

Work Settings Utilizing the S.C.O.R.E Model on the Psychological Empowerment of Hospital Nurses in Cebu City

James Bryll R. Brillante, MANM, RN, Jake C. Napoles, DHCM, MAN, and Resty L. Picardo, DM, JD, MAN

College of Allied Health Sciences, University of the Visayas , Philippines

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ABSTRACT

Amid rising demands in healthcare systems, nurse empowerment has emerged as a critical factor in promoting resilience, job satisfaction, and quality patient outcomes. This study assesses the relationship between structural work environment factors—specifically those measured by the S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) framework—and the psychological empowerment of hospital nurses in Cebu City. Anchored in Kanter's Structural Empowerment Theory (1977, 1993) and Spreitzer's Psychological Empowerment Theory (1995), the research assessed how workplace conditions and psychosocial variables influence nurses' perceptions of meaning, competence, self-determination, and impact in their roles. Utilizing a correlational predictive design, findings revealed that while respondents perceived the overall work environment positively, particularly in safety, communication, and operational reliability, their psychological empowerment levels was high—especially in meaning, self-determination, and impact, with only competence rated moderately. Notably, teamwork climate, job-related uncertainty, and participation in decision-making were identified as significant predictors of psychological empowerment. The results suggest that structural support alone does not guarantee empowerment unless internalized as meaningful by individuals. The study recommends targeted interventions in nursing practice, education, policy, and research to align organizational structures with personal empowerment experiences, ultimately enhancing nurse satisfaction, retention, and patient care quality.

Keywords: Psychological empowerment, Structural empowerment, Staff nurses, S.C.O.R.E. model, job satisfaction, Cebu City.

INTRODUCTION

Nurses in hospitals play a crucial role in influencing patient outcomes, clinical effectiveness, and overall organizational performance within the high-stress environment of health care. In Cebu City, hospitals face challenges in meeting the growing demands for quality care and sustainable workforce development, making the understanding of nurses' psychological empowerment essential. Psychological empowerment is a subjective process involving motivation and cognition, wherein individuals perceive their ability to engage in meaningful work, experience autonomy, and feel competent. The framework, which includes meaning, competence, self-determination, and impact, is increasingly recognized in healthcare literature as a mechanism to enhance resilience and engagement within the health workforce (Llorente-Alonso et al., 2023).

This study investigates the psychosocial dimensions of empowerment for nurses, focusing on the role of systemic, cognitive, and organizational resources in enhancing empowerment outcomes. This aligns with the United Nations Sustainable Development Goal (SDG) 3: Good Health and Well-being, particularly its aim to guarantee healthy lives and promote well-being for individuals of all ages. Psychologically empowered nursing personnel contribute to improved patient care as well as increased mental health and job satisfaction among healthcare workers.

Furthermore, to promote psychological empowerment in healthcare environments, formal interventions addressing both organizational culture and individual health are necessary. The S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) instrument is an evidence-based methodology

designed to evaluate and enhance workplace climate across four domains: Safety, Communication, Operational, Reliability, and Engagement. Sexton et al., (2019) introduced the S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) instrument as an enhancement to the widely utilized Safety Attitudes Questionnaire (SAQ) to address the growing demands of healthcare teams beyond traditional safety metrics. While the SAQ has been useful in assessing safety culture over the years, its original implementation did not account for critical contemporary challenges such as burnout, work-life balance, and psychological safety.

Previous studies have consistently demonstrated that psychological empowerment mediates the relationship between work settings and various employee outcomes, including performance, satisfaction, and retention (Knol & Linge, 2009). Psychological empowerment is associated with fostering innovative thinking and encouraging positive workplace behaviors (Sun et al., 2015; Zhang et al., 2018). In the healthcare industry, enhancing job satisfaction, reducing burnout, and promoting high-quality patient care are considered essential (Lv et al., 2021; Mathew & Nair, 2021). Recent studies by Zhang et al. (2022) and Saleh et al. (2022) have further examined empowerment in diverse health care contexts, underscoring its significance in nursing and related professions. The S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) Survey Instrument, designed to assess key dimensions of the work environment such as safety, communication, operational reliability, and engagement, has been utilized in various global studies (Adair et al., 2022; Roth et al., 2021) to evaluate organizational culture and team dynamics.

Despite the growing body of literature on psychological empowerment and the application of the S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) model, significant challenges remain, particularly within the Philippine context. Oducado (2021) examined psychological empowerment in Western Visayas nurses; this construct remains underexplored in Central Visayas, especially among hospital nurses in Cebu City. Although the S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) instrument has been employed to assess work environments, and limited research has explored its relationship with psychological empowerment, especially within Philippine health care contexts. No prior research has investigated this relationship in Cebu City. This study aims to address a gap by examining the relationship between S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) variables and the psychological empowerment of hospital nurses in the region. The absence of local evidence underscores the need for additional research, making this study a significant and timely contribution to the literature on nursing management and psychological health in the Philippines.

This research aims to examine the impact of the S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) framework components on the psychological empowerment of hospital nurses in Cebu City. The objective is to determine the correlation between safety, communication, operational reliability, and engagement characteristics and nurses' self-reported perceptions of their work regarding significance, competence, self-determination, and impact. The research seeks to offer insights that will assist hospital administrators and nursing leaders in creating empowering work environments. This study aims to enhance job satisfaction, increase nurse retention, and improve the quality of patient care. Furthermore, it seeks to address the deficiencies in existing literature within the region and provide contextual foundations for policy development and further investigation into nursing management and organizational psychology.

Research Objectives

This study aimed to assess whether the dimensions of work settings (S.C.O.R.E) predicted psychological empowerment among staff nurses in Cebu City for the second quarter of 2025.

Specifically, it sought to answer the following queries.

1. What was the work settings perceptions of the nurses in terms of:
 - 1.1 safety in terms of:
 - 1.1.1 safety climate;

1.2 communication in terms of:

- 1.2.1 teamwork climate; and
- 1.2.2 local leadership;
- 1.3 operational reliability in terms of:
 - 1.3.1 improvement readiness;
 - 1.3.2 burnout climate and personal burnout;
 - 1.3.3 work-life balance;
- 1.4 engagement in terms of:
 - 1.4.1 growth opportunities;
 - 1.4.2 workload
 - 1.4.3 participation in decision-making;
 - 1.4.4 job-related uncertainty;
 - 1.4.5 advancement; and
 - 1.4.6 intentions to leave?
2. What was the psychological empowerment of the nurses in terms of:
 - 2.1 meaning;
 - 2.2 competence;
 - 2.3 self-determination;
 - 2.4 impact; and
 - 2.5 overall psychological empowerment?
3. Which dimension of work setting predicted psychological empowerment among nurses?
4. What psychological empowerment enhancement plan was proposed based on the findings of the study?

Statement of Null Hypothesis

Ho1: The dimensions of work setting of Safety, Communication, Operational Reliability, and Engagement (S.C.O.R.E.) did not predict psychological empowerment among nurses.

REVIEW OF LITERATURE AND STUDIES

Structural Empowerment. Structural empowerment, or managerial empowerment, focuses on the processes through which organizational managers allocate their power and authority to employees who have traditionally lacked decision-making autonomy (Fernandez & Moldogaziev, 2013). Structural empowerment, rooted in organizational and management theory, focuses on the delegation of power, control, and responsibility from senior management to frontline workers (Knol & Van Linge, 2009; Maynard et al., 2012). Structural empowerment fundamentally represents a shift in power that enables employees to actively engage in organizational objectives, independently address problems, and take ownership of their work. Seibert et al.

(2011) characterized structural empowerment as a function of organizational practice, encompassing organizational flattening and policy implementation that promote employee autonomy and initiative.

Key components of structural empowerment include access to essential information, necessary resources, effective feedback mechanisms, and opportunities for learning and development (Laschinger et al., 2001). The accessibility of formal job features and organizational policies enabled workers to effectively meet work requirements and engage in innovative behaviors. Knol and Van Linge (2009), Hebenstreit (2012), and Dan et al. (2018) identified significant relationships between structural empowerment and workplace innovation. Time constraints, resource limitations, and restricted access to data have been shown to significantly hinder employee creativity and motivation (Kesting & Ulhøi, 2010). In organizations that promote equity and foster diversity, inclusion, and equity (EDI), the delegation of decision-making authority enhances employee confidence in proposing and implementing significant changes.

