

# Psychological and Structural Empowerment on the Personal Initiatives of Nurses in a Level 2 Government Hospital

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## ABSTRACT

This study utilized a quantitative descriptive–correlational research design to determine the levels of psychological empowerment, structural empowerment, and personal initiative among nurses in a Level 2 government hospital, and to examine the relationships among these variables. Data were gathered from nurse-respondents using standardized adopted questionnaires measuring psychological empowerment, structural empowerment, and personal initiative. Descriptive statistics were used to determine the levels of the variables, while Pearson  $r$  correlation was employed to test the significance of relationships. Findings revealed that nurses demonstrated very high levels of psychological empowerment, structural empowerment, and personal initiative. Further analysis showed significant positive relationships between psychological empowerment and personal initiative, and between structural empowerment and personal initiative. These results indicate that nurses who experience stronger empowerment, both internally and organizationally, tend to exhibit higher levels of proactive and self-starting behaviors at work. The study concludes that empowerment plays an important role in promoting personal initiative among nurses. Strengthening both psychological and structural empowerment may help sustain proactive nursing behaviors and improve organizational outcomes. A Professional Empowerment and Initiative Enhancement Blueprint was proposed to support empowerment-based nursing management practices.

**Keywords:** Psychological empowerment, Structural empowerment, Personal initiative, Nursing management, Government hospital.

## INTRODUCTION

Healthcare systems rely heavily on nurses to ensure the continuity, safety, and quality of patient care across all levels of service delivery. Nurses play a central role in coordinating care, responding to dynamic clinical conditions, and maintaining efficient unit operations. In government hospital settings, these responsibilities are intensified by high patient volumes, staffing limitations, and resource constraints, requiring nurses to function beyond routine task completion and exercise autonomy and sound judgment. These conditions highlight the need for work environments that enable nurses to function effectively and independently, therefore necessitating nurses' health-related personal initiatives. Personal initiative, defined as self-starting, proactive, and persistent behavior aimed at improving work processes and outcomes, is demonstrated when nurses anticipate patient needs, identify risks early, and implement solutions without explicit instructions. Such behaviors contribute to safer patient care, efficient workflows, and a culture of accountability, although personal initiative is strongly influenced by workplace empowerment conditions.

Empowerment is a key organizational factor influencing nurses' motivation, engagement, and proactive behaviors. Psychological empowerment reflects nurses' perceptions of meaning, competence, autonomy, and impact, which encourage responsibility and proactive engagement in patient care improvements. Conversely, limited autonomy and undervaluation may lead to disengagement and reduced initiative. Structural empowerment focuses on access to resources, information, support, and professional development opportunities, with supportive leadership and transparent communication facilitating participation in decision-making and care improvements. However, restrictive administrative systems and limited organizational support can constrain nurses' ability to act. In Level II government hospitals, nurses experience staffing shortages, high patient ratios, limited participation in decisions, delayed supplies, and rigid approval processes, which influence their capacity

to demonstrate initiative. While some nurses continue to act proactively through informal mentoring and workflow adjustments, these experiences reflect how varying levels of empowerment shape their willingness and ability to take initiative.

Despite extensive research on empowerment, there remains an empirical gap regarding its influence on personal initiative among nurses in government hospitals, as most studies focus on private or mixed healthcare settings. This limit understanding of how psychological and structural empowerment function in resource-constrained and bureaucratic environments. This study aims to assess the interrelationship between psychological empowerment, structural empowerment, and personal initiative among nurses in a Level II government hospital, and to determine how these factors influence proactive behaviors and contributions to patient care and unit functioning. The study aligns with SDG 3 and SDG 8 by emphasizing the importance of strengthening the healthcare workforce and promoting safe, empowering work environments. Its findings are expected to inform leadership strategies, policies, and empowerment-focused interventions that enhance teamwork, patient outcomes, and organizational performance, supported by the researcher's extensive professional experience in a government hospital setting.

### Research Questions

This study aimed to assess the relationship of psychological and structural empowerment with the personal initiatives of nurses working in a level II government hospital for the first year 2025.

