

## Perception of Shared Governance and Its Relation to Nurses Empowerment in Benha and Menoufia University Hospitals

Fawzia, F. Kamel<sup>(١)</sup> and Sohair Mabrouk Mohammed<sup>(٢)</sup>

Department of Nursing Administration<sup>(١), (٢)</sup>

Faculty of Nursing, Benha University<sup>(١)</sup>, and Menoufia University<sup>(٢)</sup>, Cairo, Egypt.

*E-mail of corresponding author; [sohaimabrouk@yahoo.com](mailto:sohaimabrouk@yahoo.com).*

### Abstract

**Background:** Shared governance is an environment where professional nurses have the legitimate authority to make decisions about practice, standards, policies, and procedures. It's evident that shared governance enhances professional nursing practice, empowerment, communication, professional collaboration, a positive work environment and quality decision making. **Aim:** The present study aimed to examine the relationship between perception of shared governance and nurses' empowerment. **Methods:** Setting: the study was carried out at Benha and Menoufia University hospitals. Research design: A descriptive correlational design was utilized. Sample consisted of ١٩٨ nurse managers and staff nurses. Tools: Data were collected through utilizing two tools, the first consists of two parts, the first part was intended to collect demographic characteristics of the study sample, and the second part was the Hess Index of Professional Nursing Governance to assess the nurses' perceptions of shared governance. The second tool was job empowerment questionnaire to measure level of nurses' job empowerment. **Results:** Findings showed that the result revealed that the total mean score was  $٨٨.٩ \pm ٣.٧٥$ , indicative of traditional governance. Nurses working in critical care unit and operating room have highest mean scores of shared governance ( $٩٢.٤ \pm ٢.٠٢$  and  $٩١.٥ \pm ٤.٧٢$ ) compared to nurses who are working in other units in Menoufia and Benha University Hospital respectively. There was a significant positive correlation between nurses' perception of shared governance and their overall job empowerment. **Conclusion:** it was concluded that, the total mean score on Index professional nursing Governance scale in Benha and Menoufia University Hospitals was indicative of traditional governance and there was a significant positive correlations between total nurses' perception of shared governance and their job empowerment. **Recommendations:** Top manager should play an important role to support the presence of staff nurses at all levels of decision making that positively affects their job empowerment. **Key words:** Nursing, Shared governance, Empowerment, Hospital.

### ١. Introduction

The national challenges of nursing shortages, decreased staffing levels, and increased patient acuities have contributed to nurse's increased workload and job dissatisfaction. Nurses have become frustrated with the professional practice environment. The inability to make decisions about issues that affect their nursing practice and the care provided to their patients results in nurses leaving the work environment in search of higher job satisfaction<sup>[١]</sup>. Employers are becoming more creative in their strategies to improve the work environment and retain nurses within their organizations. Healthcare leaders have implemented management strategies such as shared governance models. These models focus on providing a satisfying work environment that empowers employees in the decision-making of nursing practice<sup>[٢]</sup>.

The concept of shared governance came into nursing practice in the ١٩٨٠s through the work of Porter-O'Grady. It was seen as a strategy to enable nurses to exercise control over decisions that affected their practice. He emphasized that shared governance is a professional practice model based clearly in the principles of partnership, equity, accountability, and ownership at the unit level where the point of service occurs<sup>[٣]</sup>. Shared governance as a concept was derived from broad theoretical sources as organizational, management, and sociological state. It has been an important management strategy for many years<sup>[٤]</sup>

Nursing leaders have promoted the concept of shared governance as one answer to these nursing challenges. Interest in shared governance has waxed and waned, but shared governance efforts have recently revived through the push by hospital systems to attain magnet designation within a hospital system. The promise of shared governance serves as a vehicle for positive change. It is a structural model through which nurses can express and manage their practice with a higher level of professional autonomy. It is a compelling means by which nurses and hospital administrators come together to create empowered organizations that value partnership, accountability, equity, and ownership <sup>[9]</sup>.

Professional nursing governance refers to the role nurse's play in decision-making and accountability for patient care <sup>[1]</sup>. This involves the organizational processes and structures that affect the interplay of control and influence that staff and management encounter <sup>[1]</sup>. For example, commitment from the interdisciplinary executive health care team impacts on implementing and sustaining nursing's involvement in organizational decision-making processes and governance <sup>[1]</sup>.

Shared governance exists when health care professionals (e.g., nurses) are able to have greater influence and control over their practice <sup>[1]</sup>. Shared governance has been characterized as an organizational innovation that legitimizes health care professionals' decision-making control over their practice, while extending their influence to administrative areas previously controlled by managers. Also it characterized by mutuality, collegiality and collaboration, transparency, open communication, timely information sharing, representative, participation, use of democratic process, mutual accountability and clarity of rules <sup>[1]</sup>.

Nursing must embrace the whole of the health care organization, including everyone's voice in shared governance, including patients: Shared governance models that include only nurses can become exclusionary and eventually ineffectual by focusing on the goals of a single profession, instead of the organization as a whole. The most important factor in differentiating shared governance hospitals from traditional organizations was nurses' ability to exercise control over personnel in such areas as hiring, transferring, promoting, and firing personnel; performance appraisals and disciplinary actions; salaries and benefits; and the creation of new positions <sup>[1]</sup>.

A variety of shared governance models emerged from the literature: unit-based, congressional, councilor and administrative. However, the information available on congressional and administrative councils was extremely limited, making it difficult to adopt these models. More information was available on the councilor and unit-based models. It was decided to pursue the councilor model of shared governance. One of the main reasons for adopting this model was that it facilitates sharing of practice and involvement in decision-making across the whole organization, not just at unit level <sup>(1)</sup>.

Three models for shared governance noted within nursing literature: councilor, administrative, and congressional. The most common model is the councilor model in which a coordinating council integrates decisions made by managers and staff in subcommittees. A second model, the administrative model resembles a more traditional bureaucratic structure that splits the organizational chart into two tracks with either a management or clinical focus, although the membership in both tracks often encompass both managers and staff as implementation progresses. A third structure, the congressional model, relies on a democratic component to empower nurses to vote on issues as a group <sup>(1)</sup>.

Shared governance empowers nurses to be involved in decision making and gives them autonomy and responsibility over their practice. Establishing staff nurse's participation in decisions improves the workplace culture and is crucial in improving nurse, patient, and organizational outcomes. It will strengthen evidence-based practice innovations that promote staff involvement in the realm of shared decision making as it relates to the culture of quality and safety and magnet designation <sup>(1)</sup>.

Moreover, shared governance is a decentralized approach which gives nurses greater authority and control over their practice and work environment, engenders a sense of responsibility and accountability, and allows active participation in the decision-making process, particularly in administrative areas. Nursing shared governance is a managerial innovation that legitimizes nurses' control over practice, while extending their influence into administrative areas previously controlled only by managers <sup>(11)</sup>.

Shared governance is an essential element that promotes positive patient care outcomes, improved recruitment and retention, and provision of necessary support and resources. Three decades of shared governance experience have significant results for patients and nurses. the benefits of this approach, recognizing that it gives health care professionals collective responsibility and accountability for practice by moving away from the traditional hierarchical management style to one where staff are more involved in decision-making processes and managers have a facilitative, rather than controlling role <sup>(12)</sup>.

