


The Relationship between Structural Empowerment, Resilience, and Intent to Stay for Midwives and Nurses at Eastern Province Hospitals, Saudi Arabia

 Areej Ghalib Al-Otaibi^{1*} 
¹PhD Candidate in Nursing College, King Saud University, Riyadh, Saudi Arabia

 DOI: [10.36348/sjnhc.2023.v06i03.001](https://doi.org/10.36348/sjnhc.2023.v06i03.001)

| Received: 24.01.2023 | Accepted: 02.03.2023 | Published: 04.03.2023

*Corresponding author: Areej Ghalib Al-Otaibi

PhD Candidate in Nursing College, King Saud University, Riyadh, Saudi Arabia

Abstract

Background: To contribute to a midwife's and nurse's career longevity, midwives and nurses working in today's dynamic, changing healthcare system need personal resilience, a strong sense of structural empowerment, and the necessary skills to respond to workplace challenges. The current study demonstrates the importance of the relationship between structural empowerment, resilience, and intent to stay. **Method:** A cross-sectional, correlational design was utilized to achieve the aim of the current study. **Result:** The total sample size was 200 midwives and nurses. A Pearson's Product Moment correlation coefficient was used to predict the strength of the statistical relationship between the variables. There was a moderately strong relationship between structural empowerment and intent to stay; a low relationship between resilience and intent to stay and a moderately strong relationship between resilience and structural empowerment. **Conclusion:** The study concludes that structural empowerment, resilience, and intent to stay are variables related to midwives' and nurses' growth in the organization, which provided for further intervention plans by the Saudi ministry of health to assess the workplace environment to enhance midwives' and nurses' empowerment and resilience.

Keywords: Structural Empowerment, Resilience, Intent to Stay, Nurses, Midwives, Vision 2030.

Copyright © 2023 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Many obstacles are being faced by midwives and nurses across the globe and these have recently become increasingly prominent. These professions perform a fundamental function as part of a successful healthcare system and the provision of first-rate patient treatment (Bogren *et al.*, 2020; Hansson *et al.*, 2022). Health care organizations around the world are finding it increasingly challenging to retain the services of these healthcare professionals which have led to a drastic decline in staffing levels (Callander *et al.*, 2021). These staffing issues are persistent and it has become increasingly challenging to recruit and retain staff (Castro Lopes *et al.*, 2017). Kanter (1993) reasons that nursing staff and midwives must be permitted access to structures and routines that allow them a feeling of equality and empowerment: management is required to provide employees with the necessary structures and tools to assist them in effective working practices. This theory suggests that it is not an individual's proficiencies or character that determines their attitude towards work but is, in fact, the influence of structural

empowerment that is the driving force. Currently, individuals employed in healthcare such as nurses are required to be more professionally robust than most other professions (Dyrbye *et al.*, 2019; West *et al.*, 2020). Additionally, a temperament of professional resilience, when applied in practice, can improve the retention of existing staff (Yu & Lee, 2018). Healthcare professionals who adopt a resilient approach are increasingly skilled at identifying impending obstacles and enjoy higher levels of job satisfaction and less emotional exhaustion as noted by Yu *et al.*, (2019), they are more likely to experience occupational and personal advancement which inspires retention.

Recent research theorizes that increased levels of resilience, combined with regular opportunities for work-based empowerment, have a constructive influence on the nursing profession and its employees. This implies that structural empowerment promotes institutional durability (van den Berg *et al.*, 2022). A resilient mindset plays a fundamental part in encouraging healthcare employees to remain in their roles which has a direct impact on staff turnover and

retention and improves workplace support and gratification (Liu *et al.*, 2021; Zhao *et al.*, 2021). To address the existing knowledge gap there needs to be increased research to analyze the associations between resilience, structural empowerment and healthcare employees' intentions to remain in the profession. Healthcare management should develop their understanding of the significance of structural empowerment, and its influence on the career choices of their staff, to foster a working environment that enhances nursing practices and the organizational commitment to delivering safe, high-quality care for patients (Gholami *et al.*, 2019). When considering Saudi Arabian medical organizations, there are currently no studies that have analyzed the perceptions of healthcare professionals (specifically midwives and nurses) towards developing resilience, structural empowerment and their future career intentions. This has resulted in a lack of knowledge regarding the importance of these concepts to nurses and midwives. Saudi Arabia's Vision 2030 document details several objectives intended to develop the country's healthcare system. To address this knowledge gap, the researchers have demonstrated an interest in this study.

