

## Effect of Application of Kanter's Empowerment Theory on Nurse Intern's Assertiveness

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### Abstract

Nurses' interns today are the nucleus of professional nurses of tomorrow. When communication is an integral part of the nurses' role, it is crucial to highlight the factors which can affect the nurses' interns to behave in assertive and empowered manner. **Aim:** the study aimed to apply Kanter's empowerment theory on nurse intern's and measure its effect on their assertiveness. **Research design:** A quasi-experimental design was utilized to conduct this study. **Research Settings:** The study was conducted at Faculty of Nursing .Ain Shams University. Their total number was (188). **Subject:** it included all nurse interns who were enrolled in the internship year of 2015-2016. **Tools for data collection:** Data were collected using three tools (1) Educational needs assessment sheet (2) The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) (3) Assertiveness Inventory **Results:** The study shows that the majority of them are not empowered and not assertive pre training implementation. In addition, It is evident that the levels of empowerment and assertiveness have significantly increased post implementation and in the follow up phase. In addition, shows statistical significant differences between pre , post and follow-up the training strategy. **Conclusion:** application of kanter's empowerment theory on nurse interns have a positive effect on their assertiveness as if assertiveness increased, empowerment increased. **Recommendations** conducting further research on the impact of Kanter's theory on students' patient communication.

**Key words:** kanter's empowerment theory, Nurse interns, Assertiveness

### Introduction

Empowerment theories would truly benefit nurses interns helping them realize their worth and their potentials. It will help nurses interns gain strength and knowledge to support themselves. Empowerment theory would enhance the well-being of nurse's interns by helping them build self-confidence. However, understanding where the negativity is coming from to better understand the individuals needs to overcome such oppression on themselves that society has placed. (*Morton & Montgomery, 2011*).

Kanter's theory of structural empowerment is a good framework to explain concepts related to negative workplace behaviors, such as turnover. The structure of the work environment is an important correlate of staff attitudes and behaviors in organizations. The perceived access to power and opportunity structures relate to the behaviors and attitudes of staff in organizations (*Nicole, 2006*).

Kanter's theory of structural empowerment has been widely applied to the nursing field. Structural empowerment includes four components: opportunity for growth and development, sharing of information, rendering of support, and

availability of resources. These components are conceptualized as antecedent conditions of positive outcomes and effective organizational behavior (*Cheng & Boye, 2015*).

Empowering begins with the change in attitudes, beliefs and thoughts. It does mean that, the interns need to believe themselves as capable and deserving enough to do their responsibilities successfully and feel independent and free to do tasks. They have to see themselves effective and able to control occupational duties. They need to feel that they are following valuable and magnificent occupational responsibilities. They need to believe that they are treated honestly and fairly (*Sayadi, Gholami, & Abdali, 2015*).

Empowerment is a management practice of sharing information, rewards and power with staff so that they can take initiative and make decisions to solve problem and improve service and performance. Empowerment is based on the idea that giving staff skills, resources, authority, opportunity, motivation, as well holding them responsible and accountable for outcomes of their actions will contribute to their competence and satisfaction (*Zimmerman, 2015*).

Empowered intern nurses experienced higher levels of job autonomy, increased job satisfaction, higher levels of assertiveness, and greater trust in the organization. When work situations are structured so that intern nurses are empowered, organizations benefit from improved intern nurses attitudes and increased organizational effectiveness (*Patrick & SpenceLaschinger, 2006*).

Assertiveness can be defined as an interpersonal behavior that maintains boundaries whilst allowing people in relationship to express their needs clearly and directly. Assertive behavior is seen when an individual gives expression to their rights, thoughts and feelings in a way that does not degrade but recognizes and respects the rights, thoughts and feelings of others (*Warland, McKellar & Diaz, 2014*).

### **Significance of the study:**

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The student of the first year is highly assertive than the student of internship year. This study show that there is an inverse relationship between scholarly level and level of assertiveness as the assertiveness decrease with as the scholarly level of student increase and this is considered a major problem as the nursing profession needs highly assertive graduate to be able to deal with the work environment (*El Shimmy, Adam & Ouda, 1995*).

