Factors affecting Korean nursing student empowerment in clinical practice

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A R T I C L E   I N F O

S U M M A R Y

Background: Understanding the phenomenon of nursing student empowerment in clinical practice is important. Investigating the cognition of empowerment and identifying predictors are necessary to enhance nursing student empowerment in clinical practice.
Objectives: To identify empowerment predictors for Korean nursing students in clinical practice based on studies by Bradbury-Jones et al. and Spreitzer.
Design: A cross-sectional design was used for this study.
Setting: This study was performed in three nursing colleges in Korea, all of which had similar baccalaureate nursing curricula.
Participants: Three hundred seven junior or senior nursing students completed a survey designed to measure factors that were hypothesized to influence nursing student empowerment in clinical practice.
Methods: Data were collected from November to December 2011. Study variables included self-esteem, clinical decision making, being valued as a learner, satisfaction regarding practice with a team member, perception on professor/instructor/clinical preceptor attitude, and total number of clinical practice fields. Data were analyzed using stepwise multiple regression analyses.
Results: All of the hypothesized study variables were significantly correlated to nursing student empowerment. Stepwise multiple regression analysis revealed that clinical decision making in nursing ($t = 7.59$, $p < 0.001$), being valued as a learner ($t = 6.24$, $p < 0.001$), self-esteem ($t = 3.62$, $p < 0.001$), and total number of clinical practice fields ($t = 2.06$, $p = 0.040$). The explanatory power of these predictors was 35% ($F = 40.71$, $p < 0.001$).
Conclusion: Enhancing nursing student empowerment in clinical practice will be possible by using educational strategies to improve nursing student clinical decision making. Simultaneously, attitudes of nurse educators are also important to ensure that nursing students are treated as valued learners and to increase student self-esteem in clinical practice. Finally, diverse clinical practice field environments should be considered to enhance experience.

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Introduction

The term "empowerment" is commonly used in the nursing field and focuses on improved job satisfaction (Campbell, 2003; Hajbaghery and Salsali, 2005; Kim et al., 2004; Yoon and Seo, 2005). In the last few years, increased attention to the concept of empowerment has been focused in nursing education fields, especially for empowering nursing students in clinical practice (Bradbury-Jones et al., 2010; Han, 2000; Levett-Jones et al., 2008). Nursing students may have negative clinical experiences because of unfamiliar environments, lack of

confidence and knowledge of patient care, not feeling like a valuable learner, lack of support from a mentor or teaching instructor, or low self-esteem (Bradbury-Jones et al., 2007, 2010). Experiencing empowerment or disempowerment can affect educational satisfaction of nursing students in clinical practice, which can be evaluated as an educational outcome (Han, 2000; Hawks, 1992).

In Korea, outcome-based education for students has been performed at all nursing colleges and has been evaluated by the Korean Accreditation Board of Nursing Education (KABONE) (Korean Accreditation Board of Nursing Education, 2012). The ultimate goal of outcome-based education is to produce competent nursing students who are able to perform a professional nursing role after completing a nursing program and integrated clinical practice (Oh et al., 2011). Thus, nurse educators should pay attention to student satisfaction by empowering nursing students in clinical practice. In this paper, the authors investigated characteristics of Korean nursing student empowerment and identified significant influencing factors of empowerment in clinical practice.

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Background

Empowerment is a multifaceted concept and cannot be restricted to a single component (Chandler, 1992; Thomas and Velthouse, 1990). Bradbury-Jones and colleagues described empowerment as a "slippery issue" that is difficult to define because of its complexity (Bradbury-Jones et al., 2008). However, Spreitzer insists that the psychological aspect of empowerment reflects an individual's orientation to work role and is composed of multiple cognitive concepts such as meaning, competence, self-determination, and impact (Spreitzer, 1995). In nursing education, empowerment has been generally defined as the interpersonal process of providing the resources, tools, and environment to develop, build, and increase ability and effectiveness of others to set and reach goals for individual and social ends in nursing education (Hawks, 1992). The empowerment process in nursing can enhance a nurse's ability to meet client needs, solve problems, and improve professional perception (Campbell, 2003; Livsey, 2009). Therefore, nurse educators need to consider how to effectively facilitate nursing student learning outcomes by empowering through curriculum.

