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Staff Nurses` Perception of Shared Governance and its Relation to their Work Engagement at Critical Care Units

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***Abstract*: Shared governance is a structure that places staff at the center of the decision-making process, it is an ongoing process that should be embedded in an organization to be a successful setting also it is a vehicle that can be used to increase work engagement among nurses so that it is vital to improve nursing, clients and organizational outcomes that ultimately advance health care within our communities. Aim: The present study aimed to assess staff nurses' perception of shared governance and its relation to their work engagement at critical care units. Research Design: Descriptive correlational research design was utilized to conduct this study. Setting: The study was conducted in critical care units at Benha University Hospital. Sample: Convenience sample consisted of 130 staff nurses who worked at the previously mentioned setting. Tools of data collection: Data was collected through two main tools namely (I) Index of Professional Nursing Governance Questionnaire (IPNGQ) and (II) Utrecht Work Engagement Scale (UWES). Results: The findings of this study showed that about half of staff nurses (47.7%) reported for shared governance. And about two third of staff nurses (63.2%) had high level of engagement regarding their work. Conclusion: About half of staff nurses had reported for shared governance and about two thirds of staff nurses had high level of engagement regarding their work. There was a positive highly statistical significant correlation between nurses' perception of shared governance and their level of work engagement. Recommendations: Hospital administrators should provide nursing staff with professional development to enhance their engagement. Hospital administrators should maintain supportive work environment and encourage staff nurses to share in decisions.**

Keywords: Staff Nurses, Shared Governance, IPNGQ, Work Engagement, UWES, and Critical Care Units.

1. INTRODUCTION

Creating a shared governance culture in hospitals allows nurses to be actively involved with administration in decision influencing practice, and enhance decentralization which will lead to make organizational structure and professional practice more complimentary **(Ibrahim, Al-Faouri & Al Ali, 2014; Abou Hashish, Fargally, 2018).** The core definition of shared governance is the accountability-based governance system that shares power, control, and decision making with the professional nursing staff within a clinical decision making process in administrative areas **(Siller, Dolansky, Clavelle, Fitzpatrick, 2016).** Also, it is a nursing practice based on the foundational principals of collaboration, empowerment, equity, accountability, and ownership **(Charland, 2015; Torres et al., 2015)**. It is the expansion of using power, monitoring, supervision and authority to put staff nurses' in the correct line over their clinical practice **(Lamourex, Judkins-Cohn, Butao, McCue, Garcia, 2014; Cohen, 2015).**

Furthermore, shared governance has its basis in a sociological theory by Kanter. First introduced in 1977, and revised in 1993, Kanter's theory of structural empowerment indicated that an employee's work environment influences their behavior and level of engagement. Additionally, Porter O'Grady and Finnegan 1984 first introduced shared governance in nursing. They identified the importance of involving bedside nurses in decision-making related to nursing professional practice **(Fitzpatrick, Donahue, Quinn, and Barden, 2011; Shwaihet, Nasaif, 2015; Wetmore, 2018).** The idea of participating in decisions that

directly influence and affect the clinical and professional practice of staff nurses is something that staff nurses should be involved with as health care providers. Shared governance aids in the ownership of practice and excellence in care can be achieved **(Meyers, Costanzo, 2015).** Moreover, it is a highly flexible approach which can be adapted and changed to suit the particular organization's needs **(Mahmoud, 2016; Ducharme, Bernhardt, Padula, 2017).**

Hess (2010) developed the Index of Professional Nursing Governance (IPNG) to measure professional nursing governance. Hess identified six dimensions in the IPNG that characterize governance within the organization namely: *control over practice*; specifically, patient care policies and procedures, quality and care products, staffing, education, and research in practice. *Influence over resources* which relates to who influences resources that support professional practices within the organization. *Control over personnel* which addresses the organizational structure in place related to hiring, evaluating performance, disciplinary actions, and recommendation of salaries and benefits. *Participation in committee structures* which reflects the organizational structure in place to support participation in committees., *Access to information* including budget, goals and objectives, organizations financial opinions of staff, patients, and physicians. Additionally, *the* ability to set goals and negotiate the resolution of conflict at different organizational levels.. IPNG can be used for obtaining baseline and evaluative data for the implementation of nursing shared governance innovation and its outcome **(Hess, 2010; Hess, DesRoches, Donelan, Norman, Buerhaus, 2011; Barden, Griffin, Donahue and Fitzpatrick, 2011; Swihart, & Hess, 2014).**