AIM OF THE STUDY

This study was conducted to investigate the relationship between Structural empowerment, resilience, and intent to stay for midwives and nurses at Eastern province Hospitals, KSA.

Research Hypothesis

The current study utilized the following null hypotheses:

H₀₁: There is no relationship between structural empowerment and intent to stay for nurses/midwives at Eastern Province Hospitals, KSA.

H₀₂: There is no relationship between resilience and intent to stay for nurses/midwives at Eastern Province Hospitals, KSA.

H₀₃: There is no relationship between resilience and structural empowerment for nurses/midwives at Eastern Province Hospitals, KSA.

METHOD

Design

This study adopted a cross-sectional, correlational design, was conducted to achieve the aim of the study. Cross-sectional studies are appropriate for describing the phenomena at a fixed point in time, quick, and easy to conduct (no long follow-up period, history, maturation, and risk of mortality) (Polit & Beck, 2017). A correlational design aims to explore the association between variables in one or more populations. Data was collected from 200 midwives and OB/GYN nurses using Conditions of Work Effectiveness Questionnaire- II (CWEQ-II) scale, Connor-Davidson Resilience Scale 10-Item (CD-RISC-10) and, the 5-item intent to stay by McCain's Behavioral Commitment Scale (McCloskey, 1990).

Setting

The present study was conducted at three public hospitals in the Eastern Province of Saudi Arabia. Which providing 24/7 high-quality health services in the field of Obstetrics and Gynecology.

Sampling

A convenience sample of 200 nurses/midwives was selected randomly. The sample size required for the current study was derived based on the G*Power 3.1TM which used to determine the minimum sample size needed to run the statistical analysis, since there is no harm to the participant and the study safe. Therefore, the researcher needs to increase the beta level and protect against type II error to ensure the power of the analysis under a significance level of 0.05, a power of 0.95, and effect size (medium); thus, the needed sample size was 84 participants were sufficient for this study.

The Inclusion Criteria were

Nurses and midwives fluent in English, had three or more years of working experience, were working in (Delivery rooms, OB/GYN emergency rooms, and Obstetrics departments), and were willing to participate in the study.

The Exclusion Criteria were

Nurses and midwives who were newly recruited, did not speak English; and, were not working as a midwife or nurse in the OB/GYN departments in the selected hospitals.

Tools of the Study

The researchers collected the data using three instruments in their original language (English).

First Tool

The Conditions of Work Effectiveness Questionnaire- II (CWEQ-II). The variables included opportunity, support, information, resources, formal and informal power, and two global empowerment questions. The CWEQ-II, a self-reported questionnaire developed by Spence Laschinger *et al.*, (2001), used to measure the midwives' and nurse's perception of structural empowerment.

The CWEQ-II is used in international nursing research, a questionnaire is a validated tool consisting of 19 items questionnaire based on Kanter's structural theory of organization empowerment, which measures the six components of structural empowerment. Items are rated on a five-point Likert scale (1 = none, 5 = a lot), each subscale consists of three items, except four items for the informal power subscale. The total scores range from 6 to 30. A low level of empowerment rang from 6 to 13. A moderate level ranges from 14 to 22, and 23 to 30 scores illustrate high empowerment levels as a higher score means better access to structural empowerment.

Cronbach's alpha reliabilities for the instrument in previous studies have been reported and ranged from 0.81 to 0.87 (Laschinger, 2012). The authors have granted permission to use non-commercial research and educational resources without direct communication.

Second Tool

The Connor–Davidson Resilience Scale 10-Item (CD-RISC-10) version questionnaire. Measuring Resilience. A self-administered questionnaire of 10 items was designed as a Likert-type additive scale with five response options (0 = not true at all; 4 = true nearly all the time) and had a single dimension in the original version. The CD-RISC-10 consists of ten statements describing different aspects of resilience.

