

POWER OF NURSING EDUCATION TO INFLUENCE THE ATTRIBUTES OF STUDENTS IN A PRIVATE COLLEGE OF NURSING

RASHEED K, ZAFAR M, FARID B, RASHEED B, ARSHAD H

Saida Waheed FMH College of Nursing Lahore, Pakistan *Corresponding author's email address: <u>khazeemarasheed4@gmail.com</u>

(Received, 10th December 2023, Revised 05th February 2024, Published 31st March 2024)

Abstract: This methodological study addresses a critical gap in the research landscape by exploring the influence of nursing education on the attributes of nursing students in Pakistan. Despite existing studies in countries such as Iran, Egypt, and Finland, satisfactory research on this topic remains elusive. The study aims to develop and validate an instrument tailored for the Pakistani context, specifically focusing on the power of nursing education and its capacity to shape nursing students' attributes. A questionnaire-based approach was employed to gather data, focusing on the extent to which nursing education influences the attributes of student nurses. The analysis of the data revealed encouraging findings regarding the impact of nursing education on various attributes. Notably, improvements were observed in areas such as professional communication, fluidity, and the integration of human values and professional excellence into nursing practice. This study sheds light on the nuanced concept of the power of nursing education from the perspective of nursing professionals. The findings underscore the complexity inherent in this concept, emphasizing its significance within the context of the nursing profession's ethos of compassion, ethics, and care. Importantly, the study highlights the notion of professional influence through nursing education as a valuable concept, vital for fostering the professional growth and development of nursing students. Crucially, the results demonstrate that nursing education plays a pivotal role in enhancing nursing students' professional knowledge and overall development, thereby positively impacting their attributes. By equipping students with the necessary skills and knowledge, nursing education cultivates professionalism and establishes a strong foundation for future nursing practice. This study contributes to the international discourse on nursing education and underscores the importance of tailored research initiatives to understand its impact on nursing students' attributes across diverse cultural and contextual settings.

Keywords: Nursing Education, Power of Nursing Education, The Impact of Nursing Education on Student Attributes

Introduction

Power is defined as something that makes it possible for a person or group to accomplish their goals. Thus, those in authority have the power to influence others' attitudes and mindsets (Cohen and Bradford, 2017). Hence, the concept of power in nursing is significant but controversial for various interpretations (Cowan et al., 2005; Harper, 2009). The idea of what nursing power is, how it is acquired, and how it manifests, is a dreamy one. There are many definitions of power, which contributes to the confusion surrounding it. Power is simply the capacity to do or act, but there are other definitions found in literature, such as the capacity to act, to influence, have control over, or be autonomous (Wrong, 2017). Conceptualized power is the use of knowledge to implement autonomy or effectiveness (Cavalieri and Almeida, 2018). As today's requirements, a nurse should be a skilled planner, an expert in human resources, a risk manager, a person of exceptional caliber, and able to comprehend the complexities of clinical fields (Chang and Hatcher, 2024). Hence, the power enables nurses to find opportunities to creatively apply their knowledge and skills. Moreover, an educated powerful nurse will support and sustain patients' feelings of empowerment and their health outcomes (Adib Hajbaghery and Salsali, 2005; Spence Laschinger et al., 2010).

The Power of Nursing Education is a safe way for nurses to figure bona fide community and dig into the particular

meaning of their work and the profoundly rooted values that underlie the healing profession (Kirmayer et al., 2009). An educated powerful Nurse performs better than other Nurses. The learning process allows teachers and students to reflect and chip into the combined perception of the group. A spirit of interactive safety and curiosity is encouraged. It is a professional education course aimed at grounding students on personal principles and the core values of the profession, helping them navigate the inescapable conflicts that arise in teaching and practice (Dimmock, 2016). There are decisive reasons for nurse empowerment. Caregivers with less education and low power have low job satisfaction and are prone to burnout and depersonalization. Many facets of nursing students' knowledge about their future career choices are influenced by their learning environment (Korkmaz Doğdu et al., 2022). Each nursing course teaches students about a different aspect of nursing care, so these experiences may have a big impact on the student's future career decisions. This might also have an impact on nursing self-assurance, and students' attitudes, academic development. While other studies have focused solely on the academic aspects of students' perceptions of the learning environment.

