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The meaning of empowerment for nursing students: a critical incident study

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Abstract

Title. The meaning of empowerment for nursing students: a critical incident study

Aim. This paper is a report of a study to explore the meaning of empowerment for nursing students in relation to their clinical practice experiences.

Background. Empowerment and power are well-researched areas of nursing practice, particularly in relation to Registered Nurses. Furthermore, several studies have considered the experiences of nursing students in terms of nursing culture and socialization. However, few researchers have focused specifically on nursing student empowerment.

Method. The critical incident technique was used and anonymous data were collected between November 2005 and January 2006. One hundred and nine written critical incidents were provided by 66 nursing students relating to empowering and disempowering experiences in clinical practice. The data were content analysed.

Findings. Nursing students experience both empowerment and disempowerment in clinical placements, centring on three issues: learning in practice, team membership and power. Continuity of placement, the presence of a mentor and time underpinned empowering experiences whereas their absence had a disempowering effect.

Conclusion. The consequences of nursing student empowerment are high self-esteem, motivation for learning and positive regard for placement. Supportive mentors play a pivotal role in the empowerment of nursing students and it is essential for the nursing profession that they are supported to undertake their mentorship role.

Keywords: clinical placements, critical incident technique, disempowerment, empowerment, mentors, nursing students

Introduction

There is evidence that bullying and 'horizontal violence' pervade nursing culture (Stevens 2002, McKenna *et al.* 2003, Randle 2003) and hierarchical structures mean that power is present in every nursing situation (Suominen *et al.* 1997, Kuokkanen & Leino-Kilpi 2001). Furthermore, lack of respect shown to nursing students by Registered Nurses, and the suggestion that 'nurses eat their young' (Daiski 2004, p. 46) is reported.

The impetus for this study was the narrative accounts of nursing students relating to their clinical practice. Their reflective accounts shared during personal tutorials and classroom discussions appeared to represent empowerment on one hand, yet disempowerment on the other. Disempowerment narratives were evident where students recalled

negative attitudes and behaviours of others (most often Registered Nurses) towards them or an inability to challenge issues in practice settings that troubled them.

Negativity of disempowerment narratives was countered by students' enthusiasm to share practice experiences where they had felt empowered. On the basis of these anecdotal accounts we sought to understand what empowering and disempowering situations are like for nursing students. Our belief was that key stakeholders in nurse education require this kind of understanding in order to facilitate provision of empowering, rather than disempowering clinical placements.

Background

There is a great deal of research about power and empowerment in nursing. Simply defined, empowerment is 'to enable to act' (Chandler 1992, p. 65), but due to overuse in several contexts, the term 'empowerment' has become rather nebulous. It is a positive concept that suggests competency in negotiating and expressing need to fellow human beings (Ryles 1999) and is closely associated with decision-making, choice, authority, knowledge and experience (Fulton 1997).

Kuokkanen and Leino-Kilpi (2000) clarified the concept by providing three theoretical perspectives of empowerment; critical social theory, organizational and management theories and social psychological theories. Broadly speaking these differing perspectives view empowerment as stemming respectively from emancipation, organizational productivity or a process of personal growth. Debate exists in terms of whether empowerment is a process (Suominen *et al.* 2006); an outcome; or a combination of both (Nyatanga & Dann 2002). Rodwell (1996) proposes that empowerment may actually be the product of the process of empowering; a view that captures the complexity of this notion.

The three perspectives of empowerment are useful for synthesizing available literature in relation to nursing student empowerment. Researchers in Canada and the United States found that a feminist pedagogy is effective in empowering nursing students (Falk-Rafael *et al.* 2004). From an organization perspective, researchers have used Kanter's (1993) structural empowerment theory as the basis for research: Siu *et al.* (2005) reported that nursing students on a problem-based learning programme experienced greater structural empowerment than students on a conventional programme and this increased student motivation, confidence and self-direction toward learning. Similarly, Sinclair (2000) used Kanter's work as the basis for a qualitative study and reported that environmental structures have an impact on students' perceptions of empowerment. These studies advance understanding of the significance of structural empowerment in relation to nurse education, but they only considered the experiences of final year baccalaureate nursing students rather than a broader spectrum of experience.

