

▪ **Basic Research**

Impact of Workplace Environment and Structural Empowerment on Internship Students' Readiness to Clinical Decisions

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Background: A healthy work environment supports the organization's day-to-day operations and is correlated with staff performance, within the workplace, as well as readiness to take decision in different situations. An empowered workplace is essential to an organization's long life and is regarded as one of the most important motivators for organizational success. **Aim:** the aim study was to investigate the relationship between workplace environment and structural empowerment on internship students' clinical decision-making ability. **Design:** a descriptive correlational approach was employed. **Setting:** Faculty of Nursing, Fayoum University and Fayoum University hospitals **Sample:** it included (114) nursing students who completed 4th year and started the internship year **Tools:** **Tool (1):** Clinical Decision Making in Nursing Scale (CDMNS) to assess student's ability to take a decision regarding patient care in clinical field, **tool (2)** Workplace environment questionnaire, **tool (3)** Conditions of Work Effectiveness Questionnaire to measure the level of structural empowerment among new working nurses **Results:** Shows that, the highest mean score of nursing internship student's decision-making abilities pre and after interns were related to evaluation and reevaluation of consequences, while during interns were related to search for alternatives or options, the highest percentage of nursing internship students had a moderate level of structural empowerment, there were inverse relation between all elements of decision making abilities and workplace environment with statistical relation between canvassing of objectives and values in (pre and after interns) **Conclusion:** a positive correlation between decision-making and workplace environment, also a positive correlation between structural empowerment and workplace environment, and finally a negative correlation between decision making and structural empowerment was found. **Recommendations:** Work environment and collaborative care environment should be managed to enhance access to support needed interns' students' job empowerment.

Keywords: Workplace Environment, Structural Empowerment, Internship Students, Clinical Decision-Making

1. Introduction:

A productive workplace is essential to an organization's long life, it is regarded as one of the most essential motivators for organizational success, a healthy workplace environment not only supports the organization's day-to-day operations, but it also correlates with nursing service policies, goals, and staff performance, as well as the ability to innovate in the work place and readiness to work. Furthermore, involvement of internship students within innovative atmosphere can create autonomy, dynamism, flexibility and it may also lead to making the appropriate decision in various daily problems in order to meet the demands of patients **(Elewa & El Banan, 2019)**.

Nursing empowerment became one of the most aspects within workplace environment, it is the successful participation of nurses in the management of their organizations, decision-making and problem-solving, imagination, accountability and outcome control, it is considered a crucial administrative tactic for developing a healthy workplace **(Rababa & Al-Rawashdeh, 2020)**. The three components of empowerment are autonomy, decision making, involvement and responsibility. Being independent from outside controls, acting outside of the bounds of accepted practice, and being able to direct one's own life and affairs are all examples of autonomy **(Ahmady & Shahbazi, 2020)**.

Making decisions is a crucial part of providing professional nursing care, and the nurses' capacity to do so is what has the greatest impact on the standard of care. Nursing decisions fall into two categories: those that directly affect patient care and those that have an impact on the working environment or certain patient groups **(Nibbelink & Brewer 2018)**. The organization sets convention norms for basic standards and criteria that students and nursing staff members use to decide which behaviors to consider as good or bad. Workplace environment affects how employees make decisions, comprehend, and manage their workplace environment **(Christensen & Rovik, 2020)**.

In order to have an idea about internship year, **Safan & Ebrahim (2018)**, stated that the internship is a learning opportunity available toward students and connected to a specific academic study area. This experience, where a student transitions from dependent supervised practice to independent collaborative practice, serves as the foundation for knowledge application, skill development, and professional socialization. In other words,

internships give students hands-on exposure with genuine patients and real-world scenarios that combine some of the attitudes, values, and beliefs of professional practice.

Mckay, (2018) mentioned that a variety of characteristics were examined to see how the workplace environment affected nurse interns' career development and involvement in activities. The first aspects are the person's behavior, their level of skills and self confidence, in addition to how they go about developing their careers as nurses. The second component relates to the job, such as autonomy and work pressure. The organization-related elements such as management support, career development plans, and policies for continued professional development.

It is clear that healthcare practitioners experience significant levels of stress due to hospital workplace environment characteristics. Nurses are more likely to experience stress at work if they observe other people's suffering, feel empathy for their suffering, and thus can affect their decision making. When the studies are examined, the primary stressors that nurses experience at work, they are listed as being intense work pressure, complex tasks, taking on many responsibilities, long work hours, working in shifts, patients who have severe injuries, and witnessing death. Although group cohesion appears to be important for an organization's success and can influence how change is implemented (**Zhang et al., 2018**).

Therefore, supportive workplace environment makes internship nursing students more likely to engage with the organization, have higher levels of autonomy, and foster positive interpersonal relationships at work, all of which have an impact on nurses' readiness for change and understanding their ability in clinical decision making. It drives them to be engaged in making decisions and taking responsibility for their consequences, thus increasing self-confidence and professional growth. Nurses' involvement in hospital affairs, task orientation, and colleague cohesion, nursing personal growth, support and leadership, cooperative nurse-physician relationships can define the professional workplace environment (**Olds et al., 2018**).

In essence of nurses and nursing interns' involvement in decision-making is a shared duty in making decisions among them to attain the organizational goals. It is critical for policymakers and managers to make sure that the participatory process and expectations are in line with employees' resources. According to **Huang et al. (2019)**, shared nurses in decision-making enhance job satisfaction, organizational commitment, and motivation.

Organizations can also benefit through improved performance because, at the organizational level, nurses' participative decision making improves information flow, teamwork, and improved service.

The aforementioned elements have a detrimental impact on nursing interns', as well as workplace problems. As a result, it is crucial to teach nursing intern students skills including problem solving, and decision-making, as well as critical thinking– in order to get the maximum benefits from their performance. **(Mudallal, Othman& Al Hassan, 2017)**

Aim of the study:

The aim of this study is to investigate the relationship between workplace environment and structural empowerment on internship students in clinical decision-making ability through:

1. Assess the impact of workplace environment on internship students' clinical decision-making ability.
2. Determine the level of structural empowerment among internship students.