### **Aim of the study:**

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The aim of this study is to apply Kanter's empowerment theory on nurse intern's and measure its effect on their assertiveness

### **Research hypothesis:**

Application of Kanter's empowerment theory on the nurse interns will affect on their assertiveness.

## Subjects and Methods

### Research design:

A quasi experimental design was utilized to meet the aim of the study.

### Research Setting:

The study was conducted at Faculty of Nursing- Ain Shams University where the internship program was implemented. Also, conducted in the hospitals where nurse interns training were done. These hospitals affiliated to three sectors namely: university sector (5 hospitals) Ain Shams University Hospital (general medical hospital), El-demerdash Hospital, Pediatric Hospital, Ain Shams Specialized Hospital and Cardiac Surgery Academy, military sector (2 hospitals) Al-Galaa Military Hospital and International Medical Centre, private sector (one hospital) As Salam International Hospital

### Subjects:

All available nurse interns who were enrolled in the internship year of 2015-2016, at Faculty of Nursing, Ain Shams University with no exclusion or inclusion criteria were set. Their total number was (188) nurse interns

### Tools for data collection:

The study data was collected through the following three tools:

#### Educational needs assessment sheet:

Learning needs assessment scale, was adapted from **Fakhry (2005)**, and used to assess nurse interns' learning needs. It was used

immediately before starting internship year. The sheet contained two parts of demographic data, and the second part contain (20) items. Responses were measured by three points Likert Scale for clinical subscale ranging from urgent need to know, medium need to know and no need to know.

#### The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II)

Was developed by the researcher based on related literature review (*Lashinger, 2005*). The aim of this questionnaire is to assess the level of empowerment among nurse interns. This questionnaire consisted of (42) items were grouped under four domains namely: access of opportunity, access of information, access of support, and access of resources.

#### Scoring system:

The responses of nurse interns were allocated in a three point likert scales as follow: always (3 points), sometimes (2 points) and never (1 point). For each domain, the scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a mean percent, with calculation of standard deviations

#### Assertiveness Inventory

It was designed by the researcher based on (*Mohammed, 1999*), (*Adam, Ramadan & Haiba, 2001*) and (*AbouZeid, 2013*) It was designed to assess level of assertiveness among nursing interns'. It consisted of (56) items were grouped under five domains namely:

Verbal and non-verbal style, Active participation, Work habits, Control of anxiety and fears, Relating to co-workers.

### Scoring system

Respondents were asked to respond to a three- point likert scales as follow: always (3 points), sometimes (2 points) and never (1 point). For each domain, the scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a mean percent score, with calculation of the standard deviations. A higher score meant more assertiveness.

### . Validity and reliability:

Aimed at testing the validity of the developed tools and its components. Two types of validity tests were used in this stage: face and content validity. Face validity aimed at verifying that the tool gives the appearance of measuring the concepts of assertiveness and empowerment. Content validity was conducted to determine the appropriateness of each item to be included in the assertiveness scale and empowerment scale.

Tools was validated by jury consisted of five experts, two of them are professors of nursing administration at faculty of nursing, Cairo University. One professor and two assistant professors of psychiatric nursing at Ain Shams University.

Testing reliability: this phase aimed to assess the internal consistency of the tools by using Cronbach's alpha coefficient.

| Tools                     | No. of items | Cronbach Alpha coefficient |
|---------------------------|--------------|----------------------------|
|                           |              | Scale reliability          |
| Assertiveness inventory   | 56 items     | 0.88                       |
| Empowerment questionnaire | 42 items     | 0.85                       |

### - Preparatory phase:

This phase started from January 2015 until September 2015. Covering nine months it include review of the current and past literature, national and international related literature concerning the various aspects of the study, using text books, articles, magazines, and thesis. Based on this review, the researcher began to construct the data collection tools then these tools were tested for its validity and reliability. The necessary modifications in these tools were done.