The study specifically answered the following queries:

1. What was the level of psychological empowerment among nurses in terms of :
  - 1.1 meaning of work;
  - 1.2 competence;
  - 1.3 self- determination; and
  - 1.4 impact?
2. What was the level of structural empowerment among nurses in terms of:
  - 2.1 opportunity;
  - 2.2 information;
  - 2.3 support;
  - 2.4 resources;
  - 2.5 formal power; and
  - 2.6 informal power?
3. What was the level of personal initiatives exhibited by nurses in terms of:
  - 3.1 self-stating behaviors;
  - 3.2 proactive attitude; and
  - 3.3 persistence in overcoming work challenges?
4. Was there a significant relationship between:

- 4.1 psychological empowerment and personal initiatives among nurses; and
- 4.2 structural empowerment and personal initiatives among nurses?
5. What professional empowerment and Initiative enhancement Blue Print for Nurses was proposed based on the findings of the study?

### Statement of Null Hypothesis

**H<sub>01</sub>:** There was no significant relationship between psychological empowerment and personal initiatives of nurses.

**H<sub>02</sub>:** There was no significant relationship between structural empowerment and personal initiatives of nurses.

## REVIEW OF RELATED LITERATURE AND STUDIES

**Psychological Empowerment of Nurses.** Psychological empowerment refers to nurses' intrinsic motivation and perceived control over their work roles, encompassing meaning, competence, autonomy, and impact, and is consistently identified as a critical determinant of positive work attitudes and proactive behaviors among nurses. Studies show that nurses generally report moderate to high levels of psychological empowerment, influenced by leadership, workload, and organizational climate, with strong associations to work engagement, mentorship quality, and workplace culture (Hashemi et al., 2025; Sarıköse et al., 2024). Leadership, particularly empowering and transformational styles, enhances psychological empowerment and contributes to innovative work behavior and performance outcomes (Huang et al., 2025; Bektaş et al., 2025).

Psychological empowerment is also linked to well-being, resilience, reduced burnout, and positive perceptions of the work environment, while supporting communication, patient advocacy, and decision-making, particularly in the Philippine context (Ahmed et al., 2025; Taketomi et al., 2024; Oducado et al., 2021). It functions as a dynamic interaction between individual cognition and organizational context, influencing engagement, persistence, autonomy in clinical judgment, ethical practice, adaptability to change, and collaborative behaviors within teams (Cureus et al., 2024; Alshaikh et al., 2024; Kim et al., 2024; Morales et al., 2023; Zhou et al., 2024; Lee & Park, 2024). Evidence further indicates that psychological empowerment promotes job satisfaction, motivation, thriving at work, participation in decision-making, and voice behavior, while acting as a protective factor against stress and burnout and enhancing professional adjustment across experience levels (Gu et al., 2022; Liu et al., 2025; Şenol Çelik et al., 2024; Sarıköse & Çelik, 2024). Overall, these findings affirm psychological empowerment as an essential factor in strengthening nurses' motivation, resilience, engagement, and proactive professional behavior, thereby supporting the findings of the present study).

**Structural Empowerment of Nurses.** Structural empowerment refers to organizational conditions that enable nurses to perform effectively through access to information, resources, support, opportunities, and participation in decision-making, with the work environment identified as a primary driver in nursing practice. Studies in governmental and hospital settings show that supportive environments enhance empowerment, improve care quality, and strengthen professional commitment (Al-Ghwary et al., 2024; Nurmeksela et al., 2024), while also buffering adverse leadership and organizational stressors and enabling leaders to support staff well-being (Nurmeksela et al., 2024). Structural empowerment fosters thriving, engagement, and reduced stress and turnover intention (Engström et al., 2025), and promotes innovation and continuous improvement through access to resources and organizational support (Wang et al., 2024; Zhang et al., 2024). It is particularly important for early-career nurses and is strengthened by supportive leadership and organizational climates (Sarıköse et al., 2024; Lu et al., 2025).

Evidence further shows that structural empowerment enhances operational efficiency, initiative, and clinical effectiveness through adequate staffing, communication, leadership support, and access to information (Delgado et al., 2024; Ahmed & Salazar, 2024; Petersen et al., 2025), while also supporting professional development, fairness, resilience, and proactive behaviors (Rojas et al., 2024; Martinez et al., 2023; Nurmeksela et al., 2024). Grounded in Kanter's Theory, studies consistently affirm that access to empowering structures improves

autonomy, job satisfaction, retention, patient safety, and overall nursing performance (Ribeiro et al., 2025; Yesilbas & Kantek, 2024; Sariköse & Çelik, 2024; Xu et al., 2025), reinforcing structural empowerment as a critical organizational factor influencing nurses' engagement, effectiveness, and quality of care.