Research questions:

In order to achieve the objective of this study, the following questions were discussed:

1. What is the level of structural empowerment among internship student?
2. What is the relationship between workplace environment, clinical decision-making ability and structural empowerment among internship students?

Significance of the study:

Not only a bad organizational environment prevents internship students from expanding their knowledge and developing as professionals, but it also has a negative impact on their social lives and the decision making which must take regarding patients and their problems in consideration of their care. Internship year in the students' life is considered the basic structure for their professional future. In fields that are directly connected to healthcare and patient interaction, the availability of a student satisfying atmosphere is even more crucial for their autonomy and success. The students' workplace environment's that empower them to practice according to professional standards are more likely to acquire decision-making abilities which consider being dynamic and subject to change due to a number of elements **(Jalal, 2017)**. A thorough investigation must be

conducted, taking into account all pertinent elements, to determine whether there may be a relation between workplace environment, structural empowerment and student's decision-making ability.

Subjects and Methods:

Research design: To achieve the purpose of this study, a descriptive correlational approach was employed.

Research setting: The study was led at Faculty of Nursing, Fayoum University one of the Egyptian government's universities at rural setting, and Fayoum University hospitals that includes multi-specialties as (Emergency, neurology, cardiac, obstetric, surgical, urology department as well as intensive care units, operating theater, medical and surgical floors.

Sample: The study included nursing intern students (N:114) out of total population (N: 380) of the faculty of nursing who completed 4th year and started the internship year at Fayoum University hospitals and rotated in the different critical areas and departments.

Tools of data collection: The data collection tools used in the study was three tools, and self-instruction questionnaire.

Tool 1: Clinical Decision Making in Nursing Scale (CDMNS) was purposed to assess student's ability to take a decision regarding patient care in clinical field based on the work of self-expression (**Jenkins, 2001**) and was modified by the researchers classified into two parts:

Part one: Personal data as gender, qualification,

Part two: The CDMNS was composed of 40 items and four subscales. The subscales of the scale are "Problem identification skill, search for alternatives or options", "canvassing of objectives and values", "evaluation and reevaluation of consequences", and "search for information and unbiased assimilation of new information". Each subscale is composed of 8 items. Each item of the scale is assessed through the five-point Likert scale as 5=Always, 4=frequently, 3=occasionally, 2=Seldom, and 1=Never). The scores were added up for each item, and the item's mean was determined. A percentage score was created from these scores. If the internship nursing student's percent score was less than 75%, they were deemed incapable of making a choice.

Tool 2: workplace environment questionnaire which was developed by the researchers based on work environment survey by **Newfoundland and Labrador statistics agency (NLSA) 2008**, which composed of 56 items and eight subscales. The subscales are "participation, group cohesion, nurses support, coworker relationship, autonomy, tasks

identification, work load, self -development". Each subscale is composed of 7 items. On a Likert scale with five points, responses ranged from strongly disagree (1) to strongly agree (5).

Tool 3: Conditions of Work Effectiveness Questionnaire, it was developed by **Laschinger et al (2000)** to measure the level of structural empowerment among new working nurses. It consists of 19 items grouped under 6 dimensions: Access to opportunity (3 items), Access to resources (3 items), Access to information (3 items) and Access to support (3 items), Formal power (3 items) and Informal power (4 items). The response to each item is on a three-point Likert scale ranging from one for None to three for A lot. Responses were measured on 3-point Likert scale ranging from "1= none, 2= sometimes to 3= A lot". The scores of each dimension were summed up and the total divided by numbers of items. The total scores for each dimension range from (3-9) except informal power ranges from (4-12). These scores were converted into a percent score. Total level of structural empowerment among new graduate nurses considered low if the score less than 50.%, moderate if the score range from 50% to 75 %, high if the score more than 75%.

Validity of the tools: Tools were reviewed by five professors of Nursing Administration specialty, three professors from Faculty of Nursing, Zagazig University, two professors from Faculty of Nursing, Modern University. The tools assessed for content accuracy, tools format, layout, parts, and the clarity of the words of the statements, minor modifications were done.

Pilot Study :

A pilot study was carried out on 10 nurses (10% of the study sample) of nurses to test the instruments' clarity and measure how long it would take each participant to complete the questionnaires. The necessary adjustments were made. No changes were required, and the respondents who took part in the pilot study were excluded from the main study sample. Time taken was roughly 20 to 30 minutes to complete the questionnaires.

Reliability: Cronbach's Alpha test was used to validate the instruments' internal consistency and homogeneity was evaluated to determine their reliability. Clinical decision making in nursing scale was 0.87, the workplace environment scale had a reliability of 0.88, and the structural empowerment scale had a reliability of 0.93.

Ethical considerations: For assurance of following the ethical norms of research and the rights of the participants, researchers had obtained the approval from the research committee of the Faculty of Nursing and the study settings for data collection the present investigation and had received ethical approval. All participants received a confidentiality guarantee, and their data was only utilized for research. Each attendee has the right to

leave at any moment. The aim of the study and the procedure for completing the questionnaire were fully described.

Data collection technique: The study was carried out from the beginning of September 2020 to the end of July 2021, after explaining the nature and purpose of the study, the questionnaires were distributed to each participant three times first at orientation program then during work hours after six months of starting internship year and finally after finishing the internship year, each participant had three coded sheets.

The researchers had met the studied subjects to explain and clarify the aim and tools of data collection to facilitate their participation according to their units' needs and activities, they were given instructions about how to fill the instruments, the average number collected was 5-6 internship student per day. The needed filling time for each tool was about 20–30 minutes.