Safety, Communication, Operational Reliability, Engagement (S.C.O.R.E). S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) is an advanced concept derived from the original Safety Attitudes Questionnaire (SAQ), a tool for assessing safety culture among healthcare providers. Since its inception more than twenty years ago, the SAQ has achieved worldwide recognition as a reliable assessment tool utilized in many healthcare environments and translated into other languages (Sexton et al., 2019). The researchers have gathered, examined, and summarized hundreds of datasets in close collaboration with healthcare professionals across all tiers, from frontline personnel to senior executives. The extensive use of these applications has led to significant improvements in methodological rigor and elevated response rates, establishing the SAQ as a leading tool for safety culture evaluation.

As healthcare systems evolved, the need for a comprehensive and current assessment of organizational culture also increased. Sexton et al. (2019) identified limitations in existing safety culture tools, noting that burnout, work-life balance, and psychological safety were not explicitly considered—factors increasingly linked to clinical outcomes and the sustainability of healthcare improvement initiatives. While constructs such as teamwork climate and safety climate remain significant, they inadequately capture the complexity of modern healthcare environments. Measuring psychological safety, defined as the ability of staff to express concerns, recognize confusion, and engage in continuous learning, has emerged as a critical priority.

The organization has developed the S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) survey instrument, which integrates themes of reliability, engagement, and operational safety while addressing the changing goals of burnout prevention and employee wellbeing. The aim is to furnish many organizational essentials—encompassing human resources, quality initiatives, and leadership strategies—through a unified tool. The primary objective of S.C.O.R.E. (Safety, Communication, Operational Reliability, and Engagement) was to simplify the administration and debriefing processes by establishing a singular actionable goal for each work setting, hence enhancing staff empowerment and patient safety outcomes.

Psychological Empowerment. Given the nature of the job required of nurses as a profession, empowering nurses in their workplace is simply necessary and crucial to maintaining high-quality healthcare. In turn, psychological empowerment influences nurses' motivation, job satisfaction, and performance by giving them a sense of purpose, competence, autonomy, and influence. When it comes to making important decisions, collaborating with teams, and advocating for patients' needs, empowered nurses are more assured. Additionally, empowered nurses are more resilient under pressure, which reduces burnout and improves patient outcomes.

According to Rashed and Fekry (2015), empowerment is a concept that has different meanings in different cultures. Furthermore, empowerment is a complex and comprehensive term with a variety of possible definitions (Abel & Hand, 2018). The process of determining and eliminating obstacles to empowerment in nursing has been described as a means of enhancing employees' self-efficacy (Fragkos et al., 2020). According to the various definitions, empowerment can be defined as a shift toward decentralizing power (Ta'an et al., 2020), the achievement of goals, the development of one's abilities to bring about positive changes in the workplace, or the possibility of gaining power (Truss et al., 2017). Van Bogaert et al. (2016) emphasizes the role that employees play as key stakeholders in decision-making, providing high-quality care, and advancing the objectives of the organization.

Skar (2010) defines empowerment as the ability to act, the autonomy to make decisions, and the authority to make decisions. Empowerment can take shape in structural or psychological forms. Structural empowerment refers to the conditions within the work environment that facilitate high job performance by providing employees with information, support, resources, and opportunities for learning and development (Orgambidez-Ramos et al., 2017). Psychological empowerment refers to an individual's mental state characterized by a sense of control, competence, and alignment with personal goals (Oladipo, 2009). The framework consists of four primary dimensions: meaning, competence, self-determination, and impact. Meaning refers to the alignment of an employee's values, beliefs, and behaviors with workplace requirements. Competence refers to an employee's belief in their capacity to perform work tasks effectively. Self-determination refers to an employee's perception of autonomy in selecting and organizing their work tasks. Impact refers to the degree of control an employee perceives over their work (Manojlovich, 2005; Spreitzer & Doneson, 2005).

Psychological empowerment is crucial for nurses to consistently provide high-quality healthcare. This assertion is supported by a limited number of prior studies. Al-Shomrani, et. al., (2024) demonstrated that psychologically empowered nurses exhibit greater autonomy in decision-making, resulting in improved patient outcomes, enhanced safety, and overall quality of care. In contrast, work environments lacking power, marked by insecurity and organizational stress, are linked to emotional exhaustion, reduced job satisfaction, and increased burnout among nursing staff.

Psychological empowerment positively influences nurses' attitudes, confidence, and job engagement. The environment facilitates flexibility, enabling nurses to develop and perform at their best (Zhang, et. al., 2018). The absence of empowerment is typically linked to heightened emotional exhaustion and stress, as demonstrated in studies by Permarupan et al. (2019) and Hochwlder (2007). The findings indicate that access to resources, knowledge, support systems, and both formal and informal power are essential factors in establishing empowered work environments.

The concept of empowerment significantly contributes to the enhancement of nurses' mental well-being within the workplace (Read & Laschinger, 2015). It aids in alleviating job-related stress, a common issue faced by nurses (Papathanasiou et al., 2014). Previous studies have indicated that 27% of hospital employees reported experiencing mental health issues such as anxiety, depression, and post-traumatic stress disorder (Tajvar et al., 2015). Mental health challenges are notably prevalent among nursing professionals, especially within critical care environments (Sharma et al., 2014). The identical conclusion was likewise reached in the work of Taketomi et al. (2024). The findings of their research indicate that the psychological empowerment of nurses can be significantly enhanced by fostering a positive and healthy work environment. The findings contribute to the development of an attractive and health-conscious work environment that emphasizes the quality and outcomes of nursing care. This comprehension serves as a valuable foundation for cultivating an environment conducive to the delivery of exemplary nursing care.

Safety on Psychological Empowerment of Nurses. Safety, or psychological safety, refers to the belief that individuals can express concerns and ideas without fear of punishment or ridicule (Adair et al., 2022). A psychologically safe work environment is essential for individuals to learn from failures and participate in a continuous cycle of reflection and improvement. This concept holds particular importance in the healthcare sector, where the complexity of patient care is increasing and the stakes are elevated. Psychological safety is crucial in addressing challenges like high turnover rates, fluctuating team membership, and the necessity for effective coordination within multidisciplinary teams. In environments that prioritize psychological safety, questioning, addressing issues, sharing mistakes, proposing solutions, and offering suggestions are common practices. However, the majority of healthcare workers (HCWs) often refrain from voicing concerns, posing questions, or seeking clarification due to a lack of psychological safety in their environments (Schwendimann et al., 2013).

The study by Cinar and Kutlu (2022) investigates the relationship between worker and patient safety culture and the structural and psychological empowerment of operating room nurses. Therefore, better job satisfaction among operating room nurses could result from higher rates of structural and psychological empowerment, which would lead to more secure healthcare service delivery. Additionally, it reiterates the importance of empowering health professionals and suggests that raising awareness of structural and psychological

empowerment among employees, managers, and researchers may enhance their use in the workplace, ultimately resulting in a safer culture for both patients and employees.

Communication on Psychological Empowerment of Nurses. A communication style that facilitates the exchange of information necessary to resolve conflicts, establish common ground, and transfer authority is known as "empowering communication" (Bandari, 2020; Arnesen-Trunzo, 2015). Using language that fosters goodwill rather than phrases that are likely to incite animosity or undermine confidence and self-esteem, empowered communication helps people with less authority recognize shared needs and values. Improving relationship quality and taking personal responsibility for one's decisions are the main goals of empowering communication (Houchens, 2020). Rather than instilling feelings of dread, guilt, blame, or shame, this approach emphasizes compassion to uplift and motivate (Miller, 2007).

The nursing profession is a prime example of an empowering process that is based on empowering communication. According to Brown (2002), compassionate communication fosters the empowering process in nursing organizations. Communication is a vital component of the empowerment process; when change agents communicate in a courteous, truthful, and straightforward manner, it encourages people to be independent and self-reliant. However, communication that is unclear, perverted, or devalued can lead to feelings of control and reliance that undermine empowerment.