Researchers have also turned their attention to psychological factors, particularly self-esteem; a concept allied to empowerment but that does not represent it *per se*. Self-esteem relates to perception of self-worth (Sasat *et al.* 2002) and is a narrow concept in contrast to the abstract, dynamic concept of empowerment that involves sharing of power, growth and development and critical introspection (Kuokkanen & Leino-Kilpi 2000).

Levels of self-esteem in nursing students have been reported variously: a cross cultural study between Thailand and the UK found that self-esteem was not a problem for nursing students (Sasat *et al.* 2002); self-esteem in students in Ireland was found to be average overall, but rose near the end of their programme (Begley & White 2003); while other researchers reported fragmentation of students esteem as a result of negative influences (Randle 2001). Perceptions of nursing student autonomy and empowerment have been explored recently (Mailloux 2006) but not specifically in relation to clinical practice.

Existing literature in relation to nursing student empowerment tends to emanate from Canada (Sinclair 2000, Siu *et al.* 2005), Ireland (Begley & White 2003), New Zealand (Pearson 1998) and USA (Zerwekh 1990, Hokanson Hawks 1992, 1999). Leyshon (2002) examines empowerment as an issue within nurse education in the UK, but not from a clinical placement perspective.

While the current body of nursing knowledge provides some insight into nursing student empowerment, there is a paucity of research regarding the actual context of experiences. Additionally, there is limited literature that specifically addresses disempowerment as a means of illuminating the phenomenon of empowerment. Campbell (2003) however, did study empowerment and disempowerment and described them as an encircled process; but the specific situations in which they occurred were not made explicit. The literature review of international research therefore, demonstrates a gap in nursing knowledge calling for further study of the issue of power and empowerment of nursing students in practice.

The study

Aim

The aim of the study was to explore the meaning of empowerment for nursing students in relation to their clinical practice experiences.

Design

A critical incident technique (CIT) study was conducted and the data were collected between November 2005 and January 2006. CIT was first described by Flanagan (1954) and has been used to explore psychiatric nursing (Cormack 1983), the quality of nursing care (Norman *et al.* 1992, Redfern & Norman 1999) and patients' spiritual needs (Narayanasamy & Owens 2001, Narayanasamy *et al.* 2004).

One advantage of using CIT in healthcare research is that it is concerned with the real rather than the abstract world, and is ideal for recreating practice experience (Cormack 2000). Furthermore, it depends on descriptions of actual events rather than things as they should be (Narayanasamy *et al.* 2004). However, the primary limitation of the method was one also described by Cormack (2000): reliance on participants to provide specific examples. While most students gave full, detailed descriptions, some made vague, general statements and the anonymous written format did not allow for probing or clarification of meaning.

Participants

Students were recruited to the study from each of the three years of a 3-year preregistration nursing degree programme to ensure that a breadth of experience was captured as students gained competence on a trajectory towards Registration. In the UK nurse education system, students are educated and assessed both in theory and practice throughout the programme, with 50 per cent of time spent in university and 50 per cent in practice settings (Nursing and Midwifery Council (NMC) 2002). Students in practice are supervised at all times by a 'mentor' (a Registered Nurse who has undergone preparation for the role) and they assume supernumerary status to enable them to achieve the required standards of proficiency (Nursing and Midwifery Council 2004a, 2006).

A convenience sample of students from each of the three years of the programme (94) were invited to take part in the study. Sixty-six students agreed to participate, representing a response rate of 70%. One hundred and nine incidents were collected (52 relating to empowerment and 57 to disempowerment), which yielded considerable data and allowed in-depth exploration of the phenomenon.

