Effect of Professional Nursing Practice Environment and Structure Empowerment on Nurses' Readiness for Change

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ABSTRACT

Background: Organizations are challenged with the need to implement changes in culture, structure, strategy, and process to adapt changing market. Thus change preparedness is a critical factor in successful change. To assist nurses to be prepared and ready for change, they require providing them with a safe, professional , empowered and supportive environment. **Aim**: To assess the effect of professional nursing practice environment and structure empowerment on nurses' readiness for change. **Methods**: Descriptive correlational design was utilized, and the study was conducted on 252 nurses working at Timayy Al Imdid Central Hospital. Three tools were utilized, Practice Environment Scale of the Nursing Work Index, Conditions for Work Effectiveness Questionnaire and Readiness for Change Scale. **Results**: Over two thirds of nurses experienced moderate level of professional nursing practice environment and structure empowerment, more than half of them had high level of readiness for change and the professional nursing practice environment, structure empowerment, and nurses' readiness for change showed highly statistically significant positive correlations **Conclusion:** The professional nursing practice environment, structure empowerment, and nurses' readiness for change showed highly statistically significant positive correlations**:**. **Recommendations**: Providing adequate staffing, equipment and supplies as possible to maintain safe and professional environment, Involving nurses in decision making to feel ready for change. Showing recognition and appreciation for nurses' work and effort, empowering them, and providing support especially in difficult situation and regular sharing in training programs and workshops.

Keywords: *Nurses, Professional nursing practice environment, Readiness for change, Structure empowerment.*

Introduction:

Healthcare systems all over the world are changing dramatically and rapidly causing fundamental transformations that have an impact on nurses' performance. These transformations effect on the professionals' ability to deliver care with quality and safety, particularly to the nurses, as they expend most of their time at practice environments and have a stronger interaction with the structure and culture of the organizations. Because nurses make up the largest group in the healthcare delivery system, they serve a crucial and critical role in the healthcare system, and their efforts help to improve the effectiveness and standard of patient care, so their attracting and retaining is a global concern that can be achieved through maintaining professional nursing practice environment **(Ibrahim, Elsayed, & Metwally, 2019).**

A professional nursing practice environment can be defined as the structure that allows nurses control over the delivery of nursing care, the setting in which care is delivered, and the characteristics of an organization that enable or otherwise restrict professional practice **(Almuhsen, Alkorashy, Baddar, &Qasim, 2017).** Professional nursing practice environment can be evaluated by the existence or absence of characteristics that support the development of certain activities. These characteristics include: nurse participation in hospital affairs, nursing foundations for quality of care, nurse manager ability, leadership, and support of nurses, staffing and resource adequacy; and collegial nurse-physician relations **(Ambani, Kutney & Lake, 2020).**

Nurse participation in hospital affairs, is an activity of nurse empowerment where nurses are expected to involve in the interior governance of the hospital and share at decision-making. *Nursing foundations for quality of care,* it concerned with measures of patient care besides items under the control of nurses that deliver the base for high quality patient care, *Nurse manager ability, leadership and support of nurses,* focused on creating an empowering autonomous environment.

Staffing and resource adequacy, objects that increase nurses ability to achieve patient care activities. ***Finally, collegial nurse-physician relation,*** favorable working relationship is vital for nurses and doctors to create an effective, safe and encouraging environment. The existence of professional nursing practice environment improves nurses satisfaction, fosters cooperative relations amongst memberships of the health-care provider team, enhances professional accountability, provides work flexibility and encourages nurses' participation in clinical decision-making, and empowers them **(Lucas & Nunes, 2020).**

Empowerment is the process of enhancing the political, social, economic, or spiritual strength of a person or a ***community***. The term empowerment has two different perspectives: Psychological empowerment and structure empowerment. The psychological occurs when a sense of motivation in the context of the workplace is present. Structure empowerment occurs when nurses can access structures that promote empowerment. Structure empowerment means being able to coordinate resources and achieve goals through ensuring access to information, resources, opportunities for learning and growth, and two forms of power. Access to information relates to understanding organizational changes and policies. Access to support is referred to as receiving criticism and advice from coworkers, supervisors, and peers. Access to resources involves nurses' ability to obtain the equipment, tools, and supplies required to meet organizational objectives. **(Hock., 2020).**

Access to education and growth is referred to as an opportunity to learn and grow. formal power connected to ***occupations*** that value independence and innovation, and finally informal power resulting from interactions between colleagues and managers in organizations. Nurses who demonstrate structural empowerment are able to improve productivity, enhance quality of care, satisfy the customers, strengthen motivation, improve job retention rates and satisfaction as nurses are better able to identify problems at work, make better decisions, promote organizational learning and innovation, deal with high levels of uncertainty more effectively, and solve problems more effectively. hence, they are expected to be ready for change **(Albasal, Eshah, Minyawi, Albashtawy, & Alkhawaldeh, 2022).**

Readiness for change is known as a state of being both psychologically and behaviorally prepared to act, and it is a ***relatively*** recent notion in nursing situations. Change commitment, change efficacy, and contextual circumstances are the three main notions or conditions that make up the concept of readiness for change. The collective decision of the organization's members to take the necessary steps to make the change might be characterized as their commitment to it **(Mrayyan, 2020).** Contextual factors influence organizational preparedness for change, and change efficacy refers to members' confidence in the group's capacity to plan and carry out the actions necessary to execute organizational change. The organizational climate may be a component that encourages organizational readiness and gives members of the organization more perseverance to get through obstacles. **(Persson, Ahlstrom &Ekwall, 2022).**

