**Empowerment in Nursing Homes: A Secondary Analysis from the Perspectives of First-Line Managers, Care Workers, and Care Users' Relatives**

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**Introduction**

Empowerment within nursing homes is an important aspect for elevating the quality of care. In Sweden, the significance of empowerment in nursing homes is reinforced by national legislation. The Social Services and Health Care Act (SFS 2001:453) emphasises care users' decision-making rights, reflecting a commitment to empowerment in care settings (Lindmark, Ingard, et al., 2023; NBHW, 2012). Empowerment revolves around allowing individuals to influence their health and care, which applies to nursing home care users and care workers (Laschinger et al., 2010). However, translating these ideals into everyday practice can be challenging, especially for care users with severe dementia who might struggle with making choices independently (Mali, 2018; Haugen et al., 2019). Nursing home care workers and managers often find it challenging to fulfil the policy goals of enabling care users to make their own choices, with many institutions defaulting to fixed routines that limit care user autonomy (Harnett, 2010).

In nursing homes today, care workers face the complex task of balancing the promotion of care user autonomy with the need to protect care users from potential harm, a balance that can be difficult to achieve (Kelly & Innes, 2011; Morris et al., 2021). Factors that improve care users' self-determination include adequate support for care workers, effective leadership, and collaboration with relatives (Ingard et al., 2023). Studies indicate that empowerment among healthcare staff leads to improved job satisfaction, positively affecting care users' autonomy and well-being. A good work environment is essential for providing care that centres on the care user (Laschinger et al., 2010).

First-line managers describe their roles as challenging and rewarding, finding meaning and autonomy in their work. They emphasise the importance of organisational support and personal competencies in fulfilling their roles effectively (Hagerman et al., 2019). Furthermore, first-line managers who oversee smaller teams report lower stress levels and a higher sense of empowerment, indicating that structural factors may also matter (Hagerman et al., 2016).

This study investigates empowerment in Swedish nursing homes by analysing data from two theses comprising five studies. Through a secondary analysis of existing data, material stemming from interviews with care workers, relatives, managers, and surveys of care workers, we reinterpreted the data using empowerment theory. These studies explore care users' self-determination opportunities and care workers' and managers' psychosocial work environment. By applying empowerment theory to this data, this study aims to emphasise the factors that facilitate or limit empowerment in nursing homes on multiple levels, incorporating perspectives from care workers, first-line managers, and care users' relatives.

**Empowerment**

In this study, our analysis is grounded in Laschinger et al.'s (2010) empowerment framework, including structural and psychological empowerment. Laschinger et al. (2010) reason that when care workers feel empowered, they are more likely to help those they care for become empowered. The framework presents a way of understanding how care workers and care users can be empowered, building on Kanter's original ideas about structural empowerment (1977). According to Laschinger et al. (2010), structural empowerment includes access to information, support, resources, opportunities for growth, and formal and informal power. They also found a link between structural and psychological empowerment, including autonomy, job satisfaction, and the ability to influence what happens at work. The empowerment of care workers is connected to the quality of care they provide and their psychological well-being, such as job satisfaction and stress levels (Engström et al., 2011; Silén et al., 2019).

**Methods**

**Design and data source**

Our study utilised a descriptive and data-driven approach, undertaking a secondary analysis of previously collected data from 2021-2022 across 19 nursing homes, part of two doctoral projects. This original dataset was gathered from three municipalities, varying in population size, geographical spread, and the number of for-profit nursing homes. It included a mix of municipal, outsourced, and private facilities. Secondary analysis, as outlined by Heaton (2008) and Ruggiano and Perry (2017), allows for re-examining data to uncover new insights. By analysing our previously collected data, we ensure some reliability, providing a comprehensive perspective on empowerment with multiple perspectives in the same settings.

**Sample and data collection**

The sample for this study was gathered through visits to nursing homes, where interviews were conducted with care workers and managers to gain insights into their experiences. Care workers received an envelope with a questionnaire and consent form. Managers also provided contacts for relatives of care users, who were then interviewed at their homes or the university. The data collection comprised 19 interviews with first-line managers, 16 with relatives (sisters, friends, wives, daughters, and sons), and six focus group discussions with 25 care workers. Additionally, the study analysed seven procurement documents and responses from 253 psychosocial work environment surveys from the care workers.

**Data material**

As mentioned, our data comprises procurement documents, interviews with first-line managers, interviews with care user relatives, focus group interviews with care workers, and surveys that care workers have filled out.