The scale serves mainly as a measure of hardiness, with items corresponding to flexibility (1 and 5), sense of self-efficacy (2, 4, and 9), ability to regulate emotion (10), optimism (3, 6, and 8) and cognitive focus/maintaining attention under stress (7).

Each item is scored on a five-point scale ranging from 0 to 4, with 0 representing that the resilience statement is not at all true and a score of 4 indicating that the statement is true nearly all the time. The final score on the questionnaire will be the sum of the responses obtained on each item (range from 0-40), and the highest scores indicate the highest level of resilience. Cronbach's alpha ranged from 0.6 to 0.7 and has a moderate reliability rating (Campbell-Sills & Stein, 2007).

Permission to use these tools in the current research study was obtained from the primary author of the original Connor–Davidson Resilience Scale 10-Item (CD-RISC-10) version.

Third Tool

The McCain Behavioral Commitment Scale. The MBCS consists of 38 items; McCain extracted 5 items from this scale to measure nurses' intent to stay (McCloskey, 1990). The short version of MBCS will be used in the current study. The scale consists of 5 items and rated as follows: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. The Cronbach's alpha of the McCain's subscale of Intent to Stay was .90.

In Addition

The socio-demographic questionnaire that developed by the researcher to get information about the study participants, such as age, marital status, work setting, years of experience, and level of education.

Ethical Considerations

All study procedures approved by King Saud University, the Committee for Human Research institutional review board (Reference Number: KSU-HE-22-785) and the Maternity and Children Hospital (Reference Number: EXT- MS-2022-001). All eligibility screening and assessments was conducted. Moreover, signed implied consent was obtained from all participants. Participants were assured that their contributions, names, and recordings will be treated as confidential. They could withdraw from the research at any time. The privacy of the electronic survey was ensured by using password-protected storage.

Data Analysis

The data was analyzed using Statistical Package for Social Science (SPSS) Version 25. Data screening and cleaning were simplified as it helped to find if any data was missing from participants, meaning that participants did not answer all survey questions/statements. Missing data could skew results; therefore, removing incomplete responses became necessary (Field, 2013). Descriptive statistics included the measure of central tendency (means) and measures of dispersion (standard deviation), which were used to perform the analysis of the scales. Descriptive data were generated to display the participant's demographics (Table 1). Pearson's Product Moment Coefficient of Correlation, symbolized as r , and was used in this study to predict the strength of the statistical relationship between the variables (Tables 2, 3, 4).

RESULTS

The total sample size for this study consisted of two hundred midwives and nurses. When considering these participants, it is important to consider their ages: 63% were between 31 and 40 years old; 18% were aged between 20 and 30; 16.5% were aged between 41 and 50; and 2.5% were older than 50. When detailing their current employment, the participants in this study were employed in the following areas: 32% were employed in the labor and delivery unit; 42.5% in the antenatal or postnatal wards; and 25.5% worked in the Outpatient clinics and Emergency Room (ER). In terms of experience, 33% of the participants had between 11 and 15 years of experience; 31.5% had 6 to 10 years; 19.5% had less than 6 years of experience; 12.5% had between 16 and twenty years; and 3.5% had worked for more than 20 years. The educational levels of the participants are represented as the following: 51% had obtained a bachelor's degree; 42.5% were educated to a diploma level; and 6.5% of the participants had achieved a Master's degree. As a final point, the marital status of the participants is as follows: 77% are married and 23% identified as single. The characteristics of participating nurses/midwives are shown in (Table 1).