The benefits of shared governance, it will help to develop collaborative relations, improve quality of care and clinical effectiveness; increase staff confidence; assist personal and professional development; increase staff profile; encourage sharing of information and good communication; facilitate development of new knowledge and skills; increase professionalism and accountability; increase direction and focus and reduce duplication of effort. It will increase patient satisfaction, improve work life, increased nurse retention, opportunities for all nurses to get involved with leadership, an open relationship with management, increase availability of information, and improve professional growth <sup>(13)</sup>.

It is important for nurses at every level to facilitate meetings in a way that listens, allows for group decision-making, and upholds communal accountability. Shared governance not only requires new skills of the nurses who are involved in it, but also requires managers to learn new skills, give up control, and lead in new ways. Moreover the organizations will need to assist and support nurse managers to develop the style, comfort, and skills that enable shared decision making with staff nurses <sup>(14)</sup>.

Obstacles to shared governance are time-consuming, frustrating at times and weakest link issues, higher level administration not supportive, and true shared governance and unions often at odds. Therefore shared governance is not something that can be implemented overnight. It needs extensive commitment and leadership, plus a great deal of considerations and careful planning. However, if planned effectively, the results can very much be worth all the effort <sup>(15)</sup>.

Nurses cannot effectively practice without the right resources – an appropriate amount and mix of caregivers, supplies, and supporting systems. To control practice, nurses must also have some influence over these resources. While it seems to be an obvious component of health shared governance, there are still limited examples in the literature of staff nurse involvement in administrative decisions that have a great impact on clinical nursing practice <sup>(16)</sup>.

Staff nurses wanted more decisional authority over staffing and supplies and felt that these decisions often had the greatest impact on their practice. Unfortunately, one of the most difficult areas of shared decision making for nurse managers is decisions about resources. The most important factor in differentiating shared governance hospitals from traditional organizations was nurses' ability to exercise control over personnel in such areas as hiring, transferring, promoting, and firing personnel; performance appraisals and disciplinary actions; salaries and benefits; and the creation of new positions <sup>(17)</sup>.

Shared governance is a system of management and leadership that empowers all staff in decision-making processes. It is an important component of the clinical governance agenda, vital for effective leadership and creation of a learning organization. It provides a framework for health care professionals to work together and to develop multi professional care and is widely recognized as having benefits in empowering practitioners from a variety of settings. The philosophy of shared governance relates to a decentralized style of management that creates an environment of empowerment <sup>(18)</sup>.

Empowerment of nurses through professional practice models inclusive of shared governance has been proposed as essential to improve quality patient care, contain costs, and retain nursing staff. A professional practice model of nursing has several goals, including the achievement of positive patient care outcomes, improved recruitment and retention of nurses, and the provision of necessary support and resources. Shared governance, which gives staff nurse's control over their professional practice, is an essential element of a professional practice nursing model, providing structure and context for health care delivery <sup>(١٧)</sup>.

Nowadays, many seek power but few possess it. Nurses are not exception. Nurses need to be empowered to make decisions about their practice. Shared governance empowers nurses to be involved in decision making and gives them autonomy and responsibility over their practice. Establishing staff nurse's participation in decisions improves the workplace culture and is crucial in improving nurse, patient, and organizational outcomes <sup>(١٨)</sup>.

### **١.١. Significance of the study.**

The current nursing shortage has revitalized the need for shared governance in nursing and providing an environment where nurses are involved in decision-making processes. There is a positive relationship between a nurse's perception of shared governance and empowerment <sup>(١٩)</sup>. Such an environment can lead to improved patient outcomes and increased job satisfaction. Nursing leaders must continue to identify and sustain new strategies to empower nurses <sup>(٢٠)</sup>.

### **١.٢. Aim of the study.**

The study aims to examine the relationship between perception of shared governance and nurses' empowerment. This can be achieved through:

١. Examining how staff nurses and nurse managers perceive shared nursing governance at Benha and Menoufia University hospitals.
٢. Examining the difference of nurses' perception of shared governance according to working units.
٣. Identifying level of empowerment as perceived by staff nurses.
٤. Examining the relationship between shared governance and nurses' empowerment.

### **٢. Research questions**

١. Is there difference between staff nurses and nurse managers regarding perception of shared nursing governance at Benha and Menoufia University hospitals
٢. Is there difference of nurses' perception of shared governance according to working units?
٣. What is the level of staff nurses' empowerment?
٤. Is there relationship between shared governance and nurses' empowerment?

### **٣. Methods**

#### **٣.١. Design:**

Descriptive, correlation research design.

#### **٣.٢. Setting:**

The study was conducted at Benha and Menoufia University hospitals, Cairo, Egypt, at inpatient units (Medical, Surgical, Critical care, Hemodialysis, Emergency, Operating Room and Other specialty (Obstetric, Orthopedic).

#### **٣.٣. Subjects:**

Consisted of ١٩٨ nurse managers (nursing directors and nursing supervisors), head nurses and staff nurses who are working at above mention setting and available at the time of data collection; ٣ nursing directors, ٩ head nurses and ٧٥ staff nurses from Benha University Hospital and ٩ nursing directors, ١١ head nurses and ٩١ staff nurses from Menoufia University Hospital.

## 3.4. Tools:

Two tools were used in the data collection:

**Tool I: Index professional nursing Governance scale (IPNG):** it developed by <sup>(21)</sup> has been utilized to measure nursing governance. It consisted of two parts:

**Part 1:** contains socio-demographic characteristic related to the study subjects such as (hospital name, department, age, sex, qualification and years of experience).

**Part 2:** contains 16 questions divided into six dimensions; *Professional control* contain 12 items measuring who controls nursing personnel and related structures, *Organizational influence* contain 12 items related to who influences practice, *Official authority* contain 12 items measuring who controls professional practice, *Participation* contain 10 items related to who participates in structures related to governance activities at different organizational levels, *Access to information* contain 10 items related to who has access to information relevant to governance activities, and *ability* include 12 items related to who sets and negotiates the resolution of conflict at different organizational levels.

The scores are based on a 5-point Likert scale. The scale ranges from 1-5 including 1= nursing management/administration only, 2 = primarily nursing management /administration with some staff nurse input, 3 = equally shared by staff nurses and nursing management/ administration, 4 =primarily staff nurses with some nursing management/administration, and 5 = staff nurses only.

Likert scores of 1 and 2 indicate decision making dominated by management/administration. Scores higher than 3 indicate more staff nurse participation in decision making.

The IPNG range of total scores reflecting traditional (management) decision making environment is from 16 - 122. An environment which utilizes shared decision making between nurses and management would have an IPNG range of 123 - 244. If nurses are the decision making group IPNG range would be from 245- 430.

## Tool II: Job empowerment questionnaire:

It developed by <sup>(22-23)</sup> to measures nurses level of job empowerment. It contain 23 items divided into 4 dimensions; *autonomy* contain 5 items, *share at work or (participation)* contain 6 items, *responsibility* contain 4 items and *work competency* 8 items.