**Personal Initiative of Nurses.** Personal initiative refers to self-starting, proactive, and persistent behaviors that go beyond formal job requirements, and in nursing practice, it is demonstrated when nurses anticipate patient needs, identify problems, and implement solutions without direct supervision, contributing to effectiveness, adaptability, and innovation. Evidence shows that nurses who exhibit personal initiative have higher job satisfaction, engagement, performance, and well-being (Kagan & Melamed, 2021; Lai et al., 2024), with leadership and supportive environments playing a significant role in fostering initiative through autonomy, empowerment, and psychological safety (Awad et al., 2024; Lu et al., 2025). Internal psychological resources such as self-efficacy and feedback-seeking behaviors further enhance proactive actions and task performance (Ni et al., 2024; Wan et al., 2025), while cross-cultural studies confirm that initiative strengthens teamwork, communication, and organizational adaptability (Shokry et al., 2023; Ni et al., 2024).

In clinical settings, initiative contributes to patient safety, early intervention, workflow efficiency, and quality improvement (Almutairi et al., 2024; Fernandez et al., 2023), and is influenced by professional identity, workplace climate, and opportunities for continuous learning (Shokry et al., 2023; Xie et al., 2024; Wan et al., 2025). Research further indicates that empowerment and supportive organizational conditions enhance initiative-driven behaviors, including problem-solving, persistence, and proactive engagement (Li et al., 2022; Orgambidez et al., 2024; Fang et al., 2024; Jiang et al., 2025; Schmitt et al., 2021), affirming personal initiative as a vital behavioral characteristic that improves nursing performance, team functioning, and patient care outcomes.

**Correlational Studies Linking Psychological Empowerment and Personal Initiative.** Although direct empirical studies examining psychological empowerment and personal initiative among nurses remain limited, recent literature provides strong convergent evidence linking empowerment to initiative-related behaviors such as voice, job crafting, and innovative work behavior. Studies demonstrate that psychological empowerment predicts voice behavior and enhances thriving at work, indicating that empowered nurses are more likely to speak up and initiate improvements in clinical practice (Zhuang et al., 2025), while also being positively associated with work engagement, an activating state linked to proactive striving (Hashemi et al., 2025). Leadership-focused research further identifies psychological empowerment as a mediator between leadership and proactive outcomes, showing that leadership enhances innovative and performance-related behaviors through empowerment (Huang et al., 2025; Bektaş et al., 2025).

Additional evidence shows that empowered nurses are more likely to engage in problem-solving, challenge ineffective practices, and redesign tasks through job crafting, reflecting persistence and proactive behavior (Zhuang et al., 2025; Harbridge et al., 2023). Psychological empowerment also supports motivational resilience, enabling nurses to sustain proactive engagement despite stressors (Ahmed et al., 2025). Collectively, these findings support the assumption that higher psychological empowerment is associated with greater personal initiative, providing a strong empirical basis for examining this relationship in nursing contexts.

**Correlational Studies Linking Structural Empowerment and Personal Initiative.** Recent nursing research links structural empowerment to initiative-related behaviors, showing that access to support, information, and resources promotes proactive and innovative actions among nurses. Evidence indicates that structural empowerment predicts innovation and quality improvement (Wang et al., 2024) and fosters thriving, which supports sustained performance and reduced turnover (Engström et al., 2025). Leadership also plays a key role, as empowered leaders create climates that encourage autonomy and initiative (Lu et al., 2025), while empowerment strengthens motivation and engagement (Al-Otaibi et al., 2024).

Studies consistently identify structural empowerment as an antecedent of initiative, often mediated by psychological empowerment (Orgambidez et al., 2024), and as a factor that enhances participation, persistence, and reduced burnout (Ribeiro et al., 2025; Xu et al., 2025). Overall, structural empowerment enables nurses to act proactively and sustain initiative-driven behaviors.