Maintaining the application of change readiness at health care setting is a difficult process, and nurses acceptance of the new procedures is a possible challenge that is influenced by many factors, including organizational and individual factors. Organizational factors as trust in management, communication and support, leadership style, organizational climate, innovation, aspects of organizational culture and practice environment. Individual factors as beliefs, attitudes, and level of loyalty to the organization. When nurses feel strongly committed to the organization, they are voluntarily adapt to organization's values and always be ready for any changes **(Von Treuer.,et al., 2022).**

Significance of study:

Nurses play an critical role and vital factor at both the organizational change process and its success. Today, there is a rapid change in the health care system, and this requires appositive behavior and attitude of nurses towards change. This needs to provide nurses with a work place that is safe, empowering, satisfying and supportive to bring new attitude and behaviors and preparedness to drive change to accomplish positive outcome through participation with their organization and success of change initiatives. Therefore, the purpose of the study is to evaluate the effect of professional nursing practice environment and structure empowerment on nurses' readiness for change.

Aim of the study:

The purpose of this study is to assess the effect of professional nursing practice environment and structure empowerment on nurses' readiness for change.

Research questions:

Q1: What is the level of nurses' perception of professional nursing practice environment?

Q2: What is the level of nurses' structure empowerment?

Q3: What is the level of nurses' readiness for change?

Q4: Is there a relationship between professional nursing practice environment, structure empowerment and nurses' readiness for change?

Methods

Study design:

This study utilized a descriptive correlational design.

Study setting

All departments of Timayy Al Imdid Central Hospital, which is connected to the Ministry of Health, participated in this study. This hospital has a 160 bed capacity. It consists of four floors. It includes operating rooms, intensive care units, internal departments and medical units.

Participants of the study

All nurses available at the time of data collection (252) at the previously mentioned setting and with at least one year of experience were included in the study as a convenience sample.

Data collecting tools:

Three tools were used for data collection namely:

Tool (1): Practice Environment Scale of the Nursing Work Index(PES-NWI).

It was developed by **Lake., (2002).** It is divided into two parts:

Part (1): It contains personal characteristics of nurses as (age, gender, educational qualification and years of experience).

Part (2): It includes (31 items) used to assess professional nursing practice environment covered five subscales which are: Nurse participation in hospital affairs (9 items), nursing foundation for quality of care (10 items), nurse

manager ability, leadership, and support of nurses (5 items), staffing and resource adequacy (4 items) and finally, collegial nurse-physician relations (3 items). Responses were evaluated by four point Likert scale from (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree.

Scoring system: Low professional nursing practice environment (<50%), moderate professional nursing practice environment (50%-75%) and high professional nursing practice environment (>75%) based on cut of point.

Tool (2): Conditions for Work Effectiveness Questionnaire:

It was modified by **Laschinger, Finegan, Shamian, & Wilk., (2001)** to measure nurses' structure empowerment level. It consists of 19 items under six dimensions which are: Opportunity to learn and grow (3 items), information (3 items), support (3 items), resources (3 items), formal power (3 items) and informal power (4 items). Responses were evaluated on a five point Likert scale, from (1) none, (2) rarely, (3) sometimes, (4) often and (5) always.

Scoring system: Low structure empowerment (<50%), moderate structure empowerment (50-75%) and high structure empowerment (>75%) based on cut of point.

Tool (3): Readiness for Change Scale:

It was created by **Hanpachern.,(1998)** to estimate nurses' readiness for change. It consists of (14 item). Responses were estimated by five point Likert scale: (1) strongly disagree, (2) disagree, (3) uncertain, (4) agree, and (5) strongly agree.

Scoring System: Low readiness for change (<50%) (scored from 14-34) , moderate readiness for change (50-75%) and high readiness for change (>75%) based on cut of point.

Validity and reliability:

Validity was developed for face and content validity by a panel of five experts from the Mansoura University nursing faculty. They examined the tools for clarity, relevance, applicability, comprehensiveness, understanding, and ease of implementation. Form their recommendations, modifications were made to the tools. The revisions involved the rewording of a few sentences. Three tools the practice environment scale of the nursing work index, the conditions for work effectiveness questionnaire, and the readiness for change scale were examined for reliability utilizing the study's instruments by

applying the Cranach's Alpha test to determine their internal consistency: It was (0.94), (0.91) (0.82) respectively.

Pilot study:

A pilot study involving 28 nurses that represent (10%) of the total study participants. They were a randomly chosen and removed (280). It was done to assess the clarity, viability, and applicability of the data collection instruments, identify potential difficulties and problems, and determine the amount of time needed to complete the questions. Appropriate revisions were made based on their responses.

Ethical considerations:

The Research Ethics Committee of the Nursing Faculty of Mansoura University granted ethical permission. The accountable hospital administration had granted official clearance for the study to be carried out. Following an explanation of the study's purpose and objectives, nurses who agreed to participate in the study provided written consent. The obtained data were kept private and secret, which was guaranteed. The fact that the content of tools will only be utilized for searching was known to nurses. Participants were informed that participation in the study was voluntary and that they had the freedom to leave at any moment without penalty.