There are a variety of shared governance models namely; unit based governance, congressional, councilor and administrative **(Cho, 2017).** Unit based governance that refers to governance derived from a nursing unit while, councilor governance that refers to decisions made by hospital-wide nurse councils. In addition, administrative governance, which considers executive rule as leadership to smaller nurse councils, and finally, congressional governance, which considers that all nursing staff works to form cabinets responsible to guide practice **(Meyers, Costanzo, 2015)**. Shared governance models are characterized by management and staff working collaboratively in decision-making, at both a unit level and organizational level **(Hess, 2011, Abou Hashish, Fargally, 2018).**

A critical care unit, such as intensive care unit and cardiac, is a specific workplace within a hospital involving the care of very sick patients through specially trained nurses to conduct frequent observations, immediate interventions and the use of highly technological monitoring equipment or device **(Moneke & Umeh, 2014)**. Critical care nurses have a significant role in the recovery of patient so, they should have knowledge, skills and experience to perform procedures efficiently and accurately to help critically ill patients in their recovery **(Eldeeb, 2016)**. The critical care nurses' ability to make sound clinical nursing judgments is based on a solid foundation of knowledge and experience **(Aitken, Marshall, Chaboyer, 2016; Canadian Association of Critical Care Nurses, (2016)**. These characteristics provide a foundation for professional practice that result in positive outcomes involving improved work engagement **(Swihart, 2011; Wilson, Speroni, Jones & Daniel, 2014).**

Shared governance is important to develop collaborative relations, improve quality of care and clinical effectiveness, increase staff confidence, assist personal and professional development, encourage sharing of information and good communication, facilitate development of new knowledge and skills, increase professionalism and accountability, increase direction and reduce duplication of effort. It also increases patient satisfaction, improve work life through increased nurse retention, opportunities for all nurses to get involved with leadership, increase availability of information, improve professional growth, and increase work engagement, **(McDowell et al., 2010, Gallagher-Ford, 2015)**

Work engagement can be defined as a positive, fulfilling, affective-motivational state of work-related well-being that is characterized by vigor, dedication, and absorption **(Costa, Passos, & Bakker 2015)**. Vigor means high level of energy and willing to invest effort in one's work, face the difficulties and not being easily fatigued, dedication means strong involvement in one's work while, absorption mean pleasant state of total immersion in one's work **(Seelig, 2018)**. Also work engagement is a state of enthusiastic and complete involvement in work **(Keykoa, Cummingsa, Yongea, Wong, 2016)**. Engaged nurses typically show high levels of energy and mental resilience, and voluntarily invest considerable effort (vigor) in the relevant tasks that they carry out. Engaged nurses have a sense of significance, enthusiasm, inspiration, pride and challenge (dedication), and are deeply engrossed in their work (absorption) **(Clavelle, Porter O'Grady, Weston, Verran, 2016)**. When staff nurses are highly engaged in their work can work long hours and put their heart into their work **(Wessel, 2012; Simon, Ceretti, Gabel-Shemueli, 2014).**

Furthermore, work engagement is essential for organizations because it is an active, positive and rewarding work-related psychological state **(Sullivan, Warshawsky, Vasey, 2013; Kindipan, 2017).**Work engagement describes the relation of nurses with their work and that include involvement, enthusiasm, commitment, absorption, dedication, focus effort and energy **(Siller, et al., 2016)**. Work engagement measures nurses' ability to use their full capacity to connect with people in the work, solving problems and developing innovation services **(Costa, et al., 2015; Macyk, 2017).** The health care organization must understand the ways of supporting their staff to facilitate nursing engagement because nurses with high level of work engagement will, have high level of performance, gain satisfaction from clients, increase productivity and reduce turnover intention **(Brunges, and Foley-Brinza, 2014)**.