### Ethical considerations

Prior to the actual work of research study, ethical approval was obtained from the Scientific Research Ethical Committee of Faculty of Nursing . Ain- Shams University. In addition, an official letter was obtained from the head of the department of nursing administration department .The letter included the title of the study and explanation of the aim of the study to obtain their permission and cooperation for collecting data. Verbal consent was obtained from each participant prior to the study conduction and after the explanation of the purpose of the study. They were informed about their right to withdraw at any time and the collected data will be kept confidential

**- Pilot study**

Pilot study was conducted at the end of September 2015 to assess clarity and applicability of the tools for further required modifications and to detect the obstacles and problems that may be encountered during data collection. It was conducted on 10% of the study subjects. Nineteen nurse interns were selected randomly. Questionnaire sheets were distributed to them at faculty of nursing. Place and time consumed was calculated for answering the questionnaire. It ranged from 30-35 minutes. Based on the results no modification was done. So the interns of the pilot study included in the main study subjects

**- Field work:**

Field work included four phases:

**First stage:** preparatory / preliminary stage

- The researcher distributed educational needs assessment sheet to study subjects to assess their educational needs after the explanation of the aim of the study. Through meeting with the nurse interns in the faculty of nursing. The necessary instructions were given verbally by the researcher

- Then the questionnaire sheets were distributed to study subjects to assess their assertiveness and empowerment levels. Each participant filled the questionnaire sheets and then the researcher collected the questionnaire sheets at the time of meeting. These sheets were distributed three times throughout the study pre, post and follow up was done after implementation of the empowerment

strategies at the end of internship program (about 9 months) at September 2016

**Second stage:** planning of training program

- Training program was originated and constructed by the researcher after review of related literature and based on the needs of the nurse interns and according to the results of the needs assessment

**- Third stage: training program implementation:**

The training program was implemented during the month of October 2015, five days / the week. It was carried out in the class room in Faculty of Nursing Ain Shams University. Seven sessions were (two hrs) attended by 188 nurses' interns during the orientation program and in addition to three sessions done by the researcher and teaching staff of nursing administration department at each hospital. In the first session, pre-test was done to assess assertiveness and empowerment levels before the program. Additionally the researcher explained the aim of the study, aim of the program, objectives, plan, content outlines and method of the program.

At the beginning of each session an introduction about the session. Daily verbal feedback was done at the beginning of each session about the previous one and at the end of each session about the current session regarding the contents, presentation materials, and method of instruction used level of understanding and time of the program. At the end of December 2015 in the last session, post-test was done to assess assertiveness and

empowerment levels of the nurse interns immediately after the program.

- The teaching method used during the implantation of the program were lecture, discussion, role play, group activities, and practice session such as small group activities to design intern's job description format ,apply group discussion in uses of ethics aids used were data show and Flip chart. The researcher distributed fliers about content of the training to all the nurse interns who share on the study.

#### **Fourth stage: Follow up stage**

After nine months of implementing the training at the end of September 2016 the researcher assessed the effect of Application of Kanter's Empowerment Theory on Nurse Intern's Assertiveness

#### **Administrative Design:**

Official permissions to conduct the study were obtained from the head of the nursing administration department and the hospital directors and explained to them the purpose of the study and the methods of data collection to obtain their permission to conduct the study.

#### **Statistical Design:**

Descriptive statistics were done for quantitative data as minimum & maximum of the range as well as mean  $\pm$  SD (standard deviation) for quantitative normally distributed data, while it was done for qualitative data as number and percentage.

Inferential analyses were done for quantitative variables using paired t-test in cases of two dependent groups with normally distributed data. In

qualitative data, inferential analyses for independent variables were done using Chi square test for differences between proportions. While correlations were done using spearman rho test for numerical non parametric and qualitative data. The level of significance was taken at P value  $<0.050$  is significant, otherwise is non-significant.

### **Results**

**Table(1):** Show the age of the studied students ranged from (20-24) where the highest participation were about two third for age (20-22); (66%). It was found that females were nearly two third of the studied nurse interns (64.9%), more than half of the studied interns (61.2%) was in urban residence, more than three quarters of them were Single (86.2%). Most of them have 1-2 siblings (88.8%). The table also indicates that majority of the study nurse interns were general secondary school graduates (88.3%).

