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Structural and psychological empowerment among newly graduated nurses and related factors: A mixed methods study

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Abstract

Aims: To discuss the levels of structural empowerment (SE) and psychological empowerment (PE) and the factors that influence perceptions of empowerment among newly graduated nurses (NGNs).

Design: Mixed methods study.

Methods: The quantitative part of the study was conducted with 220 NGNs with <1 year of job experience. The study was conducted between February and May 2023. Focus group discussions were conducted with 30 NGNs. Data were collected by using the Conditions for Work Effectiveness Questionnaire (CWEQ-II), the Psychological Empowerment Scale (PES) and a Semi-Structured Interview Form. Quantitative data were analysed using stepwise regression analysis. Content analysis was used to analyse qualitative data.

Results: CWEQ-II and PES were moderate. The regression analysis showed that NGNs' SE scores increased in association with the following factors, including an increase in the total score on the PES, being married/having a partner, working a day shift, having career planning, increased satisfaction with the orientation programmes of the institution and increased satisfaction with the employing institution. As a result of the descriptive analysis of the focus group interviews conducted to determine the empowerment perceptions of NGNs, we identified three contexts along with the associated themes and subthemes. These three contexts were the 'concept of power', 'professional impression' and 'empowerment process'.

Conclusion: The results of this study indicate that the SE and PE levels of NGNs are moderate, and their empowerment perceptions are influenced by many factors that can be individual, organizational and work environment relevant.

Impact: This study's findings will guide policymakers, educators, researchers and administrators in empowering NGNs essential to the healthcare workforce.

Reporting Method: The paper adheres to the COREQ checklist.

Patient or Public Contribution: No patient or public contribution.

KEYWORDS
mixed methods, new graduate nurses, nursing, psychological empowerment, structural empowerment

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1 | INTRODUCTION

When nurses complete their education and start working in a healthcare facility or organization, they leave their student role and switch to a professional nurse role with new responsibilities (Kim & Yeo, 2019). For these nurses, the reality shock of the role change and the generally accepted professional transition period during the first 12 months on the job are known to cause a highly stressful and challenging period (Andregård & Jangland, 2015; Sönmez & Yildirim, 2016). During such a difficult adjustment period, NGNs face many problems in several aspects, such as participating in emergencies, adapting to work roles and work environments, achieving time management, maintaining a balance between work life and social life, using problem-solving and decision-making skills, establishing communication with patients, patient relatives and other health professionals and assuming a leadership role when needed (Ikematsu et al., 2019; Ortiz, 2016; Sönmez & Yildirim, 2016). Studies report that any persistence of problems encountered by NGNs in any of these aspects during the transition period will not only lead to individual and organizational problems such as burnout, poor performance, decreased job satisfaction, increased absenteeism and leaving the job and profession but also to consequences relevant to patient safety such as medical errors due to lack of professional experience and skills (Flinkman & Salanterä, 2015; Kuokkanen et al., 2016). The 2021 National Healthcare Retention & Registered Nurses Staffing Report states that 27.3% of NGNs leave their jobs during their first year (Nursing Solutions Inc., 2021).

To address the issues that may adversely affect public health related to the challenges faced by NGNs, the World Health Organization (WHO) has called for a global initiative for all countries to increase the proportion of NGNs in all countries by 8% by 2030 and to ensure their integration and retention in the healthcare system (WHO, 2020). This viewpoint recognizes NGNs as valuable human resources of health care systems. It points out that these nurses need to be empowered to achieve work efficiency, successfully minimize and cope with problems and have improved levels of job satisfaction (Labrague, & De los Santos, 2020). The empowerment process in nursing is defined as the sharing of institutional resources and power to improve the quality, productivity and satisfaction of patient care (Rao, 2012). Researchers study empowerment in two dimensions: structural and psychological. The structural dimension of empowerment is defined as increasing employees' competence to use resources in the work environment and to participate in decisions related to their work (Cacioppe, 1998; Erstad, 1997). The psychological dimension of empowerment emphasizes the team member's perception of work and self-efficacy to achieve an effective empowerment process (Conger & Kanungo, 1988). National and international studies refer to Kanter's (1977) structural empowerment (SE) and Spreitzer's (1995) psychological empowerment (PE) theories to provide grounds for the empowerment of nurses. These two theories form the theoretical background of this study, which we conducted to examine the SE and PE levels and related factors in NGNs.