To make the best contributions to their work, nursing students require at least three different types of power: control over the practice's content, control over the context of practice, and control over competence.



Control over the content of nursing practice

Power is an attribute that allows members of a profession to raise their status, define their areas of expertise, and gain and maintain their autonomy. One of the attributes of occupational strength is the autonomy of the profession. Autonomy is a type of power that nurses need and is defined as the freedom to act on what they know. The ability and freedom to act on one's knowledge and judgment is known as control over the content of nursing practice. However, nurses are often unable to utilize their professional training, which focuses on the practice of autonomy and independent decision-making, because they are academically powerless relative to organizational administrators and medical staff.

Control over the context of nursing practice

Another type of power nurses need is their involvement in hospital affairs. Magnet hospitals have been found to attract and retain qualified nurses for their participatory decisionmaking to magnify their work environment. Strong nursing leadership comes from self-directed, proficient, and educated nurses. Strong nursing leadership therefore enhances the effect of empowerment on behaviors in nursing practice.

Control over the competence of nursing practice

A necessary precursor for both autonomy and power is competence which has its foundation in educational preparation. Thus, Power is acquired through education and expertise. The low educational level of nurses may contribute to nurses' powerlessness (Manojlovich, 2007; Traynor et al., 2010). Six factors have been related to nurses having power: professional knowledge and skills, authority, self-confidence. professional unity. supportive management, and organizational culture and structure. Benner (2006) defines power as the ability of a nurse to engage patients in their health improvement through caregiving activities. A model of clinical competence in (figure 1) put forth by Banner included the five career stages of a nurse: novice, advanced beginner, competent, proficient, and expert. By varying the scope of reimbursement according to levels, it inspires and encourages nurses to advance in their careers. It speaks of a clinical or career ladder system (Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011).



Purvis (2009) state that communication, leadership, and decision-making skills, as well as teamwork, situational cognizance, metacognitive knowledge, social recognition, self-esteem, confidence, and flexibility, are significant disciplines acquired through nursing education, useful for developing expertise (Purvis, 2009). Nursing students face many challenges as they seek to achieve their goals in healthcare organizations today. All possible resources must be recognized and utilized, and the power of education is a valuable resource that can assist nursing students in the achievement of their goals. Nursing education focused on clinical reasoning competence can improve the ability to cope with complex and unstable situations when dealing with patients (Hong et al., 2021). Initially, when nursing training was conducted in hospitals in conjunction with medicine-oriented doctors, nursing practices focused on the treatment of diseases and routine nursing functions. With the beginning of graduate study, today's nursing education and practices began to be based on information, theory,

hypotheses, and research. The public deeply and overwhelmingly trusts nurses. The Gallup's annual Most Honest and Ethical Professions Poll ranked nurses in the number one position for the 20th year in a row. Not only that, but 81% of Americans polled stated that nurses' honesty and ethical standards are "very high" or "high." Nurses are trusted greatly because they serve as both confidants and liaisons between doctors and family members. This level of professional respect, combined with the fact that nurses have dedicated their attributes to helping others, makes the profession difficult to surpass in integrity, especially during an endemic and pandemic recovery.

Methodology

This research employs a descriptive cross-sectional quantitative study design to investigate the impact of nursing education on the attributes of nursing students. Conducted at Saida Waheed FMH College of Nursing in

Lahore, the study population consists of BScN Final Year and Post RN Final Year students. Using a simple random sampling technique, 73 students from SWCON Lahore were selected as the sample size, calculated according to Slovin's formula with a margin of error of 0.05.

