerment and job performance. This finding is particularly interesting, because it shifts the classic way of conceptualizing the relationships among these variables from linear paths to circular ones.

Implications to Nursing

While nurses are responsible for providing quality care to patients, it is the managers' job to care for care

providers. However, job-performance improvement requires administrators to accurately understand the encompassing variables that affect the phenomenon. While the concept of power is viewed as a "tool for professional excellence", this is the first research that quantifies the relationships among power, empowerment and job performance. Therefore, further research is recommended, through the utilization of interventional studies, to assess the effectiveness of innovative nursing-empowerment strategies and programs.

To create job-performance improvement plans, it does not matter where we start as long as we target any element of the system's three components. Knowledge of these correlations can make a dramatic shift in nursing managers' practices in developing strategies to overcome performance-quality concerns among their employees. Additionally, such findings can help managers in the healthcare field create change opportunities to empower employees and enhance their sense of power within their organizations and make the work climate healthier.

Suggestions for improving the power of nurses include creating innovative rewarding systems and increasing visibility and flexibility within nursing work as well as increasing interdisciplinary collaborations. To enhance empowerment, nursing managers need to invest in opportunities that enable staff to gain new knowledge and experiences. Access to information can be promoted by informing the staff of the current state of their work setting and the values and goals of their organizations. Support can be enhanced by providing training sessions on scientific advancements and soft-skill training. Sufficient provision of time and equipment can reflect a resourceful work environment that reflects empowering working conditions.

Conclusion

Job performance evaluation is crucial to offer administrative evidence of nurses' achievements; however, there has been little discussion about the relationships among power, empowerment and the quality of job performance in global nursing research. Many factors were proven to associate with the performance of nurses within an organization, among which is work environmental conditions. To better evaluate these concepts, the theories of DeBacher and Kanter were applied and tested in a proposed three-

component feedback system. The model in its essence assumes that job performance affects and is affected by the variables of power and empowerment in a circular pattern in which applying improvement plans can begin anywhere in the system and the improvement plan will eventually enhance the other components. The findings proved that the model is statistically supported and therefore, it can be used in nursing administrative strategic planning.

Job performance among our participants demonstrated weaknesses in the areas of collaboration and interpersonal communication. Therefore, investment should be made in the application of efficient interdisciplinary teams, training personnel on effective communication practices and enhancing contributions to