2 | BACKGROUND

Many international health institutions and organizations report on the importance of empowerment in nursing. WHO presented the Munich Declaration as the outcome of the Second WHO Ministerial Conference on Nursing and Midwifery in Europe (2000), which focussed on 'Nurses and Midwives as a Force for Health'. As a result, WHO recommends that all member countries invest in their nurses and midwives to strengthen their capacity to improve and sustain public health (WHO, 2001). The International Council of Nurses (ICN) recognizes nurses at all levels as a significant force in preparing and implementing health policies for public health provision, planning and development. It states that nurses in all countries should take responsibility for these issues (Catton, 2020).

A literature review on the empowerment of NGNs reveals that studies specifically address the effects of SE and PE on NGNs (Kuokkanen et al., 2016; Laschinger et al., 2013; Laschinger & Leiter, 2006). Most studies conclude that NGNs' perceptions of SE and PE are moderately and significantly positively correlated (Laschinger et al., 2013; Manojlovich & Laschinger, 2002). Studies report the level of professional commitment of NGNs, the attitudes of team members and managers, the organizational culture and the characteristics and conditions of the work environment as factors affecting the level of empowerment of NGNs (D'ambra & Andrews, 2014; Laschinger & Leiter, 2006; Wing et al., 2015). The results of the studies reported in the literature and our observations indicate that the first year on the job is critical for NGNs. Therefore, educators, researchers, decision-makers, policymakers and administrators must address the empowerment of NGNs to pave the way for quality and safe health services and to improve nurses' commitment to the profession and the employing institution. A literature review reveals that the number of studies examining empowerment levels and related factors in NGNs is limited. In addition, there are no mixed methods studies in the literature on this topic. This highlights the need for a mixed methods study to comprehensively examine the factors that influence the empowerment processes of NGNs. We conducted this study to determine the levels of SE, PE and related factors in NGNs, and we expect that it will fill the need in the literature, raise awareness and form the basis for the practices and decisions to be planned by administrators, educators, policymakers and researchers for the empowerment of NGNs.

2.1 | Research questions

1. What are the SE levels of NGNs?
2. What are the PE levels of NGNs?
3. Is there a significant correlation between NGNs' SE and PE levels?
4. What are the factors that influence the SE levels of NGNs?
5. What are NGNs' experiences and perspectives on power and empowerment?

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3 | METHODS

3.1 | Design

We conducted this study through a convergent parallel design of mixed methods study to determine the SE and PE levels and associated factors in NGNs. This method aims to collect diverse but complementary data on a topic to gain comprehensive insight into the research problem (Van Manen, 2016). In the quantitative part of this study, we used a questionnaire form to collect data on SE and PE levels and related factors among NGNs. In the qualitative part of the study, we collected data on NGNs' experiences and views of empowerment through focus group interviews using Van-Manen's interpretive phenomenology model.

3.2 | Participants and setting

The quantitative part of this mixed methods study aimed to assess the SE and PE levels of NGNs. For this purpose, 220 NGNs from Turkey were included in the quantitative part of this study. We performed a post hoc power analysis using G*power 3.1.9.6 based on the quantitative results of the regression analysis. The post hoc power analysis confirmed that the sample size was adequate, with a power of 96% and an effect size of 0.67 (f^2). We used criterion sampling, one of the nonprobability purposive sampling methods, to obtain the study sample to collect qualitative data. We used purposive sampling to select individuals with experience in the subject matter under study. We evaluated data saturation during the sampling process of our study. During a study, data saturation is the point at which concepts and processes that potentially answer the research question begin to be repeated, and participants' responses to questions become repetitive (Yıldırım & Şimşek, 2013). A total of 30 NGNs formed the sample of the qualitative part to conduct focus group discussions, which we conducted in six groups for an average of 75 min with five nurses in each group. The sample selection criteria for this study required eligible subjects to have worked as a nurse for no more than 12 months and to have volunteered to participate.

3.3 | Instruments

3.3.1 | The conditions for work effectiveness questionnaire (CWEQ-II)

The CWEQ-II for nurses, which was developed to measure SE levels of nurses based on Kanter's (1977) SE theory, was revised by Laschinger et al. (2001). The validity and reliability study of the CWEQ-II in Turkey was conducted by Mortaş in 2005. The scale consists of six subdimensions and a total of 19 items. To ensure construct validity, the Global Empowerment (GE) subscale, consisting of two items, was added to the scale in 1995. However, the GE score is not included in the total scale score. The SE scale is a 5-point Likert-type scale. A score is calculated for each subdimension of the scale. The scale also allows for calculating an overall SE score by summing the scores from all subscales. Low, moderate and high levels of nurses' perceptions of SE are indicated by total score ranges of 6–13 points, 14–22 points and 23–30 points, respectively. In this study, the Cronbach's alpha values were 0.94 for the total scale, 0.80 for opportunities, 0.81 for information, 0.76 for support, 0.83 for resources, 0.76 for formal power and 0.75 for the informal power subdimensions and 0.82 for the overall empowerment subscale.

