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1. PURPOSE:

- To provide the concept of power and empowerment.
- To observe the areas of empowerment in nursing.
- To help Nurses to get necessary information.
- The challenges in the implementation of staff empowerment

2. SCOPE:

This policy is applicable for all Nursing In charges.

3. DEFINITION:

1. Empowering staff nurses ensure excellence in nursing care.
2. Power less nurses are:

i) Ineffective nurses

ii) Less satisfied with their jobs.

3. Lack of nursing power may also contribute to poorer patient outcomes

4. RESPONSIBILITY:

NS, Nursing In charges. Staff nurse

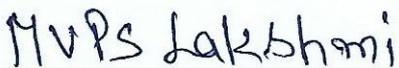
5. PROCEDURE:

I. The Concept of power and empowerment:

1. Empowered nurses:

- Highly motivated
- Able to motivate and empower others by sharing the sources of power.
- Less burnout.
- Less job strain.

2. Disempowerment or the inability to act:

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- Frustration.
- Failure

II. The areas of empowerment in nursing:

Is of two types:

1. **Theory of structural empowerment:** Arising from the environment.
2. **Theory of psychological empowerment:** Developing from one's psychological state

Theory of structural empowerment:

- **Opportunity:** For advancement or to be involved in activities beyond one's job description.
- **Information:** Data, knowledge and information about the organization.
- **Support:** Support throughout one's job responsibilities and decision making.
- **Resources:** Time, supplies, and equipment as needed by the employee.
- Structural Empowerment results in :
 - i) Contributes to higher levels of job satisfaction.
 - ii) Accessing empowering work environment structures.
 - iii) Moving forward to offer some empowering work conditions to their staff.

1. Theory of Psychological Empowerment:

- **Meaning:** Congruence between nurse's beliefs, values, behaviors and job requirements.
- **Competence:** Confidence in one's abilities to perform the job.
- **Autonomy:** Feelings of control that are exerted over one's work.
- **Impact:** Sense of being able to influence organizational outcomes.
- Psychological Empowerment results in:
 - i) Decreasing in Nurses burnout
 - ii) Increase in nursing job satisfaction.

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III. The relationship between leadership behavior and staff empowerment:

Empowerment:

- Process by which a leader shares powers with others or enables them to act.
- Basis of transformational leadership.

Transformational leadership:

- Empowering others to act toward a common purpose.
- **Transformational leadership (Charisma, Consideration of Individuals and intellectual stimulation):**
 - a) Sharing vision, values and goals seeking.
 - b) Seeking involvement and participation in decision.
 - c) Leading with trust, respect and open communication.
 - d) Focusing on collaborative relationships.
 - e) Designing pathways to action.
 - f) Motivating, energizing, supporting and inspiring.

IV. The challenges in the implementation of staff empower

Organization:

- Policy:
 - Allowing staff to develop professional autonomy.
 - Involving staff in all decisions.
 - Establishing collaborative procedures between staff and management.
 - Making available work environment structures Organization Nursing.

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- A survey on psychological empowerment will be conducted once in a year to get updates on their awareness on the concept of power and empowerment

Nursing In-charge:

- Characteristics of the transformational leadership style.

Nurses:

- Psychological state.
- Professional knowledge, accountability
- Education
- Responsibility to carry their scopes of practice.

The organization has identified the topics on which nurses are empowered related to nursing activities so as to ensure timely nursing care; thereby enhancing patient care, and this shall remain a continuous process. The empowerment is duly done by training, skill and competency of the staff nurse being empowered.

Empowered nurses are encouraged by incentives and participation in enhancing nursing care practices.

Nursing staff are empowered by the management by promoting interpersonal relationship amongst the intra and inter departmental staff.

This is duly done through intra and inter departmental meetings.

Annexure:

CRITICAL NURSE INC-HARGE EMPOWERMENT

- Refusal of admissions for patients require isolation in the absence of Isolation beds.
- Escalate clinical related issues to higher authority, if unresolved.
- Indents resources for the unit.
- Reports incompetent nurse to Nursing Superintendent.
- Nursing Retention.
- Initiate CPR, if patient is found to be unresponsive.