Inclusion criteria encompass BScN Final Year and Post RN Final Year students willing to participate in the study, while exclusion criteria exclude BScN first, second, and third-year students, Post RN first-year students, and Midwives, along with individuals unwilling to participate. Data collection utilized a research questionnaire adapted from a study titled "Questionnaire Development of a Good Nurse and Better Nursing from Korean Nurses' Perspective." This questionnaire, comprising two sections - Demographic Variables and Questions rated on a 5-point Likert scale was implemented with permission.

Data analysis was conducted using SPSS version 23.0, involving the coding of questionnaire responses and the application of descriptive and inferential statistics. Descriptive analysis techniques such as frequencies, mean, and percentages were employed to derive findings. From these findings, conclusions and recommendations were drawn to contribute valuable insights to the field of nursing education.

Results

This descriptive study included a total of 73 participants. Table 1 presents the frequency distribution of demographics among the participants in the study. Regarding age, the majority of respondents fall within the 21-25 age range, constituting 46.6% of the sample. Following closely, 26-30year-olds represent 41.1% of the participants. A smaller proportion, 12.3%, falls within the 31-35 age bracket. In terms of gender distribution, female participants dominate the sample, comprising 98.6% of the respondents. Male participants, on the other hand, represent only a marginal 1.4% of the sample. Regarding qualification, the sample is relatively evenly split between BScN final year and Post RN final year students. BScN final-year students account for 53.4% of the participants, while Post RN final-year students make up 46.6% of the sample.

Table	1	Frequency	distribution	in	terms	of
demogr	aph	ics:				

Demographics	Frequency	Percentage		
Age				
21-25	34	46.6		
26-30	30	41.1		
31-35	9	12.3		
Gender				
Male	1	1.4		
Female	72	98.6		
Qualification				
BScN final year	39	53.4		
Post-RN final year	34	46.6		

In Table 2A, we observe the distribution of responses from nursing students concerning the impact of their education on various attributes. The data indicates a prevailing agreement among students regarding the importance of staying updated with the latest expertise, with 73.6% strongly agreeing or agreeing. Similarly, a substantial 94.5% of students acknowledge the focus on patient needs and careful attention in their education.

Moreover, a significant majority of students, comprising 85.9%, express belief in giving respect to both patients' and colleagues' expectations. Additionally, 90.4% of students emphasize the importance of maintaining positive relationships with their colleagues, while 68.5% show empathy towards the difficulties faced by assistance personnel.

Furthermore, there is notable agreement among students on aspects such as establishing trustworthy relationships with peers and patients (80.8%), reflecting professionalism in academic and clinical settings (79.5%), and actively assisting nervous patients (68.5%). Similarly, the importance of teamwork and collaboration is underscored, with 80.8% of students believing in teamwork and 86.3% coordinating with physicians to promote patient comfort.

However, disagreement is evident in certain areas, with 67.3% of students disagreeing with the statement regarding identifying and praising the strengths of fellow students rather than criticizing them. Additionally, 65.3% express disagreement with the notion of working fast enough to ensure a smooth workflow.

Table 2B provides the frequency distribution of nursing students' perceptions regarding the influence of nursing education on their attributes.

The results show that a significant portion of nursing students agree or strongly agree with statements indicating their adherence to organizational protocols (69.9%) and proper nursing practices according to standard operating procedures (79.5%). Additionally, a majority of students (85.0%) feel trusted by colleagues at clinical sites due to their dedication to studies and work.

Furthermore, a substantial number of students communicate effectively with other departments and professionals (72.6%) and demonstrate self-confidence (87.6%) as a result of their nursing education. They also exhibit compassionate care for patients based on professional ethics (83.6%) and conscientiously attend to patient needs (71.2%).

Moreover, nursing students are attentive listeners to patients and guardians (84.9%) and approach their work with a passionate and energetic attitude (82.2%). They also express satisfaction in being helpful to others (71.2%) and regard nursing as a respectable and honest profession (85.0%).

However, there are areas where disagreement or neutrality is notable, such as feeling bad when unable to help colleagues (30.1%) and sharing experiences with colleagues without being critical or judgmental (73.6%).