3.3.2 | The psychological empowerment scale (PES)

The PES was developed by Spreitzer (1995) to measure nurses' perceptions of PE. The scale consists of four subdimensions and a total of 12 items. The validity and reliability study of the scale in the Turkish language was conducted by Uner and Turan (2010). The PES is a 7-point Likert-type scale. The total score of the PES is obtained by summing the scores of the individual items. The lowest score obtained from the scale is 12, indicating a low level of perceived PE. The highest score that can be obtained is 84, indicating a high level of perceived PE. In this study, Cronbach's alpha values were 0.93 for the total scale, 0.75 for the meaning, 0.76 for the competence, 0.80 for the self-determination and 0.88 for the impact dimensions.

3.3.3 | Semi-structured interview form

The semi-structured interview form used in the focus group interviews for the qualitative part of the study consisted of 12 open-ended questions. The form consisted of introductory, transitional, main and closing questions to provide comprehensive information about the topic and to guide the researcher during the interview. The interview form was designed to gather information about the perceptions and sources of power, perceived levels of empowerment, experiences and suggestions reported by NGNs (Table 1).

3.4 | Data collection

A pilot study was conducted with five NGNs not included in the study sample to evaluate the qualitative and quantitative data collection instruments. The questionnaires were revised after gathering feedback from the five NGNs. The study was conducted between February and May 2023.

3.4.1 | Quantitative data collection

The CWEQ-II and PES were administered to NGNs via an online survey link in the quantitative part of the study. An informed consent form was included in this online platform. It took an average of

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TABLE 1 Semi-structured in-depth individual interview questions.

Category	Questions
1. Introduction	• What do you think of when you hear 'power'?
1. Transition questions	• What were your first impressions of the profession when you started working as a nurse after graduation?
2. Main (Key) questions	• What are your individual/professional strengths and characteristics? • Can you describe a situation where you felt strong/weak while performing professional practices? • Can you tell how you cope with situations/issues in which you feel powerless? • What do you think about your nurse duties, responsibilities and working conditions? • What do you think about the practices/programmes used by your organization to empower nurses? Could you share your experiences in this regard? • If you could return to school, what would you change to empower yourself? • If you were a manager, how would you empower new graduate nurses?
3. Fixed questions	• Please tell me more than that • Please give me an example • Are there any other examples of this?
4. Additional question	• Is there anything you want to add?

15 min to complete these forms. The quantitative study was completed with the participation of 220 NGNs.

3.4.2 | Qualitative data collection

Researchers experienced and trained in qualitative research collected qualitative data. Using the focus group interview method, the researchers acted as moderators (SŞC) and reporters (SS). The interviews were conducted through an online meeting platform using the semi-structured interview form. Before the interviews, written informed consent was obtained from eligible nurses. Six focus group interviews were conducted, each involving at least five NGNs. The interviews were recorded. Two different researchers transcribed each interview upon completion. The average length of the interviews was 75 min. The data collection process continued until data saturation was reached.

3.5 | Data analysis

Qualitative and quantitative data were collected separately using qualitative and quantitative methods (Clark & Ivankova, 2015). Content analysis was used to analyse the qualitative data of the study. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were used to report the qualitative component of the study (Tong et al., 2007). Participants were coded to maintain the confidentiality of participants' identities. Two female researchers experienced in qualitative research coded the data using MAXQDA Pro 22 and conducted the content analysis. The listed themes and subthemes were finalized at a meeting where researchers re-evaluated their findings and reached a consensus.

Quantitative data were analysed using SPSS 28.0. Descriptive statistics of sociodemographic characteristics and empowerment perceptions of NGNs were summarized by numbers, percentages, means and standard deviations. Pearson's correlation analysis determined the association between the SE and PE levels of NGNs. The independent variables that affected the SE levels in the primary analyses were evaluated using a stepwise regression analysis. A p-value of $<.05$ was considered statistically significant. One of the essential criteria for mixed methods research is that the findings should be mixed or integrated (Bryman et al., 2008). The qualitative analysis results derived from the focus group interviews were integrated with the quantitative data obtained from the applied questionnaire.

