[Author’s name]’s paper examines the perceptions of work-related empowerment in nurse managers in Lithuania. The study adopts a cross-sectional survey approach utilising adaptations of questionnaires developed originally by Canadian researchers (Irvine et al., 1999; Laschinger et al., 2001) to explore both structural and psychological aspects of empowerment.
This is an interesting paper which is relevant and timely to current healthcare. Challenges over the last decade relating to the quality of nursing care have led to increased focus on whether services are well led (CQC, 2017). Increasingly there is realisation that traditional models of leadership need to be replaced with collective leadership approaches (West et al, 2014). The paper is of relevance to chief nurses, leadership consultants, human resource trainers, and to nurse managers themselves. The study adds to the collective narrative around leadership at middle manager level with a specific focus on empowerment, which is under researched in this group of nurses, suggesting implications for practice (on three counts: management, leadership development and clinical care) and research. Each of these aspects is explored further in this review.

**Implications for nursing practice**

Firstly with regard to nursing management, the study showed that nurse managers felt empowered with ratings at a moderate level in line with previous studies. The lowest evaluated issues of formal power related to the managers perceptions that their jobs are not visible. This concept has been recognised in other studies with a range of initiatives implemented to increase visibility of senior nurses (Davies, 2013). The study also found that nurse managers felt they did not gain reward for innovations they implemented. As the authors’ say this has implications for chief nurses if they are to empower nurse managers to improve the quality of care at a service level. Current thinking suggests that quality improvement is generated by engaged employees including middle managers who are stakeholders in proposed change programmes (Bevan and Fairman, 2014). This can be facilitated by an organisational culture which values structural empowerment for nurse managers ensuring they have a measure of influence by inclusion in a variety of groups and committees.
Secondly, a strengths of this paper is that the findings have direct relevance for leadership development. The findings help to identify specific ways to address empowerment giving granularity to a concept that sometimes appears intangible. The identification of structural and psychological aspects could help identify target areas for either individual leadership development or themes for corporate organisational development programmes, thus leading to a direct practical application of the study findings. Similarly the study could be replicated to ensure the background features of local context and the changing nature of healthcare are considered.

Thirdly, the paper demonstrates that nurse managers who do not feel empowered become ineffective managers and unable to do their jobs well due to job dissatisfaction, stress and burnout. This can directly influence clinical care by compromising patient safety and is incompatible with good interprofessional collaboration which is essential given increasing emphasis on integrated care.

**Implications for nursing research**

From a research stance there are two points worth noting from this paper. Firstly, the authors have acknowledged that one limitation of the study is its generalisability. However, they allow the reader to make a judgement on this based on the similarity of findings with studies undertaken in different countries and contexts. This increases the confidence that the suggestions made for future research and practice implications may be applicable elsewhere. Secondly, the testing of the suitability of the translation of the questionnaires to a different language and context provides greater rigour to the study and further endorses the questionnaires used.

The way nursing and healthcare is managed internationally continues to undergo change. Future research is needed to explore the links presented here between structural and psychological empowerment and other management and leadership theories, especially in relation to changing and emerging leadership theories. Equally, consideration needs to be
given to whether all the factors in the questionnaire are enduring in the changing world of healthcare. This should include how the changing roles of other professionals and how the organisational form (e.g. functional or general management) effect nurse managers empowerment.

References