The scores are based on five points Likert scale ranging from (1) strongly disagree, (2) disagree, (3) natural, (4) agree, (5)strongly agree. The total scores were (110) for elements of job empowerment. The scoring system was followed; 23- 46 indicated low level of empowerment, 47-69 indicated moderate level of empowerment, and 70-110 indicated high level of empowerment.

## 3.5. Reliability of the tools:

Reliability was applied by the researcher for testing the internal consistency of the tool by administration of the same tools to the same subjects under similar conditions on one or more occasions. Answers from repeated testing were compared (Test-re-test reliability). The Cronbach's coefficient alpha for the total IPNG scale in the current was (0.94). The Cronbach's coefficient alpha for the total job empowerment scale in the current was (0.994).

## 3.6. Validity of the tools:

Tools were tested for content validity by jury of five experts in the field of nursing administration to ascertain relevance and completeness.

## 3.7. Data Collection Methods:-

Data was collected at the first of February to the end of March 2010.

## 3.8. Ethical Consideration

An oral consent was obtained from nurses to participate in the study. During the initial interview the purpose of the study was explained. The subjects were assured that all information would be confidential and their participation in the study was voluntary without any costs.

### **3.9. Procedure of Data Collection:**

Preparation of data collection tools was carried out over a period of three months from beginning of November 2014 to the end of January 2015. An official letters were issued from the Deans of the Faculty of Nursing to facilitate collection of data. An oral consent was taken from study subject. *Pilot study*; nineteen nurses were included in the pilot study to identify the clarity, and applicability of tool. The data collection took about two months from beginning of the end February to March 2015 by using appropriate questionnaire.

The questionnaires were distributed during nurse's work hours (morning and afternoon shifts) at the available hospital after two or three hours of her beginning shift to ensure the patient care is provided. The data collected through 3 days / week, the nurses were taken according their units and they taken from 20 to 30 minutes to complete questionnaire.

### **3.10. Statistical analysis:**

The data collected were tabulated & analyzed by SPSS (statistical package for the social science software) version 20 on IBM compatible computer. Quantitative data were expressed as mean & standard deviation and analyzed by applying student t-test for normally distributed variables. Qualitative data were expressed as number and percentage (No & %) and analyzed by applying chi-square test. For comparison between the quantitative data at interval for the same group at two sessions paired samples t test was applied. Analysis of variance, F (ANOVA) test to test the difference among means of 3 or more related groups. P-value Significance at level ( $P < 0.05$ ) and Pearson correlation were used in the current study.

## **4. Results**

**Table (1) Distribution of studied nurses according to their Demographic Characteristics in Benha and Menoufia University Hospitals.**

Demographic Data	Menoufia University hospital (N=111)		Benha university (N=87)		Total (n=198)	
	No.	%	No.	%	No.	%
<b>Age / years:</b> $\bar{X} \pm SD$ <b>Range</b>	33.5±5.71 20 - 48		32±5.11 20 - 47		33.5±5.71 20 - 48	
<b>Gender :</b>						
- Female	108	97.3	79	90.8	187	94.4
- Male	3	2.7	8	9.2	11	5.6
<b>Marital status:</b>						
- Married	100	90.1	81	93.1	181	91.4
- Single	11	9.9	6	6.9	17	8.6
<b>Occupation :</b>						
- Staff	91	82	70	80.2	161	81.8
- Head nurse	11	9.9	9	10.3	20	10.1
- Manager	9	8.1	8	9.2	17	8.6

<b>Years worked in hospital</b>						
- < 5	29	26.1	27	31	56	28.3
- 5-10	32	28.8	23	26.4	50	27.8
- 11-15	10	9.1	18	20.7	28	14.1
- 16-20	8	7.2	12	13.8	20	10.1
- >20	32	28.8	7	8.1	39	19.7
<b>Nursing units:</b>						
- Medical	13	11.7	14	16.1	27	13.6
- Surgical	9	8.1	10	17.2	24	12.1
- Critical	12	10.8	18	20.7	30	15.1
- Hemodialysis	16	14.4	8	9.2	24	12.1
- Emergency	22	19.8	11	12.6	33	16.7
- OR	10	13.0	6	7.9	21	10.6
- Other specialty	24	21.6	10	17.3	39	19.8

This table displays the distribution of nurses according to their demographic characteristics in the studied hospitals. As shown in this table, the mean age of studied nurses was  $33.0 \pm 0.7$ . The highest percentages (83.8%, 94.4% and 91.4%) were staff female and married nurses respectively.

**Table (5): Distribution of Mean score of studied nurses regarding their perception of professional shared governance at Benha and Menoufia University Hospitals.**

Index professional nursing Governance scale (IPNG) items	Benha University Hospital (N=87)	Menoufia University Hospital (N=111)	t-test	P value
	$\bar{X} \pm SD$	$\bar{X} \pm SD$		
<b>Professional control</b>	$10.7 \pm 3.69$	$10.0 \pm 3.67$	0.37	0.71
<b>Organization influence</b>	$14.1 \pm 0.07$	$14 \pm 0.37$	0.63	0.53
<b>Official authority</b>	$22.2 \pm 0.66$	$22.1 \pm 0.61$	0.60	0.54
<b>Participation</b>	$10.1 \pm 0.71$	$10.1 \pm 0.01$	0.11	0.91
<b>Access to information</b>	$10 \pm 0.30$	$10.1 \pm 0.48$	0.23	0.81
<b>Ability</b>	$12 \pm 0.47$	$12.1 \pm 0.70$	0.44	0.60
<b>Total IPNG score</b>	$89.2 \pm 4.3$	$88.9 \pm 3.70$	0.43	0.66

Significance at level ( $P < 0.05$ )

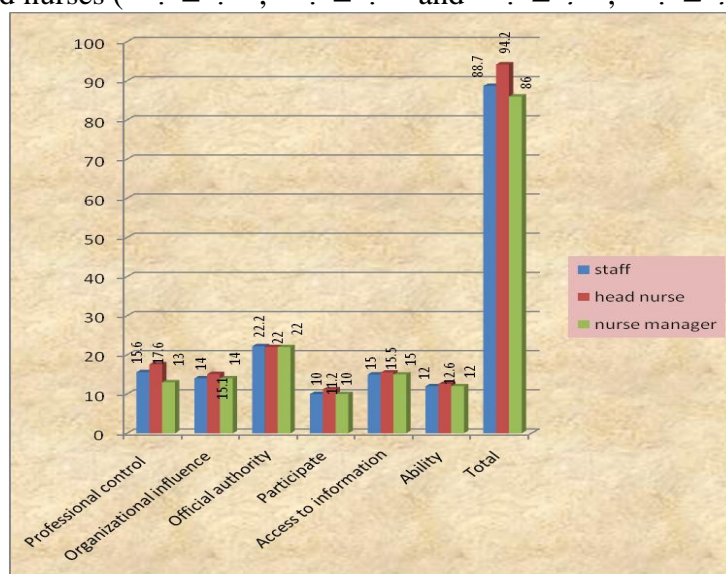
This table clearly shows the mean scores of studied nurses' perception regarding professional shared governance in Menoufia and Benha University. The result revealed that the total mean score on the shared governance was  $89.2 \pm 4.3$  and  $88.9 \pm 3.70$  in Benha and Menoufia University Hospitals respectively indicative of traditional governance. Also there was no significant statistically difference in total & subtotal of professional shared governance in Benha and Menoufia Hospital University.



