

The Relation among Shared Governance, Empowerment and Job Involvement as Perceived by Medical-Surgical Nursing Staff

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ABSTRACT

Background: In recent days, organizations continuously concentrate on applying human resource management practices to improve nursing performance, productivity, quality of care. Therefore, it is essential for nursing staff in health organizations to implement several management practices and techniques such as shared governance, empowerment, and job involvement training, performance appraisal, compensation, career advancement, and team working involvement.

Aim: Assess the relation among shared governance, empowerment and job involvement as perceived by medical-surgical nursing staff.

Methods: A descriptive correlational design used for carrying out this study. The current study was conducted in all units of medical-surgical departments and operating rooms at Benha University Hospitals, Qaliobia Governorate, Egypt. Convenient sample consisted of 250 staff nurses and 100 nursing management staff. Three tools used to collect data namely; Index Professional Nursing Governance Questionnaire (IPNG), Nursing Staff Empowerment Questionnaire, and Job Involvement Questionnaire.

Result: The present study was revealed that the highest mean percent (50.93% & 53%) of nursing staff were related to official authority, while the lowest mean percent (43.91% & 47.33%) of them were related to the ability to set goals and conflict resolution of shared governance. Also, highest mean percent (83.42% & 85.04%) of nursing staff were related to resources and supplies, while the lowest mean percent (82.7% & 80.28%) of nursing management staff and staff nurses were related to support in work and nurses' information respectively. In addition to highest mean percent (79.82% & 81.77%) of nursing staff were related to emotional job involvement, while the lowest mean percent (72.94% & 79.61%) of them were related to behavioral job involvement.

Conclusion: The present study concluded that the nursing staff reported a high level of perception regarding shared governance, empowerment, and job involvement. Also, staff nurses had higher mean scores than nursing management staff regarding shared governance model and job involvement, while the nursing management staff had higher mean scores than staff nurses related to all dimensions of nurses' empowerment except resources and supplies. Besides, there was a statistically significant positive correlation among shared governance, nurses' empowerment, and job involvement for nursing staff. Also, it was evident that when shared governance increased this enhances nurses' empowerment, and it will improve job involvement among nursing. The study recommended create a supporting work environment, keeping open lines of communication through periodical staff meeting, seeking for opinion, and treating them with respect also for nursing management staff should be trained about empowerment, and shared governance models that reflected to develop nurses' involvement and skills to help them to be mastering in doing tasks effectively and efficiently. Also, further research study needs to conduct on the effect of an educational training program about shared governance, empowerment, and job involvement on nurses' outcomes, and organizational progress.

Key words: Job involvement, empowerment, nursing staff, and shared governance.

1. Introduction

Today's with rapidly evolving health care system, health care institutions strive to set a path towards an excellent professional practice. Since improving clinical nurse work environments is a significant issue faced by nurse executives and administrators. They become challenged to setup nursing governance models, and leadership practices so that clinical nurses can engage in the work processes and relationships that empirically linked to

the quality of care and patient outcomes (*Abou Hashish & Fargally, 2018*).

Many challenges faced nurses such as nursing shortage, diminished workforce, increased patient acuties, and expanded regulations can lead to nurses' workload, job dissatisfaction, and less time spent at the bedside, increase nurses' responsibilities and accountabilities. These challenges do not add power or authority to address needed changes that affect nursing practice. Healthcare executives and leaders realize that quality care is best delivered by staff nurses who are committed to the organization and empowered to practice their profession with no restraints. Health care providers are encouraged to provide a high

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quality of patient care by sharing in decisions, full autonomy through the implementation of professional nursing governance, shared governance models and creating an attractive work environment (Mahmoud, 2016; Abou Hashish and Fargally, 2018).

The shared governance is shared decision-making based on the process of empowering all individuals of the healthcare workforce to have a voice in decision-making, thus encouraging different and creative input that will help advance the business and healthcare missions of the organization. In essence, it makes each nurse feel like he or she is “part manager” with a personal stake in the success of the organization. This feeling leads to longevity of employment, increased employee satisfaction, better safety and healthcare, higher patient satisfaction, and shorter lengths of stay (Bahls, 2014).

Empowerment is a management technique that makes an employee the sole owner of the work. With this method, subordinates are empowered and become final decision-makers on how and in what way they will do their work. A method of formulating empowerment and creating structures is the shared governance, as philosophy demand acknowledgment and application of shared governance principles, professional nurses should be involved in authoritative programs which were controlled by managers as schedule, budget, and personnel evaluation in order to control their practice and expand their authority (Ulutaş, 2018).

Empowerment is complex. It requires action from multiple people serving in a variety of roles; regular policy review, constant reflection on policy implementation, and ongoing dialogue should be sought by all involved and ensured by the board. One's sense of authority in a matter should carefully follow one's accountability for the outcome. Also, board members are responsible for the effectiveness of institutional policies, including shared governance. Boards must hold themselves accountable first and foremost for ensuring shared governance both reflects core academic values and supports institutional progress (El-Sayed, Shazly, & AbdEl-Rahman, 2018).

