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Original Research

Relationship between Structural Empowerment of Nurses, Managerial Experience, and Resistance to change: A cross-sectional study

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ABSTRACT

Introduction: Nurses play an integral role in the healthcare system, representing the most essential and prominent component of the healthcare sector. To build a resilient organizational plan, it is necessary to engage employees in decision-making and offer them greater autonomy. This is usually accomplished through empowering employees, with the behavior of leaders playing an integral role, especially in empowering leadership. Thus, this study aimed to examine the relationship between structural empowerment among nurses, years of managerial experience, and resistance to change.
Method: This cross-sectional, descriptive correlational survey included 148 participants employed in formal or acting leadership roles such as nursing managers, head nurses, or nursing supervisors in a Riyadh university hospital, selected using convenience sampling. Data were collected using the CWEQ-II and RTC scales. Descriptive statistics, Pearson correlation, ANOVA, and multiple regression were used to analyze the data.
Results: The results indicated that structural empowerment among nurses is significantly and negatively associated with resistance to change, indicating that an increase in structural empowerment leads to a decrease in resistance to change. However, years of managerial experience showed no significant association with resistance to change, demonstrating that having more or fewer years of managerial experience did not meaningfully impact resistance levels.
Conclusion: This study concluded that with more employment empowerment, exposure, and accessibility to information, resistance to change can be reduced.

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1. INTRODUCTION

Nurses play an integral role in the healthcare system, representing the most essential and prominent component of the healthcare sector. As per the World Health Organization (2024), there are around 29 million nurses globally, and the healthcare sector is projected to face a shortage of 4.5 million nurses by the end of 2030. The profession of nursing demands specialized care and is at risk of exposing staffing deficiencies. To achieve the target of Saudi Vision 2023, the health transformation strategy predicts that over 100,000 nursing positions will be required by 2030 (Al-Otaibi et al., 2024). Nonetheless, it is still uncertain whether nurses will continue working in the healthcare facilities in Saudi Arabia, given the

higher turnover rate for nursing compared to other nations. As compared to the United Kingdom, Saudi Arabia has a 20% higher turnover rate than the United Kingdom. Liu et al (2023) examined the determinants influencing the turnover intentions of nurses and found that turnover intention among nurses was significantly associated with being single, having an education level of junior college or below, working as a clinical nurse, income level, reporting greater job satisfaction, and experiencing conflicts with colleagues.

Central to nursing practice is the concept of caring, which extends beyond patient care to the way leadership is exercised in clinical environments. Caring leaders can enhance the commitment to the organization, lower stress levels associated with work, and increase productivity (Kostich et al., 202; Salinas et al., 2020). Theoretical models such as Eriksson's Caritative Theory and Watson's Caring Theory clarify that when a leader demonstrates caring for staff, this builds trust, compassion, and strong relationships (Bergbom et al., 2022; Zhang et al., 2022). There are important influences of leadership when discussing organizational climate within nursing management and the potential impacts of this leadership on the responses of staff to change. While caring leadership is significant, the present study is connecting primarily to structural and organizational conditions that would allow nurses to appropriately and constructively respond to change.

Change within healthcare is an inevitable and multidimensional process, deeply intertwined with the foundation of nursing practice. As healthcare systems evolve, nurses must be intellectually and practically equipped to adapt to these transformations (Cheraghi et al., 2023). These changes are necessary for growth and development, but they often encounter resistance from employees. Resistance to change is a perilous impediment that usually causes failure in change efforts (Szabla, 2007). However, Ford & Ford (2010) argued that the conventional approaches overlook the significant influence of change agents in the process and ignore the concept that employees' resistance to change could be based on valid concerns. Poor management of the change process by these agents, especially managers, has been identified as a major reason for unsuccessful change efforts (Fernandez & Rainey, 2017). Managerial experience is an important factor in how staff view and respond to change. Experienced managers are more likely to successfully manage change processes, anticipate possible barriers, build trust with staff, and apply strategies that are appropriate for minimizing resistance to change efforts. In contrast, managers with less experience may lack the confidence or have less capacity to mitigate resistance, which may yield larger opposition. As Assaf & Cvelbar (2011) observed, managers who have been with an organization for many years can make good decisions by drawing on their deep awareness and knowledge of the organization. However, Assaf and Cvelbar also highlight the potential for cognitive rigidity associated with tenured leaders, as reliance on habitual behaviours can inhibit decision-making and negatively impact change management. This dual perspective is supported in the change management literature, which emphasizes the importance of experienced leaders in fostering acceptance of change and implementing it successfully (Furst & Cable, 2008; Oreg, 2003; Vos & Rupert, 2018; Van Dam et al., 2008).