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- Report incompetent nurse to Nursing Superintendent.
- Overlook any breach to Infection control policy compliance by all the healthcare team members.

Collaborative

- Inputs for annual budgeting
- Input during infrastructure planning
- Advice doctor on 'extubate patient' instruction when criteria not met.
- Member of Critical meeting or case review meeting
- Decision making in ICU patients fit for transfer out in collaboration with consultants when ICU is full

COMMON FOR ALL: **INDEPENDENT ROLE:**

- Reject to carry out the drug order, if inappropriate.
- Refuse to obtain narcotic drug orders verbally.
- Refuse to administer drug, if order is not written in the drug chart.
- Refuse to shift patient to OT if informed consent is not obtained.
- Change peripheral lines, IV tubings, urinary catheter and suction catheters as per hospital protocol.
- Carry out nursing interventions such as NS gauze dressing and cold application for IV complications.
- Follow preventive measures for pressure ulcer as per protocol.
- Carry out non pharmacological interventions to patient in managing pain without obtaining physician's opinion.
- Performs blood glucose monitoring in case of signs of Hypoglycaemia.
- Alert emergency codes, whenever necessary.
- Escalate clinical related issues to higher authority, if unresolved.

COLLABORATIVE ROLE:

- Receive patient only according to admission criteria pertaining to their unit.
- Give opinion when order is placed for equipment or supplies.
- Return drug and blood products to their respective departments, if found to be incompatible.

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- Perform wound assessment and care to aid in healing, collaborating with tissue viability nurse.
- Refuses to admit isolation cases to their unit, if protocol is not fulfilled.
- Facilitate change of plan of care by the consultant appropriately based on patient's progress to treatment. (Eg: Discontinue IV fluids when the patient is tolerating oral feeds.)
- Inform surgeons on rescheduling cases in OT according to clinical findings (sudden rise in temperature), lab findings etc.,
- Seek educator for training programs, learning need and areas of support required.
- Express grievance to Nursing Director/Superintendent and HR.

INFECTION CONTROL NURSE EMPOWERMENT

Independent

- Education of all employees regarding IC policy – Nurses, Housekeeping.
- Laundry visit and appropriate preventive measures.
- Overlooks any breach to Infection control policy compliance by all the healthcare team members.
- Upgradation of patient room for Isolation patient.
- CSSD items recall.
- Advocate for staff in addressing risks.
- Conducts surprise audits in departments.
- Conducts interdepartmental meeting.
- Overlooks any breach to Infection control policy compliance by all the healthcare team members.
- Conduct Community awareness programmes.

Collaborative

- Post exposure prophylaxis in coordination with ID team.
- Approval for agents used for disinfection.
- Decision making in case of outbreaks.
- Planning, implementation of new IC policy.

COMMON FOR ALL:

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NURSE EDUCATOR EMPOWERMENT

Independent

- Select nursing staff through interview.
- Organize continuous nursing education programs and intensive coaching workshops.
- Conduct Mock drills – Code Blue , Pink, Gray and Red.
- Conduct Nursing and Interdepartmental meeting.
- Conduct Nursing and Interdepartmental audits.

Collaborative

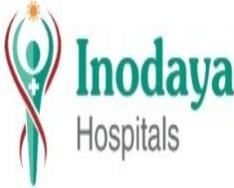
- Conducting National conferences, Workshops, Seminars and Panel discussions.
- Countersigns Competencies and grant privileges for all nursing staff.
- Conducting Community awareness programmes.
- Decision making along with Nursing Incharge for annual budgeting
- Input during infrastructure planning
- Active member in HR training programmes
- Develop training need for each staff by collaborating with nursing supervisors.