The factors that affect the well-being of nurses and work engagement must be understood; Two main factors that foster work engagement namely job and personal resources ; job resources such as organizational justice , job autonomy, performance feedback, task variety, opportunities to learn and develop and transformational leadership when personal resources such as self-esteem, optimism and self-efficacy that are useful for coping with the everyday demand of working life **(Beukes, Botha, 2013; Yoder-Wise, 2015).**

Shared governance is also a factor that creates a model for supporting nursing decisions and plays a part in quality and productivity of the health care system. Furthermore, the implementation of nursing shared governance has been proposed as essential to produce many positive outcomes in a variety of settings as increased nurse satisfaction, improve quality patient care, contain costs, and retain nursing staff, decreased nursing turnover, increases nurses' perceptions of opportunities for professional growth, promotion and enhanced patient outcomes in many health care organizations **(Brandt, Edwards, Cox-Sullivan, 2012; Ducharme, et al., 2017).**

1.1. Significance of the Study

Hospitals have a vested interest in promoting a culture of engagement among nurses who comprise the largest share of the hospital workforce. One strategy to increase nurse engagement is shared governance, in which staff nurses are active participants in decision-making. Shared governance has emerged as a key component of efforts to improve nurse practice environments. Work engagement in nursing field becomes very important in responding to current challenges within health care organization, to reduce future nursing shortage, enhance nursing career and attract and retain skilled and talented nurses. Egyptian health organizations may be facing a significant challenge as they make excessive efforts to improve levels of work engagement. Engaged nurses are satisfied, energized and productive nurses. The level of nurses' engagement within an organization was inherently linked to the level of decision-making authority held by them especially related to issues surrounding daily work and that achieved from shared governance. So, this study is conducted to assess staff nurses' perception of shared governance and its relation to their work engagement in critical care units at Benha University Hospital.

1.2. Aim of the Study

The present study was aimed to assess staff nurses' perception of shared governance and its relation to their work engagement in critical care units at Benha University Hospital.

1.3. Research questions

1. What is the staff nurses' perception of shared governance?
2. What is the level of staff nurses' work engagement?
3. Is there a relation between staff nurses' perception of shared governance and their work engagement?

2. Subjects and Methods

2.1. Research Design

Descriptive correlational design was utilized to carry out this study.

2.2. The Study Setting

The study was conducted at Benha University Hospital in six critical care units; (General intensive care unit (ICU), Cardiac care unit (CCU) and Cardiothoracic intensive care unit, Chest intensive care unit, Pediatric intensive care unit, and dialysis unit).

2.3. Subjects

Convenience sample from staff nurses (130) distributed as following; (40) of them working at general (ICU), (20) at (CCU), (14) at cardiothoracic ICU, (17) at chest ICU, (9) at pediatric ICU, and (30) at dialysis unit, with at least two-years of job experience in their working place at the time of study.

2.4. Tools of Data Collection

Data for the present study was collected using the following two tools:

2.4.1. Index of Professional Nursing Governance Questionnaire (IPNGQ)

It consists of two parts: **First part**; includes personal characteristics of staff nurses as age, educational qualification, years of experience and marital status. **Second part**; was developed by **(Hess, 2011**) to assess staff nurses' perception toward shared governance, that identifies who controls or influences various activities, resources, and practices in their organization (i.e. management only, shared between nurses and management, nurses only). It included 86 items subdivided under six main dimensions; control over practice "16 items", influence over resources "13 items", control over personnel "22 items", participation in committee structures "12 items", access to information "15 items", and ability to set goals and conflict resolution "8 items"

2.4.1.1. Scoring System

Responses were measured by a 5-point Likert scale. Ranging from; 5 = staff nurses only; 4 = primarily staff nurses with some nursing management/administration input; 3 = equally shared by staff nurses and nursing management/administration; 2= primarily nursing management/administration with some staff nurse input; 1 = nursing management/administration only. The IPNG range of total scores reflecting traditional [decision was primarily taken by nursing management] was from 86 – 172, from (173-344) was reflected shared governance [decision was primarily taken by nursing management with equally shared with nursing staff], and from (345-430) was reflected self-governance; [staff nurses had decision-making group] **(Hess, 2011).**

2.4.2. Utrecht Work Engagement Scale (UWES)

It was developed by **(Bakker, Schaufeli, and Salanova, 2006)** to measure the levels of nurses' engagement in their work. The items of the UWES were 17 items that clustered into three subscales corresponding to the conceptual components of work engagement that include: vigor was subdivided under (6) items, dedication was subdivided under (5) items and absorption was subdivided under (6) items.

2.4.2.1. Scoring System

Using a seven point Likert- scale ranging from (0-6) as following: "6" always, "5" very often, "4" often, "3" sometimes, "2" rarely, "1" almost never, and "0" never. The scores of each dimension was summed up and level of work engagement is considered high if the percent score more than 75%, moderate from (60%- 75%), and low (less than 60%) of the total score.