**Table (٣): Distribution of Mean scores of studied nurses' perception regarding professional shared governance in Menoufia University Hospital**

Index professional nursing Governance scale (IPNG) items	Nurse managers	Head nurses	Nurses	F	P value
	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$		
Professional control	10.0 ± 3.74	17.4 ± 3.03	13 ± 0.01	3.83	0.02*
Organization influence	14.1 ± 0.41	14 ± 0.01	14.1 ± 0.01	0.40	0.64
Official authority	22.1 ± 0.77	22 ± 0.01	22 ± 0.01	0.44	0.60
Participation	10.2 ± 0.02	10 ± 0.01	10.3 ± 0.70	1.07	0.34
Access to information	10.1 ± 0.03	10 ± 0.01	10 ± 0.01	0.27	0.76
Ability	12.1 ± 0.77	12 ± 0.01	12 ± 0.01	0.28	0.70
Total	89.1 ± 3.80	90.4 ± 3.03	86.3 ± 0.70	3.23	0.04*

This table clearly shows mean scores of studied nurses' perception regarding professional shared governance in Menoufia University Hospital. The result revealed that nurses reported the lowest mean score of professional control and total professional shared governance (13 ± 0.01 and 86.3 ± 0.70) than nurse managers and head nurses (10.0 ± 3.74, 89.1 ± 3.80 and 17.4 ± 3.03, 90.4 ± 3.03) respectively.



**Figure (١). Mean scores of studied nurses' perception regarding professional shared governance in Menoufia university Hospital**

This figure clearly shows mean scores of studied nurses' perception regarding professional shared governance in Menoufia University Hospital. The result revealed that head nurses reported the highest mean score of Professional control and total Professional Shared Governance (17.4 ± 3.03 and 90.4 ± 3.03) than nurse manager and staff nurses (10.0 ± 3.74, 89.1 ± 3.80 and 13 ± 0.01, 86.3 ± 0.70) respectively

**Table (٤): Mean scores of studied nurses perception regarding professional shared governance in Benha University Hospital**

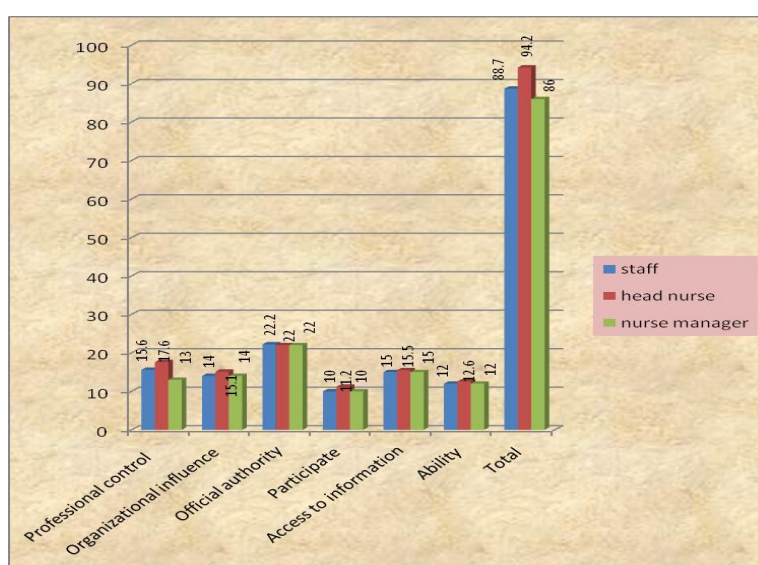
Index professional nursing Governance scale (IPNG) items	Nurse managers	Head nurses	Nurses	F	P value
--	----------------	-------------	--------	---	---------



	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$		
Professional control	10.6 ± 3.70	17.6 ± 3.00	13 ± 0.00	2.18	0.11
Organizational influence	14 ± 0.00	10.1 ± 1.03	14 ± 0.00	22.1	0.001*
Official authority	22.2 ± 0.11	22 ± 0.00	22 ± 0.00	0.40	0.73
Participation	10 ± 0.00	11.2 ± 1.91	10 ± 0.00	16	0.001*
Access to information	10 ± 0.00	10.0 ± 1.01	10 ± 0.00	12.7	0.001*
Ability	12 ± 0.00	12.6 ± 1.41	12 ± 0.00	9.41	0.001*
Total	88.7 ± 3.70	94.2 ± 7.01	86 ± 0.00	8.42	0.001*

Significance at level ( $P < 0.05$ )

This table clearly shows mean scores of studied nurses' perception regarding professional shared governance in Benha University Hospital. The result revealed that nurses reported the lowest mean score of professional control and total professional shared governance (13 ± 0.00 and 86 ± 0.00) than nurse managers and head nurses (10.6 ± 3.70, 88.7 ± 3.70 and 17.6 ± 3.00, 94.2 ± 7.01) respectively.



**Figure (9) Mean scores of studied nurses' perception regarding professional shared governance in Benha university Hospital.**

This figure clearly shows mean scores of studied nurses' perception regarding professional shared governance in Benha University Hospital. The result revealed that head nurses reported the highest mean score of professional control and total professional shared governance (17.6 ± 3.00 and 94.2 ± 7.01) than nurse manager and staff nurses (10.6 ± 3.70, 88.7 ± 3.70 and 13 ± 0.00, 86 ± 0.00) respectively

**Table (9) Distribution of Mean scores of studied nurses regarding perception of professional shared governance at working units in Menoufia University Hospital**

(IPNG) items	Menoufia University Hospital							
	Medical	Surgical	critical care unit	Hemo-dialysis	Emergency	OR	Other specialty	
	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	
Professional control	13 ± 0.00	13 ± 0.00	19.4 ± 2.02	10.4 ± 3.77	10.7 ± 4.17	10.4 ± 4.11	10.7 ± 3.09	4.80 0.001*
Organizational influence	14.0 ± 0.96	14.0 ± 0.00	14.0 ± 0.00	14.1 ± 0.20	14.0 ± 0.00	14.0 ± 0.00	14.0 ± 0.00	4.73 0.001*
Official authority	23.0 ± 1.08	22.0 ± 0.00	22.0 ± 0.00	22.0 ± 0.00	22.0 ± 0.00	22.0 ± 0.00	22.0 ± 0.00	7.73 0.001*
Participation	10.0 ± 1.19	10.0 ± 0.00	10.0 ± 0.00	10.0 ± 0.00	10.1 ± 0.46	10.0 ± 0.00	10.1 ± 0.01	1.98

								٠.٠٧٤
<b>Access to information</b>	١٥.٦±١.٣٢	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	٣.٥٧ ٠.٠٠٣*
<b>Ability</b>	١٢.٩±١.٩٣	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	٣.٧٧ ٠.٠٠٢*
<b>Total</b>	٨٩.٦ ±٣.٩٤	٨٦±٠.٠٠١	٩٢.٤±٢.٠٢	٨٨.٥±٣.٧٤	٨٨.٩±٤.١٠	٨٨.٤±٤.١١	٨٨.٩±٣.٧٥	٣.١٠ ٠.٠٠٨*

Significance at level ( $P < ٠.٠٥$ )

It is apparent from table (٥) that, there was a significant differences among different work units ( $F = ٣.١٠$ ,  $P = ٠.٠٠٨$ ). As it is clear that nurses working in critical care unit have highest mean scores of shared governance ( $٩٢.٤ \pm ٢.٠٢$ ) compared to nurses who are working in other units.

