

Great Responsibilities Bring Great Powers: Practical Model of Nursing Empowerment

¹Ms. Shylaja S, Ph.D. Scholar, MSc Nursing, MHA

²Dr Muthu Mathavan, Facility Director, Shri Mata Vaishnodevi Narayana Superspeciality Hospital, J & K

Corresponding Author: Dr Muthu Mathavan, Facility Director, Shri Mata Vaishnodevi Narayana Superspeciality Hospital, J & K.

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Abstract

Introduction: Nursing empowerment is a critical framework for enhancing healthcare delivery, where increased responsibilities lead to expanded powers for nurses. This study evaluates the implementation of a nursing empowerment model at Shri Mata Vaishnodevi Narayana Superspeciality Hospital in Katra, Jammu and Kashmir, India.

Methodology: The model involved shifting operational roles to the nursing department, with a comparative analysis of key performance parameters from September to December 2024 and 2025. Data were collected using the AIRO (Artificial Intelligence Reporting Outcome) tool for objective measurement.

Results: Results showed significant improvements, including an increase in inpatient Net Promoter Score (NPS) from 79.5% to 91.8%, 100% complaint resolution within 12 hours (up from 74%), reduced Leave Against Medical Advice (LAMA) and Discharge Against Medical Advice (DAMA) rates from 13.5% to 10.6%,

and halved discharge turnaround times. These outcomes demonstrate that empowering nurses with greater responsibilities enhances patient satisfaction, operational efficiency, and staff well-being.

Conclusion: The findings underscore the potential of nurse empowerment to drive positive healthcare changes.

Keywords: Empowerment, key performance parameters, Net Promoter Score

Introduction

Nursing empowerment represents a paradigm shift from traditional roles, recognizing nurses as key drivers of healthcare innovation and patient advocacy. Empowerment in nursing is defined as providing nurses with the resources, autonomy, and support to make decisions that impact patient care and organizational outcomes.¹

This concept moves beyond mere delegation, fostering a sense of ownership and accountability that can transform healthcare systems. Historically, nurses have been an

underutilized resource, often constrained by hierarchical structures and limited decision-making authority.¹ Studies have shown that empowered nurses contribute to improved patient outcomes, including reduced mortality rates and higher satisfaction levels, by enabling better work environments and professional development.^{2,3} For instance, adequate staffing with well-educated, empowered nurses in acute care settings has been linked to lower patient mortality risks.³

In the context of modern healthcare challenges, such as workforce shortages and increasing patient complexity, empowering nurses is not only ethically imperative but strategically essential.⁴ Empowerment enhances job satisfaction, reduces burnout, and promotes innovative behaviours, ultimately leading to superior patient care.^{5,6} The "Great Responsibilities Bring Great Powers" model exemplifies this by expanding nursing roles to include operational duties, thereby unlocking nurses' potential as leaders.

This research focuses on the practical application of this model at Shri Mata Vaishnodevi Narayana Superspeciality Hospital, a 372-bed NABH-accredited teaching hospital affiliated with Shri Mata Vaishnodevi Institute of Medical Excellence. Dr Devi Prasad Shetty, who is the Chairman and founder of Narayana Health, emphasises that "If a solution is not affordable, then it is not a solution". "Charity is not scalable," and sustainable healthcare requires investing in training and empowering nurses who are fundamental to patient care. By shifting responsibilities from other departments to nursing, the model aims to improve efficiency, patient satisfaction, and employee well-being.

Material and Methods

This study employed a comparative analysis design to evaluate the impact of the nursing empowerment model

implemented at Shri Mata Vaishnodevi Narayana Superspeciality Hospital. The model involved expanding the nursing department's responsibilities to encompass operational roles traditionally handled by departments such as Operations, Service Excellence, Clinical Operations, and Human Resources.

Study Setting and Period

The hospital is a 372-bed superspeciality facility in Katra, Jammu and Kashmir, India. Data were collected for the periods September to December 2024 (pre-empowerment baseline) and September to December 2025 (post-empowerment implementation).