To build a resilient organizational plan, it is essential to engage employees in the process of decision-making and offer them greater autonomy (Arnold et al., 2000). This is usually accomplished through empowering employees (Spreitzer, 1995), with the behavior of leaders playing an integral role, especially empowering leadership (Druskat & Wheeler, 2003). Building on this perspective, this study defines structural conditions for management practice according to Kanter's theory of structural empowerment (Kanter, 1993; Spence Laschinger et al., 2001). Structural empowerment, a term commonly discussed in the context of nursing, is linked with effective management of these negative influences by focusing on social systems that facilitate the work of an employee. Kanter's theory identifies contextual factors in organizations that support a healthy work environment and enhance employee commitment processes to improve organizational effectiveness. It also posits that access to empowering structures shapes work attitudes and behaviors more than personal characteristics or abilities. These structures include access to resources (e.g., materials, personnel, and time), relevant and updated information, opportunities for learning and career development, and support from superiors, colleagues, and subordinates. These four dimensions formed the theoretical basis for selecting the variables in this study. The

relationship between structural power and employee empowerment has been documented in nursing research (Kanter, 1993; Kluska et al., 2004; Siu et al., 2005). Kanter's theoretical framework posits that empowerment is derived from the context, provided that the work environment offers the employee consistency of access to the empowerment structures. Hezaveh et al 2020 emphasized that the professional efficacy of nurses is enhanced as their resilience increases after being empowered. They can more efficiently deal with stress and enhance their professional health when they are provided with strong managerial support, workplace appreciation, adequate resources, and skills. A conducive and positive environment for standardized nursing practices improves employee confidence in the organization, and consistent training and education broaden the horizon and improve employee learning capabilities (Ibrahim et al., 2019). Structural empowerment of staff is a crucial concept in the healthcare sector. The benefits of empowered staff cannot be denied, and it is beneficial for both the hospital and the nurses. Empowered nurses play a vital role in clinical teaching; thus, it is important to understand how staff empowerment can enhance the clinical environment.

The ability to adapt to change is crucial for growth and development, and this is especially true in today's fast-paced, ever-changing world (Kennedy et al., 2015). However, change can often be met with resistance from individuals, who may be motivated to resist it due to various reasons (Spear, 2016). Therefore, it is necessary to examine how to effectively manage and implement change to improve the clinical environment. The organizational attitude and adaptability to change are critical to integrated change in the hospital environment, which supports open communication, equal opportunity for both genders, and teamwork and encourages shared decision-making and development of successful nursing leaders (Mrayyan, 2020). For these reasons, different strategies have been put in place to develop the capacity of nurse managers to promote change. Nurse management programs have been developed in some countries (Al Mansour et al., 2022). The US program included building transformational leadership, which generated a positive impact on nursing excellence. Strategies for leadership development developed in Japan, such as the introduction of certified nurse administrators. Montani et al. (2015) showed evidence for an indirect negative association between dispositional resistance to change and behavioral empowerment through psychological empowerment and for a moderating effect of supervisors' empowering management practices on the mediated relationship. However, the literature didn't provide enough information on the relationship between structural empowerment and resistance to change. Therefore, the study aimed to examine a correlation between the perception of managers towards structural empowerment, the level of managerial experience, and subsequent change to resistance.

2. METHODS

2.1 Design

This study adopted a cross-sectional descriptive correlational design in a university hospital in Riyadh, Kingdom of Saudi Arabia, between 2021 and 2022. The researchers collected data at one specific point in time from individuals in leadership positions, without manipulation or intervention variables, to understand the relationships between structural empowerment, managerial experience, and resistance to change. This approach permits an assessment of the degree to which associations occurred with the variables in their natural setting according to the STROBE reporting guideline (Welford et al., 2011).

2.2 Population, Sample and Sampling

The study used convenience sampling and non-probability techniques, and the sample size was calculated using the "RaoSoft" calculator at a 95% confidence interval, 5% margin of error, and 50% response distribution. The study included 148 participants employed in formal or acting leadership roles such as nursing managers, head nurses, or nursing supervisors at a university hospital (See Supplementary File 1). However, all participants held leadership positions, and some had limited or no documented experience in formal managerial responsibilities. These individuals were included to explore how perceptions of empowerment, leadership experience, and resistance to change differ based on the depth of managerial experience, particularly among those newly appointed or serving in interim leadership roles.

To classify the participants' levels of managerial experience, Benner's Novice to Expert model of skill acquisition was applied. In this model: novice refers to participants with no

prior experience in management, advanced beginner describes those with basic or limited real-world experience (≤ 1 year), competent includes those with 2–3 years of experience, proficient represents individuals capable of understanding managerial scenarios holistically and expert refers to those with extensive experience and intuitive understanding of complex managerial situations (Murray et al., 2019) (See Supplementary File 1).

2.3 Variable

In the present study, the perception of managers towards structural empowerment and the level of managerial experience were used as predictor variables, and resistance to change was used as the criterion variable. The correlational analysis was used to estimate the relationship between variables, especially for the description of current states experienced by participants and exploring relationships among variables not easily manipulated by a researcher (Khan et al., 2018). Informed consent was provided to all the participants before the study initiation.