Empowerment encourage organizational commitment, learning and development, in order to attain empowerment, nurse manager must give the necessary means, such as, delegating more formal authority to create specified decisions, offering increased training opportunities to develop expertise and self-confidence, giving more resources and access to information to be able to implement effective decisions, in addition to that avoiding the sudden withdrawal of shared power at the primary sign of trouble (Azra, 2018).

Furthermore, work involvement has an exceptional attentiveness; because engaging employees in work had many benefits as; it enhances the higher job involvement of employee and higher performance, effective job with positive attitudes, higher psychological welfare, professional work behavior, productivity and quality of patient care (Makikangas et al., 2013).

Organizations that foster employee involvement outperform their partners in terms of job satisfaction and

retention, profitability, productivity, and performance. Confronting a competitive, value-based purchasing environment and potential staffing shortages, hospitals have a vested interest in promoting a culture of engagement among nurses, who comprise the most substantial portion of the hospital workforce. One strategy to enhance nurse engagement is shared governance in which frontline care providers are active and creative (Gupta, 2015).

Job involvement characterized as the degree to which an individual psychologically identifies or committed to his/her job. It additionally considered as an extent one is cognitively preoccupied with, engaged in, and concerned with one's display work for highly included staff performing well on the work is essential for their self-esteem — individuals who are high in job involvement genuine care for and are concerned about their work. Despite, job involvement and organizational commitment seem similar, as both related to an employee's identification with the work experience, but both these developments also differ. Job involvement is more related to identification with one's immediate work activities, while organizational commitment refers to one's connection to the organization (Abu Aleinein, 2016).

Job involvement is one of the most effective practices used for improving workers efficiency and performance and essential as a primary source of an organizational commitment, motivation, and job satisfaction that affect employee's job performance, productivity, and quality of patient care. It appears the employee is included in enhancing the motivational process, which turns employees job performance such as absenteeism and also turnover. Involved employees attach and connect their full selves in work, sharing their behavioral, cognitive, and emotional efforts (Thevanes & Dirojan, 2018).

Job involvement concept comprises of three dimensions; emotional job involvement, cognitive job involvement, and behavioral job involvement. Emotional job involvement indicates how strongly the worker is interested in his/her job or how much the worker likes his/her job. Cognitive job involvement refers to how strongly the worker wants to participate in his/her job-related decision making or how vital the job is in his or her whole life, and behavioral job involvement indicates how often the worker usually takes extra-role behavior such as taking an evening class to improve work-related skills or thinking about the work after leaving the office (Abu Aleinein, 2016).

Shared governance concept is a primary system and a structural framework that based on the principles of equity, accountability, empowerment, partnership, and ownership in which nurses can express and direct their work activities with more professional autonomy. Thus, the organizations that boost their nurses' engagement and involvement can be more successful, productive, promoted and marketed than the other organizations in terms of, low burnout of their staff, job satisfaction and more retention, citizenship, high profitability, and productivity index, and effective performance of their staff. An effective strategy to enhance the nurse engagement and involvement is using the concept

of shared governance, in which frontline healthcare providers are more active, engaged, and empowered participants in decision making (El-Sayed et al., 2018).

2. Significance of the study

Nowadays, with a considerable effort to register and keep nurses in their workforce and the current insufficiency of economic resources and shortage of nursing staff, it is fundamental for most of the organization to permit a surface of freedom, flexibility, empowerment, engagement, and nurses 'involvement in decision making , as well as the simple use of authority and shared decision making can help and support nurses to take correctly the decisions, which have a direct relation and effect on their practice, encountering the competitive environment and enhance and improve the ability of the human element in the acquisition of knowledge, skill, and managerial professionalism.

This effort enables the organization to achieve its goals and to permit individuals to show their capacities and utilize creative ideas in the field of their job. Sequentially, in order to be empowered and involve nursing staff in work to performing at a high level to ensure productivity and high quality of patient care to be the focus of the shared governance, Additionally when researcher contact with nursing management staff and nurses in different clinical setting during practical training of students noted that they don't empower their staff and not permit them to involve and share in decision making so that researchers decide to conduct this study.

3. Aim of the study

This research aims to assess the relation among shared governance, empowerment and job involvement as perceived by medical-surgical nursing staff.

3.1. Research Questions

1. What is the perceptions' level of nursing staff about shared governance?
2. What are the perceptions' levels of nursing staff empowerment?
3. What is the perceptions' level of nursing staff job involvement?
4. Is there a relation among shared governance, nurses' empowerment, and job involvement?

4. Subjects and Methods

4.1. Research Design

A descriptive correlational design utilized for achieving the aim of this study.

4.2. Research setting

The current study was conducted in all units of medical-surgical departments and operating rooms At Benha University Hospital, Qaliobia Governorate, Egypt.

4.3. Subjects

The current study consisted of two main groups, namely:

4.3.1 Nursing Management Staff Group (NMS)

Convenient sample of nursing management staff NMS (100) consist of "Hospital director, assistants director, supervisors, head nurses and their assistants" who are working at Benha University Hospital and available at the time of data collection and were agreed to participate in the study, and having at least one year of job experience.

4.3.2. Staff Nurses Group

A convenient sample of staff nurses (250) who are working in the study mentioned above settings and available at the time of data collection and were eligible to participate in the study, and having at least one year of job experience.