**Table (2):** Shows empowerment levels among nurses interns through training. It is evident that most of them are not empowered (70.7%) pre training implementation. In addition, it is evident that the levels of empowerment have significantly changed post implementation (63.2%) and in the follow up phase (63.8%). In addition, the table shows statistical significant-differences between pre, post and follow-up the training strategy related to all domains of empowerment and the total empowerment

**Table (3):** Demonstrates mean and standard deviation of empowerment among nurse interns through training. It is evident that the scores have significantly changed post implementation ( $86.5 \pm 12.4$ ) and in the

follow up phase ( $96.0 \pm 8.1$ ). In addition, the table shows statistical significant differences between pre and post and between pre and follow-up the training strategy ( $P$  value  $< 0.001$ ).

**Table (4)** Shows assertiveness levels among nurse interns in the study sample through training. It is evident that the majority of them were not assertive (60.1%) pre strategy implementation. In addition, It is evident that the levels of assertiveness have significantly changed post implementation (63.2%) and in the follow up phase (63.8%) In addition, the table shows statistical significant differences between pre, post and follow-up the training strategy.

**Table (5)** demonstrates mean and standard deviation of nurse interns

assertiveness through training strategy. It is evident that the scores have significantly changed post implementation ( $80.0 \pm 8.9$ ) and in the follow up phase ( $94.1 \pm 6.3$ ). In addition, the table shows statistical significant differences between pre and post and between pre and follow-up the educational program ( $P$  value  $< 0.001$ ).

**Figure (1):** Reveals correlation between assertiveness and empowerment domains through application of strategy of Kanter's empowerment theory (pre). It reveals that assertiveness increased, empowerment increased.

**Table (1): Percentage distribution of the studied sample according to demographic characteristics of the nurse interns (n=188)**

| Variables                            | Frequency        | Percent |
|--------------------------------------|------------------|---------|
| <b>Age(years):</b>                   |                  |         |
| 20-<22                               | 124              | 66      |
| 22-24+                               | 64               | 34      |
|                                      | Range 20.0–24.0  |         |
|                                      | Mean±SD 22.3±0.8 |         |
| <b>sex:</b>                          |                  |         |
| Male                                 | 66               | 35.1    |
| Female                               | 122              | 64.9    |
| <b>Residence:</b>                    |                  |         |
| Urban                                | 115              | 61.2    |
| Rural                                | 73               | 38.8    |
| <b>Social Status:</b>                |                  |         |
| Single                               | 162              | 86.2    |
| Married                              | 26               | 13.8    |
| <b>No of siblings:</b>               |                  |         |
| 1-2                                  | 167              | 88.8    |
| 3-6+                                 | 21               | 11.2    |
|                                      | Range 1.0–11.0   |         |
|                                      | Mean±SD 3.2±1.3  |         |
| <b>Pre-university qualification:</b> |                  |         |
| Secondary school                     | 166              | 88.3    |
| Technical institute                  | 22               | 11.7    |



**Table (2): Empowerment levels among nurses interns through application of strategy of Kanter's empowerment theory (n=188)**

| Empowerment domains  | Pre |      | Post |      |     |      | Follow-up |      |     |      | P value |      |         |
|----------------------|-----|------|------|------|-----|------|-----------|------|-----|------|---------|------|---------|
|                      | Low |      | High |      | Low |      | High      |      | Low |      |         | High |         |
|                      | NO  | %    | NO   | %    | NO  | %    | NO        | %    | NO  | %    |         | NO   | %       |
| <b>Opportunities</b> | 119 | 63.2 | 69   | 36.7 | 69  | 36.7 | 119       | 63.2 | 65  | 34.5 | 123     | 65.4 | <0.001* |
| <b>Information</b>   | 143 | 76   | 45   | 23.9 | 72  | 38.2 | 116       | 61.7 | 70  | 37.2 | 118     | 62.7 | <0.001* |
| <b>Support</b>       | 130 | 69.1 | 58   | 30.8 | 64  | 34   | 124       | 65.9 | 63  | 33.5 | 125     | 66.4 | <0.001* |
| <b>Resources</b>     | 140 | 74.4 | 48   | 25.5 | 73  | 38.8 | 115       | 61.1 | 76  | 40.4 | 112     | 59.5 | <0.001* |
| <b>Total</b>         | 133 | 70.7 | 55   | 29.2 | 69  | 36.7 | 119       | 63.2 | 68  | 36.1 | 120     | 63.8 | <0.001* |