Statistical Analysis: For this purpose, the Statistical Package for the Social Sciences (SPSS version 22.0) was utilized, followed by data analysis and tabulation. Number, frequency, Mean, and standard deviation values were provided to estimate the levels of Conditions of Work Effectiveness Questionnaire; Clinical Decision Making in Nursing, and workplace environment, t-test and ANOVA tests was used for comparing between different variables with the use of Pearson correlation coefficient test, to examine the correlation between two continuous variables. Significant level values were defined as $p \leq 0.05$ and highly significant level values as $p \leq 0.001$.

Results:

Study covers several of results and a variety of dimensions, but we deliberate on the results that are related to variables of the study as follow:

Table 1: Clarifies that the (51.7%) were male and (77.19%) had secondary school certificate.

Table 2: Shows that, the highest mean score of nursing internship students' decision-making abilities pre and during internship were related to evaluation and reevaluation of consequences (28.537 ± 3.790) and (28.870 ± 2.706) respectively, while during internship were related to search for alternatives or options (28.852 ± 3.333). The lowest the mean score of nursing internship students' decision-making abilities (pre, during and after internship) were (26.000 ± 2.599 , 26.611 ± 2.722 , and 25.630 ± 2.837), respectively regarding canvassing of objectives and values.

Figure 1: Presents that the highest percentage of nursing internship students had a moderate level of structural empowerment (69.1%) while the lowest percentage of participants had low level of structural empowerment (15.3%).

Table 3: Shows that the highest mean score of structural empowerment dimension was related to access to information ($2.1264 \pm .53649$), while the lowest mean score was related to support & access to resources ($1.9655 \pm .59788$, $1.9655 \pm .54322$ respectively). The informal power was the highest mean score as reported by nursing internship students (2.2198 ± 1.14236).

Table 4: Illustrates that there was statistically significant correlation between fellow cohesion canvassing of objectives and values ($p = 0.036$), and nurses support search for alternatives or options ($p= 0.010$). There was no significant statistically correlations between dimensions of the relationship and total of measure of decision-making abilities ($p=0.454$). There was inverse relation between all elements of decision making with participation without statistically significance. Also, there was correlation between autonomy and dimensions of personal development with search for alternatives or options ($p=0.016$) and ($p=0.040$), and autonomy, work pressure and dimension of personal development canvassing of objectives and values at ($p=0.004$, 0.014 , 0.008) respectively. Finally, there was correlation between autonomy and dimensions of personal development with total measure of decision-making abilities ($p=0.020$, 0.041) respectively.

Table 5: Demonstrates inverse relation between participation and fellow cohesion with all dimensions of workplace environment, it illustrates that there was correlation between participation with search for alternatives or options ($p=0.040$) and fellow cohesion with problem identification skill ($p=0.054$). There was correlation between nurses' support with canvassing of objectives and values and evaluation and reevaluation of consequences at ($p=0.001$ & $p=0.003$) respectively. Also, there were highly significant statistically inverse relations between nurses' support with total measure of decision-making abilities ($p=0.009$). Also, there were correlation between autonomy, work pressure and dimensions of personal development with evaluation and reevaluation of consequences at ($p=0.005$, 0.048 , 0.003) respectively.

Table 6: Shows that there were inverse relations between autonomy and canvassing of objectives and values ($p=0.040$), as well as autonomy with evaluation and reevaluation of consequences ($p=0.027$). There were inverse relations between dimensions of personal development with total measures of decision-making abilities without statistical significance after workplace environment contact.

Table 7: Illustrates that there was inverse relation between all elements of decision - making abilities and workplace environment with statistical relation between canvassing of objectives and values in (pre and after intern (p=0.015, 0.031) respectively. Also, there was a correlation between evaluation and reevaluation of consequences and workplace environment (during interns) (p=0.033).

Table 8: Shows correlation between decision making, structural empowerment and workplace environment scores. It is clear from the table there is only a positive correlation between decision making and workplace environment scores (p= .010). while a positive correlation between structural empowerment and workplace environment scores (p= .010). a negative correlation between decision making and structural empowerment (p=.524).

Table (1): Personal Characteristics of the Study Sample among Internship Students (N=114)

Item	N	%
Gender		
Female	55	47.24
Male	59	51.75
Pre university qualification		
Secondary School Certificate	88	77.19
Technical Nursing Institute	26	22.80

Table (2): Total Mean Score of Nursing Internship Students Decision Making Abilities (pre, during and after) Interns (n=114)

Decision making skills	Pre			During			After			ANOVA	
	Mean	±	SD	Mean	±	SD	Mean	±	SD	F	P-value
Problem identification skill	28.222	±	2.752	28.426	±	2.826	28.870	±	2.706	0.778	0.461
Search for alternatives or options	28.481	±	3.441	28.852	±	3.333	28.426	±	3.213	0.261	0.771
Canvassing of objectives and values,	26.000	±	2.599	26.611	±	2.722	25.630	±	2.837	1.791	0.170
Evaluation and reevaluation of consequences	28.537	±	3.790	28.574	±	3.740	27.815	±	3.421	0.741	0.478
Search for information and unbiased assimilation of new information	27.722	±	2.158	27.074	±	2.554	26.907	±	2.623	1.662	0.193
Total	138.963	±	11.309	139.537	±	11.579	137.648	±	10.599	0.406	0.667