4.4. Tools of data collection

Data for this study collected by using the following three tools:

4.4.1. Index Professional Nursing Governance Questionnaire (IPNG)

A structured questionnaire developed by (Aroskar, Moldow, & Good, 2004; and Hess, 2010). It has been utilized to assess the degree of professional nursing governance as perceived by nursing staff on a continuum from traditional, to shared, and self-governance. It consisted of two parts: Part (1) contains demographic characteristic related to the study subjects such as (gender, marital status, age, educational level, department, years of experience, and attending training courses). Part (2) included 86 statements categorizing under six main dimensions; first is concerned with control over professional practice (13 statements); measuring who controls nursing staff and related structures, second encompasses organizational influence (14 statements); related to who influences over practice and resources.

Third dimension concerned with official authority (22 statements); measuring who controls professional practice and personnel. Fourth dimension covered participation (10 statements); related to who participates in committee structures that related to governance activities at different organizational levels, fifth dimension embraces access to information (15 statements); related to who has access to information relevant to governance activities, and sixth dimension concerned with the ability to set goals and conflict resolution (12 statements) that related to who sets and negotiates the resolution of conflict at the different organizational levels.

The scoring system

The scores 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= staff nurses primarily with some nursing management/administration, and 5 = staff nurses only.

The researchers merge the subject's responses and converted as follows: Likert scores of 1 and 2 indicate decision making dominated by management/administration. Scores higher than 3 indicate more staff nurse participation in the decision-making process.

The IPNG range of total scores reflecting "traditional" management decision-making environment is from (86–172). An environment which utilizes "shared" decision making between nurses and management would have an IPNG range of (173–344). If nurses are the decision-making group "self-governance," IPNG range would be ranged from (345–430).

4.4.2. Nursing Staff Empowerment Questionnaire:

It was a structured questionnaire developed by researchers through review of recent related literature *Kanter, (1977); Spreitzer, (1995); Laschinger et al., (2001); Yakob, (2002); Kristeen, (2005); and Rashad, (2009)*, to assess nursing staff level of job empowerment. It contains 31 statements categorizing under four main dimensions; (1) Available opportunities for work development (9 statements), (2) Nurses' information (7 statements), (3) Support in work (8 statements), (4) Resources and Supplies for work (7 statements).

The scoring system

The nursing personnel asked to respond to each statement as they perceived the availability of the statement at work. Each statement was checked based on a three-point Likert scale as; (1) never, (2) sometimes, (3) always. Scores of each dimension summed up and converted into percent scores. The perception considered as follows:

- Low empowerment level was < 60% scores ranged from (31–55).
- Moderate empowerment level ranged from 60 –<75% scores ranged from (56–69).
- High empowerment level was ≥ 75% scores ranged from (70–93).

4.4.3. Job Involvement Questionnaire

A self-administered questionnaire developed by the researchers through review of recent literature *Aderemi, Johnson, & Samson, (2015); Abu Aleinein, (2016); Al-Lozi, & Al-Zaharani, (2014); Al-Masri, (2015); Dajani, (2015); and Danish et al., (2015)*, to assess nursing staff level of job involvement. It contains 40 statements categorizing under three main categories; (1) Emotional job involvement (15 statements), (2) Cognitive job involvement (13 statements), and (3) Behavioral job involvement (12 statements).

The scoring system

The scores based on three points Likert scale ranging from (1) disagree, (2) natural, (3) agree. The total scores were (120) for elements of job involvement. Scores of each dimension summed up and converted into percent scores. The perception considered as follows:

- Low level of job involvement was < 60% scores ranged from (40–71).
- Moderate level of job involvement ranged from 60 –< 75% scores (72–89).
- High level of job involvement was ≥ 75% scores ranged from (90–120).

4.5. Operational design

The operational design of the current study was carried out on three phases; preparation, pilot study, and fieldwork.

4.6. Procedures

Preparation Phase: This phase started from September 2018 to May 2019. It includes reviewing of the national and international recent related literature using journals, periodicals, textbooks, internet, and theoretical knowledge of the various aspects concerning the topic of the study for preparing the tools of data collection.

Tools validity and reliability: The study questionnaires were translated into Arabic format for better understanding and examined for translation, content validity and relevance to be suited for Egyptian culture by 5 experts in the field of the study from different academic departments at the Faculty of Nursing, Benha University. Then, questionnaires were back-translated into English by language experts. The final questionnaires were reviewed by researchers and members of the Jury to ensure accuracy and minimize potential threats to the study's validity. In addition, the questionnaires tested for reliability using Cronbach's Alpha Coefficient test, to measure the internal consistency of the items composing each dimension of the three tools, the three questionnaires proved robustly reliable where $\alpha=0.874, 0.921, \text{ and } 0.896$ for IPNG, Nurses' Empowerment, and Job Involvement forces Interview tools, respectively at $P \leq 0.05$.

A pilot study made on 10% from the total number of the study subject: (10) nursing management staff NMS and (25) staff nurses that included in the study subjects it was done at the end of November 2018 to; check, ensure clarity and applicability of the study questionnaires; also to identify obstacles and problems that may be encountered during data collection. It has also served in estimating the time needed for filling the study questionnaires. It ranged from 10–15 minutes for each questionnaire. No modification was needed.