Field work:

The real fieldwork began at the beginning of October 2021 and was finished by the end of February 2022. The researcher get-together nurses in different three shifts morning, evening and night shift every day, and giving questionnaires to each study participant while they were at work. The researcher described the goal of the study and how to use the instruments. Each nurse was given a copy, which the researcher instructed them to complete individually before returning. Give 20-25 minutes to fill the questionnaire sheet. While the researcher was present, the nurses filled out the questionnaire to ensure that all questions were addressed.

Data analysis:

Statistical Package for the Social Sciences, version 26, SPSS Inc. Chicago, IL, USA, was used to organize, tabulate, and statistically analyze the acquired data. It was agreed that things should be normal. In order to represent categorical variables, frequency and percentage were used. Standard deviation and mean were used to represent continuous variables. The difference between two continuous variable means was examined using an independent t-test. To investigate the relationship between two continuous variables, the Pearson correlation coefficient test was used. To investigate the independent variable (professional nursing practice environment) and the dependent variable (structural empowerment), a straightforward linear regression. In order to investigate the relationship between the independent variables (demographic traits, the professional nursing practice environment, and structure empowerment) and the dependent variable (readiness for change), multiple linear regression analysis was used. (p-value 0.05 & 0.01) was used to define statistical significance **(Ibrahim, Elsayed, & Metwally, 2019).**

Results:

Table (1): Shows personal characteristics of the studied nurses at Timayy Al Imdid Central Hospital. From the table, more than half of the nurses (56.0) had similar ages 20-**30** years old, the majority of them (96,4%) were female, and more than half of them (50.8) had bachelor degree of education. In concerning years of experience, (42.9%) of nurses had from 1-5 years of experience.

Table (2): Illustrates the professional nursing practice environment as seen by nurses at Timayy Al Imdid Central Hospital. Depending on table, the high percent nurses (64.3%) were agree perceived total professional nursing practice environment, while (4.4%) of them were strongly disagree.

Figure (I): Illustrates ranking by mean percentage of professional nursing practice environment subscales at Timayy Al Imdid Central Hospital . According to the figure, the top subscale mean percent of professional nursing practice environment was related to nursing foundation for quality of care (74,83%) monitored by collegial nurses-physician relations (73.67%), whereas the lowest subscale mean percent was related to nurse participation in hospital affairs (67,92%) tracked by staffing and resource adequacy with mean percent (70.06%).

Figure (2): Shows levels of overall nurses' views about the environment for professional nursing practice at Timayy Al Imdid Central Hospital. Depending on the figure, further than two thirds of them (66.7%) had moderate professional nursing practice environment levels, while (0.4%) of them had poor level professional nursing practice environment.

Table (3): Reveals nurses' perception of structure empowerment at Timayy Al Imdid Central Hospital. Conferring to the table, the high percent of nurses (34.9%) existed sometimes perceived total structure empowerment, while (6.3%) of them were none.

Figure(3): Illustrates ranking by mean percentage of structure empowerment subscale at Timayy Al Imdid Central Hospital . According to the figure, the highest subscale mean percent of structure empowerment was related to resources (71.2 %) followed by support with mean percent (68.47%), even though the lowermost subscale mean percent was associated to formal power (54.53%) followed by information with mean percent (59.67%).

Figure (4): Shows degrees of total nurses' perception of structure empowerment at Timayy Al Imdid Central Hospital. According to this figure, a moderate degree of structure empowerment was guaranteed by extra than two thirds (66,7%) of nurses, while (13,9%) of them obligated with little structural empowerment.

Table (4): Reveals readiness for change among nurses at Hospital Timayy Al Imdid

Central. As seen in the table, the high percent of nurses (62.7%) were agree perceived total readiness for change, while (1.6 %) of them were strongly disagree.

Figure (5): Shows nurses' perception of change-ready levels at Timayy Al Imdid Central Hospital. According to this figure, greater than half (55.2%) of nurses ensured high degree of change readiness, whereas (0.4%) of them guaranteed a low degree of change readiness.

Figure (6): Demonstrates association between nurses' total professional nursing practice environment, and total nurses' readiness for change perception. It confirms that total professional practice environment and nurses' preparedness for change correlated positively and statistically as perceived by nurses.

Figure (7): Demonstrates a connection between nurses' perceptions of total structural empowerment and total willingness for change. suggests that nurses' perceptions of total structural empowerment and their overall preparedness for change showed a statistically significant relation.

Table (1): Personal characteristics of the studied nurses (n=252).

Personal characteristics	n	%
Age years		
▪ 20-30	141	56.0
▪ 30-40	94	37.3
▪ >40	17	6.7
Mean±SD	31.06±6.63	
Gender		
▪ Male	9	3.6
▪ Female	243	96.4
education Level		
▪ Diploma degree	25	9.9
▪ Technical degree	99	39.3
▪ Bachelor degree	128	50.8
Experience years		
▪ 1-5	108	42.9
▪ 6-10	53	21.0
▪ >10	91	36.1
Mean±SD	9.19±7.12	

Table (2): Nurses' professional nursing practice environment as perceived by nurses (n=252).