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- Carry out non pharmacological interventions to patient in managing pain without obtaining physician's opinion.
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- Inform surgeons on rescheduling cases in OT according to clinical findings (sudden rise in temperature), lab findings etc.,
- Seek educator for training programs, learning need and areas of support required.
- Express grievance to Nursing Director/Superintendent and HR.

OT NURSE EMPOWERMENT

Independent

- OR Utilization monitoring.
- Conducts compliance to Surgical Safety Checklist.
- Indents resources for the unit.
- Reports incompetent nurse to Nursing Superintendent.
- Counseling to parents/relatives.
- Rescheduling of Surgery in case of Emergency.
- Education of all departmental staffs – Nurses, Housekeeping.
- Overlooks any breach to OR policy compliance by all the healthcare team members viz. Anesthetists, Nurses, Surgeons, Technicians, etc.,

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Collaborative

- Decision making for annual budgeting.
- Input during infrastructure planning .
- Tracking and monitoring surgery delays and cancellations.
- Checking privileging related issues and escalation to higher management, if any.
- Condemning the equipments.
- Approval of new consumables.

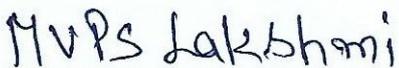
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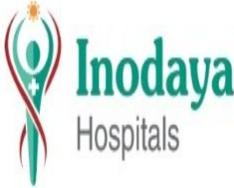
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- Inform surgeons on rescheduling cases in OT according to clinical findings (sudden rise in temperature), lab findings etc.,
- Seek educator for training programs, learning need and areas of support required.
- Express grievance to Nursing Director/Superintendent and HR.

STAFF NURSE EMPOWERMENT

Independent

- Initiate BLS in case of Cardiac arrest
- Initiate emergency codes as per situation.
- Obtain IV access and administer IV fluids in case of hypotension.
- Termination of Dialysis (Including reverting the Blood to the Patient) under Emergency Situations
- Termination of Blood Transfusion in case of any Allergic Reaction
- Transfer the patient to ICU in case of any Emergencies (Ex: Aspiration, Hypoglycaemia)
- Overlooks any breach to Infection control policy compliance by all the healthcare team members

Collaborative

- Doctors rounds and giving inputs
- Discharge Planning
- Transfer from ward to ICU and ICU to ward
- Right to shut off oxygen valve in case of fire.

COMMON FOR ALL:

INDEPENDENT ROLE:

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- Express grievance to Nursing Director/Superintendent and HR.

NURSE SUPERVISOR EMPOWERMENT

Independent

- Manpower planning.

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- Bed management
- When there is a LAMA, counsel the parents/relatives. Escalates, if necessary
- In case of emergency, the shift supervisor takes charge of the situation, escalates if necessary.
- Calling staff from hostel in case there is a requirement (incase of a disaster).
- Member of all the codes activated.
- When a code blue is activated, she takes charge of the situation, handles relatives and arranges for ICU beds.
- Refusal of admissions for patients require isolation in the absences of Isolation beds.
- Overlook any breach to Infection control policy compliance by all the healthcare team members

Collaborative

- Inputs for annual budgeting
- Inputs for Infrastructure planning.
- Acts as the Manager on Duty for evening/ night shifts and holidays. Can oversees activities such as
 - Conflict resolution
 - Patient cross function complaint redressal

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- Refuses to admit isolation cases to their unit, if protocol is not fulfilled.
- Inform surgeons on rescheduling cases in OT according to clinical findings (sudden rise in temperature), lab findings etc.,
- Express grievance to Nursing Director/Superintendent and HR.

WARD IN-CHARGE EMPOWERMENT

Independent

- Conducts interdepartmental audits
- Indents resources for the unit.
- Reports incompetent nurse to Nursing Superintendent.
- Nursing Retention
- Counsel staff in addressing risks
- Overlooks any breach to Infection control policy compliance by all the healthcare team members

Collaborative

- Decision making for annual budgeting
- Input during infrastructure planning
- Member of Nursing care committee meeting.
- Decision making in discharge planning

COMMON FOR ALL:

INDEPENDENT ROLE:

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