Fieldwork: The data collection took about three months from beginning of December 2018 to the end of February 2019 by using the appropriate questionnaires. The researchers met nursing staff and explained the aim and nature of the study and method of filling the questionnaires. Questionnaire filling has done individually or through group meetings. The questionnaires were distributed by the researchers to the subjects to fill it during nurse's work hours (morning and afternoon shifts) which determined before with head nurse of each unit according to the type of work and workload after two or three hours of his/her beginning shift to ensure the continuity of patient care. The

data collected through 3days/week, in the presence of the researchers to clarify any ambiguity. The number of the collected questionnaire from participated nursing staff per day ranged from 15-20 sheets; the nurses were taken according to their units and took from 10-15 minutes to complete the questionnaire.

Ethical considerations: during the initial interview, the nature and purposes of the study have explained. All the nursing staff informed that their participation in the study was voluntary, without any costs. The oral consent obtained from each participant in the study. Confidentiality of obtained data protected by the allocation of a code number to the questionnaires. The nursing staff informed that the content of the tools used for the research purpose only. Participants' right to withdraw from the study at any time ascertained. Official permission issued from the Dean of Faculty of Nursing to the Directors of Benha University Hospital for taking their permission to allow the researchers to collect the necessary data for the study and seek their support. The researchers met the head nurse of each unit to determine the suitable time to collect necessary data from his/her staff.

4.7. Statistical Design:

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 and standard deviation and analyzed by applying t-test for normally distributed variables. Qualitative data were expressed as number and percentage (No & %) and analyzed by applying the chi-square test. For comparison between the quantitative data at the interval for the same group at two sessions paired-samples t-test was applied. P-value significance at level ($P < 0.05$) and Pearson correlation were used in the current study to investigate the relation, test the closeness of association, and compare among study variables.

5. Results

Table (1) displays the distribution of demographic characteristics of nursing staff, it obvious that (89% & 90.8%, 61% & 78.4%) of nursing management staff (NMS) and staff nurses were females and married respectively. The highest percentages of (39% & 32.4%) of them were in the age group ranged from 25-< 35 years old. Regarding the educational level of more than half (66%) of NMS had a Bachelor degree in nursing, while (59.2%) of staff nurses had Technical Nursing Education. Less than half (45% & 38%) of NMS and staff nurses were working in surgical departments, respectively. In addition to more than one

quarter (28% & 28.4%) of them having 10-< 15 years of work experiences respectively. Most of them (86% & 91.2%) have not attended training courses, respectively.

Figure (1) shows that more than half (66% & 57.2%) of NMS and staff nurses were reported a high level of perception to the shared governance model. While the lowest percentage (6% & 17.2%) of them reported a low level of perception to the self-governance model, respectively.

Table (2) represents that the staff nurses had higher mean scores regarding shared governance dimensions than NMS. In addition to the highest mean percentages (50.93% & 53%) of NMS and staff nurses were related to official authority. While the lowest mean percentages (43.91% & 47.33%) of them were related to the ability to set goals and conflict resolution, respectively.

Figure (2) describes that the highest percentages (81% & 78.4%) of NMS and staff nurses were reported a high level of job empowerment, while the lowest percent (8% & 8.8%) of them reported a low level of job empowerment.

Table (3) illustrates that the NMS had higher mean scores than staff nurses regarding dimensions of job empowerment. In addition to the highest mean percentages (83.42% & 85.04%) of NMS and staff nurses were related to resources and supplies respectively, while the lowest mean percentages (82.7%) of NMS were related to support in work, while (80.28%) of staff nurses were related to nurses' information.

Figure (3) exhibits that the highest percent (64% & 72%) of NMS and staff nurses were reported a high level of perception regarding job involvement, while the lowest percent (16% & 8%) of them were reported a low level of perception regarding job involvement respectively.

Table (4) clarifies that there was a statistically significant difference among nursing staff mean scores of job involvement, in addition to the staff nurses, had higher mean scores than NMS regarding job involvement. Also, the highest mean percentages (79.82% & 81.77%) of NMS and staff nurses were related to emotional job involvement, while the lowest mean percentages (72.94% & 79.61%) of them were related to behavioral job involvement respectively.

Table (5) reveals that there was a statistically significant positive correlation among shared governance, nurses' empowerment, and job involvement among nursing staff.

Table (1): Frequency and percentage distribution of nursing staff demographic characteristics (N= 350).