2.5. Methods

The study was executed according to the following steps

2.5.1. Approval

A permission to conduct the study was obtained from the director of Benha University Hospital after explaining the aim of the study.

2.5.2. Preparatory phase

The preparatory phase started from the beginning of January 2019 to end of March 2019, covering three months and including the following: Reviewing the national and international related literature using journals, periodicals, textbooks and theoretical knowledge of the various aspects concerning the topic of the study.

2.5.3. Pilot study

Pilot study was conducted at April 2019 to assess tools face and content validity; it also served in estimating the time needed for filling the two tools. It was done on 10% of the total subjects (13 nurses). The tool was finalized based on the result of the pilot study. The pilot study was included in the main sample.

2.5.4. Field work

The actual field work was conducted at May 2019. The researchers collected data by themself, through meeting with the nurses and explaining the purpose of the study to them. The data collected from nurses before and between their work hours according to their availability through 5 days/week; the numbers of interviewed nurses daily were ranged from 6 to 7 nurses. The time required to fill the questionnaires sheet was from 20 to 30 minutes for (IPNGQ), and from 15-20 minutes for UWES. The filled forms were collected in time and revised to check their completeness to avoid any missing data.

2.5.5. Tools Validity and Reliability

The two tools contents were adopted, translated into Arabic and tested for its content validity by 5 juries, who were experts in the related field. Based on their recommendations the necessary modifications were made. Also, the reliability of the tools was conducted to determine the internal consistency and homogeneity of the used tools by Cronbach's Alpha test. The internal consistency of Index of Professional Nursing Governance Questionnaire (IPNGQ) was r= 0.92, and the Utrecht Work Engagement Scale (UWES) was r=0.94.

2.5.6. Ethical consideration

Ethical consideration; all participants interviewed for explaining the purposes and procedures of the study, and they have the right to withdrawal from the study any time during the study. In addition, confidentiality and anonymity of the subjects were assured through coding of all data. Oral consent to participate was assumed by attendance of filling questionnaire sheet.

2. 6. Statistical Design

The collected data organized, tabulated and statistical analyzed using statistical package for social science (SPSS) version 21 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g. frequency, percentages, mean and standard deviation). Test of significance, correlation coefficient (r) was used. A significant level value was considered when $p < 0.05$ and a highly significant level value was considered when $p < 0.001$. No statistical significance difference was considered when $p > 0.05$.

3. Results

Table 1: Frequency and percentage distribution of the studied staff nurses according to their personal characteristics (n =130)

Personal Characteristics	No	%
Age (years)		
< 25	26	20.0
25- <35	68	52.3
35- <45	30	23.1
≥ 45	6	4.6
$\bar{X}$±SD	**31.30±8.46**	
Marital status		
Married	90	69.2
Single	14	10.8
Others	26	20.0
Education Qualification		
Nursing diploma	26	20.0
Technical institute	66	50.7
B.Sc. Nursing	34	26.3
Others qualification (post graduate)	4	3.0
Years of experience		
1 -< 5	18	13.8
5 -< 10	39	30.0
10 -< 20	48	36.9
≥ 20	25	19.3
$\bar{X}$±SD	**10.51±7.49**	

Table (1): Shows that there was more half of staff nurses (52.3 %) had age from 25 to less than 35 years old with a mean age of (31.30±8.46) years, while the most of them (69.2) were married. As regarding to qualification, about half of staff nurses (50.7 %) had technical institute, and (36.9%) of staff nurses had years of experience from 10 to less than 20 years with a mean years of experience (10.51±7.49).

Table 2: Mean scores of studied staff nurses` perception toward shared governance (n= 130)

Dimensions of Shared Governance	Minimum	Max score	Mean ± SD	Total percent *

	score			
Control over Practice	16	80	48.19 ±3.05	60.2 %
Influence over Resources	13	65	28.10 ±2.38	43.0%
Control over Personnel	22	110	50.85 ±2.21	46.22%
Participation in Committee Structures	12	60	24.23 ±2.75	40.4%
Access to Information	15	75	39.06 ±2.78	52.0%
Ability to Goal Setting and Conflict Resolution	8	40	16.17 ±1.52	40.2%
Total	86	**430**	**205.53 ± 8.92****	

* Percentages are calculated relative to maximum score.