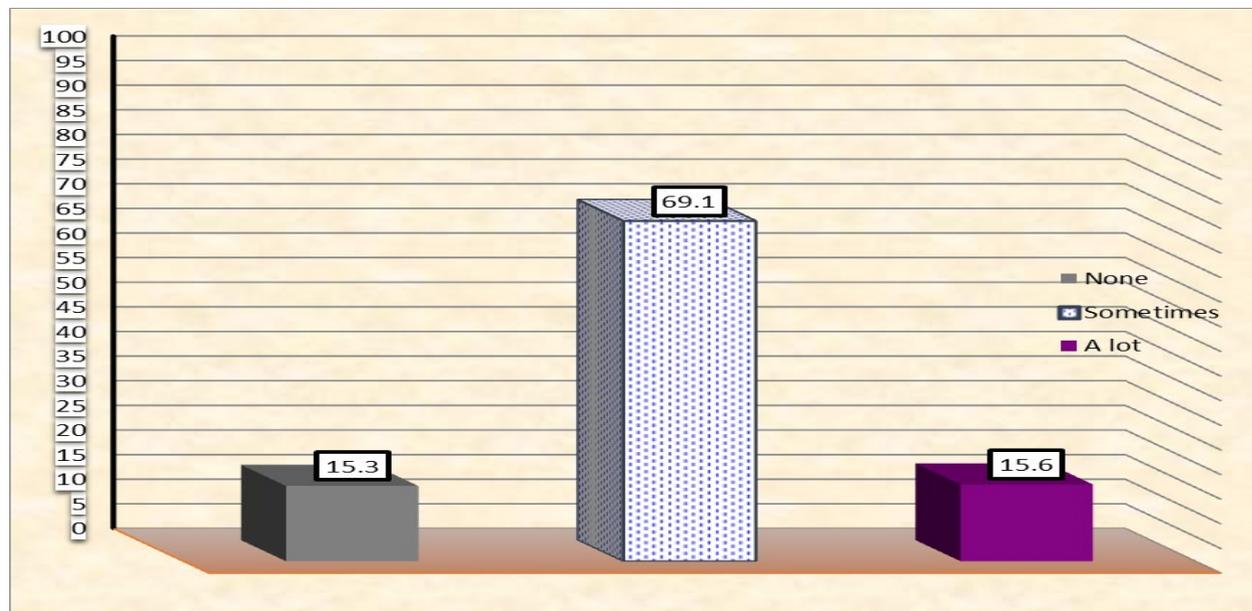


Figure (1): Structural empowerment levels among internship students nurse (n=114)

Table (3): Mean Scores of Structural Empowerment Dimensions among Internship Students (n=114)

Structural empowerment dimensions	Mean	Std. Deviation
Access to Opportunity	2.0805	.59007
Access to Support	1.9655	.59788
Access to Information	2.1264	.53649
Access to Resources	1.9655	.54322
Formal power	1.9080	.56123
Informal power	2.2198	1.14236
Total scores	12.2658	2.61753

Table (4): Correlations between Workplace Environment and Decision-Making Abilities Pre-Interns (n=114)

Pre- started internship		Problem identification skill	Search for alternatives or options	Canvassing of objectives and values	Evaluation and reevaluation of consequences	Search for information and unbiased assimilation of new information	Total measure of decision-making Abilities
Participation	r	-0.074	-0.166	-0.143	-0.028	-0.086	-0.127
	p- value	0.595	0.230	0.302	0.842	0.535	0.359
Fellow Cohesion	r	0.035	0.202	0.287	0.111	0.116	0.195
	p- value	0.804	0.143	0.036*	0.425	0.404	0.158
Nurses Support	r	0.165	0.348	0.255	0.155	0.002	0.257
	p- value	0.232	0.010*	0.063	0.262	0.987	0.060
Dimensions of the relationship	r	0.034	0.119	0.130	0.093	-0.009	0.104
	p- value	0.807	0.391	0.347	0.502	0.946	0.454
Autonomy	r	0.146	0.326	0.383	0.198	0.136	0.315
	p- value	0.293	0.016*	0.004*	0.151	0.327	0.020*
Identification of tasks	r	0.087	0.097	-0.037	0.102	0.134	0.102
	p- value	0.534	0.486	0.793	0.463	0.334	0.463
Work pressure	r	-0.011	0.118	0.334	0.070	-0.054	0.123
	p- value	0.939	0.396	0.014*	0.614	0.697	0.375
Dimensions of personal development	r	0.114	0.280	0.355	0.189	0.110	0.279
	p- value	0.410	0.040*	0.008*	0.170	0.430	0.041*

Table (5): Correlations between Workplace Environment and Decision-Making Abilities during Interns (n=114)

During internship		Problem identification skill	Search for alternatives or options	Canvassing of objectives and values	Evaluation and reevaluation of consequences	Search for information and unbiased assimilation of new information	Total measure of decision-making Abilities
Participation	r	-0.148	-0.281	-0.161	-0.141	-0.048	-0.211
	p- value	0.284	0.040*	0.245	0.311	0.730	0.126
Fellow Cohesion	r	-0.264	-0.168	-0.076	-0.063	-0.195	-0.194
	p- value	0.054*	0.225	0.585	0.651	0.158	0.160
Nurses Support	r	0.055	0.177	0.450	0.402	0.246	0.354
	p- value	0.693	0.201	0.001*	0.003*	0.073	0.009*
Dimensions of the relationship	r	-0.188	-0.187	0.049	0.048	-0.010	-0.075
	p- value	0.172	0.176	0.723	0.730	0.943	0.590
Autonomy	r	-0.031	0.120	0.239	0.380	0.172	0.244
	p- value	0.825	0.386	0.082	0.005*	0.214	0.076
Identification of tasks	r	-0.087	-0.152	-0.073	0.117	0.060	-0.031
	p- value	0.530	0.271	0.599	0.399	0.668	0.822
Work pressure	r	0.082	0.243	0.233	0.271	0.092	0.252
	p- value	0.557	0.076	0.090	0.048*	0.507	0.065
Dimensions of personal development	r	-0.018	0.113	0.209	0.392	0.166	0.240
	p- value	0.900	0.415	0.129	0.003*	0.231	0.080

Table (6): Correlations between Workplace Environment and Decision-Making- Abilities after internship (n=114)