Intervention

Roles shifted to the nursing department included:

- **Manager on Duty (MOD):** 24-hour management from admission to discharge, coordinating billing, housekeeping, security, pharmacy, doctors, and diagnostics.
- **Complaints Handling:** Resolving patient complaints within 12 hours.
- **LAMA and DAMA:** Managing patients leaving against medical advice due to financial, service, or prognostic issues.
- **Floor Coordinator:** Overseeing floor management, billing, Third-Party Administrator (TPA) coordination, and medical records completion.
- **Data Operator:** Preparing discharge summaries, transcribing documents, software indenting, and GPS-tagged patient photographs.
- **Service Excellence:** Promoting digital adoption, managing appointments, health packages, post-consultation follow-up, and conversions for diagnostics and pharmacy.
- **Warden:** Managing hostel facilities for 310 nurses and paramedics in 200 rooms.

Data Collection and Tools

Parameters were measured using Narayana Health's AIRO (Artificial Intelligence Reporting Outcome) tool, an autonomous system ensuring objective and precise data capture without human intervention. Key metrics included Net Promoter Scores (NPS) for inpatient and outpatient feedback, complaint resolution rates, LAMA/DAMA percentages, discharge turnaround times (TAT), paper consumption per patient, online appointment wait times, and employee happiness scores.

Analysis

Comparative analysis was conducted on the collected parameters to assess improvements post-implementation. No statistical tests were applied due to the descriptive nature of the data; results are presented as direct comparisons.

Results and Observations

The implementation of the nursing empowerment model yielded notable improvements across various parameters. The following table summarizes the key roles and comparative outcomes:

Role	Shifted from the Department	Responsibilities	Parameter 2024	Parameter 2025
Manager on Duty (MOD)	Operations	24-hour management from admission to discharge, coordinating billing, housekeeping, security, pharmacy, doctors, and diagnostics.	NPS on inpatient feedback: 79.5%	NPS on inpatient feedback: 91.8%
Complaints Handling	Service Excellence	Addressing complaints to patient satisfaction within 12 hours.	74% of complaints were closed within 12 hours.	100% of complaints closed within 12 hours.
LAMA and DAMA	Clinical Operations	Managing patients leaving without full treatment.	13.5%	10.6%
Floor Coordinator	Operations	Floor management, billing, TPA coordination, file completion for MRD.	Cash Discharge TAT: 186 minutes; Credit Discharge TAT: 310 minutes.	Cash Discharge TAT: 82 minutes; Credit Discharge TAT: 152 minutes.
Data Operator	Operations	Discharge summaries, transcription, indenting, and GPS tagging.	Paper consumption: 9.8 per patient.	Paper consumption: 5.3 per patient.
Service Excellence	Operations	Digital adoption, appointments, health packages, post-consultation leakage, diagnostic, and pharmacy conversion.	74% of online appointment patients were seen within 30 minutes; NPS on outpatient feedback: 65%.	90% of online appointment patients seen within 30 minutes; NPS on outpatient feedback: 87%.

Role	Shifted from the Department	Responsibilities	Parameter 2024	Parameter 2025
Warden	HR	Hostel management for 310 nurses/paramedics in 200 rooms.	Employee feedback/happiness score: 72%.	Employee feedback/happiness score: 93%.

Observations indicate consistent enhancements: Patient satisfaction metrics (NPS) improved significantly, operational efficiencies (e.g., reduced TAT and paper use) were achieved, and staff morale increased, as evidenced by higher employee happiness scores.

The table comprehensively depicts the impact of implementing the Nursing Empowerment Model by comparing role realignment and performance indicators between 2024 and 2025. It highlights how task shifting from traditional departmental silos to empowered nursing-led roles translated into measurable gains in patient satisfaction, operational efficiency, clinical governance, digital adoption, and staff morale.

• **Manager on Duty (MOD)**

Transitioning to a nurse-led 24-hour coordination model resulted in a marked rise in inpatient satisfaction, with Net Promoter Score (NPS) improving from 79.5% in 2024 to 91.8% in 2025, reflecting better coordination across billing, diagnostics, and clinical services.

• **Complaints Handling**

With service excellence ownership assigned to nursing leadership, timely resolution improved dramatically. Complaints closed within 12 hours increased from 74% to 100%, indicating stronger accountability and responsiveness.