This is supported by the findings of the research conducted by Deng and Mao (2011), in which they analyze whether or not alterations in the levels of communication and psychological empowerment would have an impact on the feelings of members of the team. Changes in either communication or psychological empowerment, or both concurrently, were found to result in significant fluctuations in the feelings of team members, as demonstrated by the findings. Based on the findings of the research, it appears that either enhancing communication or psychological empowerment can have a positive impact on the emotions of team members, with the combined effect being even more significant.

Operational Reliability on Psychological Empowerment of Nurses. Operational reliability emphasizes the consistent and dependable delivery of healthcare services aimed at maintaining patient safety and ensuring high-quality care. Operational reliability denotes that work processes are standardized and executed consistently in accordance with design specifications. This suggests the removal of errors and inefficiencies in routine operations to foster a safer and more efficient care environment (Sexton et al., 2019). This underscores the necessity of maintaining stable care delivery, particularly in high-stress or high-risk settings, where consistency significantly influences patient outcomes. Adair et al. (2022) demonstrate a strong association between effective local-level leadership and enhanced operational reliability. The study additionally identified a correlation between positive leadership behavior and decreased staff burnout, as well as enhanced safety culture and operational reliability. A 10-point difference in leadership ratings was associated with a 28% reduction in burnout risk and a 36% enhancement in teamwork climate (Adair et al., 2022).

Engagement on Psychological Empowerment of Nurses. Employee engagement is characterized as a positive work attitude, wherein an individual demonstrates physical, mental, and emotional commitment to their work (Gokenbach & Drenkard, 2011). Engaged employees exhibit significant emotional, rational, and behavioral commitments to their roles and the organization, often described as an individual's attachment to their workplace. Kahn's theoretical model of employee engagement identifies three psychological constructs as determinants of engagement levels: meaningfulness, psychological safety, and availability (Scott et al., 2022). In the healthcare sector, employee engagement is directly linked to perceptions of fulfillment and purpose in their roles. Kahn's model posits that employee engagement requires a psychologically safe work environment and adequate resources.

In order to correlate, Jeve, et. al., (2015). proposes a high and positive correlation between employee engagement and the quality and safety of patient care since engaged healthcare workers are more likely to provide high-quality care. Engaged employees exhibit significant emotional, rational, and behavioral connections to their job and organization, often characterized as an individual's bond with their workplace. By increasing the engagement of healthcare workers who interact directly with patients and their families, healthcare facilities can better align their policies and priorities with the objectives of patient-centered care. The work environment significantly

influences the psychological empowerment of employees. The factors of organizational culture, leadership, job design, and work environment significantly influence the extent of employee empowerment in the workplace. An enabling and inclusive work environment fosters autonomy, competence, and purpose, while a restrictive or micromanaging environment hinders empowerment and motivation.

Work environments that promote participative decision-making and open communication are more likely to enhance psychological empowerment. Organizations that promote continuous learning and career development programs enhance employees' sense of competence, thereby reinforcing their perception of their own capabilities (Deci & Ryan, 2017). Physical work environment impacts psychological empowerment. Workplaces that are comfortable, organized, and collaborative can boost employee motivation and engagement. Flexible work models like hybrid or remote employment have been linked to enhanced psychological empowerment due to increased autonomy and work-life balance (Hassard, et al., 2022).

Well-designed work environments that promote autonomy, competence, and meaning empower employees psychologically, improving job satisfaction, organizational commitment, and performance. To enhance employee engagement, companies should consider how their work environment affects psychological empowerment and make changes to boost intrinsic motivation and well-being.

In addition, research conducted by Taketomi, et al. (2024) provides robust empirical evidence supporting the relationship between the nursing practice environment and psychological empowerment, indicating that a well-structured and supportive work setting enhances nurses' psychological empowerment. This aligns with the broader investigation into the influence of work conditions—specifically safety, communication, operational reliability, and engagement—on psychological empowerment among staff nurses, as outlined by the S.C.O.R.E (Safety, Communication, Operational Reliability, and Engagement) instrument. Taketomi, et al. (2024) found that nurses who perceive their work environment positively experience greater psychological empowerment. This supports the assumption that organizational factors significantly influence empowerment, which in turn affects nurse performance, job satisfaction, and retention. The study employed the Practice Environment Scale of the Nursing Work Index (PES-NWI) to evaluate workplace adequacy and utilized the Psychological Empowerment Instrument (PEI) to investigate nurses' perceptions of competence, meaning, autonomy, and impact, which are fundamental dimensions of Spreitzer's Psychological Empowerment Theory. The strong correlation between these two instruments illustrates that a well-planned and managed nursing work environment fosters a sense of professional control and motivation in nurses.

This is particularly relevant to the S.C.O.R.E (Safety, Communication, Operational Reliability, and Engagement) instrument, which examines how various elements of the workplace facilitate empowerment. Ensuring safety in the work environment and maintaining operational reliability are essential for alleviating stress and enhancing nurses' confidence in their roles. Furthermore, effective communication and active involvement are critical for fostering autonomy and influence within the organization. Taketomi et al., (2024) demonstrate that hospitals actively promoting a healthy work environment enhance psychological empowerment while simultaneously reducing burnout and turnover, thereby underscoring the importance of fostering an empowering organizational culture in healthcare settings.

Work Setting. Nursing is a highly skilled and dynamic career that requires ongoing learning and development. To ensure the delivery of quality and safe care, nurses need to undergo lifelong training in order to advance their competencies as well as continue to be responsive to the increasing intricacies of the healthcare system. Being among the most fundamental and ubiquitous health care professions, nursing is an important factor in patient health and the health institution functionality (Al-Shomrani, et.al., 2024). However, such empowerment has not yet been fully achieved in practice. The staff nurse work environment in Cebu City has been a subject of much interest, especially in the situation regarding the issues that impact their performance, job satisfaction, and retention. One of the most salient issues affecting the nursing practice in the Philippines, particularly in Cebu City, is the chronic shortage of nurses, which is exacerbated by the fact that the Philippines is a leading exporter of healthcare professionals. Potot and Amparado (2020) examined government hospitals in Cebu City to assess the factors influencing nurse retention and resignation. They identified a range of individual, organizational, and economic variables that impact these decisions among nurses. Organizational factors, such as hospital policies and job satisfaction, were identified as critical determinants of retention. Furthermore, labor market and

economic conditions were identified as significant factors in nurse resignation, as nurses often moved to higher-paying positions overseas or in more profitable healthcare environments.

Cabanas and Dano (2022) contributed additional insights regarding the challenges faced by millennial nurses in clinical settings. The research indicates that frustrations, challenges, and the emotional burden of nursing practice are particularly pronounced among younger generations of nurses. Millennial nurses, despite their resilience, pose unique challenges that require careful consideration from nurse managers. The study suggests that workplace stress can directly affect the performance and well-being of staff nurses, thereby influencing the quality of patient care. This emphasizes the necessity for nurse leaders to be attuned to the emotional and psychological needs of their staff, particularly younger nurses, to foster a supportive and efficient workplace. Nurse managers face the challenge of redesigning systems and strategies to effectively address the frustrations and difficulties encountered by millennial nurses.

When it comes to compensation and benefits, which continue to be a significant problem in the healthcare profession, the work environment is also significantly impacted by these same factors. Estrella et al. (2022) conducted a study to investigate the degree to which healthcare workers in Metro Manila, Metro Cebu, and Metro Davao are able to achieve satisfactory job outcomes. An additional finding from the analysis was that one of the primary challenges faced by healthcare workers is the lack of a competitive wage and benefits package, and that inadequate financial rewards continue to be a significant driving force behind labor migration. In addition, the results of online interviews with healthcare workers indicated that worries surrounding salary were among the most important considerations for nurses when selecting whether or not to remain in their current positions. According to the findings of the research, it is essential to improve remuneration packages in order to increase nurse satisfaction and retention in the healthcare system. This is true even though organizational support and job satisfaction are both extremely important factors.