Overall, the results suggest a positive impact of nursing education on various attributes among students, including adherence to protocols, effective communication, selfconfidence, compassionate care, and professional ethics. However, there may be opportunities for improvement in certain areas related to emotional resilience and constructive feedback among students.

Table 2A: Frequency distribution of impact of nursing education to influence attributes of nursing students.

Statement	strongly agree	Agree	Neutral	Disagree	strongly disagree
Numino students hale fallow students leave up with the latest	8.2	65.8	17.8	5.5	2.7
Nursing students help fellow students keep up with the latest expertise.	0.2	03.8	17.8	5.5	2.1
Nursing Education Focuses on patient needs and careful attention.	20.5	74.0	2.7	2.7	0
Nursing education believes in giving respect to the expectations of	27.4	57.5	11.0	2.7	1.4
the patients and colleagues.	_,				
Nursing students try to Maintain a good relationship with other	17.8	72.6	8.2	1.4	0
colleague students.					
Nursing students empathize with the difficulties of assistance	11.0	57.5	28.8	1.4	1.4
personnel in the college and have a warm and respectful attitude.					
Nursing students find the strengths of fellows and praise them rather	11.0	56.2	11.0	9.6	12.3
than criticize them.					
Nursing students provide all necessary information to other students,	23.3	56.2	17.8	1.4	1.4
patients/guardians as fully as possible.					
Nursing students believe in establishing trustworthy relationships	6.8	74.0	15.1	4.1	0
with other students and patients.					
Nursing students' personality reflects professionalism in academic	15.1	64.4	13.7	4.1	2.7
and clinical areas	0.0			0.7	0
Nursing students acknowledge good behavior to their classmates, teachers, and patients when they are onward duties	8.2	72.6	16.4	2.7	0
Nursing students actively approach the nervous patients and help them	9.6	58.9	24.7	6.8	0
to calm down and clear their concerns					
Nursing students believe in teamwork with collaboration	27.4	53.4	12.3	6.8	0
Nursing students coordinate with physicians in health examinations to	17.8	68.5	6.8	6.8	0
promote patient comfort	22.2	10.5	26.0	0.7	~ ~
Nursing students work fast enough to ensure a smooth workflow	23.3	42.5	26.0	2.7	5.5
Nursing students respond quickly to the concerns of the patients and families	15.1	49.3	17.8	9.6	8.2

Table 2B: Frequency distribution of the impact of nursing education to influence attributes of nursing students.

Statement	strongly agree	Agree	Neutral	Disagree	strongly disagree
Nursing students thoroughly prepare for all organizational protocols	32.9	37.0	13.7	12.3	4.1
Nursing students perform proper nursing practices according to SOPs at work or institute	28.8	50.7	5.5	13.7	1.4
Nursing students are trusted by colleagues on the clinical side because they are devoted to their studies and work.	16.4	68.5	15.1	0	0
Nursing students communicate well with other departments and professionals	13.7	58.9	11.0	16.4	0
Nursing education teaches self-confidence to students	20.5	67.1	9.6	2.7	0
Nursing students talk to patients in easy and understanding ways	16.4	68.5	11.0	4.1	0
Nursing students care for patients based on professional ethics	19.2	64.4	12.3	4.1	0
Nursing students care for patients conscientiously	13.7	57.5	17.8	11.0	0
Nursing students listen to patients and guardians carefully and answer their questions sincerely	31.5	53.4	13.7	1.4	0
Nursing students do their job with a passionate and energetic attitude	23.3	58.9	8.2	9.6	0
Nursing students feel happy for being helpful to others, even if nobody acknowledges it.	31.5	39.7	15.1	13.7	0
Nursing students think that the nursing profession is a respectable and honest profession	23.3	49.3	12.3	13.7	1.4
Nursing students have compassion for their colleagues, classmates, and their families	13.7	67.1	15.1	2.7	1.4
Nursing students feel bad when unable to do something good for their colleague	9.6	61.6	20.5	8.2	
Nursing students share experiences with their colleagues that can help the patients and guardians but not in critical and judgmental ways	19.2	64.4	9.6	6.8	0