Table 1: Participants Socio-demographic Characteristics

Frequency, percentage, mean and SD distribution of participants personal characteristics (n=200)				
Item	Sub-Item	Frequency	Percentage	Mean (SD)
Age Group	20 – 30 Years	36	18.0%	2.04 (0.668)
	31 – 40 Years	126	63.0%	
	41 – 50 Years	33	16.5%	
	> 50 Years	5	2.5%	
Education Level	Diploma	85	42.5%	1.64 (0.602)
	Bachelor	102	51.0%	
	Post-Graduate	13	6.5%	
Years of Experience	< 6 Years	39	19.5%	2.49 (1.051)
	6 – 10 Years	63	31.5%	
	11 – 15 Years	66	33.0%	
	16 – 20 Years	25	12.5%	
	> 20 Years	7	3.5%	
Work Setting (Unit)	Labor & Delivery	64	32.0%	1.94 (0.757)
	Ward (Antenatal, Postnatal)	85	42.5%	
	Out Patient Area (Clinics & ER)	51	25.5%	
Marital Status	Single	46	23.0%	1.77 (0.422)
	Married	154	77.0%	
Total		200	100%	

A Pearson's r was conducted to examine the relationship between Structural Empowerment and Intent to Stay (Table 2). $r = 0.487^{**}$, at $p < 0.01$, reveals that, there is a moderately strong relationship exists between the two variables, namely Structural Empowerment and Intent to Stay. This finding also

indicates that the two variables are statistically significant and positively related. Thus, the null hypothesis (H_01), which stated that there is no relationship between Structural Empowerment and Intent to stay for registered nurses/midwives at Eastern Province Hospitals, KSA is rejected.

Table 2: Relationship between structural empowerment and Intent to stay

Independent variable	Pearson correlation (r)	Level of significance (p)
Structural Empowerment	0.487**	0.000

**Correlation is significant at the 0.01 level (2-tailed)

A positive relationship means that as the level of structural empowerment increases (independent variable), the level of the nurses' and midwives' intention to stay also increases. Conversely, as a level of structural empowerment decreases, the extent of the nurses' and midwives' intent to stay also decreases.

Resilience and Intent to Stay

Hypothesis 2

H₀₂: There is no relationship between resilience and intent to stay for nurses/midwives at Eastern Province Hospitals, KSA.

A Pearson's r was conducted to examine the relationship between Resilience and Intent to Stay. $r = 0.391^{**}$, at $p < 0.01$, reveals that, a not very strong/low relationship exists between the two variables, namely Resilience and Intent to Stay. This finding also indicates that the two variables are statistically significant and positively related. Thus, the null hypothesis (H_02), which stated that there is no relationship between resilience and intent to stay for registered nurses/midwives at Eastern Province Hospitals, KSA is rejected.

Table 3: Relationship between resilience and Intent to stay

Independent variable	Pearson correlation (r)	Level of significance (p)
Resilience	0.391**	0.000

**Correlation is significant at the 0.01 level (2-tailed)

A positive relationship means that as the level of resilience increases (independent variable), the level of the nurses' and midwives' intention to stay also increases. Conversely, as the level of resilience decreases, the extent of the nurses' and midwives' intent to stay also decreases.

Resilience and Structural Empowerment

A Pearson's r was conducted to examine the relationship between Resilience and Structural Empowerment, $r = 0.516^{**}$, at $p < 0.01$, reveals that, there is a moderately strong relationship exists between the two variables, namely Resilience and Structural Empowerment. This finding also indicates that the two

variables are statistically significant and positively related. Thus, the null hypothesis (H_0 3), which stated that there is no relationship between resilience and

structural empowerment for registered nurses/midwives at Eastern Province Hospitals, KSA is rejected.

Table 4: Relationship between Resilience and Structural Empowerment

Independent variable	Pearson correlation (<i>r</i>)	Level of significance (<i>p</i>)
Resilience	0.516**	0.000
**Correlation is significant at the 0.01 level (2-tailed)		

A positive relationship means that as the level of resilience increases (independent variable), the level of the nurses' and midwives' structural empowerment also increases. Conversely, as level of resilience decreases, the extent of the nurses' and midwives' structural empowerment also decreases.