Data collection

Data collection was conducted by the principal investigator. Respondents were asked to provide two critical incidents: one relating to empowerment and the other to disempowerment. The decision was made to use this dual approach as other researchers using the technique, including Flanagan (1954), have collected both 'negative' and 'positive' incidents with the belief that this gives a fuller description of the phenomenon under study. Written critical incidents were seen to be congruent with students' experiences of nurse education in that reflection on practice is incorporated into the curriculum and is an important prerequisite for achieving 'fitness for award' (NMC 2004b). The students were asked to deposit completed (or blank) data collection sheets in a box for collection by the researchers.

Ethical considerations

Approval for the study was gained from the University Research Ethics Committee. The data were collected in a classroom setting, and written explanation indicating the parameters of the research and issues of anonymity and confidentiality was given to all students present, followed by circulation of a preprinted data collection sheet that they were invited to complete. The researcher left the room while they did this. Each student was thus able to decide whether or not to take part, with the reassurance that their responses were anonymous. Demographic data such as age, gender and ethnicity were not collected as a further means of ensuring anonymity. We acknowledge that such data may have provided some interesting information but they would also have acted as clear identifiers: in most student groups, male and ethnic minority students represent such a small percentage that anonymity would have been compromised.

An important issue was the principal investigator's (CB-J) relatively powerful position as a lecturer/researcher in the same university as the students. This created potential for acquiescence of otherwise unwilling participants for fear of reprisal. The capacity for students to return anonymous data was used as a way of addressing this concern. Furthermore, the reflexive, critical stance of the principal investigator, discussed later in the paper, ensured her awareness of the issue of power throughout the study.

Data analysis

Analysis in most CIT studies takes the form of inductive classification and construction of a hierarchy of categories. This process involves sorting incidents into clusters that seem to 'fit' together and is necessarily a subjective one (Flanagan 1954). It involves a degree of trial and error (Norman *et al.* 1992) and requires patience and flexibility on the part of the researcher until an intuitive sense of 'rightness' is reached (Woolsey 1986). To achieve this, we used the

Table 1 Categorization of critical incidents

Category	Subcategory
1. Learning in practice	1.1 Understanding
	1.2 Promotion of learning
	1.3 Responsibility
2. Team membership	2.1 Inclusion
	2.2 Being nurtured
	2.3 Making a difference
3. Power	3.1 Respect
	3.2 Justice
	3.3 Having a voice

inductive classification devised by Cormack (1983, 2000) who advocates use of a two- or three-tier classification system. Two levels gave a balance between gaining sufficient specificity and avoiding over-reduction of the data. The three categories of learning in practice, teamwork and power and their respective subcategories are presented in Table 1.

Rigour

A major issue in this study was the possibility of researcher bias and the potential influence of the principal investigator as a lecturer in the same university as the student participants on the credibility of the study. Differing interpretations, assumptions and knowledge background of researchers can influence all stages of the research process and require close attention to integrity and criticality (Whittemore *et al.* 2001). Credibility can be enhanced by the construction of an audit trail (Koch 2006, Meyrick 2006, Rolfe 2006) as a means of tracking decisions made throughout the research process. In this study, a reflexive journal recorded by the principal investigator formed the basis of regular discussion with the research supervisors. This ensured a frequent (re)-evaluation of the study and critical thoughtfulness, particularly regarding power relationships between researcher and participants.

In terms of analysis, data were initially coded independently by the principal investigator. The categories and subcategories identified during this process were compared and revised until consensus was reached.

Findings

Students provided written critical incidents relating to empowering and disempowering experiences from practice. The discussion focuses on three core categories arising from the data: learning in practice, team membership and power. The findings have transferability nationally and internationally because nursing students globally are exposed to clinical practice, albeit with variable duration and organization. The bracket following each excerpt below denotes the student's year of study and their respondent code (e.g. student 3/12 is respondent number 12 from the third year of the programme).