## RESEARCH METHODOLOGY

**Design.** The study used a quantitative approach utilizing the descriptive-correlational research design. In this study, the descriptive design was utilized to determine the levels of psychological empowerment, structural empowerment, and personal initiative among nurses working in a Level II government hospital. This allowed the researcher to identify and describe the prevailing levels of empowerment and initiative among the participants. Meanwhile, the correlational design was employed to assess the relationships between psychological empowerment and personal initiative, and between structural empowerment and personal initiative among nurses.

**Environment.** This study was conducted in a Level 2 government hospital located in Surigao City Surigao City, Surigao del Norte, Philippines.

**Respondents.** The respondents of this study were the 205 staff nurses in the hospital

**Sampling Design.** This study employed a proportionate random sampling design.

**Inclusion Criteria and Exclusion Criteria.** The study included registered nurses currently employed in the hospital regardless of employment status, with at least three months of continuous service, assigned in clinical and supportive areas, present during data gathering, and who voluntarily participated with informed consent. Excluded were float or reliever nurses assigned for less than two consecutive weeks due to limited unit exposure, nurse managers and supervisors, nurses on official leave during data collection, and those who declined participation or submitted incomplete questionnaires.

**Instrument.** This study utilized a three-part standardized questionnaire measuring psychological empowerment, structural empowerment, and personal initiative among nurses using validated instruments. Part I is the Psychological empowerment was measured using Spreitzer's Psychological Empowerment Instrument (1995) consisting of 12 items across four dimensions (meaning, competence, self-determination, and impact), Part II structural empowerment was measured using the Conditions for Work Effectiveness Questionnaire II (CWEQ-II) by Laschinger et al. (2001) with 18 items covering opportunity, information, support, resources, formal power, and informal power, and Part III is the personal initiative was measured using the Personal Initiative Scale by Frese et al. (1997) with 10 items assessing self-starting behavior, proactive orientation, and persistence. All instruments used a five-point Likert scale (1–Strongly Disagree to 5–Strongly Agree), with mean scores computed for interpretation, where higher scores indicated stronger levels of the respective variables and were categorized from very low to very high. All instruments demonstrated strong reliability, with Cronbach's alpha values ranging from 0.84–0.92 for psychological empowerment, 0.78–0.93 for structural empowerment, and 0.83–0.89 for personal initiative, indicating good internal consistency.

**Data Gathering Procedures.** At the beginning, this research began with the submission of three different research titles for approval, followed by the selection of an advisor and the processing of transmittal letters to seek approval from the Dean of the College of Allied Health Sciences, the Chief of the hospital, and the Ethics Committee. The study underwent ethical review, and a design hearing with an expert panel was conducted to ensure technical and ethical soundness before ethical approval was processed. Once a notice to proceed was issued, recruitment began, and the researcher personally distributed questionnaires to nurses through face-to-face intercept methods and online gathering, allowing completion before shifts, during breaks, or after shifts in private areas. Completed questionnaires were checked for completeness and returned when incomplete until all nurses were recruited. All collected information was compiled in Microsoft Excel and sent to the statistician for analysis, with results presented in tables along with interpretations, implications, and supporting studies. After manuscript completion, the study was presented for final defense before the same panel of experts, and all completed questionnaires were destroyed or shredded after the final defense.

**Statistical Treatment of Data.** The statistical data were analyzed. The Mean and Standard Deviation were used to determine the levels of psychological empowerment, structural empowerment, and personal initiative. Pearson Product-Moment Correlation Coefficient (Pearson  $r$ ) was employed to determine significant relationships among variables at a 0.05 level of significance.