**Table (3): Mean and standard deviation of the nurse interns' empowerment domains through training strategy (n=188)**

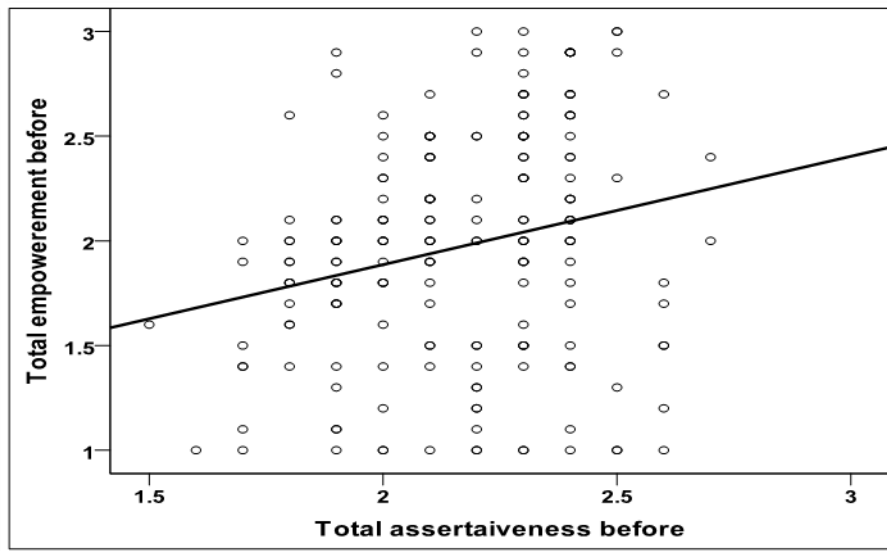
| Empowerment Domains | Measure        | Pre%       | Post%      | FU%        | Diff% (pre&post) | Diff% (pre&FU) |
|---------------------|----------------|------------|------------|------------|------------------|----------------|
| <b>Opportunity</b>  | <b>Mean±SD</b> | 71.0±20.7  | 86.5±12.4  | 96.0±8.1   | 34.1±50.4        | 50.2±56.6      |
|                     |                |            |            |            | t=10.645         | t=17.226       |
| <b>Information</b>  | <b>Range</b>   | 33.3-100.0 | 40.7-100.0 | 57.4-100.0 | -33.3-200.0      | -23.3-200.0    |
|                     | <b>Mean±SD</b> | 60.4±20.8  | 85.3±14.5  | 94.7±9.7   | 58.0±61.8        | 76.3±63.9      |
| <b>Support</b>      |                |            |            |            | t=15.837         | t=23.732       |
|                     | <b>Range</b>   | 33.3-100.0 | 40.0-100.0 | 56.7-100.0 | -33.3-200.0      | -13.3-200.0    |
| <b>Resources</b>    | <b>Mean±SD</b> | 68.9±21.4  | 87.7±13.6  | 95.9±8.2   | 41.3±56.9        | 55.6±59.8      |
|                     |                |            |            |            | t=12.359         | t=18.068       |
| <b>Total</b>        | <b>Range</b>   | 33.3-100.0 | 40.0-100.0 | 56.7-100.0 | -33.3-200.0      | -13.3-200.0    |
|                     | <b>Mean±SD</b> | 63.7±20.7  | 83.2±13.3  | 93.9±9.0   | 44.6±53.1        | 64.5±58.0      |
| <b>Total</b>        |                |            |            |            | t=13.467         | t=21.591       |
|                     | <b>Range</b>   | 33.3-100.0 | 50.0-100.0 | 63.3-100.0 | -33.3-200.0      | -16.7-200.0    |
| <b>Total</b>        | <b>Mean±SD</b> | 71.0±20.7  | 86.5±12.4  | 96.0±8.1   | 40.5±44.1        | 59.8±49.7      |
|                     |                |            |            |            | t=16.636         | t=25.526       |
| <b>Total</b>        | <b>Range</b>   | 33.3-100.0 | 40.7-100.0 | 57.4-100.0 | -33.3-200.0      | -13.3-200.0    |
|                     |                |            |            |            | P<0.001*         | P<0.001*       |