Notes. SD: Standard Deviation; ** shared governance: - Primarily nursing management with some nursing staff input (173-257)

Table (2) illustrates that the total nurse' professional shared governance mean score was (205.53±8.92) that represent shared governance [Primarily nursing management with some nursing staff input (173-257)]. And the highest mean score of nurses perception toward shared governance was related to dimension of control over practice (48.19±3.05) that represent 60.2 % of maximum score that followed by the dimension of access to information (39.06±2.78) that represent 52.0% of maximum score, while the lowest mean score was related to the dimension of ability to goal setting and conflict resolution (16.17±1.52) that represent 40.2%of maximum score.

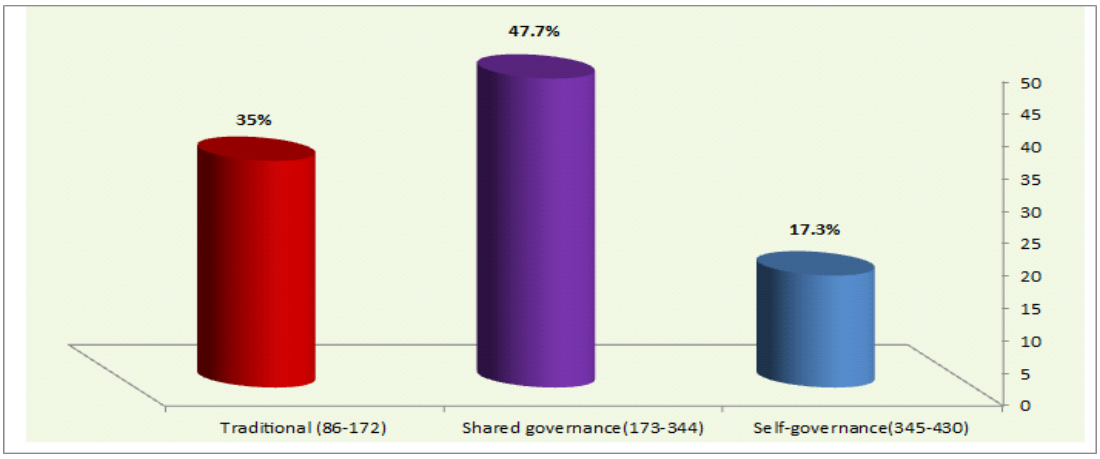

Figure 1: Percentage distribution of nurses perception toward governance (n= 130)

Figure (1) reveals that about near half of staff nurses (47.7%) reported for shared governance, more than one third (35%) of them reported for traditional governance and the lowest percentage (less than one quarter) (17.3%) of them reported for self-governance.

Table 3: Mean scores for nurses` engagement toward their work (n= 130)

Elements of work engagement	Minimum score	Max score	Mean ± SD	Total percent *
Vigor	**0**	36	23.73± 4.60	65.9%
Dedication	**0**	30	18.93± 6.01	63.1%
Absorption	**0**	36	21.80± 4.13	60.6%
Total	**0**	**102**	**64.47 ± 10.69**	**63.2%**

** Percentages are calculated relative to maximum score.*

Table (3) demonstrates that the overall mean score of total work engagement among study nurses. It was **(64.47 ± 10.69)** representing (63.2%) of maximum score. The highest mean score for nurses` engagement toward their work was related to vigor (23.73 ± 4.60) that representing (65.9%) of maximum score, that followed by dedication element (18.93±6.01) that representing (63.1%) of maximum score. While the lowest mean score (21.80 ± 4.13) was related to absorption that was (60.6 %) of maximum score.

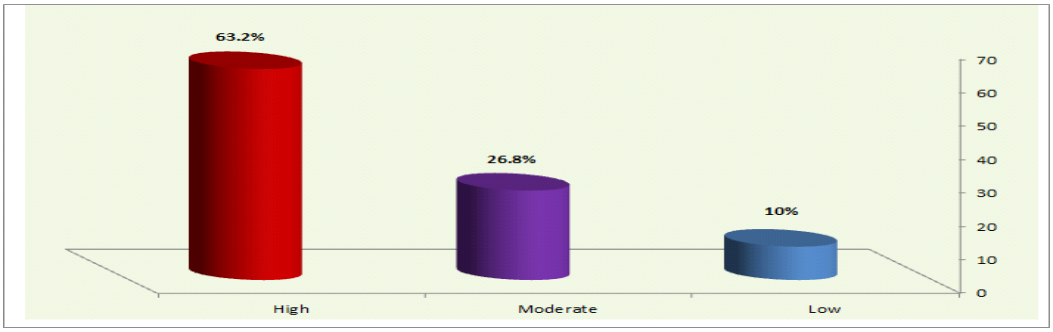

Figure 2: Level of work engagement as reported by studied nurses` (n= 130)