The seven procurement documents, including attachments, describe what the municipalities evaluate and look for when assessing each provider's stipulated quality criteria.

Regarding the data concerning relatives, we asked how they think about the care users (living with dementia) possibilities, conditions, and self-determination capabilities. We also asked about the relatives' possibilities to support the resident's self-determination. Those questions also led to answers regarding relatives' lack of resources and support and how they interpreted care workers' opportunities to support the residents.

The group interview data was with care workers in the nursing homes. In the group interview, we asked the informants how they experienced the residents living with dementia' possibilities to have self-determination, and they worked to support the residents. Furthermore, we asked how the obligation to work for residents' self-determination affected their health.

Regarding the data revolving on first-line managers' views, the interview guide explored managers' views on their work environment, focusing on job demands, resources, well-being, and trust in superiors and the broader organisation. It also contained questions concerning how managers create relationships with staff and manage conflicts (Lindmark, Engström, et al., 2023).

The survey data for 253 care workers was based on the COPSOQ III questionnaire (Berthelsen et al., 2023), which focuses on the psychosocial work environment. The questionnaire included six domains: Work Demands, Work Organisation, Interpersonal Relations, Work-Individual Interface, Social Capital, and Health and Well-being. In this study, we will likely not use all six domains but instead break them down into relevant ones from an empowerment perspective. Four additional questions address offensive behaviour. The data also collected demographic information from participants, including gender, age, and tenure.

**Data analysis**

The data analysis will focus on qualitative data and include associations, meaning a mixed-methods approach. We will use a deductive content analysis method to examine empowerment in nursing homes across different groups. This approach will identify key themes related to empowerment processes. Quantitative data from the COPSOQ III survey will supplement this, analysing associations between well-being and psychosocial work environment variables. We aim to consider the empowerment theory and remove relevant psychosocial variables that may be attributed to empowering factors, such as those related to resources, information, and power. Furthermore, the questions concerning offensive behaviour may also be of interest since these factors will likely reduce the feeling of empowerment.

**Ethical considerations**

The Swedish Ethical Review Authority approved all studies in the theses (Reg. no. 2021-00121 and Reg. no. 2021-00067).

Before the interviews started, participants were provided verbal and written details about the studies. This information highlighted voluntary participation and the option to withdraw at any moment. Written agreements to participate were collected from all involved.

Regarding the questionnaires, participants received an envelope with a questionnaire tagged with a unique identifier and a separate consent form. The consent form detailed the study's goals, data handling procedures, and how the results would be used and shared, noting that returning the completed questionnaire implied consent to participate. The consent form also included information on the research's overseeing bodies and the researcher's contact details for any questions. Completed surveys were secured in a locked safe, and digital data were safeguarded with a unique code, ensuring no unauthorised access. No unauthorised individuals had access to the data. The data were de-identified in compliance with GDPR guidelines. The transcribed interviews were also stored in a locked safe.

**Preliminary Results**

**Relatives**

* Relatives observe that care workers' adherence to routines often overshadows empowerment processes (for the residents) they should work for.
* Some relatives feel helpless (they have relatives in bad condition) and lack the information (from care workers) and lack of power (sometimes they want to influence the care more than they have opportunities to do) to support their relatives.

**Care workers**

* Working in line with guidelines was time-consuming, and care workers needed time to discuss situations that go against policy documents.
* Care workers report ethical stress, time scarcity, and resource limitations, impeding their ability to support care users' self-determination.
* Care workers' ethical stress was also related to demands in policy documents regarding how they should work for the residents' self-determination. However, they could not work with that due to the lack of support (time), knowledge (e.g., language problems), power (they have demands top down they cannot affect), and opportunities to learn and grow (e.g., further education).
* Questionnaires have not been analysed yet in accordance with empowerment theory.

**First-line managers**

* Descriptions of several administrative tasks, limiting the time they have available to be on the floor with the care workers.
* They wish for more time to be an active leader.

**Discussion**

This study aimed to explore the factors that facilitate or limit empowerment within Swedish nursing homes based on the perspectives of first-line managers, care workers, and care users' relatives.

We found deficiencies in resources and empowerment across multiple levels, with these shortcomings likely impacting care users' autonomy. Our results indicate the need to give care workers and managers more time, aligning with their stated requirements for enhanced support and better capability in their roles. This step is crucial in boosting the work environment and, as a result, the quality of care provided. Moreover, care users' relatives emphasised the need for more involvement and better information, indicating that such improvements could increase their participation and contentment with the care process, possibly contributing to overall empowerment.

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