2.4 Instruments

The study used two research instruments, "Conditions of Work Effectiveness Questionnaire II - CWEQII" (Patrick & Laschinnger, 2006) and “Resistance to change (RTC)” (Oreg, 2003), in addition to the demographic details section. The predictor variable (independent variable), perception of managers towards structural empowerment, and level of managerial experience were assessed using the CEWQ-II questionnaire, and the criterion variable (dependent variable), individualized manager capacity to resist change, was measured using the RTC questionnaire. The scoring system used for each CWEQ-II subscale ranged from 1 to 5. All the questions were answered based on an evaluation scale from 1 (or least positive) to 5 (or most positive) that follows the original in English, which means it suggests an increasing order of positive value in the options of the participants. For the evaluation of the score, the highest achieved values in each of the 7 components of the questionnaire were taken into consideration (Bernardino et al., 2013).

The overall structural empowerment score was determined through summation of all six CWEQ-II subscales, and the total score reflects the participant's overall perception of structural empowerment. The six subscales of CWEQ-II were access to opportunity, access to information, access to support, access to resources, formal power, and informal power, ranging between 6 and 30. According to Patrick & Laschinnger (2006) a high score indicated a high perception of structural empowerment, while the converse was true for low scores. The RTC scale comprised four subscales and, in each subscale, items 1 – 5 described the daily quest subscale, items 6 – 9 analyzed emotional reactions, short-term thinking subscale statements included items 10 – 13, and the final subscale (measuring mental stiffness) included items 14 – 17 (Oreg, 2003). To adhere to participants' compliance, the questionnaire was originally prepared in the English language for non-Arab participants and also translated into Arabic, as resident populations are Arabs, by the study investigator, who was well versed in both languages.

2.5 Translation Technique

This study adopted the translation protocol provided by WHO. The protocol involves forward translation, a professional panel, back-translation, pre-testing, and settling the final version of the translated question. The cognitive assessment of the Arabic version of the CWEQ-II questionnaire was conducted among 15 participants, who were then incorporated into the final examination. This cognitive evaluation was done to ensure the comprehensibility and cultural sensitivity of the translated version of the questionnaire.

2.6 Reliability

Previous studies repeatedly conducted internal consistency (Cronbach α) testing of the RCT scale as well as the CWEQ-II survey, demonstrating higher and satisfactory outcomes (Arciniega & González, 2009; Cantrell, 2011; Foster, 2010; Laschinger et al., 2016; Oreg, 2003). Moreover, Spence Laschinger et al. (2001) conducted a factor analysis and advocated high construct validity of the CWEQ-II survey, as Oreg (2003) found the same for the RCT scale. Moreover, it is observed in Table 1 that the subscales of the CWEQ-II questionnaire and RCT scale demonstrate high reliability across the study sample.

2.7 Data Collection Process

The process of data collection was initiated as all participants received and signed comprehensive confidentiality details and consent forms indicating the study objective and participants' right to withdraw from the study. A trial run on 15 participants was done before official data collection to ensure obstacle-free

appropriateness of the translated research instruments and process used (See Supplementary File 1). These pilot participants were excluded from the final sample. Once the instruments were refined from the pilot, the final version of the self-report questionnaire was distributed to 148 eligible participants through the nursing administration unit. It was voluntary, and all information was anonymous. All questionnaires filled out by subjects were returned to the principal investigator.

The data was analyzed using SPSS version 22.0, and descriptive and inferential statistics were used. The descriptive statistics included frequencies and percentages to describe participants according to their demographic characteristics, and the mean and standard deviation were used to assess participants' perception of subscales of empowerment and RTC. Pearson's correlation test was used to examine the relationships between the study variables. The relationship between empowerment and managers' level of experience with resistance to change was measured through ANOVA (See Supplementary File 1). A multiple regression analysis was conducted to examine the relationship between participants' perceptions of empowerment and their levels of resistance to change. Before conducting a parametric test, normality was assessed through the Shapiro-Wilk test, and the results showed that the data were normally distributed.

2.8 Ethical Clearance

Before conducting the study, ethical approval was obtained from the ethics committee of King Khalid University Hospital with the approval number KSU-HE-21-457.

3. RESULTS

The demographic and work experience details of the enrolled subjects are presented in Table 2. The majority of the participants, 81 (54.7%), reached a competent level in management, and 101 (68.2%) also were in the current role for the last 2-3 years. A total of 142 (95.9%) participants were female and mainly aged between 21 and 30 years, 89 (60.1%). 104 (70.3%) participants were low-level management (supervisory), with the majority of 104 (70.3%) holding a bachelor's as the highest earned degree. 130 (87.8%) participants were non-Saudi.