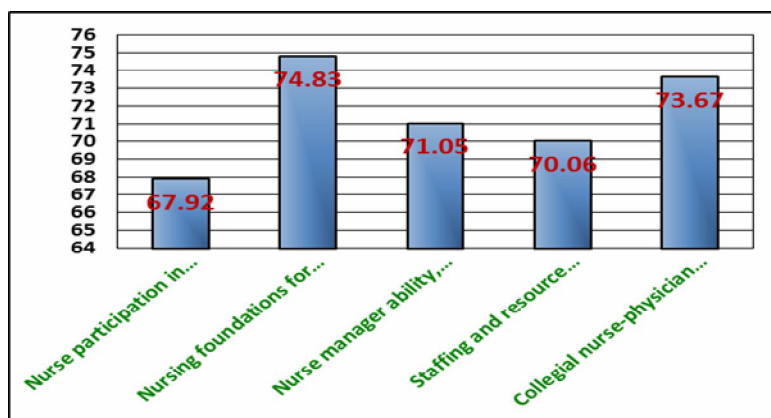| Professional nursing practice environment subscales	Strongly disagree		Disagree		Agree		Strongly agree	
	n	%	n	%	n	%	n	%
A. Nurse participation in hospitalAffairs	18	7.1	64	25.4	142	56.3	28	11.1
B. Nursing foundations for quality ofCare	7	2.8	31	12.3	171	67.9	43	17.1
C. Nurse manager ability, leadership,and support of nurses	13	5.2	50	19.8	153	60.7	36	14.3
D. Staffing and resource adequacy	12	4.8	54	21.4	159	63.1	27	10.7
E. Collegial nurse-physician relations	5	2.0	33	13.1	184	73.0	30	11.9
Total professional nursing practiceEnvironment	11	4.4	46	18.3	162	64.3	33	13.1

Figure (1): Ranking by mean scores percentage of professional nursing practice environment subscales (n=252).
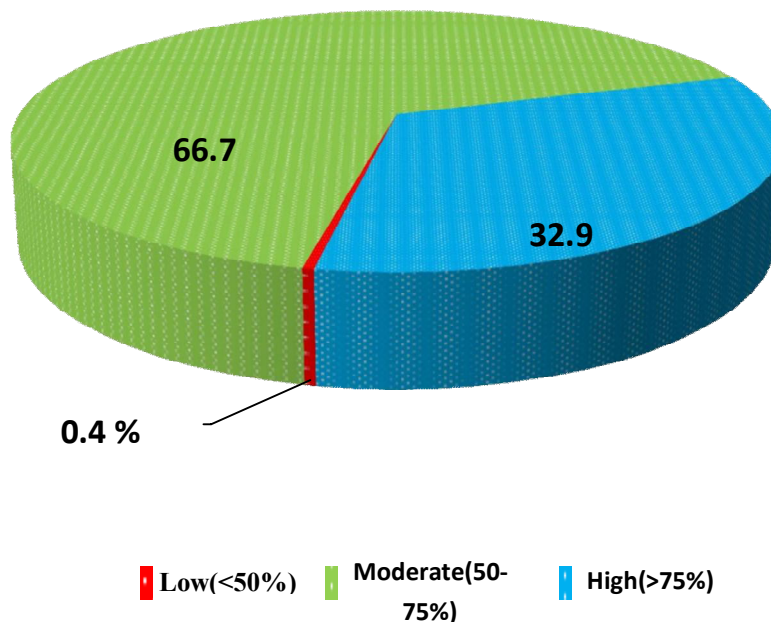

Figure (2): Levels of total nurses' perception of professional nursing practice

Table (3): Nurses' perception of structure empowerment (n=252).

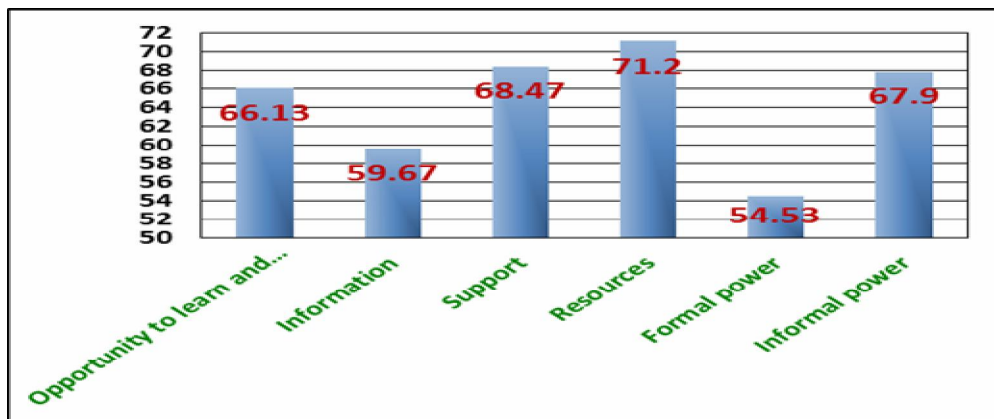| Structure empowerment subscales	No of elements	Min - Max	Mean ± SD
A. Opportunity to learn and grow	3	4.0 - 15.0	9.92 ± 2.26
B. Information	3	3.0 - 15.0	8.95 ± 2.88
C. Support	3	3.0 - 15.0	10.27 ± 2.18
D. Resources	3	3.0 - 15.0	10.68 ± 2.69
E. Formal power	3	3.0 - 15.0	8.18 ± 2.75
F. Informal power	4	4.0 - 20.0	13.58 ± 3.20
Total structure empowerment	19	31.0 - 89.0	61.58 ± 11.51