REFERENCES

- Al-Hawary, S.I., & Banat, N.A. (2017). Impact of motivation on job performance of nursing staff in private hospitals in Jordan. *International Journal of Academic Research in Accounting, Finance and Management Sciences*, 7 (2), 54-63. <https://doi.org/10.6007/IJARAFMS/V7-I2/2824>
- Al-Makhaita, H.M., Sabra, A.A., & Hafez, A.S. (2014). Job performance among nurses working in two different health-care levels, Eastern Saudi Arabia: A comparative study. *International Journal of Medical Science and Public Health*, 3 (7), 832-837. <https://doi.org/10.5455/ijmsph.2014.240420142>
- American Nursing Association: ANA. (2022, May 6). *Nurses in the workforce*. <https://www.nursingworld.org/practice-policy/nurse-staffing/>
- Banibakr, A.A., Shafie, Z.M., Mohammad, A.A., & Alkuwaisi, M.J. (2019). Factors influencing job satisfaction among nurses in Jordanian public hospitals. *International Journal of Advanced and Applied Sciences*, 6 (1), 81-89. <https://doi.org/10.21833/ijaas.2019.01.011>
- Cayaban, A.R.R., Valdez, G.F.D., Leocadio, M.L., Cruz, J.P., Tuppal, C.P., Labrague, L.J., ... & Francis, F. (2022). Structural and psychological empowerment and its influencing factors among nursing students in Oman. *Journal of Professional Nursing*, 39, 76-83. <https://doi.org/10.1016/j.profnurs.2022.01.003>
- Cho, H., & Han, K. (2018). Associations among nursing work environment and health-promoting behaviors of nurses and nursing performance quality: A multilevel productive-work relationships. In summary, nurses' performance is interrelated with their access to empowerment structures and perception of power.
- ### Acknowledgment
- The authors are thankful to Jordan University of Science and Technology and the Deanship of Scientific Research for supporting this research.
- ### Funding Information
- The study received no financial support from any source.
- ### Conflict of Interest
- All authors declare no conflict of interest.
- modeling approach. *Journal of Nursing Scholarship*, 50 (4), 403-410. <https://doi.org/10.1111/jnu.12390>
- Cicolini, G., Comparcini, D., & Simonetti, V. (2014). Workplace empowerment and nurses' job satisfaction: A systematic literature review. *Journal of Nursing Management*, 22 (7), 855-871. <https://doi.org/10.1111/jonm.12028>
- Colquitt, J., LePine, J.A., & Wesson, M.J. (2018). *Organizational behavior: Improving performance and commitment in the workplace* (6th edn.). New York, NY, USA: McGraw-Hill.
- Debacher Jr, D.E. (1979). Cognitive models and health decision making. *Medical Anthropology Newsletter*, 10 (2), 10-17. <https://doi.org/10.1525/maq.1979.10.2.02a00120>
- El-Demerdash, S.M., & Obied, H.K. (2016). Influence of empowerment on nurses' participation in decision making. *IOSR Journal of Nursing and Health Science*, 5 (5), 66-72.
- Elewa, A.H., & Ibrahim, A. (2020, March). Staff nurses' perception of power and its relation to job satisfaction in hospitals of Ministry of Health. *The Medical Journal of Cairo University*, 88, 557-565. <https://doi.org/10.21608/mjcu.2020.104606>
- Friend, M.L., & Sieloff, C.L. (2018). Empowerment in nursing literature: An update and look to the future. *Nursing Science Quarterly*, 31 (4), 355-361. <https://doi.org/10.1177/0894318418792887>
- Funk, L.M., Stajduhar, K. I., Giesbrecht, M., Cloutier, D., Williams, A., & Wolse, F. (2020). Applying the concept of structural empowerment to interactions between families and home-care nurses. *Nursing Inquiry*, 27 (1),