Learning in practice

Many students provided critical incidents where learning had been central to empowerment. Being understood, encouraged to learn and having responsibility were all closely related, yet important in their own right. Being understood by mentors was a prerequisite for negotiation of appropriate learning experiences, and in this context empowerment meant being able to use existing skills. Responsibility was largely a corollary to understanding and students relished the opportunity to use initiative:

> I was allowed to do things – in my way rather than being told to do it her way/routine although both my way and hers were evidence-based, we all have our own little routine of doing things. (student 3/04)

Responsibility was only likely when mentors understood students' capabilities and where their progress had been monitored, allowing them to develop their clinical skills incrementally. Continuity of experience and mentorship played a vital part in this aspect of empowerment.

Critical incidents relating to disempowerment arose from lack of understanding, prevention of learning and limited responsibility. Lack of understanding tended to mean that existing experience was not recognized by mentors and therefore remained unused:

> I asked my mentor if it was appropriate for me to carry one out (an assessment of skin integrity) and I was told that only qualified nurses could complete the risk assessment. I felt disempowered because I had carried these out before and we'd had lectures on them in college, too. (student 2/25)

In terms of being prevented from learning, some students were removed from potential situations of rich learning because they were required as 'a pair of hands' elsewhere – a situation that compromised their supernumerary status:

> I had been lucky enough to follow a patient's care from post-op. all the way through to discharge. The patient had had major surgery. I was given the chance to observe his temporary tracheostomy being removed… A nurse came in and asked me to take a patient down to theatre. I explained that I was observing… The nurse replied (that) I was only a student, therefore wasn't needed in the room and I was required elsewhere. I left the room and transferred the other patient to theatre… I missed the experience and felt like I let the patient down. (student 1/16)

Many students described consequences of lack of responsibility as adversely affecting confidence and self-esteem:

It made me feel like my first day on placement all over again. (student 2/23)

Disempowerment in relation to learning in practice had two core elements: absence of a mentor and lack of continuity. In terms of lack of mentors, time and again students reported 'this was not my mentor'. One student typified this:

For the last week of my placement my mentor was away on holiday and I was allocated to another nurse for the week. With the second nurse, rather than be involved with the patients' care, knowing why care was being given, I was just given jobs to do without explanation of why. The nurse did not really know me or my capabilities. (student 3/10)

In relation to lack of continuity, several students reported that their learning had been affected by having to move placement and one student captured the associated disempowerment, coupled with the absence of a mentor:

I had to move to an alternative ward during my placement… On moving I felt very vulnerable, not confident and unsure of what was expected of me… I didn't have a designated mentor. Because I had moved, nursing staff were unsure of my capabilities and I was not sure of what was expected of me. (student 1/11)

The consequence of disempowerment in relation to learning in practice was evident:

I would dread going to work, very often go home at the end of shift in tears. (student 2/28)

Team membership

Many students described the empowerment of 'being part of the team' and this meant being included, nurtured and making a difference. For some, inclusion meant being involved in patient care:

A patient's family were concerned about the mobility of their family member. I suggested the use of a mobility aid for the family to use. The nursing team and the patient and the family thought it was a good idea. I felt empowered because I was in control of the decision-making, ordered the equipment and was involved in teaching the family how to use it. The equipment worked wonderfully and they were very grateful. (student 2/26)

Closely allied to the notion of inclusion was the need to be nurtured. For some this meant feeling as if someone was 'looking after them' and was underpinned by mentors spending time with students. Positive feedback was important: a simple 'thank you' was usually sufficient to boost confidence and provide a sense of empowerment. One student gave an insight into why this was so important:

Students (me!) feel very cautious and rubbish, so it's nice when someone tells you that you're doing all right at something. You begin to feel good and that this is the right job. (student 2/07)

For others, empowerment meant being able to make a difference, often in a most simple way:

One time when I felt that I made a difference to patients is when a few ladies on the ward wanted their hair washing and set. All care staff were busy so I asked my mentor if it was OK to wash their hair…the five ladies felt much better after having their hairs washed (I felt it made a difference anyway). (student 1/19)

Making a difference was largely attributed to having sufficient time, and some students reported the importance of their supernumerary status in facilitating this:

I could give it (the situation) some attention due to being supernumerary. (student 1/21)