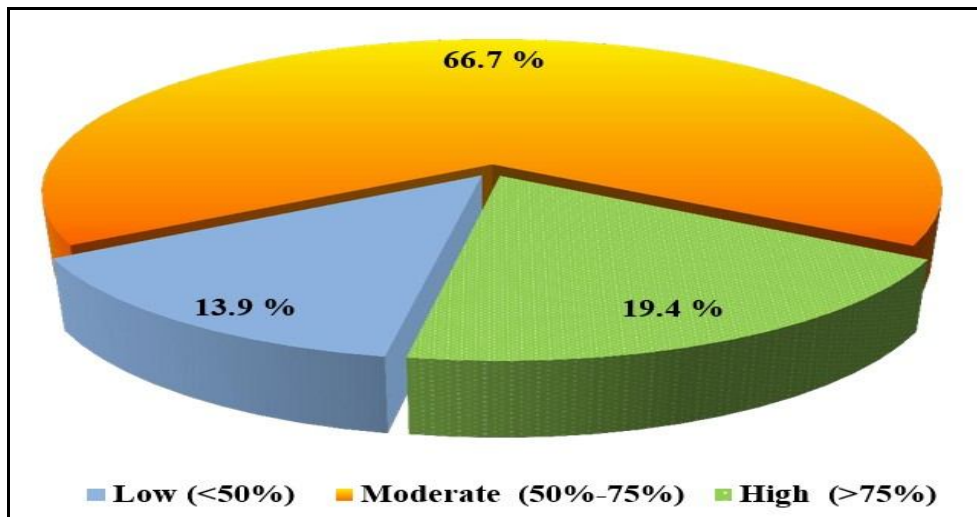**Figure (3): Ranking by mean percentage of structure empowerment (n=252).**

Figure (4): Levels of total nurses' perception of structure empowerment (n=252).

Table (4): Readiness for change among the studied nurses (n=252)

| No	The Substances	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree	
		n	%	n	%	n	%	n	%	n	%
1	Work more because the change need this	1	0.4	19	7.5	41	16.3	176	69.8	15	6.0
2	Assist in solve organization problems that work in it	6	2.4	26	10.3	50	19.8	151	59.9	19	7.5
3	I am a part from the new ideas or projects	9	3.6	21	8.3	80	31.7	126	50.0	16	6.3
4	I create a new ideas	7	2.8	17	6.7	67	26.6	138	54.8	23	9.1
5	Find ways to make the change fail	17	6.7	33	13.1	50	19.8	130	51.6	22	8.7
6	Perform things in a innovative or creative way	2	0.8	9	3.6	42	16.7	175	69.4	24	9.5
7	Modify my working style, due to the necessity for change.	1	0.4	10	4.0	37	14.7	175	69.4	29	11.5
8	Take accountability for the change if it fails in my region	5	2.0	25	9.9	44	17.5	146	57.9	32	12.7
9	Be a part of the change process	6	2.4	14	5.6	45	17.9	151	59.9	36	14.3
10	Learn new things	0	0.0	7	2.8	23	9.1	175	69.4	47	18.7
11	Change something even if it seems to be working	2	0.8	14	5.6	41	16.3	163	64.7	32	12.7
12	I support change	1	0.4	3	1.2	23	9.1	178	70.6	47	18.7
13	Instead of making a major shift, let's enhance what we currently do.	0	0.0	9	3.6	33	13.1	174	69.0	36	14.3
14	Sell ideas about the change	0	0.0	10	4.0	52	20.6	160	63.5	30	11.9
	Total	4	1.6	16	6.3	45	17.9	158	62.7	29	11.5
	Min-max	34.0 - 69.0									
	Mean ± SD	52.73 ± 6.25									
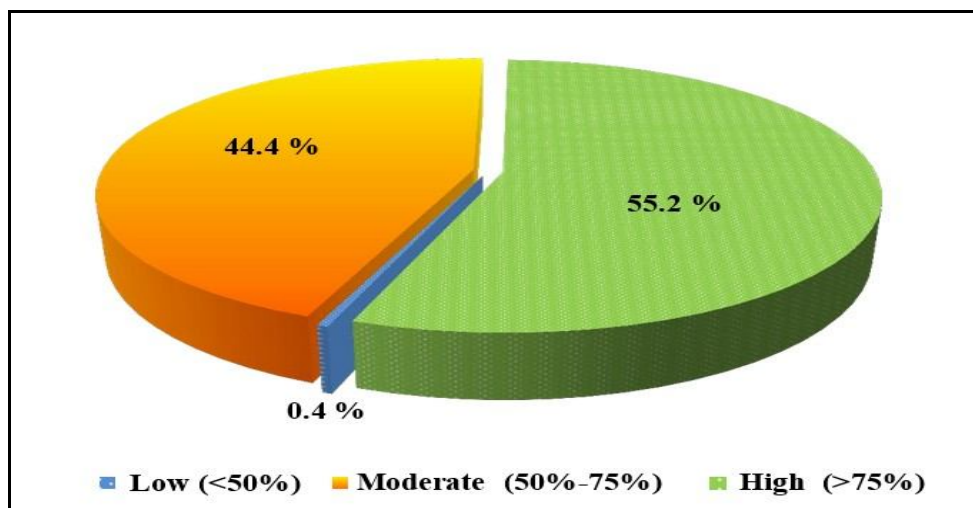
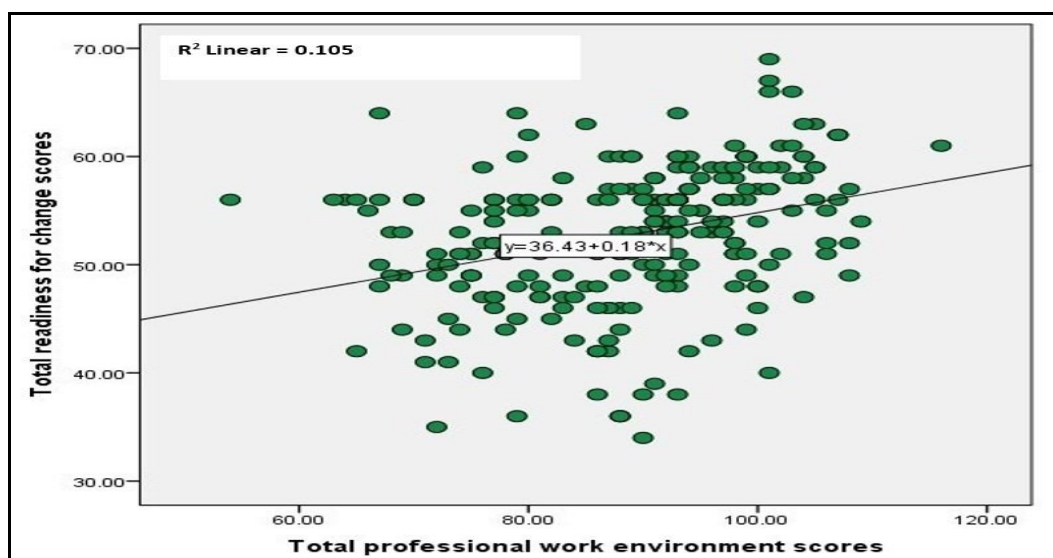**Figure (5): Levels of nurses' perception of readiness for change (n=252).**