After finishing internship		Problem identification skill	Search for alternatives or options	Canvassing of objectives and values	Evaluation and reevaluation of consequences	Search for information and unbiased assimilation of new information	Total measure of decision-making Abilities
Participation	r	0.023	-0.046	0.007	-0.009	0.086	0.012
	p- value	0.869	0.743	0.959	0.950	0.535	0.929
Fellow Cohesion	r	0.051	-0.019	-0.166	-0.049	0.057	-0.039
	p- value	0.712	0.893	0.231	0.725	0.682	0.782
Nurses Support	r	0.113	0.070	0.049	-0.011	0.215	0.113
	p- value	0.415	0.617	0.725	0.937	0.119	0.417
Dimensions of the relationship	r	0.085	-0.010	-0.044	-0.031	0.174	0.040
	p- value	0.540	0.945	0.753	0.823	0.208	0.773
Autonomy	r	0.218	0.165	-0.280	-0.300	-0.080	-0.086
	p- value	0.113	0.234	0.040*	0.027*	0.567	0.536
Identification of tasks	r	-0.087	-0.133	-0.066	0.018	0.214	-0.021
	p- value	0.533	0.339	0.634	0.896	0.121	0.878
Work pressure	r	-0.150	-0.171	0.012	0.009	0.090	-0.062
	p- value	0.278	0.218	0.933	0.951	0.517	0.657
Dimensions of personal development	r	0.007	-0.052	-0.178	-0.151	0.097	-0.086
	p- value	0.958	0.707	0.199	0.274	0.483	0.535

Table (7): Correlation between Decision Making Preparedness' Abilities and Total workplace Environment (pre, during and after) internship (n=114)

Decision Making Abilities	Total workplace Environment					
	Pre		During		After	
	r	P-value	r	P-value	r	P-value
Problem identification skill	0.042	0.764	-0.230	0.095	-0.033	0.815
Search for alternatives or options	0.189	0.171	-0.056	0.687	-0.077	0.578
Canvassing of objectives and values	0.328	0.015*	0.124	0.370	-0.295	0.031*
Evaluation and reevaluation of consequences	0.091	0.513	0.290	0.033*	-0.187	0.175
Search for information and unbiased assimilation of new information	0.080	0.564	0.097	0.485	0.059	0.672
Total measure of decision-making abilities	0.189	0.172	0.072	0.604	-0.157	0.258

Table (8) Correlation between Decision Making Preparedness' Abilities, Structural Empowerment and Workplace Environment scores among internship students nurses (n=114)

Variables		Decision Making Abilities	Structural Empowerment	Work place Environment
	r			.020
	P value			.882
Structural Empowerment	r	0.085		
	P value	.524		
Decision Making Abilities	r		0.085	.345
	P value		.524	.010**
Workplace Environment	r	.020	.340	
	P value	.882	.010*	

** . Correlation is significant at the 0.01 level

Discussion:

The experience of moving from student to skilled nurse can be difficult since newly graduating nurses have more responsibility and accountability. The way that people make decisions is a self-adaptive process that arises from their interactions with their environments. A healthy workplace environment not only helps nurses to be empowered but it also helps them to develop their knowledge and skills which improve their decision-making skills (**Aboshaiqah & Qasim, 2018**). The aim of this study was to investigate the relationship between workplace environment and structural empowerment on internship students' clinical decision-making ability.

The findings of the current study shows that more than half of nursing students were male and two third of them had secondary school certificate, this is due to the demand for the nursing profession among male students, which has become common now a days due to the availability of job opportunities and rapid advancement in the profession based on their competences. This result conversely to the study carried out in Beni Suef, Egypt by **El-Sayed et al, (2017)** who assessed the factors associated with nurses' readiness for organizational change and found that the majority of the nurses were female and had a technical institute of nursing diploma.

The result revealed that the highest mean score of nursing internship student's decision- making skills pre and after interns was related to evaluation and reevaluation of consequences, while during interns was related to search for alternatives or options. This may be due to effect of the nursing administration course that the student's study in the fourth academic year that include using new trends and approaches in teaching methods on decision making and focus on training students on how to put a plan for him / herself and implement this plan. According to **Yaman Aktas & Karabulut (2016)**, they confirmed that for the purpose of assisting decision makers, numerous decision aids and decision support systems should be available to help users examine its effectiveness. Moreover, **Sharma and Sachdeva, (2017)** found that good working environment help all staff to utilize skills, such as logical and analytical approach to solve problems, critical thinking, decision making, and sense of empowerment.

It was found that internship students had moderate level of structural empowerment; this result may be due empowering students to feel that their voices can bring about positive change in addition to a means of sharing their ideas, also helps to increase self-confidence and a sense of value within them, which leads to conscious thinking before making any decision. This result inconsistent with **Gamal et al. (2020)**, who reported that nurses, had low level of empowerment in practice.

The finding of the present study showed that, the highest mean score of structural empowerment dimension was related to access to information. While the lowest mean score was related to access to support & resources. Since nursing internship students perceived to be moderately empowered, this can encourage genuine or meaningful engagement, which gives students the power to make decisions and also has to deal with the differences of opinion. People are able to make decisions and participate in the decision-making process when they have access to information as resources.

As for the lowest mean score which was related to access to support & resources, the results can be interpreted that students in the beginning of their internship having several obligations, numerous tasks that must be performed, this may sometimes lead to the occurrence of some errors, which lead to drawing attention several times to these comments, and this leads to loss of support from supervisors in the unit.

This finding is in concordance with the study which carried out at Minia University by **Ali & El Sayed (2018)** who assessed the relation between empowerment and organizational environment nursing internship student's, they found that access to resources and support had the lowest score of empowering factors. And the study of **Gholami et al, (2019)** who assessed the nurses' perception of empowerment and its relationship with organizational environment and trust in teaching hospitals in Iran and found that the access to resources and support had the lowest score of empowering factors.

The result also showed that there were correlations between workplace environment and decision-making abilities pre interns, there was statistically significant correlation between fellow cohesion and canvassing of objectives and values, and nurses support with search for alternatives or options. On the other hand, there was no significant statistically correlations between dimensions of the relationship and total of measure of decision-making abilities. And there was inverse relation between all elements of decision making with participation without statistical significance. Also, there was correlation between autonomy and search for alternatives or options and dimensions of personal development with search for alternatives or options, and autonomy, work pressure and dimension of personal development with canvassing of objectives and values respectively.