3.6 | Rigour and trustworthiness of qualitative analysis

All subjects volunteered to participate in this study. Only one researcher conducted the interviews to ensure consistency. All participants were invited to add new information or clarify their answers after the interviews. To ensure the reliability and validity of the data, the two researchers separately identified the major themes and subthemes and discussed them until a consensus was reached. Sample quotes were taken directly from respondents' reports.

3.7 | Ethical considerations

Ethics committee approval for this study was obtained from the Koç University Committee on Human Research (2022. 031.IRB3.003). We obtained written informed consent from all participants after the purpose of the study was explained. Permission to use the scales in the study was obtained by e-mail from the available authors. Participants were also informed that the interviews would be recorded but that no identifying information would be shared with third parties. Only the researchers would have access to the recorded data of the study, and the data collected would be used only for research purposes.

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4 | RESULTS

4.1 | Quantitative results

Of the NGNs in the quantitative part of the study, 72.7% were female, 90.5% were single, 87.3% had a bachelor's degree, the mean age was 23 ± 1.24 years, 56% were older than 23 years old, 40% worked in private hospitals, and 54.1% worked in inpatient units (surgery, internal medicine, gynaecology and obstetrics, and paediatrics departments). The mean length of professional experience was 8 ± 2.38 months (8 months or less in 58.7% of the nurses), and the mean length of experience in the employing institution was 8 ± 2.44 months (8 months or less in 61.4% of the nurses). Of the participating nurses, 68.2% worked 12-h alternating day or night shifts, and 55% worked more than 48 h weekly. None of the NGNs in the study had previously attended any empowerment training; 67.3% did not have postgraduate certificates or training, and 88.2% did not belong to a professional nursing organization. Of the subjects included in this part of the study, 56.4% participated in an orientation programme when they started working, 75% had a professional career plan for the next 5 years, 34.5% considered the career opportunities of their employing institutions to be adequate, 39.1% were unsure about their level of job satisfaction, 40.9% were satisfied with the attitude of their managers, and 32.7% were unsure about their level of satisfaction with the institution they worked for (Table 2).

The total mean score of the NGNs on the CWEQ-II was 17.78 ± 3.78, indicating a moderate level. Examining the mean scores of the subdimensions of the scale revealed that the access to information subdimension had the highest score of 3.18 ± 0.77 points, while the access to resources subdimension had the lowest score of 2.71 ± 0.79 points (Table 3). The mean score of the NGNs on the PES was 44.01 ± 10.35, indicating a moderate level. Among the subdimension scores of the PES, the meaning subdimension score was the highest with 13.70 ± 2.68 points, but the impact subdimension score was the lowest with 7.64 ± 3.11 points (Table 3). The correlation between the CWEQ-II and PES total scores of NGNs was very high, positive and significant ($r = .88$, $<.01$). Consistently, as the NGNs' SE scores increased, their overall scores on the PES increased.

The stepwise multiple linear regression analysis to determine the factors acting on the SE levels of NGNs revealed the variables with significant effects. It allowed us to rank them from the highest level of importance to the lower levels of importance according to the standardized coefficient. According to the results of this analysis, we found that the following variables were significantly associated with increased levels of SE among NGNs in order of importance from highest to lowest levels: high total scores on the PES ($p < .001$), satisfaction level with the orientation programmes of the institution ($p < .05$), satisfaction level towards the organization ($p < .05$), having career plans ($p < .05$), working day shifts ($p < .05$) and being married/having a partner ($p < .05$). Six independent variables explain 80.5% of the variance in NGNs' CWEQ-II scores.

TABLE 2 Individual, organizational and professional characteristics of nurses (*n*: 220).

Variables	*n* (%)
Gender	
Female	160 (72.7)
Male	60 (27.3)
Age x̄ ± SD (23 ± 1.24)	
≤23 years	97 (44.0)
>23 years	113 (56.0)
Marital status	
Married/having a partner	21 (9.5)
Unmarried/single	199 (90.5)
Education level	
High school diploma	9 (4.1)
Associate's degree	19 (8.6)
Bachelor's degree	192 (87.3)
Type of institution	
Public hospital	87 (39.5)
University hospital	45 (20.5)
Private hospital	88 (40.0)
Unit	
Outpatient	9 (4.1)
Inpatient	119 (54.1)
Intensive care	58 (26.4)
OR	18 (8.2)
ER	16 (7.3)
Total experience: x̄ ± SD (8 ± 2.38)	
≤8 months	129 (58.7)
>8 months	91 (41.3)
Experience in the current institutions: x̄ ± SD (8 ± 2.44)	
≤8 months	135 (61.4)
>8 months	85 (38.6)
Type of work	
Day shift 8–10 h/day	9 (4.1)
Alternate shifts (day and night), 12-h shift	150 (68.2)
10-h shifts during the day and 14-h shifts at night	32 (14.5)
8-h shifts during the day and 16-h shifts at night	21 (9.5)
24-h shifts	8 (3.6)
Working hours per week	
48 h/week	99 (45.0)
48 h over/week	121 (55.0)
Certificate/specialization after graduation	
Yes	72 (32.7)
No	148 (67.3)
Membership status of professional organizations	
Yes	26 (11.8)
No	194 (88.2)