Discussion

A clear, obvious, single perception of the concept of power in nursing cannot be attained by reviewing nursing literature. There aren't many definitions in this field. According to numerous studies, nurses have the power to empower patients through their compassionate actions. Since many nurses do not feel like they have control over their workplace, as Bradbury-Jones et al. pointed out, power is defined as the capacity to exert control over the workplace. Studying the essence of power should be based on a bottom-up analytical design due to the variety of definitions. Power is a multi-layered network of social relationships that requires an understanding of people's fundamental motivations and attitudes. As an answer to a central research question about the concept of power in the nursing profession, this can be seen as an inner feeling that is purposeful, fluently structured, and attuned to the human nature of the nursing profession (Thomas and Pollio, 2002). It can be reinforced through effective communication. It is based on human values and therefore helps you excel professionally. In this study, the various dimensions extracted from the concept of power demonstrate its complexity. This complexity is also noted in the literature, where nursing power is seen as a vast and complex concept that is not absolute, and other concepts must be used to explain it. Power can therefore be described as what drives an individual or group to achieve a.

Purposefulness was observed to be one of the most fundamental aspects of nursing competence in this study, and all participants mentioned that purpose in defining nursing competence. The first step in the investigator's power in nursing begins with determining and explaining its purpose. This result is consistent with that of Katrina et al. In his study, nearly all of the 72 respondents said that successful results can only be achieved in the field of nursing by clearly defining goals and outcomes (Chaffee, 2009; Mitchell et al., 2015).

Based on this research, the two basic goals for nursing competence were 'improving the quality of nursing' and 'professional advancement'. "Nursing power is in the shadow of the profession" means that the characteristics of this profession influence the concept of power in nursing.

The results of this study suggest that the concept of power in nursing is source-dependent. From an individual standpoint, the greatest strengths of nurses are wisdom and skill. Renewing, perceiving, judging, deciding, and communicating competence in professional theoretical knowledge and the practical application of knowledge influence others. In this study, an increase in nursing competence was proportional to an increase in the educational level of the nursing staff (Elcigil and Sari, 2007; Levett-Jones et al., 2010).

This research has revealed that power is an intrinsic sense. A special aspect of this research is the emergence of a sense of individual power and its relationship to group power in nursing. The use of force depends on developing a sense of force in the caregiver. As noted in other contexts, a person's sense of power, rather than their actual level of power, is the determinant of their behavior. Subjective power is the stimulating mental effect of real power (Magee and Smith, 2013; Tedeschi and Bonoma, 2017). This sense is initially internal and then the individual's ability to transfer to subordinates can link the individual power to group power. Strengthening the ground of professional communication on the one hand and giving personal and professional divisions for nurses' power on the other hand, implies that the role played by independent performance creates the concept of power in nursing. According to the findings, from the professional perspective, a nurse's power is what enables him to independently control the affairs of his career and have a foothold and clear position in joint processes with other team members, decision-making, and health policy making to improve the quality of health services provided for patients.

At least 80% of healthcare responsibilities are taken on by nurses so nurses have a role in transforming healthcare systems e.g. in policy formulation, planning, and implementation. In practice, however, various national and international reports indicate that nurses play a minor role in key decisions about the work environment (Sveinsdottir et al., 2006).

This study shows that the current power structure in nursing is hierarchical with varying levels of power. Maintaining hierarchy is good, but what makes it more efficient is delegating authority to subordinates based on their ability to wield power, which is a fluid flow. This aspect of power is closely related to the concept of shared governance (SG). Shared governance is the system that enables and facilitates the management of nursing practice (CONP). This structure is an innovation in nursing management aimed at eliminating the traditional hierarchical model and placing an emphasis on command and control, giving nurses control over the healthcare environment (Cherie and Gebrekidan, 2005; Leal et al., 2019).