Figure (2): Portrayed that about two third of staff nurses (63.2%) had high level of engagement regarding their work and (26.8%) of nurses had moderate level of engagement regarding their work. While the minority of them (10%) had low level of engagement regarding their work

Table 4: Correlation between overall score for shared governance and work engagement for staff nurses` (n=130)

Elements	Overall score for work engagement	
	r	p-value
Overall score of Shared Governance	0.428	<0.001**

**A high statistical significant difference (P ≤ 0.001)

Table (4): Shows that there was a positive highly statistically significant correlation between the studied staff nurses perception toward professional shared governance and their level of work engagement.

Table 5: Staff nurses` perception toward shared governance and work engagement in relation to years of experience and education qualification (n=130)

Items	Personal characteristics			
	Years of Experience		Education Qualification	
	R	P- value	r	P- value
Shared governance	0.620	<0.001**	0.712	<0.001**
work engagement	0.516	<0.001**	0.363	<0.001**

**A high statistical significant difference (P ≤ 0.001)

Table (5): Clarifies that there was a positive highly statistically significant correlation between shared governance, work engagement, years of experience, and education qualification of studied nurses.

4. Discussion

Shared governance is considered an innovative management process model that includes shared decision-making between all members of the healthcare workforce and is based on the principles of building a partnership, create ownership, facilitate equity, fairness and accountability, liability between the nurses and the work environment which is fundamental to the nurse's work engagement, job satisfaction, recruitment and retention, and subsequent quality of care and patient safety (**Lamourex, et al., 2014**). Nurses` work engagement considered a significant key outcome of shared governance as it depends on the degree of participation extended to nursing staff and influence in decision making at all levels, access to resources and information, adequate staffing to meet patient needs, also the presence of a supportive work environment. **Al-Faouri, Ali, Essa, (2014)**

The present study aimed to assess staff nurses' perception of shared governance and its relation to their work engagement in critical care units at Benha University Hospital.

The findings of the present study revealed that less than half of the studied staff nurses reported that they have shared governance as the decision was primarily taken by nursing management with equally shared with nursing staff. From researchers point of view this may be due to nurses had shared ability with nursing management/administration to participate on most committees particularly related to clinical practices within the unit and nursing department, and staff scheduling also, participate in organization`s strategic plans for the next few years. However, nurses perceive they have limited ability to negotiate solutions to conflicts between professional nurses and nursing management.

This finding of the current study was supported by **Al-Faouri, et al., (2014),** who conducted study about "Perception of shared governance among registered nurses in a Jordanian University Hospital." They stated that the Jordanian University hospital nurses' perceived that decisions equally shared by staff nurses and nursing managers in all IPNG subscale (Nursing Personnel, Information, Goals, Resources, Participation, and Practice) also, Jordanian registered nurses perceive good control over their professional practice and shared decisional involvement of nurses and management in their work environment. Also, was supported by **Mahmoud, (2016),** who conduct a study about "The relationship between nurses' professional shared governance and their work empowerment at Mansoura University and Specialized Medical Hospitals," and stated that nurses from a non-shared governance setting had less participation in decision making than nurses in a shared governance structure. **Bennett, Hess, Ockerby, O'Connell, (2012)** conducted a study about "Professional nursing governance in a large Australian health service." they stated that the analysis of the six subscales of IPNG revealed that the organization scored inside the lower tier of the shared governance range for the following domains: Influence over resources, participation in committee structures, control over practice, and goal setting and conflict resolution. Scores were in the traditional governance range for the following domains: Control over personnel; and access to information.

As regards to control over professional practice, the findings of the current study indicated that nurses perceived the control over their professional practice in their formal organization as the highest dimension of IPNG, this indicating that decisions equally shared by staff nurses and nursing management. These results may be due to quality improvement and accreditation programs activities at the study setting which gave opportunity to all nursing personnel to participate in identifying standardized patient care needed and other nursing activities, and implementation of quality improvement project recently in the hospital.