The correlation relationship between the variables presented is in Table 3. It was observed that perception of structural empowerment and level of managerial experience were not significantly correlated ($r = 0.035$, $p = 0.282$). Nonetheless, we found a significant association between the perception of structural empowerment and resistance to change ($r = -0.624$, $p = 0.002$). The negative sign demonstrated that both resistances to change and perception of structural empowerment were inversely related; as the perception of structural empowerment increased, resistance to change reduced.

Table 4 highlights the differences across various dimensions of structural empowerment, namely, access to growth opportunities, information, support, resources, formal power, and informal power based on demographic information. The findings of one-way ANOVA demonstrated a significant difference in access to opportunity (p-value=0.04) among nurses based on the years of managerial experience. Based on the duration in the current role, access to resources (p-value=0.003), access to information (p-value=0.04), and access to opportunity (p-value=0.02) also showed significant differences, indicating that longer tenure was related to higher empowerment. In terms of gender, there was a significant difference in access to information (p-value=0.001) and support (p-value=0.000). Moreover, there were also significant differences in access to opportunities (p-value=0.04), information (p-value=0.03), support (p-value=0.001), and resources (p-value=0.03) in terms of age. Level of education also varied significantly in dimensions of structural empowerment, such as access to opportunities (0.021), and access to resources (p-value=0.02). Position titles also showed significant differences in access to information (p-value=0.00), support (p-value=0.003), and resources (p-value=0.00). There were also significant differences found in nationality across the dimensions of structural empowerment, including access to opportunities (p-value=0.02) and information (p-value=0.01).

The results of multiple regression analysis are demonstrated in Table 5. It was noted that the perception of structural empowerment explained significant variation in resistance to change ($\beta=-0.489$, p-value = 0.042). The negative sign of perception of structural empowerment indicated that a 1-unit increase in perception of structural empowerment led to a reduction of

Table 1. Reliability Coefficient of Study Instruments

Variable	Subscales	Cronbach's α	Total
	Opportunity	0.821	0.957
	Access to Information	0.884	
	Support	0.920	
	Access to Resources	0.861	
	Formal Power	0.903	
	Informal Power	0.882	
	Daily Quest	0.827	0.893
	Emotional Reactions	0.819	
	Short-Term Thinking	0.896	
	Mental Stiffness	0.816	

Table 2. Study participants' characteristics

Demographic	Frequency (n)	Percent (%)
1. How long have you been in management		
Novice	0	0
Advanced Beginner	20	13.5
Competent	81	54.7
Proficient	30	20.3
Expert	17	11.5
2. How long have you been in your current role?		
Novice	1	0.8
Advanced Beginner	3	2.0
Competent	101	68.2
Proficient	31	21.0
Expert	12	8.0
3. What is your gender?		
Male	6	4.1
Female	142	95.9
4. How old are you?		
21-30 years	89	60.1
31- 40 years	23	15.6
41 and above	36	24.3
5. Highest Degree Earned		
Diploma of an associate degree	32	21.6
Bachelor degree	104	70.3
Postgraduate degree	12	8.1
6. Current position title		
Top-level management (administrative level)	11	7.4
Middle-level management (executive)	33	22.3
Low-level management (supervisory)	104	70.3
7. Nationality		
Saudi	18	12.2
Non-Saudi	130	87.8

Table 3. Correlational Analysis between Perception of Structural Empowerment, Years of Managerial Experience, and Resistance to Change

Variables	Level of managerial experience	Perception of Structural Empowerment	Resistance to Change
Level of managerial experience	1		
Perception of Structural Empowerment	0.035 (0.282)	1	
Resistance to Change	1.098 (0.142)	-0.624 (0.002)	1

Table 4. Comparing Differences in Various Dimensions of Structural Empowerment Demographic Variables using ANOVA