This result is in the same line with the results of study conducted by **Shanker, (2017)** who found that there is significant positive relation between workplace environment and innovative work behavior. In addition to **Afsar & Yuosre (2017)**, indicated that the workplace environment is an effective variable in increasing organizational innovative work behavior. Additionally, there was correlation between

autonomy and dimensions of personal development with total measure of decision-making skills respectively. From the researchers' point of view that some antecedents to autonomy are support from upper management of the organization, one's own expertise and experience, leaders' acknowledgement of one's own abilities, and the freedom to act without restraints or restrictions to guide one's own decisions are some of the factors that precede autonomy, these elements are crucial for self-determination and personal development at work.

According to the broad view of **Edem et al. (2017)**, the work environment comprises factors such as autonomy, job security, positive working relationships, acknowledgment of exceptional work and performance, strong innovation to perform well, and productive participation in organizational decision-making processes which considers to be the most important markers of organizational support for professional staff members.

The findings of the current study revealed that there were inverse relation between participation and fellow cohesion with all dimensions of workplace environment, it demonstrated that there were correlation between participation with search for alternatives or options ($p=0.040$) and fellow cohesion with problem identification skill ($p=0.054$), and there was correlation between nurses support with canvassing of objectives and values ($p=0.001$), nurses support with evaluation and reevaluation of consequences ($p=0.003$). Also, there were highly significant statistically inverse relations between nurses' support with total measure of decision-making abilities ($p=0.009$).

The correlation found in this study may be due to the professional practice setting which gives students' nurses more control over their work and allows them to participate in decision-making, fosters stronger relationships with team members, all of which support empowerment, autonomy, creativity, and problem-solving skills. **Abdel Rahman, and Amira Sharif (2018)** reported in their study entitled the organizational climate and its impact on the innovative behavior of auditors that the organizational climate will have an impact on how decisions are made within the organization regarding which course of action is best and most profitable. Additionally, the organizational climate will have a direct impact on employees' empowerment levels and the individual decisions they make that have an impact on the organization's future.

Also, there was correlation between autonomy, work pressure and dimensions of personal development with evaluation and reevaluation of consequences at ($p=0.005$, 0.048 , 0.003) respectively. This finding is consistent with a study carried out by **Ahmed et al, (2019)** indicated through their study that workplace environment of Zagazig university

hospital was positive as perceived by the highest percent of staff nurses and the total level of workplace environment was "good" as reported by head nurses.

Furthermore, professional practice environment helps students' nurses to control over practice, involvement in decisions and enhance relationships with team members who strengthen the empowerment, decision making, critical thinking, innovation and problem solving. This result also was supported by **Bos-Nehles & Veenendaal, (2019)** who stated that employees will exhibit innovative behaviors in return when they believe that the workplace environment is focused on autonomy, and rewarding innovative ideas.

The current study demonstrated that, there was inverse relations between autonomy and canvassing of objectives and values ($p=0.040$), as well as autonomy with evaluation and reevaluation of consequences ($p=0.027$). There were inverse relations between dimensions of personal development with total measures of decision-making abilities without statistically significant after workplace environment contact.

This may be due to students at the beginning of their professional lives have little experience on how to act in different situations, and when faced with new situations they begin to gain experience and progress in the steps of decision-making, and thus their performance is judged through exposure to situations in which they act based on standards and quickly respond to directives from their supervisors. **Both-Nwabuwe et al., (2020)** stated that it is related to the meaningfulness of work, which is facilitated by clinical decision-making, autonomy in carrying out tasks, and the flexibility to carry out nursing job in accordance with nurses' own judgment. Nursing as a profession or as individuals can both benefit from professional autonomy, participation in the establishment of care processes to enhance nursing quality and patient safety, as well as individual patient care decisions.

The current study showed that there was inverse relation between all elements of decision-making skills and workplace environment with statistical relation between canvassing of objectives and values in (pre and after interns ($p=0.015$, 0.031) respectively. Also, there was a correlation between evaluation and reevaluation of consequences and workplace environment (during interns) ($p=0.033$). **Rabelo-Silva et al. (2017)** confirmed that the ability of nurses to make sound clinical decisions is a crucial component of professional nursing care; it is acquired more during the internship year by exposure to many situations, which lead them to use alternatives in making decisions based on the available cases supported by the nurse supervisor and the Internship coordinator

It is clear from the present study there is only a positive correlation between structural empowerment and workplace environment scores among internship student's nurses ($r= 340$ & $p= .010$). These results are interpreted as follows, when employees feel

they have access to sufficient knowledge when and that information is coming from them, organizational trust increases. Through effective use of managerial skills strategies, it can improve staffs' perceptions of empowerment and be more motivated for participatory decision-making.

This finding is in accordance with the study carried out in Iran by **Eskandari et al, (2017)** who investigated the relationship between structural empowerment and work place environment of nurses and showed significant relationships between perception of job empowerment and workplace environment. This result was in agreement with a study of **Gamal et al, (2020)**, who revealed that there is a relationship between empowerment and organizational environment scores.

Also, the result was in same line with **Mudallal et al, (2017)** who carried out a study entitled work place empowerment and organizational commitment of nurses in Egypt which showed a significant direct intermediate correlation between nurses' perceptions of overall structural empowerment and their overall workplace environment. Also, the study carried out in Iran by **Lassoued et al, (2020)** who's investigated the relationship between structural empowerment and workplace environment of nurses and showed significant relationships between perception of job empowerment and workplace environment.

Conclusion:

The current study answered the research questions with evidence that more than two third of nursing internship students had a moderate level of structural empowerment. Also, a correlation between autonomy and dimensions of personal development with search for alternatives or options and autonomy, work pressure and dimension of personal development canvassing of objectives and values was found. Moreover, the most elements which affect clinical decision - making ability among internship students' pre and after interns was related to evaluation and reevaluation of consequences during interns was related search for alternatives or options was found; additionally, a positive correlation between decision-making and workplace environment, also a positive correlation between structural empowerment and workplace environment, and finally a negative correlation between decision making and structural empowerment was found.