RESEARCH METHODOLOGY

Design. The research was conducted with the use of a research design known as descriptive, correlational (predictive) research. Utilizing such a study technique is appropriate for the purpose of investigating the impact that work settings (S.C.O.R.E) have on the psychological empowerment of nurses who are employed in Cebu City.

Environment. This study was conducted in Cebu City, Philippines. According to the National Health Facility Registry of the Department of Health there are a total of nine private hospitals and two public hospitals located in Cebu City that is within the capital, resulting in a total of eleven hospitals that serves as the setting of the study. The study focused on hospitals in Cebu City, ensuring the inclusion of nurses from both government-owned and private medical facilities in the sample. This research encompasses nurses from diverse hospital environments, providing a comprehensive analysis of how safety in the work settings (S.C.O.R.E) influence psychological empowerment.

Respondents. Participants of the study were the 334 nurses working in hospitals in Cebu City. To compute the sample size, since the population is not known, the formula used: $n = z^2 \cdot [p \cdot q] / d^2$. In this formula, n is the sample size, P is the estimated proportion of the study variable or construct based on previous studies or pilot studies (70%), $q = 1 - P$ (30%), and d is the margin of error (5%). z is the Z-score or a standard normal deviate corresponding to (100%, $\alpha/2\%$), where α refers to the significance level or the probability of making a type I error. The z score for different significance levels is: 1.96 for 5%, 1.28 for 10%, and 2.58 for 1%. With the hypothetical values being added, the sample size was 323 (Younas, 2019).

Sampling Design. A quota sampling was utilized in this study. According to Fleetwood (2024), a quota sampling is defined as a non-probability sampling method in which researchers created a convenience sample involving individuals who represented a population. Researchers chose these individuals according to specific traits or qualities. They determined and established quotas so that the market research samples would be useful in collecting data. These samples could then be generalized to the entire population. The final subset was determined based solely on the interviewer's or researcher's knowledge of the population. This process continued until the quota was achieved.

Inclusion Criteria. The population of interest consisted of nurses working at hospitals in Cebu City, regardless of their specialty and had been there for at least one year. This academic study focused on full-time active hospital nurses because they are the ones who are most immediately exposed to the working conditions that are being evaluated using the work settings (S.C.O.R.E) instrument.

Exclusion Criteria. The study excluded nurses working in clinics, community health centers, academic institutions, research institutions, or corporate organizations, as the research focused specifically on hospital-based staff nurses. Nurses who have worked for fewer than six months or newly employed nurses, such as probationary nurses, may lack sufficient exposure to workplace behavior to provide meaningful insights on psychological empowerment.

Instruments. This study utilized a three-part instrument. Both parts were adopted from previous studies. Part one is the Demographic Profile created by the researcher, part two is the S.C.O.R.E: Assessment of the work settings (S.C.O.R.E) by Sexton et. al. (2019), part three is the Psychological Empowerment Instrument by Spreitzer (1995).

Part one is composed of the patient's name which is optional, their sex either male or female, their age which are each categorized for every five years starting from 24 up until 60. The questionnaire also included Years of service from the inclusion criteria of 1 year up until 21 years or more. Finally, it included the different shifts that are available for nurses in the hospital setting which are eight, ten, and twelve hours and an additional option is provided to list down if they have a different shift arrangement in their hospital other than what was listed.

Part two is the S.C.O.R.E: Assessment of Your Work Setting (Safety, Communication, Operational Reliability, and Engagement) developed by Sexton et al. (2019). This tool combined elements from various existing questionnaires to create a more cohesive and comprehensive assessment. It is designed to evaluate key aspects of the work environment, including safety, communication, operational reliability, and employee engagement, with the goal of providing a holistic view of workplace dynamics.

The response scale varied from 1 (strongly disagree) to 5 (strongly agree), indicating that elevated scores signify more favorable work environment norms for each dimension. Safety climate, comprising seven (7) items, refers to the degree to which local patient safety norms are characterized by proactivity and positivity, including the discussion, management, and learning from errors. The teamwork climate, assessed through seven (7) items, refers to the effectiveness of local interaction norms, including the ability to speak up, resolve conflicts, and seek clarification of ambiguities. Local leadership encompasses five (5) items related to the extent of communication by leaders. Improvement readiness, comprising five (5) items and referred to as Learning Environment, denotes the degree to which quality improvement is facilitated within a workplace through ongoing learning regarding both strengths and weaknesses in quality. Personal burnout, consisting of five (5) items, referred to as personal exhaustion, was evaluated using a subset of items from the emotional exhaustion scale. Simultaneously, burnout climate, referred to as exhaustion climate (five items), addresses similar concepts; however, it evaluates group dynamics rather than individual emotions. Employing a published methodology, the personal burnout and burnout climate scores were determined as the 'percent concerning' by calculating the percentage of respondents within a work environment who achieved a mean equivalent of 'neutral or higher' across all items.

Work-life Balance, measured through eight (8) items, refers to the prevalence of work-life infractions occurring within the past week, aggregated at the organizational level. The response scale for the work-life climate items included the following categories: (1) Never (2) Rarely (less than 1 day); (3) Some or a little of the time (1–2 days); (4) Occasionally or a moderate amount of time (3–4 days); (5) All of the time (5–7 days); and (x) Not Applicable. The Job Demands-Resources Model is the most widely supported of numerous legitimate approaches for evaluating engagement. This study evaluated workplace demands and resources for healthcare staff using five JD-R Questionnaire scales: advancement, growth prospects, participation in decision-making, workload, and job uncertainty. Each of the five factors was assessed on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). It shows that greater scores on advancement, growth opportunities, and participation in decision-making imply a positive assessment of these dimensions, but higher scores on workloads and job uncertainty suggest a negative perception of them. The advancement scale included seven statements that address promotional chances and financial stability. The growth opportunities scale included six

items that focus on autonomy and freedom in task execution. The participation in decision-making scale had six measures that assess clarity and involvement in the decision-making process. The workload scale contained five components that focus on job pressure and volume. Finally, employment uncertainty was made up of three components that include job security and retention issues.

Reliability. In the study conducted by Sexton (2019) scale reliability was assessed via Cronbach's alphas each component of the instrument with the use of a five-point Likert scale with the exception of Work life balance which utilized a four-point scale. Under Safety, Safety Climate it has a Cronbach's alpha coefficient of $\alpha = 0.87$. Communication is being measured by two components namely: Teamwork Climate with a Cronbach's alpha coefficient of $\alpha = 0.82$ and Local leadership with a Cronbach's alpha coefficient of $\alpha = 0.94$.

As for Operational Reliability this is characterized by four components namely: Improvement Readiness with a Cronbach's alpha coefficient of $\alpha = 0.92$, Personal Burnout with a Cronbach's alpha coefficient of $\alpha = 0.92$, Burnout Climate with a Cronbach's alpha coefficient of $\alpha = 0.90$ and Work-life balance with a Cronbach's alpha coefficient of $\alpha = 0.82$. Lastly Engagement has five components namely: Advancement with a Cronbach's alpha coefficient of $\alpha = 0.89$, Growth Opportunity with a Cronbach's alpha coefficient of $\alpha = 0.92$, Job Uncertainty with a Cronbach's alpha coefficient of $\alpha = 0.88$, Participation with Decision Making with a Cronbach's alpha coefficient of $\alpha = 0.88$ and Workload with a Cronbach's alpha coefficient of $\alpha = 0.84$.

Parametric score and interpretation are as follows: score ranging from 4.20 to 5.00 was interpreted as very high or strongly positive, indicating a strong favorable perception or experience among respondents. Scores between 3.40 and 4.19 were categorized as high or positive, suggesting generally favorable attitudes or experiences. Mean scores falling within 2.60 to 3.39 were considered moderate or neutral, indicating an average or balanced viewpoint without strong agreement or disagreement. Scores ranging from 1.80 to 2.59 were labeled as low or negative, reflecting an unfavorable perception or experience.