Variable	Opportunity (Q1-Q3)	Access to Information (Q4-6)	Support (Q7-Q9)	Access to Resources (Q10-Q12)	Formal Power (Q13-Q15)	Informal Power (Q16-Q19)
1. How long have you been in management						
Novice (No experience)	0	0	0	0	0	0
Advanced Beginner (Less than or equal to 1 year)	3.52±0.45	2.04±0.52	4.12±0.44	4.05±0.36	4.01±0.36	4.10±0.37
Competent (2-3 years)	3.46±0.43	2.08±0.50	4.16±0.43	4.08±0.34	4.11±0.29	4.32±0.31
Proficient (5-10 years)	3.55±0.44	2.05±0.49	4.19±0.45	4.12±0.33	4.18±0.27	4.37±0.30
Expert (>10 years)	3.19±0.55	2.03±0.46	4.3±0.41	4.47±0.28	4.3±0.21	4.41±0.29
P	**0.04**	0.05	0.07	0.13	1.18	0.05
F	2.08	2.1	2.42	2.11	20.9	-1.32
2. How long have you been in your current role?						
Novice	3.79±1.24	3.88±1.29	3.52±1.04	4.01±1.24	2.04±0.59	4.59±1.39
Advanced Beginner	3.63±0.53	3.84±1.25	3.12±1.02	3.93±1.21	2.01±0.57	4.56±1.37
Competent	3.89±0.49	3.83±1.22	3.11±1.01	3.90±1.20	2.00±0.55	4.49±1.33
Proficient	3.48±0.46	3.81±1.19	3.09±0.95	3.88±1.18	1.17±0.36	4.45±1.31
Expert	3.45±0.43	3.62±1.42	3.07±0.81	3.81±1.15	1.15±0.31	4.41±1.25
P	**0.02**	**0.04**	0.12	**0.003**	0.65	0.71
F	2.15	2.83	3.11	3.44	3.01	2.82
3. What is your gender?						
Male	3.79±1.24	3.88±1.29	3.52±1.04	4.01±1.24	2.04±0.59	4.33±1.21
Female	3.63±0.53	3.84±1.25	3.12±1.02	3.93±1.21	2.01±0.57	4.10±0.37
P	0.61	**0.001**	**0.00**	0.05	0.08	0.17
T	2.77	15.63	18.99	3.12	4.51	2.84
4. How old are you?						
21-30 years	3.49±0.47	3.83±1.22	3.11±1.01	3.90±1.20	2.00±0.55	4.32±0.31
31-40 years	3.48±0.46	3.81±1.19	3.09±0.95	3.88±1.18	1.17±0.36	4.37±0.30
41 and above	3.45±0.43	3.03±1.46	3.07±0.81	3.81±1.15	1.15±0.31	4.41±0.29
P	**0.04**	**0.03**	**0.001**	**0.03**	0.29	0.24
F	2.15	2.18	3.98	2.84	1.06	1.16
5. Highest Degree Earned						
Diploma of an associate degree	3.65±0.49	4.48±0.98	4.21±0.37	4.28±0.41	2.14±0.59	4.02±0.37
Bachelor degree	3.61±0.47	4.45±0.90	4.20±0.35	4.21±0.36	2.11±0.50	4.06±0.37
Postgraduate degree	3.58±0.44	4.39±0.74	4.12±0.21	4.05±0.31	2.05±0.44	4.11±0.38
P	**0.021**	0.134	0.08	**0.02**	0.36	0.05
F	3.98	2.85	3.12	3.64	0.54	3.33
6. Current position title						
Top-level management (administrative level)	3.51±0.50	4.95±1.44	3.99±0.44	4.13±0.37	2.15±0.55	4.06±0.36
Middle-level management (executive)	3.49±0.48	4.98±1.40	4.10±0.39	4.23±0.37	2.06±0.52	4.05±0.37
Low-level management (supervisory)	3.62±0.48	5.10±1.30	4.21±0.31	4.39±0.31	1.29±0.57	4.11±0.28
P	0.61	**0.00**	**0.003**	**0.00**	0.56	0.67
F	3.55	13.21	16.11	24.51	3.44	3.68

Continued- Table 4. Comparing Differences in Various Dimensions of Structural Empowerment Demographic Variables using ANOVA

Variable	Opportunity (Q1-Q3)	Access to Information (Q4-6)	Support (Q7-Q9)	Access to Resources (Q10-Q12)	Formal Power (Q13-Q15)	Informal Power (Q16-Q19)
7. Nationality						
Saudi	3.40±0.43	4.85±1.47	4.11±0.39	4.03±0.33	2.15±0.65	2.06±0.21
Non-Saudi	3.38±0.41	4.81±1.44	4.10±0.36	4.01±0.28	2.08±0.62	2.05±0.19
P	**0.02**	**0.01**	0.05	0.08	0.68	0.71
T	3.19	14.5	11.12	13.27	2.31	3.08

Significance level p<0.05 (highlighted in bold), F: One-way analysis of variance result.

Table 5. Impact of Resistance to Change on Perception of Structural Empowerment

Variable	Coefficient	Standard Error	p-value
Perception of Structural Empowerment	-0.489	1.025	0.042
Level of managerial experience	0.076	0.159	0.109
Constant	3.721	0.036	0.000

0.48 units in resistance to change. In simpler terms, the perception of structural empowerment was likely to increase as the change in resistance decreased. On the other hand, there was no significant variation found in resistance to change due to years of experience (β= 0.076, p-value=0.109).

4. DISCUSSION

This study examined the correlation between structural empowerment, level of managerial experience, and resistance to change among nurses. Structural empowerment involves employees having fundamental access to resources, support, and information to be efficient at their work while giving opportunities for personal growth and skill-building (Neves et al., 2021). We employed the CWEQ-II questionnaire and the RTC scale to investigate the association between structural employment, level of managerial experience, and resistance to change through Pearson's correlation coefficients and multiple regression.