**Table (٦) Distribution of Mean scores of studied nurses' regarding perception of professional shared governance at working units in Benha University Hospital**

(IPNG) items	Benha University Hospital							F P value
	Medical	Surgical	Critical care unit	Hemodialysis	Emergency	OR	Other specialty	
	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	
<b>Professional control</b>	١٣.٠±٠.٠٠١	١٧.٢±٣.٥٤	١٦.٢±٣.٧٣	١٥.٢±٤.١٦	١٥.٤±٤.٢٠	١٧.٥±٤.٩٢	١٥.٨±٣.٥٤	٢.١٤ ٠.٠٥٧
<b>Organizational influence</b>	١٤.٠±٠.٠٠١	١٤.٠±٠.٠٠١	١٤.٠±٠.٠٠١	١٤.٠±٠.٠٠١	١٤.٠±٠.٠٠١	١٤.٠±٠.٠٠١	١٤.٦±١.٢٩	٣.١٥ ٠.٠٠٨*
<b>Official authority</b>	٢٢.٦±١.٢٧	٢٢.٠±٠.٠٠١	٢٢.٠±٠.٠٠١	٢٢.٠±٠.٠٠١	٢٢.٠±٠.٠٠١	٢٣.٠±٠.٠٠١	٢٢.٠±٠.٠٠١	٤.١٩ ٠.٠٠١*
<b>Participation</b>	١٠.٠±٠.٠٠١	١٠.٠±٠.٠٠١	١٠.٠±٠.٠٠١	١٠.٠±٠.٠٠١	١٠.٠±٠.٠٠١	١٠.٠±٠.٠٠١	١٠.٧±١.٦٢	٢.٤١ ٠.٠٣٤*
<b>Access to information</b>	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٠±٠.٠٠١	١٥.٣±٠.٨١	١.٩٧ ٠.٠٨١
<b>Ability</b>	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٠±٠.٠٠١	١٢.٤±١.١٢	١.٥٠ ٠.١٨٧
<b>Total</b>	٨٦.٦±١.٢٧	٨٨.٢±٤.١٦	٨٩.٢±٣.٧٣	٩٠.٢±٣.٥٤	٨٨.٤±٤.٢٠	٩١.٥±٤.٧٢	٩٠.٥±٦.٤٥	١.٨٣ ٠.١٠٢

Significance at level ( $P < ٠.٠٥$ )

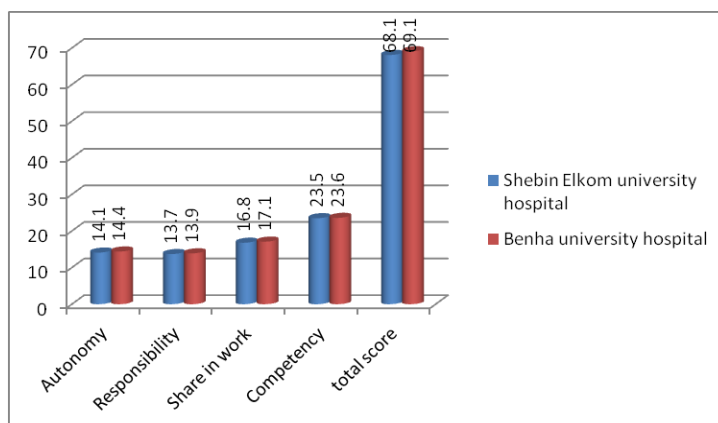
It is apparent from table (٦) that, there was a significant differences among different work place ( $F = ١.٨٣$ ,  $P = ٠.١٠$ ). As it is clear that nurses working in OR unit have highest mean scores of shared governance ( $٩١.٥ \pm ٤.٧٢$ ) compared to nurses who are working in other units.

**Table (٧): Distribution of mean scores of nurses' job empowerment in Menoufia and Benha University Hospitals**

job empowerment' scale items	Benha University Hospital	Menoufia University Hospital	t-test	P value
	Nurses	Nurses		
	$\bar{X} \pm SD$	$\bar{X} \pm SD$		
<b>Autonomy</b>	١٤.٤±٤.٢٩	١٤.١±٤.٠٨	٠.٤٦	٠.٦٤
<b>Responsibility</b>	١٣.٨±٣.٤٣	١٣.٧±٣.٢٦	٠.٣٨	٠.٧٠
<b>Share in work</b>	١٧.١±٣.٨٦	١٦.٨±٣.٦٧	٠.٥١	٠.٦١

Competency	23.6 ± 3.0	23.0 ± 2.17	0.22	0.83
Total score	69 ± 14.7	68.1 ± 13.1	0.40	0.60

It is apparent from table (V) that, the total mean score of job empowerment was moderate (68.1 ± 13.1 and 69.0 ± 14.7) in Benha and Menoufia University Hospitals respectively.



**Figure (3) Mean scores of study subjects job empowerment in Menoufia and Benha university hospital**

This figure reveals that that the total mean score of job empowerment was moderate (68.1 ± 13.1 and 69.0 ± 14.7) in Menoufia and Benha university hospital respectively.

**Table (A); Pearson correlation between nurses' perception of shared governance and their job empowerment.**

Shared governance (INPG items)	Job empowerment	
	r	P value
Professional control	0.030	0.001*
Organizational influence	-0.084	0.281
Official authority	-0.131	0.093
participates	-0.082	0.291
Access to information	-0.066	0.400
Ability	-0.067	0.390
Total shared governance scores	0.470	0.001*

Significance at level ( $P < 0.05$ )

Data in table (A) clarifies that there was a significant positive correlations between total nurses' perception of shared governance and their job empowerment ( $r=0.470$ ,  $P=0.001$ ) as there is a positive correlation between professional control and nurses job empowerment ( $r=0.030$ ,  $P=0.001$ ) while there is no correlation between other subscale of shared governance and job empowerment ( $P>0.05$ ).

## 5. Discussion

Health care services are under increasing pressure to ensure fiscal responsibility and accountability for the care that is provided. An organization's governance system forms the basis of how this accountability framework is operationalized. Effective governance is vital for quality clinical care across large health service organizations<sup>(14)</sup>.