Disempowerment in terms of team membership meant being excluded, treated insensitively and feeling unable to make a difference. Many students felt unwelcome on placement:

During my placement during my second year I was placed on a ward where I was made to feel unwelcome… I was not made to feel part of the team. I felt very much ignored by staff. The nurses were not welcoming towards me whilst on placement and had an attitude that they didn't want students there. I was not happy and did not feel like I fitted in. (student 3/13)

Rather than experience the empowerment of being nurtured, some students experienced 'insensitivity'. One referred to insensitivity of negative feedback:

A senior (Registered) nurse called me into her office…she asked me why I was so quiet. I replied that it was because I had not long started and was still getting into it. The senior staff nurse then said to me, 'You're too quiet, you'll never make a good nurse'. (student 3/15)

Again supernumerary status was important, but in relation to disempowerment this meant that this status was not respected:

Management wanted to use me as a member of staff, even though students are supernumerary. It felt as though my learning and feelings did not matter… I felt like this because it felt I was not valued. I also felt the staff were not valued either. (student 2/17)

Being a valued team member was important for students and when they failed to experience this, words such as 'useless',

'helpless', 'belittled' and 'inadequate' were used to capture the emotional effects. The damaging effects of exclusion were summed up thus:

It got to a stage where I wished I didn't have to work on this ward. My confidence levels dropped a lot. The staff seemed to belittle me as I was a student. (student 3/08)

Power

The issue of power was evident in relation to justice, respect and having a voice. Respect was tied up with notions of being taken seriously and having a good relationship with members of staff – in essence being treated as an equal adult. Many students gave accounts that reflected the empowering experience of having a voice. Some had challenged practice in the name of acting as patient advocate, but more specifically because that had conceived of practice as poor or erroneous:

A patient was being checked for surgery on a trolley ready to go (to theatre)…I noticed that it was the left knee which was marked for surgery but on the notes it was the right. This difference that I had noticed was thoroughly checked out. The correct knee was marked, but the wrong knee had been identified on the nursing assessment form…(however), I had noticed and did something about the error. (student 2/11)

Advocacy appeared to have a positive effect on the esteem of students, and some conveyed a sense of confidence following their empowering experience:

It has helped me to be able to understand my own strengths and realize that I will have the confidence in myself to challenge other professionals in protection of my patient. (student 3/11)

Many students, however, gave clear accounts of disempowering situations where they had felt disrespected. Typically this was illustrated by the behaviour of other people:

The sister of the ward (nurse manager) introduced me to my new mentor and she replied, 'Oh great, have I got HER as a student' – which instantly made me think, 'This placement is now going to be ruined'. (student 2/01)

Another important issue related to lack of voice. For many this meant silent acquiescence, but perhaps the most worrying type of disempowerment related to witnessing poor practice. Some students felt unable to challenge practice, even though they sensed that something was wrong:

My mentor was off sick so I worked with another nurse. We were giving a patient her medication through her NG (naso-gastric) tube… the nurse mixed them together… my mentor had taught me and other nurses on the ward that when feeding medication down an NG tube that each medication should be put down separately. I didn't say anything as it is not my place as a student. (student 1/03)

Students who had been subject to disrespect, injustice and lack of voice described feeling 'useless', 'thick', 'stupid', 'inadequate', 'inferior' and 'angry'. The detrimental effect was captured by this student:

The outcome was that I didn't like the placement and I just wanted to leave. (student 2/13)

Discussion

Study limitations

The study offers insight into experiences of nursing students in relation to empowering and disempowering practice situations, but the limitations need to be acknowledged. The study was confined to one school of nursing in the UK and, although the findings may be transferable beyond this context, caution needs to be exercised in doing this. The CIT method has inherent limitations in the lack of depth description generated from the written incidents because it is not possible to probe or ask for clarification of meaning. However, the lack of deep description was to some extent balanced by sample size and the range of incidents described.