This study found a significant and negative association between structural empowerment and resistance to change. The study of Kanter (1993) found that managers who see themselves as powerless in leadership could repel future change. Similarly, Kotter (1996) mentioned that to achieve organizational change, empowering managers is important. The results of these were consistent with our findings as they demonstrated a strong association between resistance to change and empowerment. Moreover, Goksoy (2017) reported a positive role of empowerment on employees' inclination toward the change process and active involvement in decision-making with decreased resistance to change.

On the other hand, we found that the level of managerial experience didn't significantly impact resistance to change. One potential explanation is that managerial experience alone may not guarantee exposure to change initiatives or the development of adaptive leadership skills. In addition, cultural and organizational factors specific to Saudi hospitals (e.g., decision-making hierarchies and limited autonomy) may also mitigate some of the probable benefits of experience with respect to change readiness. The findings of Assaf & Cvelbar (2011) supported our results by suggesting that employees with long tenure may be resistant to change. However, Moradpour et al. (2017) reported that increased resistance to organizational change was observed in nursing managers with increased job experience.

This study also found significant differences in the dimensions of structural empowerment based on demographic parameters. We found that demographic parameters, including level of managerial experience, duration, age, education level, gender, position title, and nationality, significantly affect access to growth opportunities, resources, and support, among nurses. These results highlight the implications by emphasizing the need to individually tailor empowerment activities for distinct and diverse demographic groups in nursing leadership (i.e., nursing management teams). In Saudi Arabia, this means developing leadership programs that

customize strategies to the unique demographics of managers according to career stage and type. This effort will create opportunities for both experienced and inexperienced leaders to lead change. Such programs will strengthen and support the actions of the Saudi Vision 2030 objectives to improve the quality of the healthcare organization and the capabilities of the workforce. Achieving these goals will require the engagement of stakeholders and nursing management in the transformation, allowing them to work together to improve the quality of care and reduce the need for workers to adapt to change by limiting or removing professional commitments that will inhibit change.

The present study has several limitations. Because it employed a correlational cross-sectional design, data were collected at a single point in time, which does not allow for the assessment of changes over time or the establishment of cause-and-effect relationships (Lau & Kuziemsky, 2016). The study also has a limitation related to the small sample size obtained from one city in Saudi Arabia. Future studies on a larger scale are required to accurately estimate the role of structural empowerment and healthcare workers' perception of resistance to change. In particular, future research should focus on the nature and content of management experiences, examining whether targeted leadership development and exposure to diverse operational challenges can enhance adaptability and reduce resistance. Including experienced nurse managers will help determine whether increased tenure influences openness to change. Moreover, Future research could contribute to the estimation of factors behind the nurse managers' empowerment, and their influence on resistance to changes in hospitals. There are cultural aspects that contribute to the attitude of nursing managers toward a transformed healthcare environment. Since the majority of participants in this study were non-Saudi, which may limit the generalizability of the findings to the broader population of Saudi nursing managers. Further studies are required to exclusively examine the attitude and perception of experienced Saudi nursing managers towards resistance to change and the impact of training and education on their capabilities**.**

5. CONCLUSION

The study investigated the relationship between nurses' perceptions of empowerment, level of managerial experience, and resistance to change. A negative and statistically significant relationship was reported between structural empowerment and resistance to change, suggesting that structural empowerment plays a contributing role in minimizing the resistance to change. However, the level of managerial experience did not significantly impact resistance to change. This study also underlines the demographics variable as a leading factor in addressing structural empowerment in the nursing profession. Thus, it is suggested that policymakers in Saudi Arabia must empower nurse management to reduce future resistance to change.

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8. AVAILIBILITY OF DATA AND MATERIALS

The datasets used and analyzed during the current study are available from the corresponding author on reasonable request.

9. AUTHORS' CONTRIBUTION

All steps were carried by the author (OGB)

10. CONFLICT OF INTEREST

The author declares no competing interest.

11. REFERENCES

Al-Otaibi, A., Aboshaiqah, A., Abushaid, F., AlKhunaizi, A., & AlAbdalhai, S. (2024). Perceived Structural Empowerment, Resilience, and Intent to Stay among Midwives and Registered Nurses in Saudi Arabia: a convergent parallel mixed methods study. *BMC Nursing*, *23*(1), 649. https://doi.org/10.21203/rs.3.rs-4493077/v1

Al Mansour, A., Merry, A. F., Jowsey, T., & Weller, J. M. (2022). Hospital accreditation processes in Saudi Arabia: a thematic analysis of hospital staff experiences. *BMJ Open Quality*, *11*(1), e001652. https://doi.org/10.1136/bmjoq-2021-001652

Arciniega, L. M., & González, L. (2009). Validation

of the Spanish-language version of the resistance to change scale. *Personality and Individual Differences*, *46*(2), 178–182. https://doi.org/10.1016/j.paid.2008.09.024