Lastly, scores between 1.00 and 1.79 were interpreted as very low or strongly negative, representing a distinctly adverse response to the measured construct. As previously mentioned, Work-Life Balance is an exception as it has an inverse rating system and with an interpretation and parametric score as follows: scores ranging from 1.00 to 1.49 were interpreted as very high or strongly positive, signifying excellent work-life balance with minimal interference from work-related stressors. Scores between 1.50 and 2.49 were considered high or positive, indicating generally favorable conditions with only occasional issues. Mean scores within 2.50 to 3.49 were classified as low or negative, reflecting moderate levels of imbalance and more frequent intrusions of work into personal time. Finally, scores from 3.50 to 4.00 were interpreted as very low or strongly negative, suggesting persistent and significant work-life challenges that could adversely affect the well-being of the respondent.

Psychological Empowerment Instrument (Spreitzer, 1995). Part three was the Psychological Empowerment Instrument (Spreitzer, 1995) to assess the four characteristics of psychological empowerment: meaning, competence, self-determination, and impact. The scale was thoroughly validated and allowed the researcher to measure the extent to which nurses view themselves as empowered in their employment. The Psychological Empowerment Measure consisted of 12 items, evenly distributed across the four dimensions, which were measured using a Likert scale. The response scale varied from 1 (very strongly disagree) to 7 (very strongly agree). This tool utilized 7-point Likert scale, being that the scale begins with 1 – Very Strongly Disagree, followed by 2 – Strongly Disagree, 3 – Disagree, 4 – Neutral, 5 – Agree, 6 – Strongly Agree, and ends with 7 – Very Strongly Agree. The tool consisted of four subdimensions: meaning (first three items), competence (second three items), self-determination (third three items), and impact (fourth three items). Each sub dimension can be analyzed separately by averaging the three items that assess it, or an overall empowerment score can be obtained by averaging the means of all four subdimensions. The tool's validation was established by Spreitzer (1995; 1996), and it has been effectively applied in over 50 studies across diverse settings, including among nurses, low-wage service employees, and manufacturing workers.

Reliability. The instrument demonstrated strong validity, with high test-retest reliability and typical validity estimates for each dimension around 0.80. Additional details on empowerment profiles across various contexts, as well as normative data for the dimensions, were provided by Spreitzer and Quinn (2001). The parametric interpretation and scoring were as follows: scores ranging from 6.17 to 7.00 is extremely high empowerment,

5.31 to 6.16 is very high empowerment, 4.45 to 5.30 is high empowerment, 3.59 to 4.44 is moderate empowerment, 2.73 to 3.58 is low empowerment, 1.87 to 2.72 is very low empowerment, and 1.00 to 1.86 extremely low empowerment.

Data Gathering Procedures. Transmittal letters were sent to the Dean of the College of Allied Health Sciences. The study then underwent a design hearing and was submitted to the university's ethics committee. Once approved, this signaled the start of respondent recruitment. The actual data collection phase began after all necessary pre-research procedures were completed, such as obtaining ethical clearance from the university's ethics review committee and formal permissions from hospital administrators at selected public and private hospitals in Cebu City. To account for variable hospital protocols and nurse availability, a hybrid approach to data collection was employed, combining face-to-face and online survey methods. Simultaneously, an online survey option was made available to nurses who preferred digital access or who worked in facilities with stricter visitation policies due to infection control or scheduling limitations. The informed consent form and questionnaire were prepared digitally using a secure platform (e.g., Google Forms or Microsoft Forms), and the survey link was distributed, with administrative approval, through official hospital email lists, nurse managers, and private nursing group chats. To ensure data consistency and reliability, the online version was structured and matched in content to the face-to-face questionnaire. Instructions and contact information were clearly provided on the first page to assist respondents in case of questions or technical issues. Both formats utilized standardized and validated data collection procedures to assess psychological empowerment and workplace perceptions. The latter were analyzed using the S.C.O.R.E. framework, which stood for Safety, Communication, Operational Reliability, and Engagement. All completed responses, whether collected physically or electronically, were anonymized and assigned unique codes to protect participants' identities. Physical copies of the questionnaires were stored in a locked file cabinet, while digital data were saved in encrypted, password-protected cloud storage accessible only to the main researcher. After data collection, all responses were reviewed for completeness and consistency before analysis. Data were tallied and collated in Excel format and were submitted for statistical treatment. The data were presented in tables along with interpretations, implications, and supporting literature and studies. Finally, after all data were collected, encoded, and verified for accuracy, the researcher disposed of the paper questionnaires containing participant responses by shredding them and deleted the data obtained online. This action was undertaken to uphold the confidentiality and privacy of the respondents, in accordance with research ethics.

Statistical Treatment of Data. Mean Score and Standard Deviation were used to determine the Safety, Communication, Operational Reliability, and Engagement (S.C.O.R.E.) and the psychological empowerment of the nurses. Linear Regression was used to analyze whether the work settings predicted psychological empowerment.

Ethical Considerations. This study adhered strictly to ethical guidelines to ensure the safety, privacy, and autonomy of all participants, in full compliance with institutional, academic, and professional standards. Prior to data collection, the research proposal received approval from the University Ethics Review Committee, confirming the ethical soundness and minimal risk of the study's methodologies, tools, and procedures.

Presentation, Analysis, And Interpretation Of Data

Table 1 Work Setting Perceptions of the Nurses

Dimensions	Mean score	SD	Interpretation
SAFETY			
Safety Climate	3.90	0.577	High or positive
Factor mean	3.90	0.577	High or positive

COMMUNICATION			
Local Leadership	3.84	0.677	High or positive
Teamwork Climate	3.80	0.570	High or positive
Factor mean	3.82	0.546	High or positive
OPERATIONAL RELIABILITY			
Improvement Readiness (Learning Environment)	4.03	0.68	High or positive
Burnout Climate and Personal Burnout	3.32	0.90	Moderate
Work-Life Balance	2.66	0.80	Moderate
Factor mean	3.34	0.50	Moderate
ENGAGEMENT			
Growth Opportunities	3.18	0.584	Moderate
Workload	3.17	0.555	Moderate
Advancement	3.07	0.598	Moderate
Participation in Decision-making	3.18	0.545	Moderate
Job-related uncertainty	3.13	0.761	Moderate
Intentions to leave	2.67	0.937	Moderate
Factor mean	3.06	0.421	Moderate
Grand mean	3.53	0.370	High or positive

Note. $n=334$.

Legend: A score ranging from 4.21 to 5.00 was interpreted as very high or strongly positive (agree strongly, all the time), 3.41 and 4.20 were categorized as high or positive (agree slightly, occasionally), 2.61 to 3.40 were considered moderate or neutral (neutral, some), 1.81 to 2.60 were labeled as low or negative (disagree slightly, rarely), and 1.00 and 1.80 were interpreted as very low or strongly negative (disagree strongly, never).

Safety. The research indicated a high or positive perception of the safety climate. Nurses generally concurred that their perspectives on quality would be enacted, errors were addressed appropriately, and performance feedback was given. The participants concurred that the culture promotes learning from errors, fosters comfort in receiving treatment within the facility, and aligns leadership values with those of the staff. They remained neutral regarding the ease of discussing mistakes.

This suggests a generally supportive culture, albeit with some hesitations regarding the open reporting of errors. Clinical experience indicates that while most nurses are receptive to standard feedback and encouragement, they often hesitate to report errors or near-misses. This reluctance is particularly pronounced when past incidents were met with punitive responses rather than constructive learning opportunities. The ambiguous response regarding error discussion suggests the presence of a safety culture; however, psychological safety for all individuals has not yet been fully established. This finding indicates that nurse managers must actively endorse non-punitive error reporting practices. Clinical errors ought to be addressed transparently as opportunities for

learning instead of being perceived as personal shortcomings. Nurses, especially those who are newer to the profession, require assurance that the safety concerns they express will lead to constructive changes rather than blame. Spreitzer (1995) emphasized that a positive work environment fosters psychological empowerment by valuing staff and promoting their independence. Kanter's (1977) Structural Empowerment Theory posits that the availability of support and resources, including an open error-reporting system, enhances staff confidence. Van Bogaert et al. (2016) identified a correlation between a positive safety culture and both nurse satisfaction and patient safety outcomes.