Figure (6): Correlation amongst nurses' total professional nursing practice environment and total nurses' readiness for change perception (n=252).
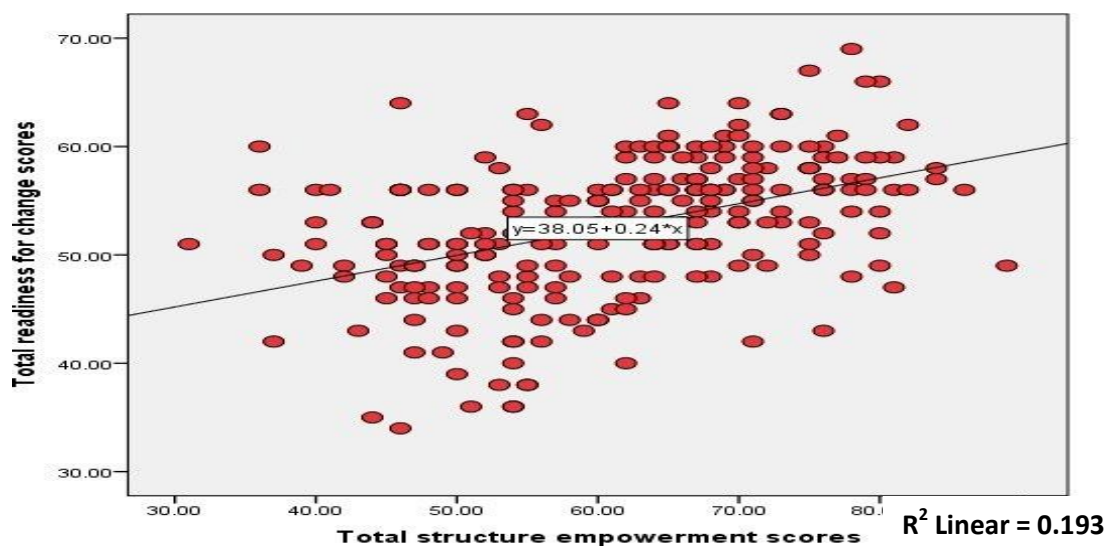

Figure (7): Relationship concerning nurses' total structure empowerment and nurses' total readiness for change perception (n=252).

Discussion:

Nurse readiness for change is a vital factor in effective change, plus nursing directors should create readiness for change and overcoming resistance to help nurses prepare for changes. Providing a professional nursing practice environment improving nurses' health and well-being, building their trust, empowering them, making them innovative, creative, and emotionally stable and ready for change **(Negm, Allam, & Gaballah, 2021)**.

Regarding to professional practice environment, the present finding shown that most

nurses were agree about total professional nursing practice environment. This may be due to ongoing nurse education programs or staff development initiatives, a defined nursing philosophy that develops the patient care environment, working with nurses a clinically competent nurses, a preceptor program for newly hired nurses. Moreover, nurses and physicians were working together while maintaining mutual respect, trust and collaborated for the benefit of their patients. Most nurses have the experience to communicate effectively with others health care team. This result agreed with **Ibrahim**, **Elsayed, & Metwally,(2019)** who reported high agreement of

nurses toward total professional nursing practice environment. This result congruent with a study conducted by**Ibrahim & Abohabieb,(2020)** who stated highest agreement toward practice environment. Also **Yang, Liu, Huang & Zhu(2013**) who reported higher agreement toward total professional nursing practice environment. In contrast **Abu-Al-Rub, El-Jardali, Jamal, & Al-Rub,(2016)** who found that the highest responses of nurses toward total nursing professional practice environment was disagree.