**Table (4): Assertiveness levels among nurses interns through application of strategy of Kanter's empowerment theory (n=188).**

| Assertiveness domains        | Pre  |      | High |      | Low  |      | High |      | Low  |      | High |      | P value |
|------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|---------|
|                              | ≤75% |      | ≥75% |      | ≤75% |      | ≥75% |      | ≤75% |      | ≥75% |      |         |
|                              | NO   | %    | NO   | %    | NO   | %    | NO   | %    | NO   | %    | NO   | %    |         |
| Verbal and non-verbal style  | 112  | 59.7 | 76   | 40.3 | 68   | 36.1 | 120  | 63.8 | 67   | 35.6 | 121  | 64.3 | <0.001* |
| Active participation         | 106  | 56.4 | 82   | 43.6 | 68   | 36.1 | 120  | 63.8 | 66   | 35.1 | 122  | 64.8 | <0.001* |
| Work habits                  | 114  | 60.6 | 74   | 39.4 | 66   | 35.1 | 122  | 64.8 | 66   | 35.1 | 122  | 64.8 | <0.001* |
| Control of anxiety and fears | 118  | 62.7 | 70   | 37.3 | 75   | 39.8 | 113  | 60.1 | 76   | 40.3 | 112  | 59.7 | <0.001* |
| Relation to co-workers       | 113  | 60.1 | 75   | 39.8 | 68   | 36.1 | 120  | 63.8 | 67   | 35.6 | 121  | 64.3 | <0.001* |
| <b>Total</b>                 | 113  | 60.1 | 75   | 39.8 | 69   | 36.7 | 119  | 63.2 | 68   | 36.1 | 120  | 63.8 | <0.001* |

**Table (5): Mean and Standard deviation of the nurse interns Assertiveness through training strategy (n=188)**

| Assertiveness Domains        | Measure | Pre%       | Post%      | FU%        | Diff% (pre&post) | Diff% (pre&FU) |
|------------------------------|---------|------------|------------|------------|------------------|----------------|
| Verbal and non-verbal style  | Mean±SD | 58.4±12.8  | 80.0±8.9   | 94.1±6.3   | 43.2±34.5        | 68.8±39.3      |
|                              | Range   | 33.3–100.0 | 66.7–100.0 | 76.7–100.0 | -33.3–180.0      | -20.0–200.0    |
| Active participation         | Mean±SD | 75.7±15.3  | 87.2±11.5  | 96.8±7.3   | 19.9±28.8        | 33.6±31.0      |
|                              | Range   | 33.3–100.0 | 33.3–100.0 | 50.0–100.0 | -58.3–114.3      | -37.5–150.0    |
| Work Habits                  | Mean±SD | 74.8±14.3  | 87.0±11.3  | 96.8±7.0   | 20.6±28.0        | 34.5±28.9      |
|                              | Range   | 33.3–100.0 | 46.7–100.0 | 63.3–100.0 | -42.3–114.3      | -23.1–150.0    |
| Control of anxiety and fears | Mean±SD | 73.9±10.4  | 85.8±9.1   | 97.4±6.1   | 17.8±17.0        | 34.1±18.7      |
|                              | Range   | 46.7–100.0 | 50.0–100.0 | 70.0–100.0 | -34.8–87.5       | -8.7–100.0     |
| Relation to co-workers       | Mean±SD | 75.4±13.6  | 86.7±10.3  | 97.1±6.9   | 18.7±26.8        | 33.6±29.8      |
|                              | Range   | 33.3–100.0 | 40.0–100.0 | 56.7–100.0 | -40.0–170.0      | -11.1–200.0    |
| Total                        | Mean±SD | 58.4±12.8  | 80.0±8.9   | 94.1±6.3   | 12.9±13.5        | 34.1±15.7      |
|                              | Range   | 33.3–100.0 | 66.7–100.0 | 76.7–100.0 | -31.8–58.8       | -4.5–76.5      |



**Figure (1): Correlation between assertiveness and empowerment domains through application of strategy of Kanter's empowerment theory (n=188).**

### Discussion

The findings of the present study revealed significant improvements in the level of empowerment among nurse interns with consequent positive effects on their assertiveness scores. This findings lead to acceptance of the study research hypothesis.