Shared governance is promoted as a management innovation designed to improve outcomes of quality patient care, nurse job satisfaction, productivity, and nurse retention<sup>(٢٥)</sup>. Nursing shared governance practices and organizational structures have long been promoted as an effective strategy for improving work environment by providing nurses a mechanism to assume responsibility for the definition, regulation of nursing practice and gives them control over their practice that can extend their influence into administrative areas previously controlled only by managers<sup>(٢٦)</sup>.

Regarding demographic data the result of present study revealed that the mean age of nurses was ٢٠-٤٨ years; the highest percentages (٨٣.٨%, ٩٤.٤% and ٩١.٤%) were nurses, female and married respectively. As regard to nurses' years worked at hospital (٢٨.٣%) of nurses were worked from ٥ years to ١٠ years. Meanwhile, (١٩.٨%) of nurses worked in other specialty such as (Obstetric, Orthopedic).

When comparing between nurses' perception of shared governance in Benha and Menoufia University Hospitals, the results of the present study revealed that the total means score on the Index professional nursing Governance scale (IPNG), indicative of traditional governance. There was no significant statistically difference in total & subtotal of professional shared governance in Shebin and Benha University Hospitals.

The result of the current study is congruent with<sup>(٢٥)</sup> who reported that nurses were more had the intent to leave their profession and part time nurses had limited opportunity to influence in decision making and control over nursing practice. The overall governance mean and the personnel subscale mean were slightly lower for the council members, with a statistically significant t score for personnel. In the same issue,<sup>(٢٦)</sup> reported that despite having shared governance structures in place, the overall governance scale scored below the minimum score which places the organization in a state of traditional governance, where decisions are primarily made by management and administration<sup>(٢٧)</sup>.

In contrary,<sup>(٢٨-٢٩)</sup> they stated that the mean for subscale falls within shared governance range.

The result of present study revealed that staff nurses reported the lowest mean score of professional control and total professional shared governance than nurse manager and head nurses in both Benha and Menoufia University Hospitals. This is because nurses' perceived low control and participation over their professional practice in their formal organization and work environment are controlled by nursing administrator only or primarily by nurse administrator with no staff input indicating that decisions made by nursing management.

In this respect,<sup>(٣٠)</sup> found out only one of ١٦ hospitals had low professional control scores within the shared governance range. Also,<sup>(٣١)</sup> found that nurses perceptions of their work environment being more closely related to a traditional governance structure. <sup>(٣٢)</sup> reported that nurses perceive limited ability to participate on committees that relate to multidisciplinary professionalism, organizational budgets and expenses, staff scheduling, and strategic planning.

Also these results of the study are in agreement with<sup>(٣٣)</sup> stated that nurses were more likely to be limited ability to autonomous decision making.<sup>(٣٤)</sup> and<sup>(٣٥)</sup>, as they reported that staff nurses perceived the least amount of control over professional practice as well as they perceived little input or control in many areas that directly affect the bedside care of the patient, patient care standards, quality assurance, educational development, and determining the model of nursing care for their professional work.

As regarding to organizational influence subscale, results of the present study revealed that nurses perceive many areas that are closer to being done only by administrator with limited staff inputs. This result is contradicted with<sup>(٣٦)</sup> who reported that clinical nurses perceived the most influence and access to

information that concerns daily patient assignments, consulting nursing and hospital services, monitoring and regulating staffing levels based on patient census and acuity as well as regulating patient flow.

In relation to official authority Subscale, the result of current study showed that nurses perceived a low influence or formal authority in a variety of procedures including procedures for determining daily patient care assignments, written policies and procedures, monitoring and obtaining supplies, consulting services both outside of nursing and in the unit, and generating schedules. This subscale wasn't falls within the shared governance range, in study evaluated by <sup>(٣٠)</sup>.

These findings of current study are incongruent with <sup>(٣٧)</sup> showed that nurses and management equally share decision. In the study by <sup>(٣٨)</sup> reported that the mean score for this subscale was inconsistency with present study.

As regard to participation subscale score wasn't falls within the shared governance range. The results of current study indicated that nurses perceive limited shared ability with nursing management/administration to participate on most committees particularly related to clinical practices within the unit and nursing department. <sup>(٣١)</sup> discovered that nurses from a non-shared governance setting had less participation in decision making than nurses in a shared governance structure. <sup>(٣٥)</sup> offer as nurses rated the highest aspect of their nursing professional practice environment was related to the increase in participation in hospital affairs.

Concerning to access to information subscale the result of present study showed that nurses perceived a low shared access to information in areas such as access to resources concerning recent advances in nursing practice, compliance of hospital nursing practice with requirements of surveying agencies and hospital strategic plans for the next few years. This result could be due to the passive role of nurses in quality activities at all levels, orientation program for all newly employed nurses, annual training plan for nursing department, and low availability of library within hospital.

<sup>(٣٩)</sup> indicated that nursing management has the most access to information and resources in the activities that control and support the professional practice environment. However, <sup>(٣٧)</sup> indicated that nurses have more influence moving towards equally sharing access to information and resources with nursing management/ administration.

In relation to ability subscale relate to who sets goals and negotiates the resolution of conflict at different organizational levels. The result of present study revealed that the mean score of this subscale falls on the lower limit of shared governance range.

The findings of present study are consistent with <sup>(٣٩)</sup> suggest that engaging nurses in decision making, work redesign and conflict resolution enhances nurse empowerment within the work environment, nurses have limited skills in this area. Therefore nurses need more knowledge and training regarding conflict negotiation strategies in order to improve their ability to advocate for and provide quality patient care.

These finding is contraindicating with <sup>(٣٢-٤٠)</sup> who reported that nurses have a more shared ability to set goals and manage conflict with management/administration.

In relation to study subjects' perception of professional shared governance regarding work area. The result of present study revealed that there was a significant difference among different work place. Moreover the nurses who working in critical care unit and OR unit in both Benha and Menoufia University Hospitals have highest mean scores of shared governance as compared to nurses who are working in medical, surgical and other specialties. This could be due to, the work in the critical care unit and OR depend on the team-work and need participated in decision making. Also the critical care units

were considered a decentralized units with policies that allow nurses to have the chance to participate in decision making and make control relating nursing practice while other departments at hospital were centralized in which decision are made only by the top manager.

The result of the current study is consistent with <sup>(١٧)</sup> reported that nurses working in ICUs had higher job satisfaction, increased perceptions of giving high quality care, and were more positive about peer support and involvement in decision making than nurses working in general units. <sup>(١٨)</sup> who showed that there is a significant difference between units.

Nurse empowerment has been considered a key outcome of shared governance in work environment <sup>(١٩)</sup>. It was apparent from the result; the total mean score of job empowerment was moderate in Benha and Menoufia University Hospitals. This could be due to provide staff nurses with opportunities for growth and development in variety of ways are the best routes to increase empowerment such as provides nurses with information openly and honestly help them to accomplish their work. On the other hand the informal power, developing relationships within the organization that influence and facilitate the work of the organization. Access to these power structures creates empowerment in the work environment

This study finding is supported by <sup>(٢٠)</sup> stated that staff empowerment is fundamental to shared governance, including both the state of empowerment itself and the structures that facilitate it. <sup>(٢١)</sup> point to the importance of empowerment in a shared governance structure. <sup>(٢٢)</sup> revealed that staff nurse and head nurse had moderate score related to elements, dimension of empowerment. <sup>(٢٣)</sup> reported that half of the staff nurses had highly empowered and their general work condition was empowering.