Discussion of findings

Our findings suggest that nursing student empowerment and disempowerment can be conceptualized as a continuum (Figure 1), rather than a cycle (Campbell 2003), and a student may be 'more' or 'less' empowered depending on forces (antecedents) influencing that particular experience. The antecedents of empowerment are mentorship, continuity and time; without these, nursing students are likely to be disempowered. Empowerment has positive consequences of enhanced self esteem, motivation for learning and a positive attitude towards placement, but these consequences somersault to low self-esteem, despondency and a desire to leave the programme when disempowerment is experienced.

In relation to disempowerment, lack of understanding, encouragement and responsibility while learning in practice were major issues. This is consistent with the literature in terms of the lack of support and encouragement for learning reported by Sinclair (2000). Disinterest in learners is evident in previous literature (Lindop 1999) in relation to stress experiences, while inappropriate learning tasks have been found to be disempowering for nursing students (Pearson

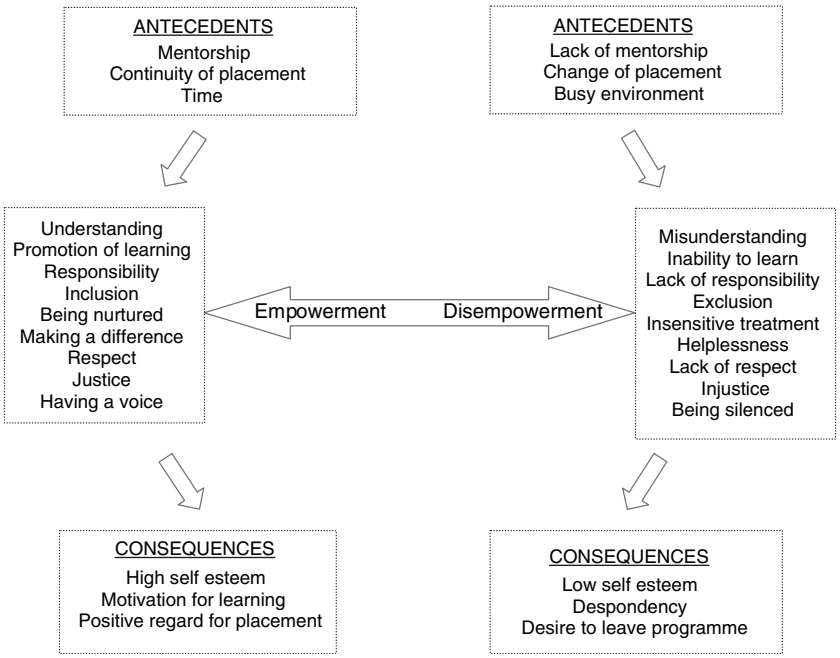

Figure 1 The nursing student empowerment-disempowerment continuum.

1998) and midwifery students (Begley 1997); again this is supported by our findings.

Students sometimes felt unwelcome in a clinical setting and this had implications for inclusion in the nursing team. Timmins and Kaliszer (2002) reported that clinical placements are a source of stress for students, and in their study 68% of nursing students reported that relationships with ward staff caused them a degree of stress. Encountering an antagonistic milieu is disempowering for students (Pearson 1998) and unfriendly, unwelcoming staff result in an unpleasant 'them and us' situation (Kiger 1993, Begley 1997).

In terms of power, several factors disempowered nursing students. Criticism in front of others was reported and is not unusual (Begley 1997, Sinclair 2000, Magnussen & Amundson 2003), and is indicative of the horizontal violence that pervades nursing. Disrespect and injustice are part of this 'violence' and likewise are not unusual (McKenna *et al.* 2003, Almost 2006). There is evidence of the detrimental effects of lack of justice, respect and trust on organizations and employees (Laschinger & Finegan 2005) and it is a concern that our findings support those of others: horizontal violence is embedded in nursing culture (Stevens 2002, McKenna *et al.* 2003, Randle 2003).