Demographic characteristics	Nursing Management Staff (N=100)		Staff Nurses (N=250)	
	No	%	No	%
Gender				
Male	89	89%	227	90.8%
Female	11	11%	23	9.2%
Marital status				
Single	19	19%	28	11.2%
Married	61	61%	196	78.4%
Divorced	6	6%	9	3.6%
Widow	14	14%	17	6.8%
Age				
< 25 years	11	11%	58	23.2%
25-< 35 years	39	39%	81	32.4%
35-< 45 years	26	26%	74	29.6%
≥ 45 years	24	24%	37	14.8%
Mean ± S.D.	27.48±6.209		27.656±5.186	
Educational level				
Secondary Nursing Education	4	4%	17	6.8%
Technical Nursing Education	20	20%	148	59.2%
Bachelor degree in nursing	66	66%	66	26.4%
Post Graduate Nursing Education	10	10%	19	7.6%
Department:				
Medical	41	41%	85	34%
Surgical	45	45%	95	38%
Operating Rooms	14	14%	70	28%
Years of experience				
< 5 years	14	14%	59	23.6%
5-< 10 years	23	23%	61	24.4%
10-< 15 years	28	28%	71	28.4%
15 - < 20 years	24	24%	42	16.8%
≥ 20 years	11	11%	17	6.8%
Mean ± S.D.	8.08±5.327		8.224±6.644	
Attending training courses				
Yes	14	14%	22	8.8%
No	86	86%	228	91.2%

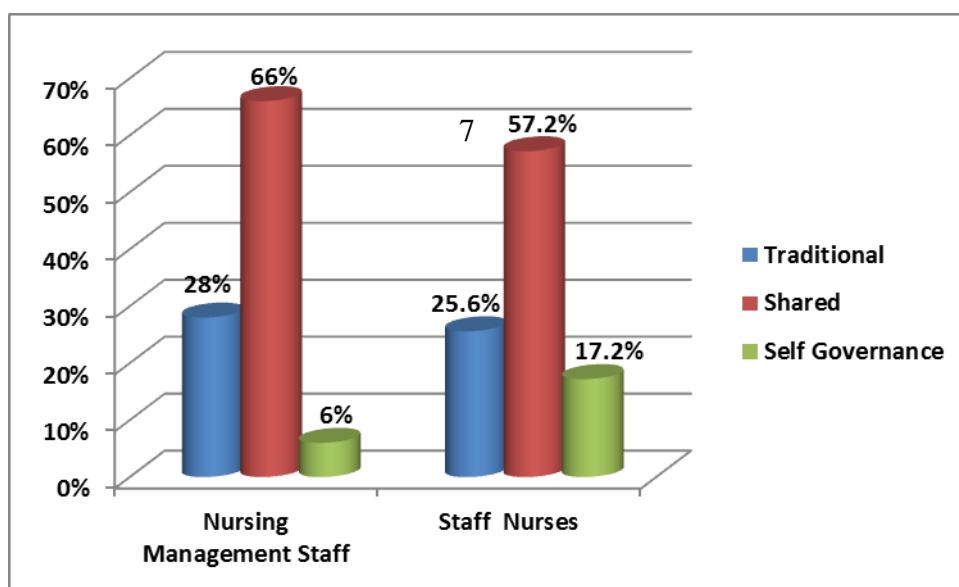


Figure (1): Total level of nursing staffs' perception regarding professional shared governance (N=350).

Table (2): Distribution of Mean score of studied nursing personnel's perception regarding professional shared governance (N=350).

Professional nursing Governance dimensions	Minimum Score	Maximum Score	Nursing Management Staff (N=100)		Mean %	Staff Nurses (N=250)		t-test	P-value	
			$\bar{X} \pm SD$	$\bar{X} \pm SD$						
Professional control	13	65	31.56	±9.01	48.55%	33.51	±11.48	51.1%	1.52	0.12
Organization influence	14	70	34.37	±10.08	49.1%	35.73	±11.75	51.04%	1.68	0.30
Official authority	22	110	56.03	±16.90	50.93%	58.31	±18.88	53%	1.05	0.29
Participation in committees	10	50	24.04	±8.58	48.08%	25.14	±9.59	50.28%	1.01	0.31
Access to information	15	75	35.76	±9.80	47.68%	37.71	±12.69	50.28%	1.38	0.16
Ability to set goals and conflict resolution	12	60	26.35	±9.22	43.91%	28.40	±12.52	47.33%	1.48	0.13
Total IPNG Score	86	430	208.1	±53.9	48.39%	218.8	±68.36	50.88%	1.40	0.16

*A statistical significant difference $P \leq 0.05$ and **A highly statistically significant difference $P \leq 0.001$

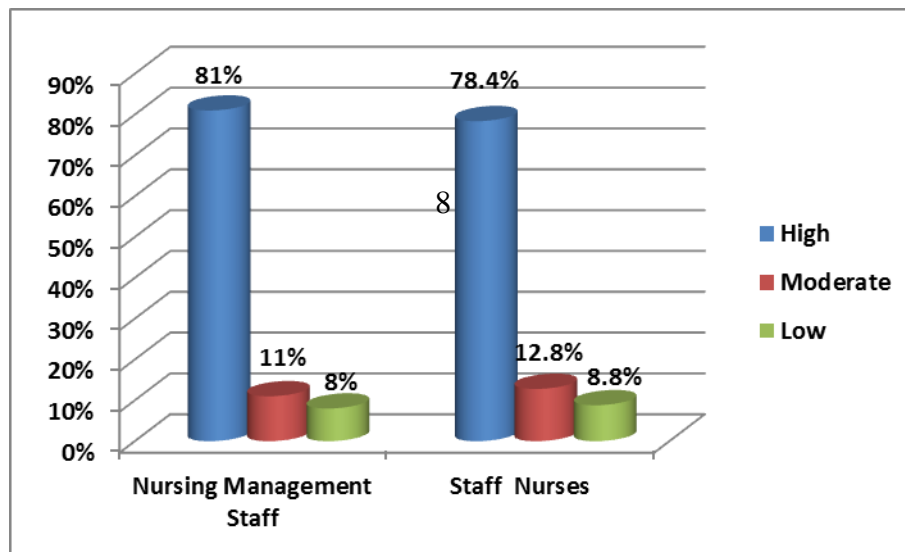


Figure (2): Total level of nursing staffs' perception regarding job empowerment (N=350).