The present study finding discovered the uppermost mean percent was foundations for nursing quality of care. This may be due to work with nurses who are clinically competent, contribute in ongoing nursing education programs, and participate at a preceptor scheme for newly licensed nurse, all patients should have written, current nursing care plans and care assignments that support continuity of care. This outcome was established by **Almuhsen, et al., (2017)** who recounted the highest mean percent was foundations for quality of care. Additionally, a study carried out by **Ibrahim & Abohabieb, (2020)** who found that foundations for nursing quality of care the highest agreement. Also, **Yang, Liu, Huang, & Zhu, (2013)** who stated that foundations for quality of care was the main subscale. This result goes with **Dordunoo, Chu, Yeun, Hwang, Kim, & Lee, (2021)** who institute that foundations for quality of care was the highest. On the other hand, a study by **El-Sayed, Seada, & El-Guindy,(2017)** who noted that the lowest subscale was for educational opportunities.

The current study revealed that nurse participation in hospital affairs was the lowest subscale. This may be attributed to less opportunity of the nurses to share in hospital decision-making, policy decision and nursing committees. This conclusion was consistent with one made by **Gasparino, et al., (2019)** who shown hospital affairs participation was the most unfavorable subscale among the contributors. Also, **Yang, Liu, Huang & Zhu, (2013)** stated that nurse participation in hospital affairs was the lowest subscale**.** Too**, Dordunoo, et al.,(2021)** stated that nurses participation in hospital affairs was limited and scored as the lowest subscale. this finding contradicted with a study performed by **El Meghawri, Shazly, & Hussein, (2017)** found that the nursing practice environment's second-highest subscale measured participation in hospital affairs.

The current analysis found that above two thirds of nurses had moderate level of professional nursing practice environment. This finding might point to nurses performing their duties in an environment where clear expectations for professionalism, the standard of care, and patient outcomes have been established by incorporating ongoing improvements into daily care delivery, providing updated care plans, and providing opportunities for ongoing training. Additionally, it might be because nurses and doctors work well together and cooperate when providing care for their patients. Similarly a study by **Ibrahim, Elsayed, & Metwally,(2019)** who found that the majority of nurses guaranteed a moderate overall professional nursing practice environment level. Also, this result was supported by **Ibrahim & Abohabieb, (2020)** who stated that over half of nurses thought their workplace was typical. In the same sequence, the study conducted by **AlMoosa, et al., (2021)** who showed that nurses perceived their nursing practice environments as moderate. In contrast, a study by **Choi**, **Merkouris**, **Pang**, **Cheung & Wong**, (**2011**) who found that nurses working in an unfavorable environment.

Regarding to structure empowerment, the results of the current search exposed the maximum perception about total structure empowerment were sometimes. This may due to adequate support to nurses in hospital as providing them with specific information about things they do well, giving them advice to improve problem-solving. Moreover, as studied nurses were cooperating with doctors on patient care, getting advice from peers and supervisors when they need it. In the same line with current result a study in Makkah by **Rawah, & Banakhar, (2022)** who found that the overall perceptions of nurse's empowerment were sometimes. This finding consistent with, **Eskandari, Siahkali, Shoghli, Pazargadi, &Tafreshi, (2017)** who noted that structural empowerment sometimes perceived. On the contrary, a study by **Trus, Doran, Martinkenas, Asikainen, & Suominen, (2018)** who depicted that the perceptions of nurses' overall empowering structures felt that they were always. Moreover, **Di-Napoli, O'Flaherty, Musil, Clavelle, & Fitzpatrick, (2016)** who reported whole nursing personnel perceptions of structural empowerment were always.

The present study finding showed that resources access was the chief structure empowerment dimension, this may be due to the availability of resources in our hospital such as time to do the necessary paperwork, fulfillment of

job requirements, they receive the tools needed from the hospital to complete the task and reach the intended goal., and temporary assistance found when needed that act as support and improvement for this dimension. This finding was matched with **Metwally, (2015)** who found that, access to resources was the highest dimension. Also, the findings of the study matching with **Mamdouh & Sleem, (2016)** who exposed that access to resources was the greatest dimension. As well as **Hussein, (2013)** showed that resources were the highest dimension. As opposed to that, the findings of the present study inconsistent with, **El-Sayed, Seada, & El-Guindy, (2017)** who noted that resources had the lowest subscale mean percent.

The present study finding revealed that formal power was the lowest structure empowerment dimension, this may be due to nurses did not had rewards for job innovation and no appropriate level of flexibility in their work. The findings of the present study consistent with, **Albasal, Eshah, Minyawi, Albashtawy, & Alkhawaldeh, (2022)** who reported that formal power was the lowest perceived dimension of structural empowerment. Also, **Khatun, Latif, Nesa, & Mallick, (2020)** who found that formal power was the lowest dimension . In the same line, **Yang, Liu, Huang & Zhu (2013)** found that formal power was the lowest structural empowerment dimension. Additionally, **Hussein, (2013)** showed that formal power was the lowest structural empowerment dimension. Contrary, this outcome contradicted through a study performed via **Moura, et al., (2020)** he discovered that formal power access, the psychiatric area was scored the highest.