In addition, the results of the present study revealed statistical significant positive correlation between nurse's perception of shared governance and their job empowerment. In this respect <sup>(٢٤)</sup> revealed that there is a positive relationship between a nurse's perception of shared governance and empowerment.

## **٦. Conclusions**

The findings of this study concluded that, the total mean score on the shared governance (IPNG) in Benha and Menoufia University Hospitals was indicative of traditional governance. Nurses had lowest mean scores regarding their perception of shared governance. There was significant difference between the professional shared governance dimensions and different work unit, as nurses working in intensive care units had higher mean scores regarding their perception of shared governance compared to nurses in other specialties. Moreover there was a significant positive correlation between nurses' perception of shared governance and their overall job empowerment.

## **٧. Recommendations**

**Based on study findings the following were recommended:**

- Top manager should play an important role to support the presence of staff nurses at all levels of decision making and measure patient and nurse satisfaction as well as systems outcomes.
- Administrators can use the findings of this study to develop or adopt the suitable model for shared governance, furthermore train nurses and nurse managers about shared governance and decisional involvement behaviors
- Providing resources for staff nurse to research, analyze, develop, and implement a model of nursing care that supports their professional control over nursing practice. This can be done through collaboration between nursing administration, and staff nurses
- Also future research using focus groups to discuss shared governance in nursing practice in their particular area this would enable identification of challenges that nurses and management face to be acknowledged, and perhaps allow for necessary interventions to follow.

## ^ References

[¹]-**Wilson, E.(²·¹³)**: Evaluating shared governance for nursing excellence. Master thesis of Science in Nursing, University of Phoenix, p (III).

[²]-**Porter-O'Grady, T. (²··⁴)**: Overview and summary: Shared governance: Is it a model for nurses to gain control over their practice? Online Journal of Issues in Nursing, ⁹(¹), ⁹²-⁹⁵.

[³]-**Fitzpatrick, J . J., Donahue, M., Quinn, M. T. and Barden, A. M.(²·¹¹)**: Shared governance and empowerment in registered nurses working in a hospital setting. Nursing Administration Quartey. ³⁵(³)²¹²-²¹⁸.

[⁴]-**Bamford-Wade, A., & Spence, D. (²·¹²)**. Shared governance: A vehicle for engagement and change. Nurse Education Today, ³²(³), ¹⁹¹-¹⁹⁴.

[⁵]-**Newman, K. P. (²·¹¹)**: Transforming organizational culture through nursing shared governance. Nursing Clinics of North America, ⁴⁶(¹), ⁴⁵-⁵⁸.

[⁶]- **Hess, R. G., Jr. (²·¹¹)**: The measurement of professional nursing governance. Voorhees, NJ: The Forum for Shared Governance.

[⁷]-**Robertson-Malt, S., & Chapman, Y. (²··⁸)**: Finding the right direction: The importance of open communication in a governance model of nurse management. Contemporary Nurse, ²⁹(¹), ⁶⁰-⁶⁶.

[⁸]-**Howell, J. N., Frederick, J., Olinger, B., Leftridge, D., Bell, T., & Hess R. (²··¹)**. Can nurses govern in a government agency. Journal of Nursing Administration ³¹, (⁴) ¹⁸⁷-¹⁹⁵.

[⁹]-**Mangold KL, Pearson KK, Schmitz JR, Specht JP.(²··⁶)**: Perceptions and characteristics of registered nurses' involvement in decision making. Nursing Administration Q., ³⁰(³):²⁶⁶-²⁷².

[¹⁰]-**Hess R.G.( ²··⁴)**: From bedside to boardroom—nursing shared governance. Online Journal Issues Nurs.;⁹(¹).

[¹¹]-**Scherb, C., Loes, J., & Reed, D. (²·¹¹)**: Decisional involvement: staff nurse and nurse manager perceptions. Western Journal Of Nursing Research, ³²(²), ¹⁶¹-¹⁷⁹.

[¹²]-**Porter-O'Grady, T. (²··³)**: Researching shared governance – A futility of focus. Journal of Nursing Administration, ³³(⁴), ²⁵¹-²⁵².

[¹³]-**McDowell, J., Williams, R., Kautz, D., Madden, P., Heilig, A., & Thompson, A. (²·¹·)**: Shared governance: ¹· years later. Nursing Management, ⁴¹(⁷), ³²-³⁷.

[¹⁴]-**Long,A,K, (²··⁶)**:Shared Governance: The Ultimate Exercise in Professional Communication, Dean, College of Nursing Associate Provost.

[¹⁵]-**Doherty C., Hope W. (²···)**. Shared governance – Nurses making a difference. Journal of Nursing Management, ¹⁸(²), ⁷⁷-⁸¹.

[¹⁶]- **Kramer, M., Schmalenberg. C., Maguire, P., & et al. (²··⁹)**. Walk the Talk: promoting control of nursing practice and a patient-centered culture. Journal of Critical Care Nurse ²⁹, ⁷⁷-⁹³.

[¹⁷]-**Anthony MK(²··⁴)**: Shared governance models: the theory, practice, and evidence. Online Journal Issues Nurs. ⁹(¹/⁴) : ²²-³·.



