

Poster Session IV

Poster #12

Hospital Nurses' Lived Experience of Power

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Purpose: The purpose of this study was to explore hospital nurses' lived experience of power.

Background: Delivering quality health care while maintaining a safe environment for patients is a priority for health care leaders and organizations. There is continued interest in understanding nurses' perceptions of the hospital work environment in order to enhance job satisfaction with the quality of care delivered as well as address nursing workforce retention. While nurses' perceptions of attributes of the hospital organizational environment have been quantitatively measured, and the concept of nurses' empowerment has been explored in the literature, the phenomenon of power has not been studied. An understanding of nurses' power may be used to improve nurses' work environment in ways that contribute to quality patient care.

Methods: The hermeneutic phenomenological method was guided by the philosophy of Merleau-Ponty (1962). Fourteen hospital nurses employed in intensive care units and medical units from two major medical centers in the Northeast United States participated in one hour interviews about their lived experience of power. Data was analyzed using Crabtree and Miller's (1999) hermeneutic analytic approach.

Results: Three major themes emerging from the analysis of participants' descriptions that captured the essence of the phenomenon of power included: 1) knowing my patients and speaking up for them, 2) working to build relationships that benefit patients, and 3) identifying my powerful self.

Conclusions and Implications: Nurses' embodiment of power is enhanced by knowledge, experience and confidence. Being powerful is a state nurses achieve where they feel confident in persisting and succeeding in getting what their patients need. In this study, participants' descriptions of collegial and collaborative nurse-physician relationships were consistent with structures identified in the literature as supportive of these relationships. However, nurses offered little description of their influence extending to the larger organizational space where dialogue about how hospitals deliver care takes place. Implications include the need to socialize new nurses early in their career to participate in the authoritative discourse of hospital organizations. Further research is needed to explore nurses' understanding and use of sociopolitical knowing.