**Ethical Considerations.** Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

**Presentation, Analysis, And Interpretation of Data**

Table 1 Psychological Empowerment of the Respondents

Dimensions	Mean score	SD	Interpretation
<b>Meaning</b>			
1. The work that I do is meaningful to me.	4.67	0.470	Strongly agree
2. My job activities are personally meaningful to me.	4.55	0.499	Strongly agree
3. The work I do is important to me.	4.55	0.499	Strongly agree
Factor mean	4.59	0.307	Very high
<b>Competence</b>			
1. I am confident about my ability to do my job.	4.56	0.498	Strongly agree
2. I am self-assured about my capabilities to perform my work activities.	4.63	0.484	Strongly agree
3. I have mastered the skills necessary for my job.	4.21	0.408	Strongly agree
Factor mean	4.47	0.225	Very high
<b>Self-Determination</b>			
1. I have significant autonomy in determining how I do my job.	4.45	0.499	Strongly agree
2. I can decide on my own how to go about doing my work.	4.53	0.500	Strongly agree
3. I have considerable opportunity for independence and freedom in how I do my job.	4.70	0.458	Strongly agree
Factor mean	4.56	0.219	Very high
<b>Impact</b>			
1. My impact on what happens in my department is large.	4.64	0.481	Strongly agree
2. I have a great deal of control over what happens in my work area.	4.68	0.466	Strongly agree
3. I have significant influence over what happens in my department.	4.50	0.501	Strongly agree

Factor mean	4.61	0.336	Very high
Grand mean	4.56	0.114	Very high

Note.  $n=205$ .

Legend: 4.21 – 5.00 Very high (strongly agree); 3.41 – 4.20 High (agree); 2.61 – 3.40 Moderate (neutral); 1.81 – 2.60 Low (disagree); 1.00 – 1.80 Very low (strongly disagree).

As shown in Table 1, the findings show that respondents demonstrated a very high level of psychological empowerment across all dimensions, indicating that nurses perceive their work as meaningful, feel competent, experience autonomy, and believe they can influence outcomes, reflecting strong internal motivation and professional identity essential for quality care and organizational performance. High levels of meaning, competence, self-determination, and impact suggest that nurses remain committed despite challenges, feel confident in their skills, exercise clinical judgment, and actively contribute to problem-solving and improvement, which are supported by studies linking psychological empowerment to work engagement, positive workplace attitudes, autonomy, and organizational commitment (Gu et al., 2022; Liu et al., 2025; Wahyudin et al., 2023; Rawah & Banakhar, 2022; Laschinger et al., 2022). These findings highlight that empowered nurses are more proactive, responsible, and engaged, although continuous mentoring and balanced leadership remain necessary to sustain autonomy and confidence. Overall, psychological empowerment serves as a strong internal resource that enhances initiative, supports innovative practice, and reinforces the importance of leadership strategies, professional development, and participative environments in maintaining effective nursing performance and sustainable healthcare delivery.

Table 2 Structural Empowerment of the Respondents

Dimensions	Mean score	SD	Interpretation
<b>Opportunity</b>			
1. Access to information on current goals of your department.	4.40	0.492	A lot
2. Access to information about the values and goals of management.	4.59	0.493	A lot
3. Access to information on the policies and procedures affecting your work.	4.64	0.480	A lot
Factor mean	4.54	0.294	Very high
<b>Information</b>			
1. Access to information on current goals of your department.	4.28	0.452	A lot
2. Access to information about the values and goals of management.	4.45	0.499	A lot
3. Access to information on the policies and procedures affecting your work.	4.53	0.501	A lot
Factor mean	4.42	0.363	Very high
<b>Support</b>			

1. Feedback on your performance from your superiors.	4.67	0.470	A lot
2. Access to help from experienced peers or supervisors.	4.90	0.304	A lot
3. Support and guidance in problem-solving.	4.61	0.488	A lot
Factor mean	4.73	0.281	Very high
Resources			
1. Having the time needed to accomplish job requirements.	4.55	0.499	A lot
2. Having adequate supplies, materials, and equipment to do your work.	4.79	0.408	A lot
3. Having enough staff to do your job well.	4.76	0.428	A lot
Factor mean	4.70	0.100	Very high
Formal Power			
1. Flexibility in how you accomplish your work.	4.52	0.501	A lot
2. Tasks that are central to your unit's purpose.	4.37	0.484	A lot
Visibility of your work to higher-ups in the organization.	4.34	0.475	A lot
Factor mean	4.41	0.219	Very high
Informal Power			
1. Developing close working relationships with colleagues.	4.37	0.484	A lot
2. Working on committees with members from different departments.	4.63	0.484	A lot
3. Having influential allies in the organization.	4.54	0.500	A lot
Factor mean	4.51	0.227	Very high
Grand mean	4.55	0.090	Very high

Note.  $n=205$ .