Recommendation:

In the light of the study findings, the following recommendations could be suggested:

1. Nurse interns should enroll in pre-internship orientation sessions to assist them learn about hospital policies, refresh previous knowledge, and commit basic clinical and management skills for their internship year.

2. Nursing unit should have handouts with all the information required on clinical decision making and managerial abilities.
3. Nursing management should raise the challenge of empowering interns' students through encouraging them to participate in problem solving and decision-making processes.
4. Nurse Managers and interns' students should collaborate to foster an atmosphere of mutual trust and strengthen dedication to the organization through making significant decisions to access formal power.
5. Work environment and collaborative care environment should be managed to enhance access to support needed interns' students' job empowerment.

References:

1. Aboshaiqah, A., & Qasim, A. (2018). Nursing interns' perception of clinical competence upon completion of preceptor ship experience in Saudi Arabia. *Nurse education today*, 22 (68), 53-60.
2. Abdel Rahman, and Amira Sharif Muhammad. (2018). "The relationship between innovative behavior and the sustainability of competitive advantage over organizational loyalty by application to a sample of Sudanese banks", PhD thesis in Business Administration, Sudan University of Science and Technology, College of Graduate Studies, 1-273.
3. Afsar, B. & Yuosre, B. (2017). "Workplace spirituality, perceived organizational support and innovative work behavior The mediating effects of person-organization fit," *Journal of Workplace Learning*, vol. 29, no. 2, pp. 95-109, 2017.
4. Ahmady S & Shahbazi S. (2020). Impact of social problem-solving training on critical thinking and decision making of nursing students *BMC Nursing* 19:94 <https://doi.org/10.1186/s12912-020-00487>.
5. Ahmed, A., Ata, A. & Abd-Elhamid, Z. (2019). Relationship between the Leadership Behaviors, Organizational Climate, and Innovative Work Behavior among Nurses. *American Journal of Nursing Research*, 7(5):870-878
6. Ali, A. & Elsayed, S. (2018): Relationship between empowerment and organizational commitment among staff nurses. *Journal of nursing and health science*. 2018; 7(1), 17-24
7. Both- Nwabuwe, J. M. C., Lips- Wiersma, M., Dijkstra, M. T. M., & Beersma, B. (2020). Understanding the autonomy – meaningful work relationship in nursing: A theoretical framework *Nursing Outlook*, 68, 104–113. <https://doi.org/10.1016/j.outlook.2019.05.008>
8. Bos-Nehles, C. & Veenendaal, R. (2019). Perceptions of HR practices and innovative work behavior: the moderating effect of an innovative climate. *International Journal of Human Resource Management*, 30(18): 2661–2683

9. Christensen, T., Laegreid, P., Rovik, K. (2020). Organization Theory and The Public Sector: Instrument, Culture and Myth, ilableat <https://www.routledge.com>.
 10. Edem, J., Akpan, U., & Pepple, M. (2017). "Impact of workplace environment on health workers", Occupational Medicine and Health Affairs, 5(2), 1-5. DOI:[10.4172/2329-6879.1000301](https://doi.org/10.4172/2329-6879.1000301)
 11. El-Sayed, A. Fatma F.; Seada, M. Abeer, b.; El-Guindy, Hoda A.C. (2017). Factors associated with nurses' readiness for organizational change at Beni Sueif University Hospital. May–Aug.Egyptian Nursing Journal [14\(2\): p 141-151](https://doi.org/10.4103/ENJ.ENJ_24_17), | DOI: 10.4103/ENJ.ENJ_24_17
 12. Eskandari F, Pazargadi M, Zagheri Tafreshi M, Rabie Siahkali S, Shoghli AR. (2017). Relationship between Psychological Empowerment with Affective Commitment among Nurses in Zanjan,. Preventive Care in Nursing & Midwifery Journal. ;3(2):47–60.
 13. Elewa, A. & Banan, E. (2019): Organizational culture, organizational trust and workplace bullying among staff nurses at public and private hospitals. International Journal of Nursing Didactics, 9(4), 10-20.
 14. Gamal, M.; Adam, S. & Abdelazim, H. (2020). Effect of application of kanter's empowerment theory on nurse intern's assertiveness. Egyptian journal of Tanta Scientific Nursing Journal (Print ISSN 2314 – 5595) (Online ISSN 2735 – 5519) Vol. 29. No.2 May, 2023 207 healthcare. Faculty of nursing Ain Shams University; 11(2).
 15. [Gholami, M.; Saki, M.; & Hossein, A. \(2019\).](https://doi.org/10.1111/jonm.12766) Nurses' perception of empowerment and its relationship with organizational commitment and trust in teaching hospitals in Iran. Journal of Nursing Management, [Volume27, Issue5](https://doi.org/10.1111/jonm.12766), July 2019, Pp 1020-1029
 16. Huang, Q.; Xing, Y. & Gamble, J. (2019). "Job demands–resources: a gender perspective on employee well-being and resilience in retail stores in China", The International Journal of Human Resource Management, Vol. 30 No. 8, pp. 1323-1341.
 17. Jalal, Akram (2017). Impact of organization culture leadership's Decision Making, Journal of Advance in management sciences & information system, 3, 1-8.
 18. Jenkins, H. M. (2001). Cinical decision making in nursing scale. In: Waltz, C.F., Jenkins, L.S. (Eds.), Measurement of Nursing Outcomes volume:1 measuring nursing performance in practice, education and research, Springer Publishing Company, 33-37.
 19. Laschinger, H. K. S., Finegan, J., Shamian, J., & Casier, S. (2000). Organizational trust and empowerment in restructured healthcare setting: Effects on staff nurse commitment. Journal of Nursing Administration, 30(9), 413-425.
 20. Lassoued K, Awad A & Guirat R. (2020): The impact of managerial empowerment on problem solving and decision-making skills: the case of Abu Dhabi University. Management Science Letters. 2020;10(4):769-780
 21. Mckay, D. R. (2018). Career Development What is it and what factors influence it? Cited from <https://www.thebalancecareers.com/what-is-career-development-525496>. Cited on, November, 2, 2019.
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22. Mudallal, R. H.; Othman, W. M., & Al Hassan, N. F. (2017). Nurses' Burnout: The Influence of Leader Empowering Behaviors, Work Conditions, and Demographic Traits. *Inquiry: a journal of medical care organization, provision and financing*; 54: :24-30.
23. Newfoundland and Labrador Statistics Agency (NLSA). (2008). *Work environment survey 2007/2008*. Public Service Secretariat, Human Resource Policy and Planning Division, Newfoundland, Labrador.
24. Nibbelink, C. W., & Brewer, B. B. (2018). Decision-making in nursing practice: An integrative literature review. *Journal of Clinical Nursing*, 27(5-6), 917- 928.
25. Olds, D. M.; Aiken, L. H.; Cimiotti, J. P. & Lake, E. T. (2018). Association of Nurse Work Environment and Safety Climate on Patient Mortality: A Cross –sectional study. *Int J Nurs Stud.*: 74:155-161.
26. Rababa, M. & Al-Rawashdeh, S. (2020). Critical care nurses' critical thinking and decision making related to pain management. *Intensive & Critical Care Nursing*. Elsevier. 2021; 63. Available at: <https://doi.org/10.1016/j.iccn.103000>.
27. Rabelo-Silva ER, et al. (2017). Advanced nursing process quality: comparing the international classification for nursing practice (ICNP) with the NANDA-international (NANDA-I) and nursing interventions classification (NIC). *J Clin Nurs.* ;26(3–4):379–87.
28. Safan, S. M., & Ebrahim, R. M. R. (2018). Problems and Obstacles Facing Nursing Interns and Its Relation to Their Performance at Clinical Setting: A Comparative Study. *American Journal of Nursing Science*, Vol. 7, No. 6, 2018, pp. 304-313.
29. Sharma,P. and Sachdeva,K. (2017): Students' perception to introduction of problem-based learning modules in anatomy, *Curr trends Diagn Treat*, 1(1): 42-45.
30. Yaman Aktas Y. & Karabulut N. (2016) A Survey on Turkish nursing students' perception of clinical learning environment and its association with academic motivation and clinical decision making. *Nurse Education Today* 36: 124–128.
31. Zhang, S. E., Liu, W., Wang, J., Shi, Y., Xie, F., Cang, S., Sun, T., Fan, L. (2018): Impact of workplace violence and compassionate behavior in hospitals on stress, sleep quality and subjective health status among Chinese nurses: a cross sectional survey. *British Medical Journal Open*, 8(10).
32. Zimmerman, M.A. (2015): From Broken Windows to Busy Streets: A community empowerment perspective. *Health Education and Behavior*