• **LAMA/DAMA Management:**

Enhanced patient counselling and monitoring reduced premature discharges, with LAMA/DAMA rates declining from 13.5% to 10.6%, signifying improved patient engagement and continuity of care.

• **Floor Coordinator Role:**

Streamlined discharge workflows led to substantial reductions in Turnaround Time (TAT):

- Cash discharge TAT reduced from 186 minutes to 82 minutes
- Credit discharge TAT reduced from 310 minutes to 152 minutes

• **Data Operator Function:**

Digital documentation and rationalized processes resulted in reduced paper usage per patient, from 9.8 sheets to 5.3 sheets, supporting sustainability and cost efficiency.

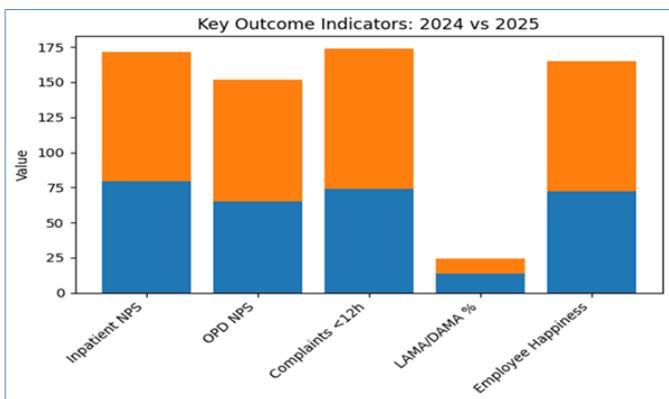
• **Service Excellence (Outpatient Services):**

Digital adoption and process optimization improved the outpatient experience:

- Patients seen within 30 minutes increased from 74% to 90%
- OPD NPS improved from 65% to 87%

• **Warden (HR – Hostel Management):**

Structured oversight of residential facilities for nurses and paramedics led to a significant rise in employee happiness scores from 72% to 93%, reflecting better living conditions and staff well-being.



Discussion

The results demonstrate that expanding nursing responsibilities under the empowerment model led to substantial improvements in patient satisfaction, operational efficiency, and employee well-being. The increase in inpatient NPS from 79.5% to 91.8% and outpatient NPS from 65% to 87% aligns with previous studies showing that empowered nurses enhance patient experiences through better engagement and care quality.^{2,7} For example, research has found that quality nursing care, facilitated by empowerment, results in patients being at least five times more satisfied with compassionate and engaged care.²

Similarly, the 100% complaint resolution rate within 12 hours reflects improved responsiveness, consistent with findings that empowerment reduces job tension and promotes proactive behaviors.⁵ The reduction in LAMA/DAMA rates from 13.5% to 10.6% suggests better patient retention and outcomes, paralleling evidence that empowered nurses and supportive work environments are associated with lower mortality risks and improved safety in acute care.^{3,8}

Operational gains, such as halved discharge TAT and reduced paper consumption, indicate enhanced efficiency, akin to observations where structural empowerment predicts higher work motivation, reduced stress, and better productivity.^{5,9} In one meta-analysis,

structural empowerment showed strong correlations with job satisfaction ($r = 0.57$) and organizational commitment ($r = 0.43$).⁹ Employee happiness scores rose from 72% to 93%, corroborating research that empowerment reduces burnout and fosters engagement.^{5,6} This mirrors findings where head nurse empowerment enhances innovative behaviours through organizational climate and autonomy, with mediating effects.⁶

Compared to prior studies, our model's focus on responsibility expansion uniquely integrates operational roles, yielding broader impacts than traditional empowerment focusing solely on clinical autonomy.^{1,10} Limitations include the short comparison period and single-site implementation; future research should explore long-term sustainability and multi-center applications.

Conclusion

The "Great Responsibilities Bring Great Powers" model proves that empowering nurses with expanded roles unlocks their potential, leading to superior patient outcomes, operational efficiencies, and a motivated workforce. By investing in nurses' development and autonomy, healthcare organizations can achieve transformative improvements. Nurses, as the largest untapped resource in healthcare, hold the key to innovative strategies and enhanced care delivery when provided with the necessary support.

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