(Continues)

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TABLE 2 (Continued)

Variables	*n* (%)
Participation in the orientation programme	
Yes	124 (56.4)
No	96 (43.6)
Satisfaction level with the orientation programmes of the institution	
No information available	59 (26.8)
Very inadequate	71 (32.3)
Inadequate	33 (15.0)
Adequate	44 (20.0)
Very adequate	13 (5.9)
Career planning status	
Yes	165 (75.0)
No	55 (25.0)
Satisfaction level with career opportunities of the organization	
No information	48 (21.8)
Very inadequate	16 (7.3)
Inadequate	69 (31.4)
Adequate	76 (34.5)
Very adequate	11 (5.0)
Level of professional satisfaction	
I am not satisfied at all	27 (12.3)
Not satisfied	34 (15.5)
Undecided	86 (39.1)
Satisfied	68 (30.9)
I am very satisfied	5 (2.3)
Satisfaction level with the attitude of managers	
I am not satisfied at all	10 (4.5)
Not satisfied	39 (17.7)
Undecided	56 (25.5)
Satisfied	90 (40.9)
I am very satisfied	25 (11.4)
Satisfaction level towards the organization	
I am not satisfied at all	16 (7.3)
Not satisfied	54 (24.5)
Undecided	72 (32.7)
Satisfied	56 (25.5)
I am very satisfied	22 (10.0)

4.2 | Qualitative results

We found that of the NGNs who participated in the qualitative portion of the study, 63.3% were female, the mean age was 24 ± 1.27 years, 70% were 24 years and younger, and 83.3% were single. Of these nurses, 40% worked in inpatient units (surgery, internal medicine, obstetrics and gynaecology, and paediatrics), 66.6% worked 12-h day or night shifts, 86.6% worked 48 h or more per week, the average length of work experience was 7 ± 2.35 months, and 66.6% had 7 months or less of work experience. None of the nurses who participated in the focus group interviews had received empowerment training. The descriptive analysis of the focus group interviews conducted to determine the empowerment perceptions of NGNs revealed three contexts and related nine themes and 24 subthemes. These three contexts were the 'concept of power', 'professional impression' and 'empowerment process' (Table 5).

4.2.1 | Context 1: concept of power

The themes of 'individual characteristics', 'socioeconomic characteristics' and 'professional characteristics' were obtained in the context of the power concept. We identified the subthemes of physical characteristics, personality traits and skills in the theme of individual characteristics; the subthemes of status, income status and social elements in the theme of socioeconomic characteristics; and the subthemes of skill and theoretical knowledge in the theme of professional characteristics.

Theme 1: individual characteristics

NGNs explained the concept of power in terms of physical characteristics, personality traits and abilities in the theme of individual characteristics.

> "…. I think power describes the ability to adapt to conditions, to be resilient, to be psychologically good in all aspects…"
>
> (P14, 26Y, F)

Theme 2: socioeconomic characteristics

NGNs explained the concept of power through individuals' status and income status and through the example of some elements of the society in which they live.

> "…but if you ask in general terms, a good financial income and a good status will give you great power; you can see that today I think you are powerful as much as you have money…"
>
> (P19, 24Y, M)

Theme 3: Professional characteristics

NGNs explained the concept of power through the adequacy of skill and professional theoretical knowledge.

> "Looking at power in the context of nursing, dexterity, and theoretical knowledge provides considerable power in front of patients and other staff."
>
> (P4, 23Y, F)

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TABLE 3 Descriptive analyses of structural (CWEQ-II) and psychological empowerment scale (PES) scores (*n*: 220).