Legend: 4.21 – 5.00 Very high (A lot); 3.41 – 4.20 High (Quite a bit); 2.61 – 3.40 Moderate (Some); 1.81 – 2.60 Low (A little); 1.00 – 1.80 Very low (None).

The results in Table 2 findings indicate that nurses perceived very high structural empowerment, reflecting strong access to opportunity, information, support, resources, and both formal and informal power, consistent with Kanter's view that these workplace conditions enable effective and confident performance. Nurses reported clear communication of goals and policies, accessible growth opportunities, and supportive environments, which are associated with positive work attitudes and job satisfaction (Orlowska & Laguna, 2023; Yesilbas & Kantek, 2024). High levels of support and resources suggest that nurses feel guided by leaders and peers and have

adequate means to perform their duties, aligning with evidence that supportive work environments enhance empowerment and performance (AL-Ghwary et al., 2024), although continued monitoring is needed during high-demand periods. The presence of formal and informal power indicates that nurses feel visible, valued, and able to coordinate effectively across departments, with research showing that empowerment strengthens proactive behaviors and initiative (Orgambidez et al., 2024; Orłowska & Laguna, 2023). Overall, the findings highlight that structural empowerment provides the necessary organizational foundation for nurses to perform, engage, and demonstrate initiative, emphasizing the importance of sustained leadership support, communication, and empowerment-focused management practices.

Table 3 Personal Initiatives of the Respondents

Dimensions	Mean score	SD	Interpretation
<b>Self-Starting Behavior</b>			
1. Whenever there is a chance to get actively involved, I take it.	4.28	0.646	Strongly agree
2. I take initiative immediately even when others do not.	4.54	0.606	Strongly agree
3. Usually I do more than I am asked to do.	4.16	0.584	Agree
4. I try to make things happen at work.	4.43	0.497	Strongly agree
Factor mean	4.35	0.271	Very high
<b>Proactive Attitude</b>			
1. I actively attack problems.	4.67	0.582	Strongly agree
2. I use opportunities quickly in order to attain my goals.	4.51	0.501	Strongly agree
3. I am particularly good at realizing ideas.	4.20	0.614	Agree
4. Whenever there is a chance to improve something, I take the initiative.	4.49	0.501	Strongly agree
Factor mean	4.47	0.288	Very high
<b>Persistence in Overcoming Obstacles</b>			
1. Whenever something goes wrong, I search for a solution immediately.	4.31	0.655	Strongly agree
2. I actively overcome barriers to reach my goals.	4.44	0.497	Strongly agree
Factor mean	4.37	0.391	Very high
Grand mean	4.40	0.244	Very high

Note:  $n=205$ .

Legend: 4.21 – 5.00 Very high (strongly agree); 3.41 – 4.20 High (agree); 2.61 – 3.40 Moderate (neutral); 1.81 – 2.60 Low (disagree); 1.00 – 1.80 Very low (strongly disagree).

The findings in Table 3 indicate that nurses demonstrated a very high level of personal initiative, indicating

frequent engagement in self-starting, proactive, and persistent behaviors beyond routine expectations, contributing to improved work processes and patient care outcomes. Nurses were observed to act voluntarily, anticipate needs, and take responsibility, with evidence showing that initiative is closely linked to empowerment and supportive environments (Orgambidez et al., 2024; Li et al., 2022). High proactive attitudes reflect nurses' ability to identify risks, suggest improvements, and respond effectively to changing clinical situations, consistent with studies linking proactive behavior to improved performance and positive outcomes (Fang et al., 2024; Schmitt et al., 2021), although organizational constraints may sometimes limit such actions. Persistence in overcoming obstacles further highlights nurses' resilience and adaptability in high-demand settings, supported by research associating persistence with better engagement and coping (Li et al., 2022; Jiang et al., 2025). Overall, the findings emphasize that personal initiative is strongly present among nurses and is influenced by supportive leadership and work environments, underscoring the need for continued recognition, empowerment, and leadership strategies to sustain proactive behaviors, enhance team efficiency, and improve patient outcomes.

Table 4 Relationship between Psychological Empowerment and Personal Initiatives

Variables	r value	p value	Decision	Interpretation
Psychological Empowerment vs. Personal Initiatives	.443	.000	Reject Ho	Significant

Legend: Significant if  $p$  value is  $\leq .05$ . Dependent Variable: Personal Initiatives. Pearson  $r$  interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and  $-.3$  is weak (negative), between  $-.3$  and  $-.5$  is moderate (negative), and less than  $-.5$  is strong (negative).