Participants in this study rated the concept of power positively because it is associated with several aspects of human values in a superior perfectionist sense. A truly powerful person controls the mind, possesses a moral personality, and applies the principles of personal and professional respect and the protection of human dignity to influence others through their attitudes and actions. This part of the findings has not been observed in previous research in the areas of professional and organizational power and is unique in its own right. Islam emphasizes respect for human dignity along with professional ethics. The dominant theme of professional excellence in the findings of this study suggests that the consequences of the applied force can be influenced by 'how that force is used'. Manager's behavior and characteristics influence job satisfaction, organizational engagement, and personal productivity. Cultivating minds is one of the practices and behaviors of managers, and the provision of incentives such as horizontal and vertical promotions and scholarships is a manager's effectiveness factor. However, the present study emphasizes the role of 'mindfulness' in harnessing power and positively influencing employees' professional engagements, rather than the role of material upbringing. As mentioned earlier, the use of this power leads to professional excellence. Professional excellence shapes the identity of the profession and includes not only growth and technical development within the profession but also the development of other aspects such as social communication, interpersonal relationships, management,

[Citation: Rasheed, K., Zafar, M., Farid, B., Rasheed, B., Arshad, H. (2024). Power of nursing education to influence the attributes of students in a private college of nursing. *Biol. Clin. Sci. Res. J.*, **2024**: 774. doi: https://doi.org/10.54112/bcsrj.v2024i1.774]

ethics, and other areas.

Conclusion

In conclusion, this study underscores the complexity of power in nursing, which thrives within the humanistic and caring nature of the profession. Professional knowledge and communication play vital roles in shaping this power, enhancing quality of care and professional excellence. Further research at national and international levels is recommended to deepen our understanding and refine frameworks for empowering nursing professionals globally.

Recommendations

Based on the study findings, several recommendations are proposed to enhance nursing education and improve the quality of care. Firstly, nursing staff should possess high qualifications to work confidently, while personal and professional ethics should be emphasized among students and staff. Nursing colleges should ensure that new nurses are capable of delivering compassionate care, possibly through a holistic admission process. Nursing educators should focus on providing comprehensive education, and students should be exposed to diverse patient environments for enhanced competency. Future research should explore these areas further, including comparative studies across different universities and levels of education.

Declarations

Data Availability statement

All data generated or analyzed during the study are included in the manuscript. Ethics approval and consent to participate Approved by the department Concerned. Consent for publication Approved Funding Not applicable

Conflict of interest

The authors declared absence of conflict of interest.

Author Contribution

KHAZIMA RASHEED

Study Design, Review of Literature. Conception of Study, Development of Research Methodology Design, Study Design, Review of manuscript, final approval of manuscript. Conception of Study, Final approval of manuscript. **MISBAH ZAFAR** Coordination of collaborative efforts. Manuscript revisions, critical input. **BUSHRA FARID** Coordination of collaborative efforts. Data acquisition, analysis. **BAREERA RASHEED** Manuscript drafting. Data entry and Data analysis, drafting article.

HINA ARSHAD Data acquisition, analysis.

Coordination of collaborative efforts.