The literature suggests that empowerment helps nursing students to manage their own lives and to develop autonomy or accountability in professional practice (Espeland and Shanta, 2001; Kim et al., 2004; Mailloux, 2006). Espeland and Shanta posit that empowering nursing students can be facilitated by enhancing collegiality, communication, accountability, and autonomy in nursing education (Espeland and Shanta, 2001). In addition, Bradbury-Jones and colleagues identified factors that influence empowerment of nursing students, focusing on empowerment in clinical practice (Bradbury-Jones et al., 2010). According to the findings of Bradbury-Jones and colleagues, knowledge and confidence are the essential influencing factors, acting as intrinsic components. Being valued as a learner, team member, and person are other factors, viewed as extrinsic components. Mentorship and placement, cultural and structural/organizational influences, and social/political influences are other influencing factors for empowering nursing students in clinical practice. Researchers also believe that high self-esteem is a consequence of empowerment (Bradbury-Jones et al., 2007). Other researchers indicate that self-esteem is a highly related antecedent of individual empowerment (Randle, 2001; Spreitzer, 1995). Spreitzer found a significant antecedent relationship between self-esteem and individual cognition of empowerment and states that effectiveness and innovation are consequences of empowerment (Spreitzer, 1995). Despite differences in findings, self-esteem is related to empowerment as an antecedent or consequence.

Based on previous literature reviews (Bradbury-Jones et al., 2010; Spreitzer, 1995), the present authors hypothesized that factors influencing Korean nursing student empowerment were (1) self-esteem and clinical decision making in nursing as intrinsic components, (2) being valued as a learner and satisfaction as a team member as extrinsic components, (3) perception regarding the attitude of professor, instructor, and clinical preceptor, and total number of clinical practice fields of mentorship and placement. Several research questions were formulated using a quantitative study in order to identify the concepts of Korean nursing student empowerment based on the conceptual framework of this study. First, what are the cognition characteristics of empowerment of Korean nursing students in clinical practice? Second, which factors are significantly related to Korean nursing student empowerment in clinical practice? Third, what are the most powerful influencing factors of Korean nursing student empowerment in clinical practice? Our findings will provide basic understanding of Korean nursing student empowerment and effective educational strategies to enhance nursing student empowerment in clinical practice.

Aim

The aim of this study was to identify predictors of empowerment of Korean nursing students in clinical practice based on the studies of Bradbury-Jones et al. and Spreitzer.

Methods

Design and Setting

A quantitative cross-sectional descriptive design was used. This study was performed in three nursing colleges in Korea, all of which had similar baccalaureate nursing curricula. Junior or senior nursing students were recruited from each college.

Participants

The target population included all junior and senior nursing students who were attending nursing school and who had clinical practice experience. A total of 332 surveys were distributed, which represented the total number of nursing students from the three participating nursing colleges. A total of 307 nursing students participated in this study (92.5% response rate). Mean age of participants was 21.9 (SD 1.25) years, and 155 (50.5%) junior students and 152 (49.5%) senior students answered the self-administered questionnaire. There were 15 male students (4.9%) and 292 female students (95.1%). The current sample size of 307 participants was sufficient for a linear multiple regression data analysis. The *post hoc* analysis using the G-power 3.1.2 (Faul et al., 2009) package revealed that the statistical power for this study exceeded 0.99 for a medium to large effect size with an α level of 0.05.

Data Collection

Data collection was carried out from November to December 2011 by three trained research assistants in three nursing colleges using a self-administered questionnaire. Only participants who signed a consent form were allowed to participate in the data collection. Copies of the questionnaire were distributed along with unmarked envelopes. The envelopes were sealed by participants immediately after completed questionnaires were inserted. Sufficient time (20 minutes) was provided to complete the questionnaire.

Measures

Psychological Empowerment Scale (PES)

The PES measures a psychological definition of empowerment using a set of four cognitions reflecting an individual's orientation to work role: meaning, competence, self-determination, and impact. The scale was developed by Spreitzer (1995) and translated to Korean (Yoon and Seo, 2005). The instrument consisted of 12 questions that use a 5-point Likert scale ranging from "Strongly disagree" (1) to "Strongly agree" (5). The possible total score of this instrument ranges from 12 to 60. High scores correspond to high levels of empowerment.

Rosenberg's Self-esteem Scale (RSES)

The RSES measures self-esteem as a reflection of a person's overall emotional evaluation of worth (Smith and Mackie, 2007). It was developed by Rosenberg (1965) and translated to Korean (Jeon, 1974). The instrument consists of 10 questions that use a 4-point Likert scale ranging from "Strongly disagree" (1) to "Strongly agree" (4). The individual scores were summed to form a total score, which was then converted to a 100-point scale. The possible sum score range of this instrument is from 25 to 100. High scores correspond to high levels of self-esteem.

Clinical Decision Making in Nursing Scale (CDMNS)

The CDMNS measures nursing student perceptions of their own decision making at different stages of a program of study. It was developed by Jenkins (1985) and was translated to Korean (Baek, 2005). The instrument consisted of 40 questions with four subcategories: search for alternatives or options, canvassing of objectives and values, evaluation and reevaluation of consequences, search for information and unbiased assimilation of new information. It uses a 5-point Likert scale