The result of the current study was in the same line with the findings of study done by **Mahmoud, (2016),** who stated that nurses and administration were involved equally in decisions related to control over professional practice. The result of the current study was inconsistence with the findings of study done by **Afeef, Fayumi, Qudimat, (2010),** who conducted a study about " Nurses perception of shared governance", they reported that staff nurses perceived they have 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 from bedside nursing, patient care standards, quality assurance, educational development, and determining the model of nursing care for their professional work. As well **Seada, Etway, (2012)** conducted a study about "Relationship between staff nurses' perception of professional shared governance and their job satisfaction" revealed that overall staff nurses had lowest mean scores regarding their perception of shared governance which indicates that they did not have professional control over their work environment.

As regard to access to information the studied staff nurses perceived a more shared access to information in areas such as 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 may be due to the energetic role of staff nurses in quality assurance and quality improvement activities at all levels, orientation program for all newly employed nurses, annual training plan for nursing department, and active role of training unit in hospital. This result was in the same line with **Al-Faouri, et al., 2014 & Afeef, et al., 2010,** as they found the same results. Also, **Bennett, Hess, Ockerby, O'Connell, (2012)** stated that nurses are the largest work force in healthcare, involvement and influence in decision-making is required to facilitate continuous change, improvement and growth for nursing profession and for this to occur appropriate structures and processes that include access to information needed to provide and encourage involvement in decision-making are essential.

As regards to goal setting & conflict resolution nurses have the lowest shared ability to set goals and manage conflict with management/ administration. This may be due to the less involvement of nursing staff with hospital and nursing management in administrative decisions such as setting the hospital and work-related mission, philosophy, and goals and most of the conflict issues are being solved by the management with little participation from nursing staff. Also, nurses perceive they have limited ability to negotiate solutions to conflicts between professional nurses and nursing management and they have limited skills in this area, so, it suggested that engaging nurses in conflict resolution, decision making, and work redesign enhances nurse engagement within the work environment. Therefore, nurses need more knowledge and training regarding conflict negotiation strategies in order to improve their ability to advocate for and be responsible for quality patient care. The findings of the current study was supported with **Abou Hashish, Fargally, (2018),** who conduct study about "Assessment of professional nursing governance and hospital magnet components at Alexandria Medical Research Institute, Egypt," and stated that goal setting and conflict resolution had the lowest rating of nursing staff assessment of professional nursing governance elements. Also, study of **Afeef, et al., (2010)** has similar results.

Concerning Level of work engagement, the findings of the present study declared that about two-thirds of the studied staff nurses had high level of engagement regarding their work. This might be due to staff nurses feel appreciated and valued by the organization and want to do work that is meaningful to them and for their work which makes them able to overcome problems of work and their inside positive convenience and self- esteem which give them positive energy for doing their job. Staff nurses who perceive their work as a meaningful career are focused on growth, development, and advancement in their career in their organization. Additionally, those who refer to their work as a job are less engaged than those who view their work as a duty calling, those who had higher scores in their engagement.

These finding were in the same line with **Veromaa, Kautianen and Korhonen, (2014),** who conducted a study about" Physical and mental health factors associated with work engagement among female employees: Across – sectional study" reported that most of employees had high work engagement levels and about one third of them had moderate level, while the minority of them had low work engagement level. **Radwan, Alsayed, Gad, Kassem (2018)** conducted a study on "Organizational Support and Work Engagement as Perceived by Head Nurses at Mansoura University Hospital" and the study revealed that majority of the head nurses who work at Main Mansoura University Hospital had high level of work engagement.

These findings were supported with **Abed, Elewa, (2016),** who conducted a study about" The Relationship between Organizational Support, Work Engagement and Organizational Citizenship Behavior as Perceived by Staff Nurses at Different Hospitals", **Seada, (2017)** who conducted a study on " Organizational Role Stress and Work Engagement Among Nurses in a Selected Hospital in Cairo" they stated that staff nurses had highest mean scores of total work engagement.

These results in contrary with **Mason, Lesile, Lyons, Walke and Griffin, (2014),** who conducted a study about " Compassion fatigue, morale distress and work engagement in surgical intensive care unit" revealed that nurses at their study reported low work engagement levels. **Wang, Liu, Zou, Hao, Wu (2017)** conducted a study about " Associations of occupational stressors, perceived organizational support and psychological capital with work engagement among Chinese female nurses" reported that nurses had low engagement to their work. **Edwards- Dandridge, (2019)** conducted a study about " Work Engagement, Job Satisfaction, and Nurse Turnover Intention" found that nurses showed an average level for work engagement.