Arnold, J. A., Arad, S., Rhoades, J. A., & Drasgow, F. (2000). The empowering leadership questionnaire: the construction and validation of a new scale for measuring leader behaviors. *Journal of Organizational Behavior*, *21*(3), 249–269. https://doi.org/https://doi.org/10.1002/(SICI)1099-1379(200005)21:3<249::AID-JOB10>3.0.CO;2-#

Assaf, A., & Cvelbar, K. L. (2011). Privatization, market competition, international attractiveness, management tenure and hotel performance: Evidence from Slovenia. *International Journal of Hospitality Management*, *30*(2), 391–397. https://doi.org/10.1016/j.ijhm.2010.03.012

Bergbom, I., Nåden, D., & Nyström, L. (2022). Katie Eriksson's caring theories. Part 1. The caritative caring theory, the multidimensional health theory and the theory of human suffering. *Scandinavian Journal of Caring Sciences*, *36*(3), 782–790. https://doi.org/10.1111/scs.13036

Bernardino, E., Dyniewicz, A. M., Carvalho, K. L. B., Kalinowski, L. C., & Bonat, W. H. (2013). Transcultural adaptation and validation of the Conditions of Work Effectiveness - Questionnaire-II instrument. *Revista Latino-Americana de Enfermagem*, *21*(5), 1112–1118. https://doi.org/10.1590/S0104-11692013000500014

Cantrell, M. A. (2011). Demystifying the research process: understanding a descriptive comparative research design. *Pediatric Nursing*, *37*(4), 188–189.

Cheraghi, R., Ebrahimi, H., Kheibar, N., & Sahebihagh, M. H. (2023). Reasons for resistance to change in nursing: an integrative review. *BMC Nursing*, *22*(1), 310. https://doi.org/10.1186/s12912-023-01460-0

Druskat, V. U., & Wheeler, J. V. (2003). Managing from the Boundary: The Effective Leadership of Self-Managing Work Teams. *Academy of Management Journal*, *46*(4), 435–457. https://doi.org/10.5465/30040637

Fernandez, S., & Rainey, H. G. (2017). Managing Successful Organizational Change in the Public Sector*. In *Debating Public Administration* (pp. 7–26). Routledge. https://doi.org/10.4324/9781315095097-2

Ford, J. D., & Ford, L. W. (2010). Stop Blaming Resistance to Change and Start Using It. *Organizational Dynamics*, *39*(1), 24–36. https://doi.org/10.1016/j.orgdyn.2009.10.002

Foster, R. D. (2010). Resistance, justice, and commitment to change. *Human Resource Development Quarterly*, *21*(1), 3–39. https://doi.org/10.1002/hrdq.20035

Furst, S. A., & Cable, D. M. (2008). Employee resistance to organizational change: Managerial influence tactics and leader-member exchange. *Journal of Applied Psychology*, *93*(2), 453–462. https://doi.org/10.1037/0021-9010.93.2.453

Goksoy, A. (2017). The Role of Psychological Empowerment and Organizational Citizenship Behaviors on Employee Resistance to Change. *European Journal of Interdisciplinary Studies*, *3*(2), 85. https://doi.org/10.26417/ejis.v3i2.p85-93

Hezaveh, Z., Hamooleh, M. M., Fatemi, N. S., & Haghani, S. H. (2020). The Effect of Resilience Training on the Psychological Empowerment of ICU Nurses. *Iran Journal of Nursing (IJN)*, *33*(123), 22–34. https://doi.org/10.29252/ijn.33.123.22

Ibrahim, S. E., Elsayed, S. H., & Metwally, F. G. (2019). Effect of professional nursing practice environment and psychological empowerment on nurses' readiness for change. *Zagazig Nursing Journal*, *15*(2), 168–188.

Kanter, R. M. (1993). *Men and Women of the Corporation* (2nd Editio).

Kennedy, S., Hardiker, N., & Staniland, K. (2015). Empowerment an essential ingredient in the clinical environment: A review of the literature. *Nurse Education Today*, *35*(3), 487–492. https://doi.org/10.1016/j.nedt.2014.11.014

Khan, B. P., Quinn Griffin, M. T., & Fitzpatrick, J. J. (2018). Staff Nurses' Perceptions of Their Nurse Managers' Transformational Leadership Behaviors and Their Own Structural Empowerment. *JONA: The Journal of Nursing Administration*, *48*(12), 609–614. https://doi.org/10.1097/NNA.0000000000000690

Kluska, K., Spence Laschinger, H., & Kerr, M. (2004). Staff Nurse Empowerment and Effort-Reward Imbalance. *Nursing Leadership*, *17*(1), 112–128. https://doi.org/10.12927/cjnl.2004.16247

Kostich, K., Lasiter, S., Duffy, J. R., & George, V. (2021). The Relationship Between Staff Nurses' Perceptions of Nurse Manager Caring Behaviors and Patient Experience. *JONA: The Journal of Nursing Administration*, *51*(9), 468–473. https://doi.org/10.1097/NNA.0000000000001047

Kotter, J. P. (1996). *Leading change*. MA: Harvard Business School Press.