Table 4 findings show a significant positive relationship between psychological empowerment and personal initiative, indicating that nurses who perceive meaning, competence, autonomy, and impact are more likely to engage in proactive behaviors such as initiating improvements and persisting in problem-solving. This supports literature identifying psychological empowerment as an internal motivational resource that drives initiative, voice, and improved care delivery (Liu et al., 2025; Gu et al., 2022), and aligns with evidence that meaning and autonomy enhance initiative and performance-oriented actions (Orgambidez et al., 2024). Observations in practice further suggest that empowered nurses tend to volunteer, coordinate care, and anticipate problems, while those with lower empowerment may hesitate to act. These findings highlight that psychological empowerment influences how nurses behave in the workplace and underscore the need for leadership strategies that promote autonomy, participation, recognition, and supportive environments to strengthen initiative. Overall, psychological empowerment serves as a key foundation for personal initiative, enabling nurses to act proactively and contribute to patient care and organizational goals.

Table 5 Relationship between Structural Empowerment and Personal Initiatives

Variables	r value	p value	Decision	Interpretation
Structural Empowerment vs. Personal Initiatives	.571	.000	Reject Ho	Significant

Legend: Significant if  $p$  value is  $\leq .05$ . Dependent Variable: Personal Initiatives. Pearson  $r$  interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and  $-.3$  is weak (negative), between  $-.3$  and  $-.5$  is moderate (negative), and less than  $-.5$  is strong (negative).

In Table 5 findings show a significant and strong positive relationship between structural empowerment and personal initiative, indicating that access to opportunities, information, support, resources, and power enables nurses to demonstrate self-starting behavior, proactive attitude, and persistence, supporting the idea that initiative is shaped by enabling work environments. This is consistent with evidence showing that structural empowerment improves nurse performance, professional outcomes, and capacity to act effectively (Al-Ghwary et al., 2024; Ribeiro et al., 2025), and promotes innovative and proactive behaviors when resources and support systems are

available (Wang et al., 2024), with empowerment structures translating into stronger initiative (Orgambídez et al., 2024). Observations in practice further show that nurses are more proactive in well-supported environments and less so when resources, staffing, or systems are limited, reinforcing that initiative grows when systems facilitate action. These findings highlight the importance of strengthening communication, support, resources, and participation in decision-making to sustain initiative (Newberry, 2021; Ribeiro et al., 2025), and emphasize that nursing leadership should focus on building empowering systems that enable proactive behavior, improve patient care, and support organizational performance.

## CONCLUSION AND RECOMMENDATIONS

**Conclusion.** The study concludes that personal initiative among nurses is significantly influenced by both psychological and structural empowerment. The findings revealed that nurses demonstrated very high levels of psychological empowerment, structural empowerment, and personal initiative, indicating that when nurses experience meaningful work, confidence in their abilities, autonomy in decision-making, and supportive organizational conditions, they are more likely to demonstrate proactive behaviors, initiative, and persistence in addressing workplace challenges. The significant positive relationships between psychological empowerment and personal initiative, as well as between structural empowerment and personal initiative, highlight that both individual and organizational factors contribute to strengthening proactive nursing behaviors.

**Recommendations.** Based on the findings, the recommendations emphasize the implementation of a Professional Empowerment and Initiative Enhancement Blueprint in nursing practice to sustain and strengthen empowerment and initiative through autonomy, participative decision-making, supportive supervision, and recognition of proactive behaviors, which may also be adapted by other healthcare institutions. In nursing education, the findings may serve as a reference in leadership, organizational behavior, and professional development, with integration of empowerment and initiative concepts into curricula to prepare future nurses for proactive practice. In nursing policy, healthcare institutions may institutionalize empowerment through shared governance, participative leadership, access to resources, and continuous professional development to sustain initiative and improve patient care outcomes. In nursing research, the study may be disseminated through publication and presentations, with future studies recommended to include validation studies with larger samples, mixed-method approaches, and qualitative investigations to further explore empowerment and initiative among nurses.

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