Table (3): Distribution of Mean score of studied nursing staff perception regarding job empowerment (N=350).

Job Empowerment Dimensions	Maximum Score	Maximum Score	Nursing Management Staff (N=100)		Mean %	Staff Nurses (N=250)		t-test	P value	
			$\bar{X} \pm SD$	$\bar{X} \pm SD$						
Available opportunities	9	27	22.41	±4.78	83%	22.33	±3.71	82.7%	0.154	0.87
Nurses' information	7	21	17.48	±3.66	83.23%	16.86	±2.84	80.28%	1.69	0.92
Support in work	8	24	19.85	±3.91	82.7%	19.54	±3.82	81.41%	0.66	0.50
Resources &Supplies for work	7	21	17.52	±4.35	83.42%	17.86	±3.33	85.04%	0.787	0.431
Total of job empowerment	31	93	77.26	±14.33	83.07%	76.60	±10.66	82.36%	0.46	0.64

*A statistical significant difference $P \leq 0.05$ and **A highly statistically significant difference $P \leq 0.001$

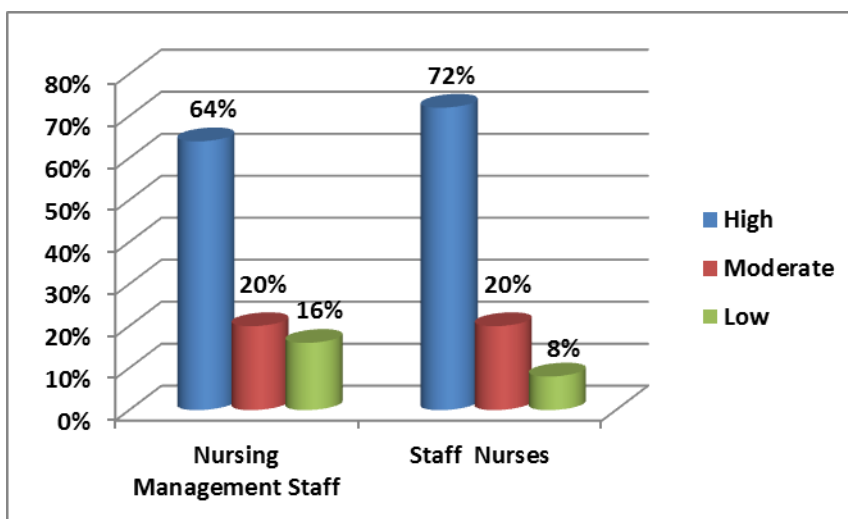


Figure (3): Total level of nursing staffs' perception regarding job involvement (N=350).

Table (4): Distribution of Mean score of studied nursing staff perception regarding job involvement. (N=350).

Job Involvement Dimensions	Minimum Score	Maximum Score	Nursing Management Staff (N=100)		Staff Nurses (N=100)		Mean %	t-test	P value
			$\bar{X} \pm SD$	Mean %	$\bar{X} \pm SD$	Mean %			
Emotional job involvement	15	45	35.92 ±5.83	79.82%	36.80 ±5.03	81.77%	1.41	0.15	
Cognitive job involvement	13	39	29.89 ±7.57	76.64%	31.32 ±5.86	80.3%	1.89	0.05*	
Behavioral job involvement	12	36	26.26 ±5.79	72.94%	28.66 ±4.70	79.61%	4.03	0.001**	
Total of job involvement	40	120	92.07 ±16.68	76.82%	96.78 ±12.94	80.65%	2.82	0.005**	

*A statistical significant difference $P \leq 0.05$ and **A highly statistically significant difference $P \leq 0.001$

Table (5): Correlation coefficient among nursing staff' shared governance, empowerment, and job involvement (N=310).

Dimension	Shared Governance		Empowerment	
	r	P-Value	r	P-Value
Job involvement	0.102	0.31	0.414	0.001**

*A statistical significant difference $P \leq 0.05$ and **A highly statistically significant difference $P \leq 0.001$

6. Discussion

In recent days, organizations continuously concentrate on applying human resource management practices to improve the nursing staff work performance, profitability, productivity, quality of care. Therefore, it is critical for nursing management staff and their staff in health organizations to implement several management practices and techniques such as shared governance, empowerment, and job involvement training, performance appraisal, compensation, career advancement, and team working involvement (Abood & Thabet, 2018).

Demographic characteristics of nursing staff revealed that the majority of nursing management staff and staff nurses were females and married. This finding may be due to the most graduates of nursing faculties were females because the nursing institutes were only for females at the beginning.