- [١٨]-**Hess, R. G.** (١٩٩٨): A breed apart – Real shared governance. Journal of Shared Governance, ٤(٣), ٥-٦.
- [١٩]- **Bardn, A.M, Quinn, M.T., Donahue, M., and Fitzpatrick, J.J.**(٢٠١١): Shared governance and empowerment of registered nurses working in hospital setting, *N.A.Q*, ٣٥(٣):٢١٢-٢١٨
- [٢٠]- **Ibrahim G. Al-Faouri, N , Al Ali, (٢٠١٤)** :Perception of Shared Governance among Registered Nurses in a Jordanian University Hospital, Irbid , Jordan. *Jordan University of Science and Technology (JUST).International Journal of Humanities and Social Science* Vol. ٤, No. ٦(١); April ٢٠١٤ pp.٢٥٤.
- [٢١]- -Aroskar, M.A., Moldow, D.G., & Good, C. M. (٢٠٠٤).Nurses voices: Policy, practice andethics. *Nursing Ethics*, ١١(٣): ٢٦٦-٢٧٦.
- [٢٢]-**Kristeen M., Lauren H., Diane B., Teta B., Joseph V, & Michael L.,**(٢٠٠٥): Measuring long term care work: A guide to selected instruments to examine direct care worker experiences and outcomes ,Institute for the future of aging services.
- [٢٣]-**Spreitzer M.** (١٩٩٥): Psychological empowerment in the work place: dimensions, measurement and validation. In: Daft, L. R. & Lane, P.(٢٠٠٢). The leadership experience. ٢<sup>nd</sup> ed., USA: Mike Roche Publisher. Chapter ٨, pp: ٢٩٤-٣١٣.
- [٢٤]-**Glasscock, S.** (٢٠١٢): Implementation of Shared Governance, Graduate Theses, Dissertations, Bellarmine University , Paper ٧.
- [٢٥]-**Baggot, D. M, Hensinger, B. Parry, Jvaldes, M.** (٢٠٠٥): The new hire preceptor experience: cost benefits analysis of one retention strategy, Journal of Nursing Administration, ٣٥(٤): ١٣٨-١٤٥.
- [٢٦]- **Faye A, R.** (٢٠٠٥): Empowerment, job satisfaction and professional governance of nurses in hospitals with or without shared governance. *Forum of shared governance*,Po Box voorhess, pp,٤٢٤-٤٢٧.
- [٢٧] - **Brien-Pallas, L, Armstrong-Stassen, Bourbonbonnais, .E.,Cameron, S.,** (٢٠٠١).Commitment and care: The benefits of a healthyJournal of American Science, ٢٠١٢;٨(٥) workplace for nurses, their patients and the system.Canadian Health Services Research Foundation, ٣٠( ٥):١٢١-١٢٩
- [٢٨]- **Nedd, N.** (٢٠٠٦). Perceptions of empowerment and intent to stay. *Nursing Economics*, ٢٤(١): ١٣-١٩.
- [٢٩]- **Mcdonagh, K. J., Rhodes, B., Sharkey, K., & Goodroe, J. H.** (٢٠٠٩). Shared governance at Saint Joseph's Hospital of Atlanta. A mature professional practice model. *Nursing Administration Quarterly* ١٣, (٤) ١٧-٢٨.
- [٣٠]- **Kramer, M., Schmalenberg, C., Maguire, P., & et al.** (٢٠٠٨). Structures and practices enabling staff nurses to control their practice. *Western Journal of Nursing Research* ٣٠, (٥) ٥٣٩-٥٥٩.
- [٣١]-**George, V., BurkeL, J., & Rodgers, B. L.** (٢٠١٢). Research-based planning for change: Assessing nurses attitudes toward governance and professional practice autonomy after hospital acquisition .Journal of Nursing Administration ٢٧, (٥) ٥٣-٦١.

- [٣٢]- **Aiken, L.H., Clarke, S.P., Sloane, D.M., & Sochalski, J.**(٢٠٠٩). An international perspective on hospital nurses work environments: The case reform .Policy, Politics, & Nursing Practice, ٢(٤): ٢٥٥-٢٦٣.
- [٣٣]- **Larrabee, J.H., Janney, M.A., & Ostrow, L., Whithrow, M.L., & Burant, C.** (٢٠٠٣). Predicting registered nurse job satisfaction and intent to leave. Journal of Nursing Administration, ٣٣(٥): ٢٧١-٢٨٣.
- [٣٤]- **Brooks, B.A.** (٢٠٠٤). Measuring the impact of shared governance. The online journal of issues in nursing ٩ (١),page ١٦٠-١٧٢
- [٣٥]-**Tourangeau, A., Doran, D., Pringle, D., & et al.** (٢٠٠٦). Nurse staffing and work environment: relationship with hospital-level out.
- [٣٦]- **Kramer, M., & Schmalenberg, C. E.** (٢٠٠٣). Magnet hospital nurses describe control over nursing practice. *Western Journal of Nursing Research* ٢٥, (٤) ٤٣٤-٤٥٢.
- [٣٧]-**Sullivan, S Havens, D., & Vasey, J.** (٢٠٠٣). The staff nurse decisional involvement scale: Report of psychometric.
- [٣٨]-**Afeef. M., Fayumi, W., & Qudimat, M.** (٢٠١٠). Nurses perception of shared governance. Proceeding of the Third JNC International Nursing Conference; ٢٠١٠ April ٢٧-٢٨: Jordan. Amman. Jordanian Nursing Council.
- [٣٩]-**Green, A., & Jordan, C.** (٢٠٠٤). Common enominators: Shared governance and work place advocacy-strategies.
- [٤٠]-**Paul, B., Cherene, O., Jo, B., Cheyne, C., Robert, H. and Bev, O.** (٢٠١٢): Professional nursing governance in a large Australian health service. a Journal for the Australian Nursing Profession.
- [٤١]- **Nancy N.** (٢٠٠٩) Shared governance: Virginia s empowering nursing leaders speak. [Online] Available: [www.nurseleader.com](http://www.nurseleader.com) (Jun ٢٠th, ٢٠١٠)
- [٤٢]- **Greco, P., Spence Laschinger, H.K., & Wong, C.** (٢٠٠٦). Leader empowering behaviours, staff nurse empowerment and work engagement/burnout. *Nursing Leadership*, ١٩(٤): ٤١-٥٦.
- [٤٣]-**Bogue, R. J., Joseph, M. L., & Sieloff, C. L.** (٢٠٠٩): Shared governance as vertical alignment of nursing group power and nurse practice council effectiveness. *Journal of Nursing Management*, ١٧(١), ٤-١٤.
- [٤٤]-**Ning S., Zhong H., Libo W., & Qiujie L.** (٢٠٠٩): The impact of nurse empowerment on job satisfaction. Journal of Advanced Nursing, ٦٥(١٢), ٢٦٤٢-٢٦٤٨.
- [٤٥]-**Rashad, R.M.** (٢٠٠٩): Head nurses and staff nurses' perception of job empowerment and organizational commitment at Benha University Hospital. Master Thesis, Faculty of nursing, Benha University, p ٦٨.
- [٤٦]-**El-Sayed W H.**, (٢٠٠٥): Reflection of Job Empowerment of staff Nurses on condition of Work Effectiveness, Unpublished Master's Thesis, Faculty of Nursing, Tanta University, p: ٦٣.

## Editorial Board

Assoc. Prof. Belgüzar Kara

School of Nursing, Gulhane Military Medical Academy, Ankara, Turkey

[Evangelos Fradelos](#)

3rd Psychiatric Department, State Mental Hospital of Attica, Athens, Greece

Mary G. Mazur

St. John-Providence Health System, USA

Dr. Nicolas Padilla-Raygoza

Department of Nursing and Obstetrics, División of Health Sciences and Engineering, Campus Celaya Salvatierra University of Guanajuato, Celaya, Guanajuato, Mexico

Sami Abd Elwahab

Department of Surgery, University College Hospital Galway, Ireland

Yannis Dionyssiotis

1st Department of Orthopaedics, General University Hospital ATTIKON, Athens, ATTICA, Greece

Zenon Piotr Halaba

Wroclaw Medical University, Dolnośląskie, Poland

## Reviewers

Dr. Ana Ribeiro

Nursing Research Department, Fundación Instituto San José de Madrid, Madrid, Spain

Cecilia Mota

Instituto Nacional de Perinatología, Mexico

Mary G. Mazur

St. John-Providence Health System, USA

Dr. Nicolas Padilla-Raygoza

Department of Nursing and Obstetrics, División of Health Sciences and Engineering, Campus Celaya Salvatierra University of Guanajuato, Celaya, Guanajuato, Mexico

Dr. [Xiaosong Li](#)

Department of Oncology, the First Affiliated Hospital of Chinese PLA General Hospital, Beijing, China