Concerning Mean percentages of the studied staff nurses` engagement toward their work, the current study results demonstrated that the highest percentage score for nurses` engagement toward their work related to vigor while the lowest mean score was related to absorption. The studied staff nurses had a highly feeling strong and vigorous, these might be related to the work environment is characterized by challenges that motivate nurses to work and provide efficient patient care, the nurses had low feeling absorbed these might be related to lack of communication with their management, lack of resources, heavy workload that increase the gap between their expectations before appointment and after, also due to working condition in critical care units

These findings were in the same line with **Zhu, Liu, Guo, Zhao and Lou, (2017),** who revealed that the highest mean score was for vigor first, followed by dedication and then absorption. On the contrary **Aboshaiqah, Hamadi, Salem, and Zakaria, (2016),** who conducted a study on "The work engagement of nurses in multiple hospital sectors in Saudi Arabia," and found that the highest mean score were for dedication, while absorption was the lowest. Also, these results in agreement with **Kim, Kolb and Kim, (2013),** who conducted a study about "the relationship between work engagement and performance," and found that engaged nurses have high level of energy and feeling vigorous and often involve themselves deeply in their work.

There was a positive highly statistically significant correlation between nurses' perception toward professional shared governance and their level of work engagement. This was in line with **(Siller, et al., 2016; Abood, Thabet, 2018)** who found a significant positive relation between work engagement and shared governance, which indicate that when perception of shared governance among nurses increase; their work engagement increases. Also, these findings supported with **(Macyk, 2017)** his results revealed a significant positive relationship between participation in a SGC and staff nurse engagement, and added that shared governance has established itself as the method to promote active engagement and promote participatory leadership from the front line staff. Also, ***(*Dempsey, Reilly, 2016*)*** stated that staff nurses who demonstrate the attributes of engagement in the context of patient care; they assuming participative roles in governance, such as participation in a SGC. And, **(Brunges & Foley-Brinza, 2014)** who conduct study about '" Projects for increasing job satisfaction and creating a healthy work environment" stated that a high level of nurses' engagement can be directly tied with improved organizational performance and patient outcomes. Moreover, **(Wessel, 2012)** stated that a hospital unit with an effective, structured unit based council actively practicing shared leadership can have an extraordinary impact on the unit culture and work environment. Serving on unit councils also helps to develop leadership skills in direct care nurses. Front line staff that are empowered to make decisions regarding their professional practice leads to increased employee engagement, job satisfaction and retention.

Concerning staff nurses` perception toward shared governance and work engagement in relation to years of experience and education qualification, the current study result clarified that there was a positive highly statistically significant correlation between shared governance, work engagement, years of experience, and education qualification of studied nurses. This might be due team sprit among nurses increase with maturity that enhance their work engagement and the different situations from their years of experience that exposed to them affect their shared governance**.**

5. Conclusion:

The present study concluded that about half of staff nurses reported for shared governance. And more than one third of them reported for traditional governance and about two third of staff nurses had high level of engagement regarding their work. There was a positive highly statistical significant correlation between nurses' perception of shared governance and their level of work engagement.

6. Recommendations:

The findings of the study suggest that:

1. In health care institutions, hospital administrators should create and maintain a positive atmosphere to ensure an environment in which they can administer good quality care

2. Hospital administrators should maintain supportive work environment and encourage staff nurses to share in decisions.

3. Hospital administrators should support for increasing participation of staff nurses` in work design, problem solving, conflict resolution, committees and organizational decision-making.

4. Hospital administrators should provide nursing staff with professional development and training opportunities especially for strategic planning, goal setting, and conflict management, to enhance their teamwork, autonomy, sense of motivation, empowerment and engagement.

5. Hospital administrators can use the findings of this study to adopt or develop the suitable model for shared governance, furthermore train nurses and nurse managers about shared governance and decisional involvement behaviors.

6. Hospital administrators should provide nursing staff with professional development to enhance their engagement.

7. Allow staff nurses to be involved in the major organizational decisions and committees such as: quality, infection control, environment, and training committees.

8. Replication of the study on other categories of nursing staff and other settings is highly recommended to achieve generalizable results.

9. Future research about shared governance educational program for nurses as needed.

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