According to the current study findings, it is evident that the majority of them were not empowered pre training implementation. Additionally, It is evident that the levels of empowerment have significantly changed post implementation and in the follow up phase. According to the researchers point of view this result may be due to receiving and exchanging certain issues related to empowerment concepts, process and importance plus asking questions. They obtained the correct answer via the discussion and through exchange and elaboration of the correct concepts.

In agreement with the present study (Linnen and Rowley, 2014) as they concluded that Structural empowerment has a positive effect on individual nurse empowerment by raising the clinical nurses' positive perception of empowerment at the workplace. At the same line (Lashinger and Shamian, 2007) who had mentioned that providing nurses with opportunities for growth and development gaining knowledge in a variety of ways are the best routes to increase empowerment. also, (Baker,2010) and (Abdallah,2005) added that, training program provides the nurse interns and all nurses with the necessary attitudes and skills basic to effective performance and help in developing leadership and management skills. In addition to (Gary, 2006).Indicate that implementation of empowerment training seems to be the biggest challenge organizations face.

As the findings of the present study, it is evident that the majority of

them were not assertive pre strategy implementation. In addition, it is evident that the levels of assertiveness have significantly changed post implementation and in the follow up phase. According to the researchers point of view this result may be due to when using different teaching and learning methods for assertiveness training as role playing exercise, group discussion and exchange of experiences among nurses interns this promote nurse's interns post-training assertiveness level. In this regard (Vasudevan,2014) emphasized that training strategy is a useful technique that many organizations use in order to enhance the skills and knowledge of their nurses interns. This is because if the nurse interns are trained well, they will be more efficient in their jobs.

On the same line, another study done by (Paezy et al.,2010). Found a significant increase in assertiveness and subjective well-being of Iranian female secondary school students at post-test and two months follow-up measurements between study and control groups after assertive training. A probable reason for increasing assertiveness may be due to the fact that participation in the program has helped the less assertive students to reach to the necessary self-analysis and practice assertive behaviors incommunicative conditions with others in a real and natural way and use them in a right manner.

The present work reveals correlation between assertiveness and empowerment domains through application of strategy of Kanter's empowerment theory (pre). It reveals that when assertiveness increased, empowerment increased with the same magnitude.

In agreement with this study (Yang et al., 2014) as they concluded that the variables of work objectives, resources, support and informal power were significant predictors of job satisfaction. Also in agreement with this work, (Pineau et al.,2015) as they found that there is a significant influence of new graduate nurses' personal resources (psychological capital) and access to structural resources (empowerment) on their job satisfaction. Both personal and structural empowerment factors are important to new graduate nurses. Implications for nursing management Managers should ensure structural empowerment are in place to support new graduate nurses' job satisfaction. Orientation processes and ongoing management support to build psychological capital in new graduate nurses will help create positive perceptions of the workplace and enhancing empowerment and assertiveness

The ultimate goal of the present study is to reach a better level of empowerment and assertiveness among nurses to reach a proper healthy environment for health care provider and patients. It is hypothesized that improving nurse intern's level of empowerment and level of assertiveness will improve their clinical health care service as they feel satisfied and compelled. The present study findings lead to the acceptance of this hypothesis and were commend its application for the improvement required among the nurse interns.

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## Conclusion

**Based on the study findings, it can be concluded that** the study nurse interns are not empowered pre training implementation. in addition, the levels of empowerment have

significantly changed post implementation and in the follow up phase. In addition, statistical significant differences between pre, post and follow-up the training strategy

The domains of empowerment and assertiveness are interdependent on each other and there is a highly statistically significant positive correlation between assertiveness domains scores and empowerment domains scores pre and post program implementation

### Recommendations

- Empowerment and assertiveness courses should be included in undergraduate and postgraduate nursing curricula to increase intern's empowerment and assertiveness
- Top management assesses the structures in their organizations to identify barriers which prevent intern's from access to empowerment and assertiveness within hospitals
- Proper selection and training of educators, as nursing interns need role models because they can't really be expected to practice assertive behavior simply by reading articles or books

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