The foregoing findings were in similarity with Kamel & Mohammed, (2015), who reported in their study conducted on nurses at Benha and Menoufia University Hospitals that the majority of the sample were married females, Also Abood & Thabet, (2018), revealed in their study on nurses' manager at Minia University Hospitals and Ministry of Health Hospitals at Minia City that the majority of sample were females.

In addition to Shwaihet & Nasaif, (2015), revealed in their study at a tertiary hospital in Saudi Arabia that more than three-quarters of the study sample were females and married. Also Abou Hashish & Fargally, (2018), conduct study on the nursing staff at Alexandria Medical Research Institute and reported that the majority of them were females.

As regarding age, the highest percentages (about one-third) of nursing staff were in the age group ranged from 25-< 35 years old. This result may be due to the recently increasing number of nursing graduates from nursing

schools, technical health institutes, and nursing faculties. Also *Shwaiheth, & Nasaif, (2015)*, reported in their study that more than half of the study sample aged from 20-< 40 years. This result was dissimilar with *Abood & Thabet, (2018)*, revealed that the highest percentages of the sample ranged from 32-< 39 years old. Also, *Abou Hashish & Fargally, (2018)*, found that one-third of the study sample ranged from 30-< 40 years old.

Regarding educational level, more than half of nursing management staff had a Bachelor degree in nursing, while more than half of staff nurses had technical nursing education. It might be due to that most of the Bachelor degree nursing graduates are assuming a managerial position immediately after graduation, leaving the technical nurses for the duties of patient care.

These results were supported by *Hyun, (2013)*, who conducted his study on nurses in Korea and found that less than two-thirds of the studied nurses had technical institute diploma. While this result was in disagreement with *El-Sayed et al., (2018)*, reported that minority of study sample had Bachelor degree in nursing and one quarter had technical nursing education, also *Shwaiheth & Nasaif, (2015)*, revealed that minority had technical nursing education, while more than two thirds had Bachelor degree in nursing. The preceding findings were in disagreement with *Abou Hashish & Fargally, (2018)*, who confirmed that minority of study sample had Bachelor degree, and while more than two-fifth had technical nursing education.

As for the years of job experience, this study reported that more than one-quarter of nursing staff having 10-< 15 years of working experiences. This result matched with *Shwaiheth & Nasaif, (2015)*, who reported that one quarter of study sample having 10-<20 years of work experiences, also *Abou Hashish & Fargally, (2018)*, reported that one-fifth of study sample having 10-< 20. Additionally, *Abood & Thabet, (2018)*, reported that more than a quarter of the study sample ranged from 10-19 year of subjects' job experience.

The current study reported that most of the study sample had not attended any training courses about shared governance, empowerment, and job involvement. This finding may be due to Benha University Hospital does not concentrate on training their staff on managerial topics because of the limited time, increasing workload, and nursing shortage. This result supported by *Abou Hashish & Fargally (2018)*, who reported that the majority of the study sample did not attend any training courses.

The present study showed that more than half of nursing management staff and staff nurses reported a high level of shared governance, empowerment, and job involvement. This may be due to the nursing staff see that the shared governance and empowerment crucial for them to possess continual personal and professional development and growth, and to build development of a positive self-esteem and recognition of the worth of self and others and increase the ability and effectiveness of individuals to their job involvement, also set and achieve organizational goals.

These findings were similar to *El-Sayed & Abdel-Aleem, (2014)*, who reported that the majority of the study

sample shows a high level of empowerment. Also, *Kamel & Mohammed (2015)*, who reported a high level of shared governance and nurses' empowerment. In addition to *Azra (2018)*, who elaborated that more than half of the study sample showed empowerments. Also *Shwaiheth & Nasaif, (2015)*, showed that there was statistical significance difference among study subjects, and reported that majority of the study sample had a high level of work satisfaction and decision-making process as supported by the shared governance model, also *Abu Aleinein, (2016)*, who conducts study on administrative staff members in Gaza Field Office that there were statistically significant differences between the responses about the impact of job involvement and their performance.

The previous findings of the present study revealed that the staff nurses had higher mean scores compared to nursing management staff regarding shared governance dimensions, in addition to the highest mean scores of nursing management staff and staff nurses related to official authority. While the lowest mean scores of them were related to the ability to set goals and conflict resolution, this is may be due to nurses have desire and prefer to share in decision making process because they most contact directly with problem situations and any decision is supported by official authority and cannot contradict decisions from official authority.

This result in agreement with *Mahmoud, (2016)*, who found that a high mean score of shared governance in both studied hospitals, was related to formal power and authority. While these findings were in disagreement with *Kamel & Mohammed, (2015)*, who revealed that the lowest mean scores of staff nurses were related to official authority.

The findings of the study revealed that the head nurses had higher mean scores than staff nurses regarding dimensions of job empowerment. In addition to the highest mean scores of head nurses and staff, nurses were related to resources and supplies, while the lowest mean scores of them were related to support in work and nurses' information. This finding may be due to the managers' empowerment is necessary for their staff to perform their duties or tasks; also the resources and supplies are the most critical factors for implemented work activities that lead to achieving the organizational goals.