Communication. Communication, in relation to local leadership and teamwork climate, received a high or positive rating. Nurses agreed that management was approachable, offered consistent feedback, and articulated expectations clearly. Teamwork was viewed positively, especially within units where disagreements were resolved and inquiries were welcomed. Communication among units and upward reporting remained problematic, with respondents showing indifference toward expressing concerns regarding patient care. The findings suggest strong intra-team communication, while interdepartmental and hierarchical communication appears less effective. Based on direct experience, a majority of nurses indicate that they receive support from their teams; however, they exhibit hesitance in escalating issues beyond their immediate supervisors. Cross-departmental communication often lacks structure, leading to misunderstandings and unresolved issues.

Improving collaboration among departments is essential. Leadership should establish regular cross-functional meetings or feedback mechanisms that include staff nurses. Furthermore, establishing a culture of psychological safety, in which nurses are encouraged and feel secure in voicing their concerns, is essential for both staff well-being and patient outcomes. Arnesen-Trunzo (2015) and Bandari (2020) identified empowering communication as essential for reducing conflict and fostering trust. In addition, Sexton et al. (2019) identified communication and teamwork as predictors of safety culture and patient outcomes.

Operational Reliability. Operational Reliability was rated as high or positive by the respondents, with the sub-factor Improvement Readiness (Learning Environment) receiving particularly favorable responses (mean = 4.03), while Burnout Climate and Personal Burnout and Work-Life Balance were rated moderately. This suggests that while nurses recognized that their workplace supported learning and quality improvement, concerns still remained regarding personal well-being and workload sustainability. The finding that operational reliability is rated positively highlights the strength of the institution's systems and improvement culture, but it also underscores a need to address personal sustainability. Effective operational reliability must balance consistency in procedures with workforce well-being to ensure long-term excellence in nursing care and staff retention. A high score in Improvement Readiness indicates that the work environment promotes learning from mistakes, encourages feedback and suggestions from staff, and is proactive in addressing and fixing defects in workflow or care processes. This reflects a learning-oriented culture, which is essential for healthcare organizations that aim to maintain high standards of patient care while minimizing errors. According to Sexton et al. (2019), operational reliability is strengthened when institutions adopt a systems-thinking approach, ensuring that continuous improvement is embedded into daily practice. Furthermore, Adair et al. (2022) emphasized that leadership involvement in protecting the learning environment is associated with lower burnout and improved care outcomes.

However, the moderate ratings in burnout and work-life balance indicate that while systems for improvement may be in place, the human cost of maintaining operational reliability may still be considerable. Nurses reported experiencing fatigue, frustration, and emotional strain, which may reflect chronic understaffing, workload pressures, or misaligned expectations. In terms of the dimension of improvement readiness (learning environment), this was rated as high or positive. Respondents slightly agreed that the learning environment in the work setting utilized input/suggestions from the people who work, integrated lessons learned from other work settings, effectively fixed defects to improve the quality of what people do, allowed them to gain important insights into what they do well and was protected by the local management. This outcome suggests that although hospitals recognize the importance of learning and improvement, they are not sufficiently addressing the challenges faced by individual nurses. Nurses may participate in improvement and feedback processes; however, this involvement can detrimentally impact their personal energy, mental wellbeing, or time. Nurses often participate in meetings and audits despite being emotionally and physically exhausted from their duties.

This discovery necessitates a shift from system-centered to human-centered improvement models. Organizations must prioritize rest, breaks, and workload monitoring alongside the implementation of quality programs to prevent burnout. Sustainable care encompasses not only the restoration of processes but also the protection of caregivers' well-being. Maslach and Leiter (2016) argued that burnout is not just an individual issue but a systemic one and is closely linked to organizational structures and culture. Van Bogaert et al. (2013) also found that operational stress without adequate recovery time can diminish psychological empowerment and compromise patient safety.

Burnout Climate and Work life balance. In terms of the dimension of burnout climate and personal burnout this was rated as moderate. Respondents slightly agreed that events in the work setting affected the lives of people in an emotionally unhealthy way, that people in the work setting were burned out from their work, were fatigued from their work, were working too hard on their jobs, and that events in the work setting affected their lives in an emotionally unhealthy way. However, they were neutral on the statement that people in the work setting were frustrated by their jobs. They felt burned out from their work, felt fatigued when they get up in the morning and have to face another day on the job, felt frustrated by their jobs, and felt they were working too hard on their job. Moreover, they were neutral on the statement that in the past month, their activities had been restricted due to illness and had missed work.

The dimension of work-life balance was rated as moderate. Respondents believed at some point that they skipped a meal, they ate a poorly balanced meal, they arrived home late from work, they had difficulty sleeping, they slept less than five hours in a night, and that changed personal/family plans because of work. However, they rarely worked through a day/shift without any breaks and felt frustrated by technology.

A depressing but little-known reality is conveyed by these unsatisfactory ratings: systematic overworking has become the new standard. Although they continue to perform their duties, nurses are discreetly suffering from emotional and physical strain. Observations reveal that employees frequently miss breaks, attempt to balance family obligations, or accept these as "part of the job."

These warning indicators must be recognized and addressed by healthcare institutions. In order to retain nurses and provide high-quality care, flexible scheduling, adequate staffing, and meal/rest safeguards are now requirements rather than options. Emotional strain may be reduced by support systems like resilience training or peer debriefing. Hardimansyah (2015) argued that if they are unable to function correctly, it will affect their ability to perform their duties as employees. If the relationship between work and personal life is unequal, all employee performance, motivation, and enthusiasm will be at risk. As it pertains to the productivity of employees (Aoerora & Marpaung, 2020).

Engagement. Engagement was rated as moderate as all its dimensions were rated also moderate. This suggests that while nurses did not express strong dissatisfaction, they also did not feel deeply engaged or committed to their roles and workplace. A moderate level of engagement reflects neutral or cautiousness, indicating that nurses may be performing their duties but are not highly motivated, emotionally invested, or connected to the organization's mission. In terms of growth opportunities, this was rated as moderate. Respondents were neutral that there were opportunities for personal growth/development, they had the feeling that they can achieve something, that there were opportunities for independent thought and action, there was freedom in carrying out work activities, there was influence in the planning work activities, and there was influence in decisions about work activity timelines. In terms of workload, this was rated as moderate. Respondents were neutral that there was too much work to do, to work under time pressure, to attend to many things at the same time, to give continuous attention to work, and to remember many things. In terms of advancement, this was rated as moderate. Respondents were neutral on the fact that they can live comfortably on their pay, the organization pays good salaries, they were paid enough for the work they do, they had opportunities to progress financially, they had opportunities to advance through training courses, they had opportunities to be promoted, and they were satisfied with their total benefits package.

In terms of participation in decision-making, this was rated as moderate. Respondents were neutral that the decision making process was clear to them, it was clear to whom they should address specific problems, they can discuss work problems with their direct supervisor/physician leadership, they can participate in decisions

about the nature of their work, they had a direct influence on their organization's decisions, and that the organization utilized inputs from staff about technology initiatives. This suggests that while nurses may be occasionally consulted or involved, they may not feel their contributions significantly shape policies or practices. This aligns with Spreitzer's (1995) theory of psychological empowerment, which highlights influence and autonomy as core components of motivation and engagement. When staff feel they have little control or say in their work environment, their engagement naturally diminishes. In terms of job-related uncertainty, this was also rated as moderate. Respondents were neutral that they felt certain that they will still be working in the organization in one year's time, felt certain that they will keep their current job in the next year, and felt certain that they will keep the same function level as currently. The moderate ratings in workload and job-related uncertainty further imply a sense of instability or stress, which can dampen emotional commitment to the organization.

Thus, this data shows a productive but unengaged workforce. Many nurses appear emotionally detached or timid, going about their daily job without much ownership or dedication. Nurses may wish to progress but are limited by training, career stagnation, or unclear promotion paths, according to workplace observations. They will take on several roles under time pressure out of necessity, not satisfaction. Discussions frequently reveal that financial factors and sentiments of unappreciation over time weaken staff commitment. Nurses may also feel like bystanders in organizational decisions due to neutral responses to decision-making and job security. This can make them feel powerless when their ideas are ignored. In response to future intentions questions, many may not be job looking but don't have strong employment attachments.