Scale	Cronbach's alpha	X̄	SD	Min.	Max.	Skewness	Kurtosis
CWEQ-II total score	0.94	17.78	3.786	10	24	−0.064	−1.521
Opportunity	0.84	3.08	0.772	1	5	−0.054	−0.645
Information	0.84	3.18	0.710	2	5	−0.137	−1.076
Support	0.86	3.05	0.718	2	5	0.173	−0.697
Resources	0.83	2.71	0.793	1	4	0.211	−1.233
Formal power	0.90	2.92	0.776	1	4	−0.191	−1.083
Informal power	0.84	2.84	0.617	2	5	0.061	−0.677
General empowerment	0.82	2.74	0.938	1	5	0.328	−0.822
PES total score	0.93	44.01	10.355	19	66	−0.150	0.164
Meaning	0.75	13.70	2.688	6	19	−0.195	−0.441
Competence	0.76	12.32	3.043	4	19	−0.404	−0.341
Self-determination	0.80	10.35	2.672	3	17	−0.252	−0.132
Impact	0.88	7.64	3.110	3	15	0.425	−0.899

Abbreviations: Max, maximum; Min, minimum; SD, standard deviations; x̄, Mean.

4.2.2 | Context 2: professional impression

We identified the themes of 'feelings about the profession' and 'thoughts about the profession' within the context of professional impressions. In the theme of feelings about the profession, we identified the subthemes of disappointment, anger, fear, worthlessness and enthusiasm. In the theme of thoughts about the profession, we obtained the subthemes of leaving the job and job satisfaction.

Theme 1: Feelings about the profession

NGNs described disappointment, anger, anxiety, worthlessness and enthusiasm as relevant to their profession.

> "…I compare myself to other close friends. My friends with the same scores as me became engineers, but I could only become a nurse. They earn almost twice as much as I do; their jobs are more respectable than mine; their jobs never tire them out as nursing does me, and their chances of getting a job promotion are much higher than mine. Sometimes I get angry just because of these…"
>
> (P19, 25Y, M)

Theme 2: Thoughts about the profession

While some NGNs thought about leaving their jobs, others were satisfied with their jobs.

> "It is a job that provides great satisfaction once you gain the trust of patients, team members, and physicians. As we build on our knowledge, nursing and daily tasks become enjoyable. However, I am sure most other newly employed nurses, including myself, feel incompetent and inadequate now…" (P7, 26Y, F).

4.2.3 | Context 3: empowerment process

We identified themes of 'sources of power', 'reasons for lack of power', 'ways of coping with situations that make one feel powerless' and 'initiatives for empowerment' in the context of the empowerment process. We identified the subthemes of 'individual', 'professional' and 'organizational' in the 'sources of power' theme; the subthemes of 'emotion-focussed coping' and 'problem-focussed coping' in the 'ways of coping with situations that make one feel powerless' theme; and the subthemes of 'individual', 'professional' and 'organizational' in the 'initiatives for empowerment' theme.

Theme 1: Sources of power

Most NGNs described their social circles and families as power sources. Others described resilience, problem-solving skills and patience as sources of power.

> "…the strengths of our profession include the following: we can find a job very easily; we can be appointed easily if we want to work for the government; we can find a job easily if we want to work abroad. Also, the hospital I work for values nurses, which means power…"
>
> (P9, 24Y, M)

Theme 2: Reasons for lack of power

Most of the NGNs stated that they could not maintain a balance between their social and professional lives due to the challenging working conditions, that they could not adjust to the profession, that

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they faced many problems with patients, teammates and doctors and that they felt powerless for these reasons.

> "As soon as I started working, I found myself in a busy environment and working in harder conditions than I expected. Working shifts has already changed my life a lot. Moreover, new graduates are the ones who are assigned to shifts on holidays like religious days or national holidays…I cannot build a social life…"
>
> (P1, 26Y, M)

Theme 3: Ways of coping with situations that make one feel powerless

NGNs sought support from teammates, family members or people close to them, or they built their internal motivational resources to cope with situations that made them feel powerless. They used emotion-focussed coping strategies. Others consulted experienced nurses, managers and physicians or sought training to deal with situations that made them feel powerless. They used problem-focussed coping strategies.

> "It was a real challenge when I started working. I cried sometimes when I went home after work. Shifts, patients, pressure from doctors, etc. I could not get used to it, but I am glad I have my family, husband, and close friends; they helped me keep it together and always helped me believe in myself…"
>
> (P30, 25Y, F)

Theme 4: Initiatives for empowerment

NGNs reported that they would be empowered if their working conditions were improved, clinical practice hours were increased in educational curricula, orientation programmes were implemented in institutions, orientation and training programmes for new graduates were initiated, administrators and nursing team members were patient and altruistic with new graduate nurses, and the social image of nursing was improved.