Laschinger, H. K. S., Finegan, J. E., Wilk, P., & Shamian, J. (2016). Conditions of Work Effectiveness Questionnaire-II. In *PsycTESTS Dataset*. https://doi.org/10.1037/t31393-000

Lau, F., & Kuziemsky, C. (2016). *Handbook of eHealth evaluation: An evidence-based approach*.

Liu, Y., Duan, Y., & Guo, M. (2023). Turnover intention and its associated factors among nurses: a multi-center cross-sectional study. *Frontiers in Public Health*, *11*. https://doi.org/10.3389/fpubh.2023.1141441

Montani, F., Courcy, F., Giorgi, G., & Boilard, A. (2015). Enhancing nurses' empowerment: the role of supervisors' empowering management practices. *Journal of Advanced Nursing*, *71*(9), 2129–2141. https://doi.org/10.1111/jan.12665

Moradpour, S., Abedi, H., & Bahonar, A. (2017). Investigating the relationship between self-leadership and resistance to organizational changes in the nursing managers of hospitals affiliated with Isfahan University of Medical Sciences, 2015. *Annals of Tropical Medicine and Public Health*, *10*(5), 1333. https://doi.org/10.4103/ATMPH.ATMPH_205_17

Mrayyan, M. T. (2020). Nurses' views of organizational readiness for change. *Nursing Forum*, *55*(2), 83–91. https://doi.org/10.1111/nuf.12393

Neves, P., Pires, D., & Costa, S. (2021). Empowering to Reduce Intentions to Resist Future Change: Organization-Based Self-esteem as a Boundary Condition. *British Journal of Management*, *32*(3), 872–891. https://doi.org/10.1111/1467-8551.12436

Oreg, S. (2003). Resistance to change: Developing an individual differences measure. *Journal of Applied Psychology*, *88*(4), 680–693. https://doi.org/10.1037/0021-9010.88.4.680

Patrick, A., & Laschinnger, H. K. S. (2006). The effect of structural empowerment and perceived organizational support on middle level nurse managers' role satisfaction. *Journal of Nursing Management*, *14*(1), 13–22. https://doi.org/10.1111/j.1365-2934.2005.00600.x

Salinas, M., Salinas, N., Duffy, J. R., & Davidson, J. (2020). Do caring behaviors in the quality caring model promote the human emotion of feeling cared for in hospitalized stroke patients and their families? *Applied Nursing Research*, *55*, 151299. https://doi.org/10.1016/j.apnr.2020.151299

Siu, H. M., Spence Laschinger, H. K., & Vingilis, E. (2005). The Effect of Problem-Based Learning on Nursing Students' Perceptions of Empowerment. *Journal of Nursing Education*, *44*(10), 459–469. https://doi.org/10.3928/01484834-20051001-04

Spear, M. (2016). How to Facilitate Change. *Plastic Surgical Nursing*, *36*(2), 58–61. https://doi.org/10.1097/PSN.0000000000000139

Spence Laschinger, H. K., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of Structural and Psychological Empowerment on Job Strain in Nursing Work Settings. *JONA: The Journal of Nursing Administration*, 260–272. https://doi.org/10.1097/00005110-200105000-00006

Spreitzer, G. M. (1995). Psychological Empowerment in the Workplace: Dimensions, Measurement, and Validation. *Academy of Management Journal*, *38*(5), 1442–1465. https://doi.org/10.5465/256865

Szabla, D. B. (2007). A multidimensional view of resistance to organizational change: Exploring cognitive, emotional, and intentional responses to planned change across perceived change leadership strategies. *Human Resource Development Quarterly*, *18*(4), 525–558. https://doi.org/10.1002/hrdq.1218

Van Dam, K., Oreg, S., & Schyns, B. (2008). Daily

Work Contexts and Resistance to Organisational Change: The Role of Leader–Member Exchange, Development Climate, and Change Process Characteristics. *Applied Psychology*, *57*(2), 313–334. https://doi.org/10.1111/j.1464-0597.2007.00311.x

Vos, J. F. J., & Rupert, J. (2018). Change agent's contribution to recipients' resistance to change: A two-sided story. *European Management Journal*, *36*(4), 453–462. https://doi.org/10.1016/j.emj.2017.11.004

Welford, C., Murphy, K., & Casey, D. (2011). Demystifying nursing research terminology. Part 1. *Nurse Researcher*, *18*(4), 38–43. https://doi.org/10.7748/nr2011.07.18.4.38.c8635

World Health Organization. (2024). *Nursing and midwifery*. https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery.

Zhang, F., Peng, X., Huang, L., Liu, Y., Xu, J., He, J., Guan, C., Chang, H., & Chen, Y. (2022). A caring leadership model in nursing: A grounded theory approach. *Journal of Nursing Management*, *30*(4), 981–992. https://doi.org/10.1111/jonm.13600