The current study naked that a moderate level was present in more than two thirds of nurse structure empowerment. This result possibly because nurses seeing that an empowering structure is essential for them to continue pursuing their own career and personal growth and progress to increase capacity and effectiveness for participating in work., as well as to set and achieve organizational goals. This result was consisting with **Jafari, Salari, Hosseinian, Abdi, & Ezatizadeh, (2021)** who depicted that the general understanding of the structural empowerment was moderate. Also, **Khatun, Latif, Nesa, & Mallick, (2020)** who revealed that structural empowerment moderately perceived. In addition, **Saleh, Eshah, & Rayan, (2022)** who depicted that the nurses had moderate level of structure empowerment. Again, **Ta'an, et al.,(2021)** who found that structural empowerment was moderately perceived. This finding

contradicted with a study performed by **Abdelhamied, Shazly, & Abood, (2017)** who initiate almost two thirds of nurses were assessed have low structural empowerment level.

Results from this study stated that the majority of nurses concur that they are completely open to change. Due to those nurses, feel that the change can solve their problems, increase the vitality of the organization and individuals and the development of their ability to innovate, which leads to increasing the desire for improvement, development and increasing quality. This result agreed with, **Ibrahim, Elsayed, &Metwally, (2019)** who reported high agreement of nurses about total readiness for change. In the same line **Metwally, Ruiz-Palomino, Metwally, & Gartzia, (2019)** who reported readiness for change had high agreement. Additionally, **Persson, Ahlstrom, & Ekwall, (2022)** who stated high agreement and hopeful readiness for change. The result disagrees with **Emam, Hamoda, Zahran, & Obied, (2022)** who reported disagreement on the general openness to change of ICU nurses.

The finding depicted more than half of nurses were highly adaptable to change. This may be because they are motivated, were interested in learning new things, perform tasks in a new or creativity manner, and assist in solve organization problem that work in it. This finding was matched with **Negm, Allam, &Gaballah, (2021)** who depicted the majority of nurses obligated high degree of change preparedness. As well, **Ibrahim, Elsayed, & Metwally, (2019)** noted the majority of nurses were highly adaptable to change preparedness . Also, **Sharma, et al., (2018)** exposed that the studied nurses had high level of readiness for change plus can implement change. In addition, **Ozkalay, & Karaca, (2021)** who study nurses' attitudes toward change and the affecting factors and noted that change readiness were above average. As a finding, disagreed with **Mrayyan, (2020)** who illustrated that nurses were un ready for change

The findings showed a statistically significant correlation between the overall professional nursing practice environment and nurses' whole preparedness for change. This may be due to that the work setting gives nurses flexibility to make choices for patients improve their capacity for change. Also, the ability of nurses to adapt to organizational change may also be improved by receiving superior assistance, having sufficient time and opportunities to discuss patient care issues with other nurses, and working as a

cohesive team with doctors. Furthermore, a study by **Ibrahim, et al., (2019)** who noted the environment for professional nursing practice and openness to change were statistically significantly correlated. In addition, **El-Sayed, et al., (2017)** who found that there was a highly statistically significant positive correlation between professional nursing practice environment and nurses readiness for change. As well as **Emam, Hamoda, Zahran, & Obied, (2022)** exhibited the practice environment and the readiness for change of ICU nurses were statistically significantly correlated.

The current study showed there was a statistically significant association between nurses' perceptions of overall structure empowerment and nurses' overall change preparedness. This could be as a result of organizational nurses being able to handle operational flexibility and ongoing changes to their trust in management. Also, involving nurses in decisions making empowering them to change. Our findings were supported by **Abd-Elkawey, & Sleem, (2015)** who illustrated that correlation among total empowerment of structure and total nurses' change readiness was significantly positive. In a similar vein, **Ta'an, et al., (2021)** who found that structure empowerment significantly and positively was linked with change attitudes and behaviors of nurses towards using organizational resources. Also **Haque, Liu, & Titi Amayah, (2020)** who showed that total empowerment and nurses' overall readiness for change were significantly correlated.

Conclusion:

Considering study's findings, it was determined that the highest percent of nurses were agree perceived total professional nursing practice environment, were sometimes perceived total structure empowerment and were agree perceived total change preparedness. Also, a moderate level of professional practice environment plus structure empowerment was present in greater than two thirds of nurses, while more than half of them stated that they were change-ready. Besides between nurses' professional practice environment, structural empowerment, and their change-ready showed statistically significant association.

Recommendations:

For hospital management:

- Holding regular meeting with nurses and enabling them to argue their problems, desires, needs and interests.

- Providing adequate staffing, equipment and supplies as possible to maintain safe and professional environment.

- Establishing promotion and motivation system and rewarding good work.

- Encouraging cooperation and team work spirit among nurses.

- Involving nurses in decision making to feel ready for change.

- Providing open channels of communication and trustful relationships with nurses to provide them with constructive feedback and support.

- Showing recognition and appreciation for nurses' work and effort, empowering them, and providing support especially in difficult situation.

- Participating nurses in continuous education programs, workshops and scientific conferences to continually updating their knowledge, skills and to be ready for change.

- Encouraging innovative ideas and encourage creativity between nurses and providing them with perfect information about change.

For nurses:

- Regular sharing in training programs and workshops.

- Improving their communication skills, and maintain good work relationships.

- Working together as a team.

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