> "…I felt sad when I could not perform tasks I was trained to do during my undergraduate education. We grew up with a very idealistic point of view. We have learned many evidence-based practices, but we work under such difficult conditions that there is no time… First, we need to work under humane conditions to feel empowered…"
>
> (P13, 26Y, F)

5 | DISCUSSION

This study found that the SE of NGNs was at a moderate level. We found that of the subdimensions of the CWEQ-II to determine the SE levels, formal and informal power was perceived at a low level, support and opportunities were perceived at a moderate level, and information was perceived at a higher level by nurses. In the focus group interviews, we found that NGNS sometimes felt powerless due to the difficulty of working conditions and the lack of resources, information and support in the work environment. Similarly, other studies reported moderate levels of SE among NGNs. These studies reported that NGNs perceived formal and informal power at lower levels, and resources and information remained moderate regarding their SE (Cai & Zhou, 2009; Laschinger et al., 2013). Cho et al. (2006) found that the SE of NGNs was moderate, with the subdimensions of information, support and formal power scoring the lowest, the subdimensions of resources and informal power scoring at a moderate level, and opportunities scoring the highest. These findings suggest that NGNs have difficulty accessing the resources they need to care for patients and fulfil their responsibilities in the workplace. It is known that the need for support increases the low self-esteem experienced by NGNs as they transition from a student role to a professional nurse role (Fallatah et al., 2017). Furthermore, since NGNs may be prone to low self-esteem due to a lack of professional skills and experience, their levels of formal and informal power are expected to be low regarding their organizational effectiveness and visibility (Laschinger et al., 2001).

In the present study, we found that the PE levels of NGNs were moderate. Consistent with the findings of other studies in the literature, NGNs perceived 'meaning' as the most empowering factor, while they perceived 'impact' as the least empowering factor on the PES (Karimi et al., 2021; Laschinger et al., 2001). In support of these findings, Smith et al. (2010) found that the PE of NGNs was moderate, with the meaning and impact subdimensions at the highest and lowest levels, respectively. The focus group interviews we conducted with NGNs were consistent with these findings. Some nurses said they found patient care and their jobs valuable, regardless of the challenging working conditions. The meaning subdimension is related to employees' care and the importance of their work (Spreitzer & Quinn, 2001). These findings indicate that NGNs recognize the importance of patient care and the nursing profession during their education and professional lives as elements that give meaning to their work. NGNs reported that although they found their profession meaningful and essential, their lack of experience and knowledge meant that patients, doctors and other nurses sometimes ignored them or did not ask for their opinion, which made them feel very ineffective. Given the role changes and lack of experience, NGNs likely do not see themselves as employees who can make a difference in the workplace or as employees who can influence the workplace through their actions on potential changes.

In this study, we found a significant relationship between CWEQ-II and PES scores, and we found that the subdimensions of all scales were significantly correlated (Table 3). Based on the regression analysis results, we determined that PE improved NGNs' perceptions of SE (Table 4). These findings support the results of other studies in the literature that report that favourable conditions that support SE in the workplace lead to higher levels of perceived PE

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TABLE 4 Factors affecting the structural empowerment of new graduate nurses.

Variables	*B*	SE	(*β*)	*t*	*p*	%95 confidence interval	
						Lower limit	Upper limit
Constant	3.030	0.501	—	6.049	<.001	2.043	4.018
PES total score	0.258	0.015	0.706	17.273	<.001	0.229	0.288
Marital status (Married/having a partner)	0.862	0.357	0.067	2.416	.017	0.159	1.565
Type of work (Day shift 8–10 h/day)	1.551	0.537	0.081	2.890	.004	0.493	2.609
Career planning status (Yes)	0.808	0.253	0.093	3.196	.002	0.310	1.307
Satisfaction level with the orientation programmes of the institution	0.308	0.114	0.105	2.708	.007	0.084	0.532
Satisfaction level towards the organization	0.605	0.121	0.174	4.995	<.001	0.366	0.844

Note: R^2: %80.5, $p < .001$, Durbin–Watson: 1.588, *F*: 185.128.

TABLE 5 Themes and subthemes related to new graduate nurses' perceptions of empowerment.