DISCUSSION

The current study was conducted to investigate the relationship between structural empowerment, resilience, and intent to stay for midwives and nurses at Eastern province Hospitals, KSA. The results show a moderately strong relationship between structural empowerment and intent to stay; a low relationship exists between resilience and intent to stay. Furthermore, a moderately strong relationship exists between resilience and structural empowerment. Previous studies have reported a positive relationship between structural empowerment and intention to stay by Cowden and Cummings (2015), Meng *et al.*, (2015), who found that empowerment positively influences the nurse's intent to stay. Consequently, the positive relationship that exists between resilience and intent to stay has also been reported by Liu *et al.*, (2021), who revealed that a nurse's intention to stay was positively related to resilience ($r = 0.596$, $p < .001$). Moreover, van den Berg *et al.*, (2022) reported a moderately strong relationship between resilience and structural empowerment, which found that structural empowerment positively affects organizational resilience. Finally, previous studies' results support the current study's findings (Arslan Yürümezoğlu & Kocaman, 2019; Lee & Lee, 2022).

The study findings align with Kanter theory of structural empowerment (1993), which states that employee empowerment is promoted in the workplace by providing employees with access to information, resources, support, and the opportunity to learn and develop, which in turn will enhance their resilience and their decision about intent to stay in the organization.

Limitations

During the conduction of the study, researchers noted several limitations. First, since a cross-sectional design, convenience sampling, and self-reported survey of data collection were used. Thus, there is an increased potential for bias. Second, the study was conducted in three public hospitals in the Eastern Province of Saudi Arabia. It may not represent the midwives and nurses full overview and perception in all Province of Saudi

Arabia. Further qualitative studies needed to provide a better understanding of the factors affecting midwives and nurses' intent to stay in the health care organizations in Saudi Arabia.

Implication for Practice and Administration

The health care organizations taking part in this study will benefit from discovering and understanding the association between structural empowerment, resilience and intent to stay. The study's results will help policymakers and health care managers to draw up effective interventions and practice strategies, to counter the effects of the environmental factors, upgrade the structural empowerment and improve the resilience of all the midwives and nurses working in Saudi Arabia.

As a result, a number of positive organizational outcomes such as higher intention to stay in the organization could well emerge. These achievements are closely tied to the goals of Vision 2030, which includes major structural improvement targets within the healthcare industry of Saudi Arabia, to ensure the healthcare sector is effective, and offers high-quality care, while simultaneously tackling the problem of low nursing staff retention rates.

CONCLUSION

The current study findings revealed a moderately strong relationship between structural empowerment and intent to stay and a low relationship between resilience and intention to stay. Moreover, there was a moderately strong relationship between resilience and structural empowerment. These findings provided for further intervention plans by the Saudi ministry of health to assess the workplace environment to enhance midwives' and nurses' empowerment and resilience. Further studies should examine the predictors of structural empowerment and intent to stay.

REFERENCES

- Arslan Yürümezoğlu, H., & Kocaman, G. (2019). Structural empowerment, workplace incivility, nurses' intentions to leave their organisation and profession: A path analysis. *Journal of nursing management*, 27(4), 732-739. doi.org/10.1111/jonm.12751
- Bogren, M., Grahn, M., Kaboru, B. B., & Berg, M. (2020). Midwives' challenges and factors that motivate them to remain in their workplace in the