A moderate engagement rating poses a risk to staff retention and the quality of patient care. Nurses with partial commitment exhibit increased vulnerability to burnout, errors, and emotional exhaustion. Healthcare facilities must establish clearer channels for professional development, recognize accomplishments, and involve nurses meaningfully in decision-making processes. Gokenbach and Drenkard (2011) noted that overwhelming workloads and ambiguous job expectations contribute to burnout and disengagement among nurses. Moreover, moderate scores on intentions to leave highlight an underlying hesitation to remain in their current roles, even if not strongly felt yet. Respondents were neutral about them liking to find a better job and often thinking about leaving their jobs. However, they slightly disagreed that they had plans to leave their jobs within one year.

Table 2 Psychological Empowerment of the Nurses

Dimensions	Mean score	SD	Interpretation
Meaning	4.53	1.23	High empowerment
Competence	4.44	1.24	Moderate empowerment
Self-determination	4.63	1.01	High empowerment
Impact	4.47	1.12	High empowerment
Grand Mean	4.52	0.98	High empowerment

Note. $n=334$.

Legend: scores ranging from 6.17 to 7.00 is extremely high empowerment (very strongly agree), 5.31 to 6.16 is very high empowerment (strongly agree), 4.45 to 5.30 is high empowerment (agree), 3.59 to 4.44 is moderate empowerment (neutral), 2.73 to 3.58 is low empowerment (disagree), 1.87 to 2.72 is very low empowerment (strongly disagree), and 1.00 to 1.86 extremely low empowerment (very strongly disagree).

Overall, the respondents had high psychological empowerment. This means that nurses feel confident in their ability to make choices and take action, and they have a strong sense of control over their lives and careers. It is about believing their actions have a positive impact, feeling capable, and having a voice. This translates into

motivated, involved, and productive nurses in the workplace. Contrary to the findings, the study of Al-Shomrani et al. (2024) revealed that nurses with low psychological empowerment experienced reduced autonomy, increased emotional exhaustion, and lower job satisfaction.

In terms of meaning, the respondents showed high levels of empowerment. They agreed that they were confident in their abilities, found their work important, or had autonomy in how they performed tasks. This reflects a connection between personal values and job responsibilities, which Spreitzer (1995) described as detrimental to intrinsic motivation and job satisfaction. Studies such as Fragkos et al. (2020) also highlight that when nurses do not find meaning in their work, their engagement and performance suffer significantly. In terms of competence, they likewise reported moderate levels of empowerment, indicating a fair confidence in their impact and control within the department. According to Thomas and Velthouse (1990), perceived competence is essential for fostering motivation and proactive behavior. The findings are consistent with Van Bogaert et al. (2016), who found that when nurses feel they lack influence and control, they are less likely to take initiative and more prone to stress and dissatisfaction.

For self-determination, the respondents reported high levels of empowerment. They agreed with having full decision-making freedom and they agreed regarding independence and skill mastery. This suggests a high sense of autonomy, possibly abiding to organizational policies or rigid protocols. Skar (2010) emphasized that self-determination is crucial in dynamic clinical settings, and without it, nurses may feel constrained in their professional roles. Lastly, in terms of impact, respondents again reported high levels of empowerment. They felt that their work was meaningful or that they had significant influence or confidence in their capabilities. This aligns with Spreitzer and Doneson (2005), who asserted that a lack of perceived impact diminishes motivation and reduces the sense of professional fulfillment. The findings also echo Taketomi et al. (2024), who concluded that nurses in unsupportive environments often feel powerless and disconnected from organizational goals.

Table 3 Dimensions of Work Setting Predicting Psychological Empowerment

Variables	B	Std Error	Beta	t	p value	Decision	Interpretation
(Constant)	3.396	.541		6.276	.000		
Safety climate	.058	.140	.034	.418	.677	Failed to Reject Ho	Not significant
Teamwork climate	.279	.127	.193	2.196	.029	Reject Ho	Significant
local leadership	-.080	.125	-.047	-.638	.524	Failed to Reject Ho	Not significant
improvement readiness	-.122	.124	-.085	-.982	.327	Failed to Reject Ho	Not significant
Burnout climate and personal burnout	.089	.077	.082	1.160	.247	Failed to Reject Ho	Not significant
Work-life balance	-.161	.083	-.132	-1.951	.052	Failed to Reject Ho	Not significant
Growth opportunities	.063	.130	.038	.486	.627	Failed to Reject Ho	Not significant
Workload	.013	.124	.008	.108	.914	Failed to Reject Ho	Not significant
Participation in decision-making	-.451	.122	-.276	-3.701	.000	Reject Ho	Significant
Job-related uncertainty	.467	.159	.261	2.936	.004	Reject Ho	Significant

Advancement	.066	.094	.052	.708	.479	Failed to Reject Ho	Not significant
Intentions to leave	.074	.065	.071	1.141	.255	Failed to Reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. Dependent variable: Psychological empowerment. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The table shows that p values for the independent variables of teamwork climate, participation in decision-making, and job-related uncertainty were lesser than the significant value of .05 which were interpreted as significant which further means that teamwork climate, participation in decision-making, and job-related uncertainty predicted psychological empowerment. Therefore, psychological empowerment is influenced by teamwork climate, participation in decision-making, and job-related uncertainty. Looking at the table, the t values for teamwork climate and job-related uncertainty were positive while for participation in decision-making was negative. These findings indicated that the influence of teamwork climate and job-related uncertainty on psychological empowerment were positive while the influence of participation in decision-making on psychological empowerment was negative. A positive influence means that as teamwork climate and job-related uncertainty increases it also increases psychological empowerment such that for every one unit increase in teamwork climate and job-related uncertainty it results in a 2.196 and 2.936 increase in psychological empowerment, respectively. Psychological empowerment increases when the teamwork climate improves because effective collaboration fosters trust, communication, and mutual support—all of which are core components of empowerment. As Van Bogaert et al. (2016) and Spreitzer (1995) emphasized, environments that encourage team cohesion and open dialogue strengthen an individual's sense of meaning, competence, and impact in their role. Moreover, Sexton et al. (2019) found that high-functioning teams promote psychological safety, enabling nurses to express ideas and concerns without fear, which in turn boosts their sense of control and autonomy.

Similarly, the positive association with job-related uncertainty may indicate that when nurses are more certain about job stability (i.e., lower perceived uncertainty), their psychological empowerment increases. As described by Taketomi et al. (2024), job stability supports a sense of control and confidence in the workplace, contributing positively to empowerment dimensions such as competence and impact. Nurses who feel secure in their roles are more likely to invest emotionally and cognitively in their work, increasing their sense of purpose and influence.

On the other hand, a negative influence means that as participation in decision-making decreases, it results in a 3.701 increase in psychological empowerment. This counterintuitive result may reflect a disconnect between token participation and actual influence. According to Spreitzer (1995), empowerment is not merely about being involved in decisions but about feeling that one's input is valued and acted upon. Brown (2002) and Deng & Mao (2011) support the idea that poorly structured or unclear participatory processes can lead to frustration, disillusionment, and a diminished sense of efficacy. When nurses are asked to participate without meaningful outcomes or when decision-making is bureaucratic, it may create a sense of powerlessness rather than empowerment. Thus, lower levels of superficial or ineffective participation may paradoxically lead to higher empowerment if nurses can focus on areas where they have genuine autonomy and control. The model summary revealed the following values: $R = .339$, $R^2 = .115$, Adjusted $R^2 = .082$, Std. Error of Estimate = .93585, $F = 3.484$, $Sig. = .000$. Therefore, the regression model created is as follows:

Psychological Empowerment = 3.396 + 2.196 (teamwork climate) – 3.701 (participation in decision-making) + 2.936 (job-related uncertainty)

The equation reads that psychological empowerment is the result of the constant value of 3.396 plus 2.196 if teamwork climate minus 3.701 of participation in decision-making plus 2.936 of job-related uncertainty. Based on the model summary, the r squared value was .115 which indicates that the total variation in the psychological empowerment can be explained by the independent variables of teamwork climate, participation in decision-making, and job-related uncertainty. In this case, 11.50 percent can be explained which is very weak. This means that the variable of teamwork climate, participation in decision-making, and job-related uncertainty predicting

psychological empowerment has no effect. Thus, the regression model was also very weak. Based on the significant value of .000, the regression model predicts the dependent variable significantly. The value was equal to .000, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

However, the p values for the independent variables of safety climate, local leadership, improvement readiness, burnout climate and personal burnout, work-life balance, growth opportunities, workload, advancement, and intentions to leave were greater than the significant value of .05 which were interpreted as not significant which further means that they did not predict psychological empowerment. Therefore, the psychological empowerment is not influenced by safety climate, local leadership, improvement readiness, burnout climate and personal burnout, work-life balance, growth opportunities, workload, advancement, and intentions to leave. Whether safety climate, local leadership, improvement readiness, burnout climate and personal burnout, work-life balance, growth opportunities, workload, advancement, and intentions to leave is high or low, there can still be a high level of psychological empowerment.