- e12313. <https://doi.org/10.1111/nin.12313>
- Goedhart, N.S., van Oostveen, C.J., & Vermeulen, H. (2017). The effect of structural empowerment of nurses on quality outcomes in hospitals: A scoping review. *Journal of Nursing Management*, 25 (3), 194-206. <https://doi.org/10.1111/jonm.12455>
- Heldal, F., Kongsvik, T., & Håland, E. (2019). Advancing the status of nursing: Reconstructing professional nursing identity through patient safety work. *BMC Health Services Research*, 19 (1), 1-12. <https://doi.org/10.1186/s12913-019-4222-y>
- Huston, C. (2020). *Professional issues in nursing: Challenges and opportunities*. Philadelphia, PA: Wolters Kluwer.
- IBM Corp. (2020). *IBM SPSS statistics for Windows*. Version 27. Armonk, NY: IBM Corp.
- Islam, R., Osman, N., Othman, M.F., & Raihan, M.A. (2019). Impact of global leadership behaviors on performance of multinational companies. *Humanities & Social Sciences Reviews*, 7 (3), 661-670. <https://doi.org/10.18510/hssr.2019.7397>
- Kanter, R.M. (1979). Power failure in management circuits. *Harvard Business Review*, 57 (4), 65-75.
- Kanter, R.M. (1993). *Men and women of the corporation*. 3-390. NY: BasicBooks.
- Ko, Y., Yu, S., & Jeong, S.H. (2020). Effects of nursing power and organizational trust on nurses' responsiveness and orientation to patient needs. *Nursing Open*, 7 (6), 1807-1814. <https://doi.org/10.1002/nop2.567>
- Laschinger, H.K., Finegan, J., Shamian, J., & Casier, S. (2000). Organizational trust and empowerment in restructured healthcare settings: Effects on staff nurse commitment. *The Journal of Nursing Administration*, 30 (9), 413-425. <https://doi.org/10.1097/00005110-200009000-00008>
- Laschinger, H.K., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: Expanding Kanter's model. *The Journal of Nursing Administration*, 31 (5), 260-272. <https://doi.org/10.1097/00005110-200105000-00006>
- Moura, L.N., Camponogara, S., Santos, J., Gasparino, R.C., Silva, R., & Freitas, E.O. (2020). Structural empowerment of nurses in the hospital setting. *Revista Latino-Americana de Enfermagem*, 28, e3373. <https://doi.org/10.1590/1518-8345.3915.3373>
- Mrayyan, M.T., & Al-Faouri, I. (2008). Career commitment and job performance of Jordanian nurses. *Nursing Forum*, 43 (1), 24-37. <https://doi.org/10.1111/j.1744-6198.2008.00092.x>
- Orgambidez, A., & Almeida, H. (2019). Core burnout and power in Portuguese nursing staff: An explanatory model based on structural empowerment. *Workplace Health & Safety*, 67 (8), 391-398. <https://doi.org/10.1177/2165079918822648>
- Orgambidez, A., & Almeida, H. (2020). Exploring the link between structural empowerment and job satisfaction through the mediating effect of role stress: A cross-sectional questionnaire study. *International Journal of Nursing Studies*, 109, 103672. <https://doi.org/10.1016/j.ijnurstu.2020.103672>
- Pursio, K., Kankkunen, P., Sanner-Stiehr, E., & Kvist, T. (2021). Professional autonomy in nursing: An integrative review. *Journal of Nursing Management*, 29 (6), 1565-1577. <https://doi.org/10.1111/jonm.13282>
- Schwirian, P.M. (1978). Evaluating the performance of nurses: A multidimensional approach. *Nursing Research*, 27 (6), 347-351. <https://doi.org/10.1097/00006199-197811000-00004>
- Sepasi, R.R., Abbaszadeh, A., Borhani, F., & Rafiei, H. (2016). Nurses' perceptions of the concept of power in nursing: A qualitative research. *Journal of Clinical and Diagnostic Research: JCDR*, 10 (12), LC10-LC15. <https://doi.org/10.7860/JCDR/2016/22526.8971>
- Sharif, S.P., Mostafiz, I., & Guptan, V. (2019). A systematic review of structural equation modeling in nursing research. *Nurse Researcher*, 26 (2), 28-31. <https://doi.org/10.7748/nr.2018.e1577>
- Soper, D. (2006-2022, May 5). Calculator: *A-priori* sample size for structural equation models. <https://www.danielsoper.com/statcalc/calculator.aspx?id=89>.
- Ta'an, W.F., Al-Hammouri, M.M., Rababah, J.A., & Suliman, M.M. (2021). Reliability and validation of the Arabic version of the conditions for workplace effectiveness questionnaire-II. *International Journal of Nursing Sciences*, 8 (2), 215-220. <https://doi.org/10.1016/j.ijnss.2021.03.011>
- Tong, L. (2018). Relationship between meaningful work and job performance in nurses. *International Journal of Nursing Practice*, 24 (2), e12620. <https://doi.org/10.1111/ijn.12620>
- Wang, Q., Jiang, Y., Weng, Q., & Wang, Q. (2019). A meta-analysis of the relationship between occupational commitment and job performance. *Social Behavior and*

Personality: An International Journal, 47 (8), 1-15.
<https://doi.org/10.2224/sbp.8232>

Wang, X., Kunaviktikul, W., & Wichaikhum, O.A. (2013).
Work empowerment and burnout among registered
nurses in two tertiary general hospitals. *Journal of*

Clinical Nursing, 22 (19-20), 2896-2903.
<https://doi.org/10.1111/jocn.12083>

Woodward, K.F. (2020). Individual nurse empowerment:
A concept analysis. *Nursing Forum*, 55 (2), 136-143.
<https://doi.org/10.1111/nuf.12407>.