Context	Themes	Subthemes
Concept of power	Individual characteristics (*n*: 26)	• Physical characteristics • Personality traits • Abilities
	Socioeconomic characteristics (*n*: 25)	• İncome status • Social factors
	Professional characteristics (*n*: 17)	• Clinical skills • Professional theoretical knowledge
Professional impression	Feelings about the profession (*n*: 30)	• Disappointment • Anger • Anxiety • Worthlessness • Enthusiasm
	Thoughts about the profession (*n*: 27)	• Leaving the job • Job satisfaction
Empowerment process	Sources of power (*n*: 29)	• Individual • Professional • Organizational
	Reasons for lack of power (*n*: 23)	• Individual • Professional • Organizational
	Ways of coping with situations that make one feel powerless (*n*: 20)	• Emotion-focussed coping Problem-focussed coping
	Initiatives for empowerment (*n*:18)	• Professional • Organizational

among NGNs. (Albasal et al., 2022; Manojlovich & Laschinger, 2002). Furthermore, the results of the meta-analysis study by Zhang et al. (2018) on nurses confirm the positive and strong correlation between SE and PE levels. Our interviews with NGNs revealed additional insights beyond these findings, suggesting that factors such as support from managers and peers in the team, favourable working conditions and opportunities for professional development through orientation programmes increased the PE levels of NGNs. Based on these findings, it can be argued that the availability of structural empowerment elements such as opportunities, information, support, resources and favourable working conditions facilitate PE among NGNs. It has been observed that empowered NGNs with favourable working conditions experience lower levels of work stress and become effective, autonomous and productive in the work environment (Spreitzer & Doneson, 2005).

This study found that working a day shift improved SE perceptions among NGNs. Studies in the literature report that the shift system increases stress, fatigue and inattention levels in NGNs, leading these nurses to describe working conditions as challenging (Min et al., 2019; Özen Bekar & Gökoğlan, 2022). Our interviews with NGNs produced parallel findings. Some nurses stated that the shift system negatively affected their quality of work life and made them feel powerless. These findings suggest that the shift system causes NGNs to perceive the work environment and conditions as

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challenging, leading to low levels of SE. On the other hand, we observed that day shifts led NGNs to perceive SE levels at high levels.

NGNs' marital status influenced their perceptions of SE. We observed that married/having partner NGNs perceived themselves as more structurally empowered than unmarried/single nurses. In our interviews, NGNs described their families, partners and friends as social support systems and power sources. Previous studies have reported that some sociodemographic characteristics of nurses significantly influence their perceptions of SE (Falattah et al., 2017; Mansour et al., 2022). In a study by Harhas et al. (2021), they found that married nurses had higher scores on the SE than single nurses. Our study results suggest that having a partner or being married as social support factors may have caused an increase in the level of perceived support at work, thereby improving perceptions of SE levels.

This study found that satisfaction with the orientation programmes of the institution and satisfaction towards the organization positively influenced NGNs' perceptions of SE. In addition, our study results showed that having career plans significantly increased the perceived level of SE among NGNs. Consistent with these findings, in the focus group interviews, NGNs described the availability of employing institutions that support team member development and value their employees through various career opportunities in the workplace as power resources. Previous studies have also reported increased commitment and SE levels among nurses who work for institutions that provide career planning and staff development opportunities and support NGNs through continuing education programmes (Cho et al., 2006; Laschinger et al., 2016). Albasal et al. (2022) support these findings by reporting a significant and positive relationship between nurses' level of SE and their affiliation with the institutions they work for. Our findings suggest that working in institutions that provide conditions for SE is positively related to NGNs' organizational attitudes and behaviours.

5.1 | Limitations

This research is limited to the opinions of the NGNs who participated in this study.

6 | CONCLUSION

In this study, NGNs' perceptions of SE and PE were moderate. It is observed that nurses with high levels of perceived PE, work day shifts, are married/have a partner, have high levels of satisfaction with the employing institution and the availability of orientation programmes, can develop career plans and have improved levels of perceived SE. Given nurse attrition and retention rates, our study findings will guide policymakers, educators, researchers and administrators in empowering NGNs essential to the healthcare workforce. Creating favourable working conditions and providing orientation programmes and career opportunities is essential to empower NGNs, who significantly impact healthcare institutions' performance. In addition, support from administrators, nurses and other healthcare staff and efforts to improve PE levels are necessary steps to empower NGNs. Consistent with the results of this study, nurse managers need to empower NGNs. For this purpose, it can be suggested that managers should assign duties and tasks to NGNs according to their level of knowledge and skills, provide immediate and positive feedback with a supportive attitude, allow NGNs to express the problems they encounter in their social and professional life, promote positive behaviour within the team, create resources and opportunities appropriate for the professional development of NGNs and provide orientation and training programmes for them in cooperation with educators. Future studies with different research designs on the perceived SE and PE levels of NGNs are warranted. The development of orientation programmes and professional practice training programmes designed to mitigate transition shock and empower NGNs, and the examination of the effects of such programmes on nurse performance and patient outcomes, can be suggested for future studies relevant to this topic.

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No conflict of interest has been declared by the authors.

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DATA AVAILABILITY STATEMENT

Data is available on request from the authors.

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