Some of our participants were unable to find a voice to challenge the antagonism or 'violence' they encountered, and suffered reduced confidence and self-esteem as a result. These consequences mirror the findings of other studies that have described the effects of conflict on new graduate nurses (McKenna *et al.* 2003). Arguably the most worrying type of lack of voice is that concerning patients. As Zerwekh (1990) observed, nursing students too often learn to stand powerless beside the powerless instead of acting as advocates. Sometimes participants had a sense of duty to advocate for patients, yet were silenced. Akin to the findings of other studies (Sinclair 2000), fear of reprisal was the primary reason.

Such are the consequences of disempowerment that nurses need to develop skills of reflexivity and become aware of the impact on students (Pearson 1998, Timmins & Kaliszer 2002) in a bid to stem already high attrition rates (United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) 1999). The reasons why students leave nursing programmes are many and varied (Deary *et al.* 2003); Pearson (1998) found that nursing students may disengage from placements and programmes as a result of disempowerment, and McKenna *et al.* (2003) reported that one in three nurses considered leaving nursing as a result of conflict. Both of these studies took place in New Zealand, but dissatisfaction in nursing is a widespread phenomenon that crosses nations (Aiken *et al.* 2001). Wanting to leave nursing was echoed by students in this study, who reported a desire to leave the programme following a disempowering incident.

Nursing students can be empowered (Pearson 1998) and the majority feel valued by the people with whom they come into contact on preregistration nursing programmes (Jinks 1997). Empowerment for students in our study meant being able to learn as a result of being understood and encouraged. Other researchers have also found that

What is already known about this topic

- Empowerment is a positive concept that suggests competency in negotiating and expressing need to fellow human beings and is closely associated with decision-making, choice, authority, knowledge and experience.
- Most empirical studies of empowerment in nursing focus on Registered Nurses.
- Bullying within nursing has a negative effect on both Registered Nurses and nursing students.

What this paper adds

- Clinical placements that foster learning, team membership and reduce horizontal violence empower nursing students.
- Low self-esteem, despondency and a desire to leave nurse education are the consequences of disempowerment for nursing students.
- Mentors are important in fostering nursing student empowerment and they need to be supported to undertake this role effectively.

opportunities to engage in appropriate learning, information and support are part of a meaningful learning experience (Sinclair 2000).

Organizational factors were important in our study: mentorship, continuity of placement and time were central antecedents to empowerment. Similarly, research by Siu *et al.* (2005) supports the contention of Kanter (1993) that individuals' attitudes and behaviours are shaped by the environment, and that nursing students are likely to be empowered when they have access to information, opportunity, resources and support.

Our participants were sometimes able to find a voice to articulate a viewpoint, to challenge, and to act as patient advocates. In line with other studies, they were able to confront injustice and demonstrate strong healthy voices (Zerwekh 1990). Mentors were cited repeatedly as a major factor in an empowering experience, a finding that supports those of other researchers (Pearson 1998, Sinclair 2000).

Improved self-esteem and ability to attain goals have been found to be consequences of empowerment (Hokanson Hawks 1992, Rodwell 1996). Pearson (1998) reported that when nursing students felt empowered, self-efficacy levels increased and engagement in further learning occurred. These important consequences were mirrored in our study.

Conclusion

It is essential that mentors are supported to undertake effective mentorship by spending time with students rather than being removed from contact with them due to organizational pressures. Similarly, students must have their supernumerary status respected and not be used inappropriately to fill gaps in an under-resourced service. New UK standards to support learning and assessment in practice (NMC 2006) mean that 40% of a student's placement time should be spent with a mentor, and this is a positive move to foster empowerment.

This study has revealed the importance of learning in practice, team membership and power in relation to nursing student empowerment-issues that have global relevance. The cross-cultural nature of nursing student empowerment requires further exploration, but we believe that irrespective of the individual country in which a nursing student is educated, exposure to clinical environments that foster empowerment, rather than disempowerment will strengthen nursing globally and provide a stronger profession of tomorrow.

Author contributions

CB-J, SS and FI were responsible for the study conception and design and CB-J was responsible for the drafting of the manuscript. CB-J performed the data collection and data analysis. CB-J, SS and FI made critical revisions to the paper. SS and FI supervised the study.

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