CONCLUSION AND RECOMMENDATIONS

Conclusion. Psychological empowerment among nurses is shaped by teamwork climate, decision-making involvement, and job-related uncertainty. A generally positive work environment—especially in safety and communication—nurses reported high psychological empowerment, particularly in meaning, self-determination, and impact.

Only teamwork climate, participation in decision-making, and job-related ambiguity significantly predicted psychological empowerment. While Kanter's theory highlights the importance of structural factors, the findings suggest that these alone are insufficient without being personally internalized. Spreitzer's theory is more strongly supported, emphasizing the role of psychological states in fostering true empowerment.

Ultimately, structural support must be paired with efforts that promote meaning, autonomy, and influence in daily work. A Psychological Empowerment Encouragement Plan is therefore recommended, combining structural changes with strategies to strengthen nurses' professional identity and intrinsic motivation.

Recommendations. Based on the findings of the study, the following recommendations are given:

Nursing Practice. Enhance collaboration and teamwork by fostering a positive teamwork climate within hospital wards. Nurse managers must implement team-building strategies and promote a constructive work environment to enhance interpersonal relationships among staff members. In addition, encourage shared decision-making by involving staff nurses in clinical and operational decisions, thereby enhancing their sense of independence and value in their roles.

Nursing Education. Incorporate principles of psychological empowerment into nursing education, especially within clinical practicums, to enhance understanding of autonomy, competence, and impact in nursing practice. Also, incorporate leadership and empowerment training into continuing professional development to enhance nurses' confidence, self-determination, and decision-making skills. Utilize reflective practice and journaling to encourage students and staff nurses to contemplate the significance and personal relevance of their work, thereby improving the "meaning" component of psychological empowerment.

Nursing Policy. Promote structural empowerment policies that encompass adequate staffing levels, resource availability, effective communication channels, and opportunities for career development. Implement nurse governance guidelines to facilitate nurse participation in institutional and administrative committees and decision-making processes. Thus, develop mental health and well-being programs aimed at addressing burnout and promoting work-life balance, incorporating specific interventions to improve emotional climate and reduce job uncertainty.

Nursing Research. Nursing research can further explore psychological empowerment across diverse healthcare settings—such as public versus private hospitals and urban versus rural communities—by employing mixed

methods to gain a comprehensive understanding of nurses' experiences. Future studies may also examine the long-term effects of psychological empowerment enhancement initiatives, particularly their impact on nurse retention, patient outcomes, and overall organizational effectiveness. Additionally, investigating the relationship between demographic factors and perceived empowerment, specifically how age, years of experience, and educational attainment shape nurses' sense of empowerment can provide valuable insights for developing targeted strategies to support and sustain an empowered nursing workforce.

The following are also suggested for future studies:

- The Effect of Team-Based Interventions and Shared Decision-Making on the Psychological Empowerment of Staff Nurses in Hospital Wards
- Integrating Psychological Empowerment Concepts in Clinical Nursing Education: Effects on Student Nurses' Autonomy and Professional Identity
- Evaluating the Impact of Structural Empowerment Policies on Nurse Well-Being, Burnout, and Psychological Empowerment in Healthcare Institutions

Psychological Empowerment Enhancement Plan

Rationale

This plan is developed in response to the study's findings indicating that staff nurses exhibit low levels of psychological empowerment, particularly in the areas of meaning, competence, and impact. Despite a predominantly favorable work environment, significant predictors such as teamwork climate, decision-making participation, and job-related uncertainty highlight the necessity for targeted interventions. This plan, informed by Kanter's Structural Empowerment Theory and Spreitzer's Psychological Empowerment Theory, aims to bridge the divide between structural support and individual empowerment to improve nurse motivation, performance, and well-being.

General Objectives

The objective is to develop and execute a comprehensive intervention aimed at enhancing the psychological empowerment of staff nurses by improving their perceptions of meaning, competence, self-determination, and impact within their professional roles.

Specific Objectives:

- The objective is to improve nurses' sense of meaning by aligning their roles with both organizational and personal values via reflective workshops and recognition programs.
- Enhancing nurses' competence through continuous professional development, mentorship, and skill-building activities.
- To promote self-determination by enabling nurses to participate in decision-making and gain increased control over their schedules and work processes.
- To strengthen nurses' sense of influence, it is essential to improve feedback mechanisms that clearly demonstrate the direct impact of their activities on patient care and organizational success.

Areas of Concern	Specific Objectives	Activities	Persons Responsible	Resources	Time Frame	Success Indicators
The need to further improve the high or	To further increase the high or positive work settings to very high or	a.) Conduct frequent Safety and Teamwork	Nurse	Training Materials	Every 2-3 months	Enhanced staff ratings on

positive work setting	<p>very positive safety climate, teamwork climate, local leadership, improvement readiness, burnout climate and personal burnout.</p> <p>To improve the moderate levels to very high or very positive work-life balance, growth opportunities, workload, participation in decision-making, job-related uncertainty, advancement, and intentions to leave among nurses.</p>	<p>Enhancement Workshops</p> <p>b.) Establish monthly leadership meetings between nurse leaders and staff</p> <p>Start a wellness and stress management sessions.</p> <p>c.) Implement a Staff Suggestion Box and Action Board to offer transparent feedback on the modifications enacted.</p>	HR Staff Chief Nursing Officer	<ul style="list-style-type: none"> - Health and safety policies, procedures, and training manuals for the workplace - Teamwork and emergency response role-playing exercises - Example of real-world safety incidents and the measures taken by successful teams - Safety checks and pamphlets outlining the ideals of collaboration 		S.C.O.R.E. factors in post-intervention surveys, going from high to very high.
A low psychological empowerment.	To improve the psychological empowerment to very high in terms of meaning, competence, self-determination, and impact among nurses.	<i>Meaning:</i> Hold Workshops or seminars when nurses are urged to consider how their work is in line with their own and the organization's values, considering the experiences of seasoned nurses.	Nurse Educator	Journals Reflection	Quarterly	In focus groups or interviews, nurses are more explicit about the connections between their work and their personal and professional values.
		<i>Competence:</i> To improve abilities and confidence, implement a professional development program that includes frequent trainings, role-playing activities, and	Clinical Nurse Educator Nurse Managers	Guidebooks Modules	Monthly Sessions	Follow-up surveys indicated an increase in "competence" ratings, correlating with a higher number of nurses participating in advanced roles and training.

		peer mentorship.				
		<i>Self-Determination:</i> Implement flexible scheduling and initiate "Empowerment Dialogues" wherein nurses work together to develop unit protocols and shift schedules.	Unit Heads Scheduling Office Nurse Leaders	Meeting templates	Every Month Updates	Positive remarks for participation in shift planning and flexible schedule
		<i>Impact:</i> Install "Visible Impact Boards" in departments that show metrics like patient happiness, recovery, and success stories that are specifically linked to nursing care. Provide feedback reports that have an impact.	Supervisors Office Nurse	Infographics Bulletin Board Feedback forms	Every Month	Increased perception of impact in questionnaire responses Staff report a belief that their work has a significant effect.

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