These findings were in similarity with *Abou Hashish & Fargally, (2018)*, who revealed in their study that the high mean scores of the study sample were related to influence over resources. Also *Saad, (2015)*, the study showed that nurses at Benha University Hospital that there were high statistical significant differences in studied staff nurses' empowerment and reported that the highest mean scores were related to the availability of supplies that necessary for the job.

On the other hand, these findings were in disagreement with *Kamel & Mohammed, (2015)*, who revealed in their study that the total mean score of job empowerment was moderate in Benha and Menoufia University Hospitals. Also *El-Sayed, & Abdel-Aleem, (2014)*, who revealed in their study on nurses and head

nurses at Port-Said Hospitals that there was a high statistically significant difference among empowerment dimensions and also the highest mean scores of empowering staff-nurses were related to the availability of information.

The preceding findings of the present study revealed that there was statistically significant differences among nursing staff mean scores of job involvement, in addition to the staff nurses, had higher mean scores than NMS regarding job involvement. Also, the highest mean scores of nursing staff were related to emotional job involvement, while the lowest mean scores of them were related to behavioral job involvement. This result may be due to nursing staff prefer to deal with and affected by emotions than behavioral. This finding is the nature of human being, and the emotional aspect had an essential effect on work achievement, and it is an essential aspect of staff personality.

In the same line, *Abu Aleinein, (2016)*, showed in his study that a significant relationship found between the independent dimensions, (cognitive, behavioral, and emotional job involvement). Also *Thevanes & Dirojan, (2018)*, conducted a study on 137 employees of Sri-Lanka Telecom in Batticaloa district that job involvement was in high level between employees. In addition to *Sethi & Mittal (2016)*, revealed that the highest mean scores of nursing staff were related to emotional job involvement. On contradictory with *Zhang (2014)*, who conducted a study on employees in China, shows that insignificant effect of emotional job involvement on job performance.

The current study showed that there was a statistically significant positive correlation among shared governance, nurses' empowerment, and job involvement for nursing staff. This finding means that when shared governance is improved, this enhances nurses' empowerment, and it will improve their job involvement. This finding could be due to shared governance, empowerment, and job involvement are an essential issue in nursing, and they are interrelated and interdependent. So nurses need to be empowered to make decisions about their practice. Shared governance empowers nurses to be involved in decision making for dealing with work in different situations and gives them autonomy and responsibility for their practice. So establishing staff nurse's sharing in decisions improves the workplace culture and is crucial in improving nurses' job involvement, also nurses, patient, and organizational outcomes.

These findings were in agreement with *Abood & Thabet, (2018)*, who revealed in their study that there was a statistically significant correlation between work engagement and shared governance among nurses' manager. In the same context, *Gupta (2015)*, conducted a study on employees of 13 organizations from diverse sectors in India revealed that job involvement, affective and normative organizational commitment, and team commitment were positively correlated, also *Thevanes & Dirojan, (2018)*, found that a positive and significant relationship exists between job involvement and job performance.

In addition to these findings was supported by *Kamel & Mohammed, (2015)*, who revealed that there was a statistically significant positive correlation between nurse's perception of shared governance and their job empowerment. Also, these findings matched with *Siller et al., (2016)*, who found that there was a significant positive relationship between work engagement and shared governance, which indicate that when the perception of shared governance among nurses increase, their work engagement increases. Also, these findings were in agreement with *Shwaiheth & Nasaif, (2015)*, who supported the decisive role of shared governance in empowering nurses and enhancing their participation in the decision making the process.

7. Conclusions

The present study concluded that the nursing staff reported a high level of perception regarding shared governance, empowerment, and job involvement. Also, staff nurses had higher mean scores than nursing management staff regarding shared governance and job involvement dimensions, while the nursing management staff had higher mean scores than staff nurses related to all dimensions of nurses' empowerment except resources and supplies dimension. In addition to there was a statistically significant positive correlation among shared governance, nurses' empowerment, and job involvement for nursing staff, this means that when shared governance is increased this enhance nurses' empowerment and it will improve job involvement.

8. Recommendations

- Create a supportive work environment, keeping open lines of communication through a periodical staff meeting, seeking opinion, and treating them with respect.
- Nursing management staff with adequate authority should be delegate nurses to achieve their duties effectively and should participate them in the process of decisions making and setting organizational goals.
- Conducting periodic workshops for hospital administrators about providing staff nurses by sources of job-related empowerment factors (support, supplies, resources, needed information, and opportunities) to achieve their work effectively
- Nursing administrators provide nurses with a pleasant work climate of job involvement, sharing decision making, empowerment since it profoundly affects their performance. The excellent work climate motivates employees to perform well.
- More behavioral job involvement needed for increasing participation of nursing staff in work design, problem-solving, conflict resolution, committees, and organizational decision-making as crucial ingredients to a successful organization.
- For nursing management staff should be trained about empowerment and shared governance models that reflected on developing nurses' involvement and skills to

help them to be mastering in doing tasks effectively and efficiently.

- Further research: Study needs to conduct on the effect of designing program for developing nurses' shared governance, nurses' empowerment, and job involvement on patient satisfaction.
- Further research: Study needs to be conducting on the effect of an educational training program about shared governance, empowerment, and job involvement on nurses' outcomes, and organizational progress.

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