الملخص العربي

تأثير بيئة العمل والتمكين الهيكلي على إستعداد طلاب الإمتياز على إتخاذ القرارات السريرية

مقدمة: تدعم بيئة العمل الصحية العمليات اليومية للمنظمة وترتبط بأداء الموظفين داخل مكان العمل، فضلاً عن الاستعداد لاتخاذ القرار في المواقف المختلفة. يعد التمكين في مكان العمل أمراً ضرورياً لحياة المنظمة ويعتبر أحد أهم المحفزات للنجاح التنظيمي.

هدف الدراسة: هو دراسة العلاقة بين بيئة مكان العمل والتمكين الهيكلي على قدرة طلاب الإمتياز على اتخاذ القرار السريري.

تصميم البحث: تم تطبيق تصميم البحث الوصفي الارتباطي.

مكان الدراسة: كلية التمريض جامعة الفيوم ومستشفيات جامعة الفيوم.

عينة الدراسة: تكونت من 114 طالب تمريض أنهاوا السنة الرابعة وبدأوا سنة الامتياز.

أدوات الدراسة: الأداة (1): اتخاذ القرار السريري في مقياس التمريض (CDMNS) لتقييم قدرة الطالب على اتخاذ قرار بشأن رعاية المرضى في المجال السريري، الأداة (2) استبيان بيئة العمل، الأداة (3) استبيان فعالية ظروف العمل، لقياس مستوى التمكين الهيكلي بين الممرضات العاملات الجدد.

نتائج الدراسة: أوضحت الدراسة أن أعلى متوسط درجات لإستعداد طلاب الإمتياز على اتخاذ القرار قبل وبعد التدريب كانت مرتبطة بالتقييم وإعادة تقييم العواقب، بينما أثناء التدريب كانت مرتبطة بالبحث عن بدائل أو خيارات، وكانت أعلى نسبة من طلاب الإمتياز في التمريض لديهم مستوى متوسط من التمكين الهيكلي، توجد علاقة عكسية بين جميع عناصر قدرات اتخاذ القرار وبيئة العمل مع وجود علاقة إحصائية بين تحديد الأهداف والقيم لدى المتدربين (قبل وبعد فترة الإمتياز).

خلاصة الدراسة: خلصت الدراسة إلى أن هناك علاقة ارتباطية إيجابية بين اتخاذ القرار وبيئة العمل، وكذلك توجد علاقة ارتباطية إيجابية بين التمكين الهيكلي وبيئة العمل، وأخيراً توجد علاقة سلبية بين اتخاذ القرار والتمكين الهيكلي. **التوصيات:** يجب إدارة بيئة العمل وبيئة الرعاية التعاونية لتعزيز الوصول إلى دعم التمكين الوظيفي لطلاب الإمتياز.

الكلمات الدالة: بيئة مكان العمل، التمكين الهيكلي، إتخاذ القرارات السريرية، طلاب الإمتياز