References

- Adib Hajbaghery, M., and Salsali, M. (2005). A model for empowerment of nursing in Iran. *BMC health services research* **5**, 1-11.
- Cavalieri, I. C., and Almeida, H. N. (2018). Power, empowerment and social participation-the building of a conceptual model. *European Journal of Social Science Education and Research* **5**, 174-185.
- Chaffee, M. (2009). Willingness of health care personnel to work in a disaster: an integrative review of the literature. *Disaster medicine and public health preparedness* **3**, 42-56.
- Chang, E., and Hatcher, D. (2024). "Transitions in nursing: Preparing for professional practice," Elsevier Health Sciences.
- Cherie, A., and Gebrekidan, A. B. (2005). Nursing leadership and management. Addis Ababa University.
- Cohen, A. R., and Bradford, D. L. (2017). "Influence without authority," John Wiley & Sons.
- Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, a. t. I. o. M. (2011). "The future of nursing: Leading change, advancing health," National Academies Press.
- Cowan, D. T., Norman, I., and Coopamah, V. P. (2005). Competence in nursing practice: a controversial concept–a focused review of literature. *Nurse education today* **25**, 355-362.
- Dimmock, C. (2016). Conceptualising the researchpractice-professional development nexus: mobilising schools as 'research-engaged'professional learning communities. *Professional development in education* 42, 36-53.
- Elcigil, A., and Sarı, H. Y. (2007). Determining problems experienced by student nurses in their work with clinical educators in Turkey. *Nurse education today* 27, 491-498.
- Harper, C. (2009). Critical analysis of the discourse of competence in professional nursing practice, Wintec.
- Hong, S., Lee, J., Jang, Y., and Lee, Y. (2021). A crosssectional study: What contributes to nursing students' clinical reasoning competence? *International journal* of environmental research and public health 18, 6833.
- Kirmayer, L. J., Brass, G. M., and Valaskakis, G. G. (2009). Conclusion: Healing/invention/tradition. *Healing* traditions: The mental health of aboriginal peoples in Canada, 440-472.
- Korkmaz Doğdu, A., Aktaş, K., Dursun Ergezen, F., Bozkurt, S. A., Ergezen, Y., and Kol, E. (2022). The empathy level and caring behaviors perceptions of nursing students: A cross-sectional and correlational study. *Perspectives in Psychiatric Care* 58, 2653-2663.
- Leal, L., Henriques, S., Brito, L. d. S., Celestino, L., Ignácio, D., and Silva, A. (2019). Health care models and their relationship with hospital nursing management. *Rev enferm UERJ* **2**, e43769.
- Levett-Jones, T., Hoffman, K., Dempsey, J., Jeong, S. Y.-S., Noble, D., Norton, C. A., Roche, J., and Hickey, N. (2010). The 'five rights' of clinical reasoning: An educational model to enhance nursing students'

ability to identify and manage clinically 'at risk' patients. *Nurse education today* **30**, 515-520.

- Magee, J. C., and Smith, P. K. (2013). The social distance theory of power. *Personality and social psychology review* 17, 158-186.
- Manojlovich, M. (2007). Power and empowerment in nursing: Looking backward to inform the future. *Online Journal of Issues in Nursing* **12**.
- Mitchell, G. E., O'Leary, R., and Gerard, C. (2015). Collaboration and performance: Perspectives from public managers and NGO leaders. *Public Performance & Management Review* 38, 684-716.
- Purvis, C. A. (2009). Factors that influence the development of critical thinking skills in associate degree nursing students, University of Georgia.
- Spence Laschinger, H. K., Gilbert, S., Smith, L. M., and Leslie, K. (2010). Towards a comprehensive theory of nurse/patient empowerment: applying Kanter's empowerment theory to patient care. *Journal of nursing management* 18, 4-13.
- Sveinsdottir, H., Biering, P., and Ramel, A. (2006). Occupational stress, job satisfaction, and working environment among Icelandic nurses: a crosssectional questionnaire survey. *International journal* of nursing studies 43, 875-889.
- Tedeschi, J. T., and Bonoma, T. V. (2017). Power and influence: An introduction. *In* "The social influence processes", pp. 1-49. Routledge.
- Thomas, S. P., and Pollio, H. R. (2002). "Listening to patients: A phenomenological approach to nursing research and practice," Springer Publishing Company.
- Traynor, M., Boland, M., and Buus, N. (2010). Professional autonomy in 21st century healthcare: Nurses' accounts of clinical decision-making. *Social science* & medicine 71, 1506-1512.
- Wrong, D. (2017). "Power: Its forms, bases and uses," Routledge.

Rasheed et al., (2024)

Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <u>http://creativecommons.org/licen_ses/by/4.0/</u>. © The Author(s) 2023



Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's