- Democratic Republic of Congo—an interview study. *Human resources for health*, 18(1), 1-10. doi.org/10.1186/s12960-020-00510-x.
- Callander, E., Sidebotham, M., Lindsay, D., & Gamble, J. (2021). The future of the Australian midwifery workforce—impacts of ageing and workforce exit on the number of registered midwives. *Women and Birth*, 34(1), 56-60. doi.org/10.1016/j.wombi.2020.02.023.
 - Campbell-Sills, L., & Stein, M. B. (2007). Psychometric analysis and refinement of the connor–davidson resilience scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, 20(6), 1019-1028.
 - Castro Lopes, S., Guerra-Arias, M., Buchan, J., Pozo-Martin, F., & Nove, A. (2017). A rapid review of the rate of attrition from the health workforce. *Human resources for health*, 15(1), 1-9. doi.org/10.1186/s12960-017-0195-2
 - Cowden, T. L., & Cummings, G. G. (2015). Testing a theoretical model of clinical nurses' intent to stay. *Health Care Management Review*, 40(2), 169-181. DOI: 10.1097/hmr.0000000000000008.
 - Dyrbye, L. N., Shanafelt, T. D., Gill, P. R., Satele, D. V., & West, C. P. (2019). Effect of a professional coaching intervention on the well-being and distress of physicians: a pilot randomized clinical trial. *JAMA internal medicine*, 179(10), 1406-1414. doi:10.1001/jamainternmed.2019.2425.
 - Gholami, M., Saki, M., & Hossein Pour, A. H. (2019). Nurses' perception of empowerment and its relationship with organizational commitment and trust in teaching hospitals in Iran. *Journal of nursing management*, 27(5), 1020-1029. doi.org/10.1111/jonm.12766.
 - Hansson, M., Dencker, A., & Lundgren, I. (2022). Job satisfaction in midwives and its association with organisational and psychosocial factors at work: a nation-wide, cross-sectional study. *BMC Health Serv Res* 22, 436. doi.org/10.1186/s12913-022-07852-3.
 - Kanter, R. M. (1993). Men and women of the corporation. New York, NY: Basic Books.
 - Laschinger, H. (2012). Conditions for work effectiveness questionnaire I and II: User manual. Retrieved from *CWEQ I & II user manual.pdf*.
 - Laschinger, H. K. S., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: expanding Kanter's model. *JONA: The Journal of Nursing Administration*, 31(5), 260-272.
 - Lee, J. Y., & Lee, M. H. (2022, March). Structural Model of Retention Intention of Nurses in Small- and Medium-Sized Hospitals: Based on Herzberg's Motivation-Hygiene Theory. In *Healthcare* (Vol. 10, No. 3, p. 502). MDPI. doi.org/10.3390/healthcare10030502.
 - Liu, X., Ju, X., & Liu, X. (2021). The relationship between resilience and intent to stay among Chinese nurses to support Wuhan in managing COVID-19: The serial mediation effect of post-traumatic growth and perceived professional benefits. *Nursing Open*, 8(5), 2866-2876. doi.org/10.1002/nop.2.874
 - McCloskey, J. C. (1990). Two requirements for job contentment: Autonomy and social integration. *Image: The Journal of Nursing Scholarship*, 22(3), 140-143.
 - Meng, L., Liu, Y., Liu, H., Hu, Y., Yang, J., & Liu, J. (2015). Relationships among structural empowerment, psychological empowerment, intent to stay and burnout in nursing field in mainland China—based on a cross-sectional questionnaire research. *International journal of nursing practice*, 21(3), 303-312. doi.org/10.1111/ijn.12279.
 - Polit, D., Beck, C., & Polit, D. (2017). Resource manual for Nursing research, generating and assessing evidence for nursing practice, tenth edition. Philadelphia, Pa.: Wolters Kluwer
 - van den Berg, J., Alblas, A., Blanc, P. L., & Romme, A. G. L. (2022). How structural empowerment boosts organizational resilience: A case study in the Dutch home care industry. *Organization Studies*, 43(9), 1425-145. doi.org/10.1177/01708406211030659.
 - West CP, Dyrbye LN, Sinsky C, Trockel M, Tutty M, Nedelec L, Carlasare LE, Shanafelt TD (2020). Resilience and burnout among physicians and the general US working population. *JAMA Netw Open* 3(7):e209385. doi.org/10.1001/jamanetworkopen.2020.9385.
 - Yu, F., Raphael, D., Mackay, L., Smith, M., & King, A. (2019). Personal and work-related factors associated with nurse resilience: A systematic review. *International journal of nursing studies*, 93, 129-140. doi.org/10.1016/j.ijnurstu.2019.02.014.
 - Yu, M., & Lee, H. (2018). Impact of resilience and job involvement on turnover intention of new graduate nurses using structural equation modeling. *Japan Journal of Nursing Science*, 15(4), 351-362. doi.org/10.1111/jjns.12210
 - Zhao, Y., Wang, H., Sun, D., Ma, D., Li, H., Li, Y., ... & Sun, J. (2021). Job satisfaction, resilience and social support in relation to nurses' turnover intention based on the theory of planned behaviour: A structural equation modelling approach. *International journal of nursing practice*, 27(6), e12941. doi.org/10.1111/ijn.12941.