

The Relationship between Nurses' Professional Shared Governance and Their Work Empowerment at Mansoura University and Specialized Medical Hospitals

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Abstract

The concept of shared governance in nursing first emerged in the 1980s and was based on principles from organizational development models. Shared governance is defined as an organizational model that allows nurses to have control over their practice as well as influence in administrative areas. Today shared governance is a key empowerment mechanism in nursing organizations. Staff empowerment is fundamental to shared governance, including both the state of empowerment itself and the structures that facilitate it. Hence, the present study aims to examine the relationship between nurses perceptions of professional shared governance and their working empowerment at Mansoura University Hospital and Specialized Medical Hospital. Descriptive correlational design was utilized in the present study. The study subjects includes 133 nurses working in all inpatient surgical departments at Mansoura University Hospital and all general medical inpatient departments at Specialized Medical Hospital. Two tools were used for data collection, namely; Index of Professional Nursing Governance (IPNG) and Conditions of Work Effectiveness Questionnaire. The study findings indicated that there were significant relationship between nurses perceptions of professional shared governance and their working empowerment. It is recommended to there is a need for nurse managers' to implement empowering strategies such as shared governance that afford staff nurses the opportunity to have control over nursing practice and promote quality nursing care. In addition to support governance strategies by providing education and development of both managers and staff.

1. Introduction

Radical changes in the work environment within in the health care sector often have significant consequences for health professional in fulfilling their professional practice⁽¹⁾. A large healthcare system was challenged to develop a nursing professional practice model that would apply and be understood by nurses at all levels and across all entities of the organization. In response, organizations have developed a variety of professional practice models to guide individual clinical practice while empowering health workforce and improving the quality of patient care^(2,3).

The concept of shared governance in nursing first emerged in the 1980s and was based on principles from organizational development models. Shared governance is defined as an organizational model that allows nurses to have control over their practice as well as influence in administrative areas⁽⁴⁾. It is considered as a management process model that encourages and empowers involvement of the nursing staff in decision-making, with the purpose of improving staff's professional practice, work environment and professional development^(5,6).

Furthermore, shared governance is an organizational commitment intended to empower staff based on the principles of partnership, equity, accountability, and ownership⁽²⁾. It includes four types of models, namely; unit based governance, which generally refers to governance derived from a nursing unit; councilor governance, which refers to decisions made by hospital-wide nurse councils; administrative governance, which considers executive rule as leadership to smaller nurse councils; and congressional governance, which considers that all nursing staff work to form cabinets responsible to guide practice⁽⁷⁾.

Nursing shared governance practices and organizational structures have long been promoted as an effective strategy for improving work environments by providing nurses a mechanism to assume responsibility for the definition and regulation of nursing practice. These models have also been reported to increase professional nurse participation in operational and policy decision making and exercise responsibility in the development of work schedules⁽⁸⁾. Today shared governance is a key empowerment mechanism in nursing organizations. Staff empowerment is fundamental to shared governance, including both the state of empowerment itself and the structures that facilitate^(9,10).

Empowerment means creating and sustaining a work environment that facilitate the nurses' choice to invest in and own personal actions and behaviors resulting in positive contributions to the organization's mission⁽¹¹⁾. In addition to structural empowerment refers to staff access to social structures in the workplace that enable them to accomplish their work in a meaningful way. Structurally empowering work environments are characterized by access to support as guidance from superiors and peers, resources as money, supplies, and time required for the job, information as technical knowledge and information about goals and values of the organization, and opportunity as possibility for learning, growth, and advancement in the job⁽¹²⁾.

Workplace empowerment describes organizational structures that empower nurses to accomplish their work by; access to information which refers to the availability of knowledge of organizational values, goals and policies, and possession of knowledge and expertise required to work effectively; access to support which refers to the availability of feedback and guidance from supervisors, peers, and subordinates; access to resources which represents access to funds, supplies, and time required to accomplish organizational goals, and access to opportunities to learn and grow which refers to the availability of challenges, rewards, and professional development opportunities to increase job-related knowledge and skills. Access to these structures is facilitated through formal and informal power systems in the organization ⁽¹³⁾.

Empowerment evolves both formal and informal powers that are related to access to the four empowerment structures which promotes nurses engagement and increases their commitment, thereby contributing to the realization of organizational goals ⁽¹⁴⁾. Formal power systems as jobs that are visible, allow a high degree of flexibility and discretion are seen as being central to organizational goal accomplishment within the organization. Informal power systems as the personal relationships or alliances with organizational members, providing a source of knowledge, support, and resources that might not be otherwise available to staffs ⁽¹²⁾.

Structural empowerment has been linked to many positive organizational outcomes and work effectiveness ⁽¹⁵⁾. Nursing shared governance professional practice model 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 ⁽⁸⁾.

Shared governance, which gives staff nurses control over their professional practice, providing structure and context for health care delivery. These structures increase accessibility of information and resources, reinforce the importance of workforce empowerment, and provide a satisfying work environment for nurses, and patient satisfaction ⁽¹⁶⁾.

The environment where nurses practice influences their ability to provide high-quality, safe patient care and to maintain satisfaction with their position and the profession ⁽¹³⁾. When nurses work in empowering work environments that foster high quality interpersonal relationships, and feel more effective in their work ^(17,18). Healthy work environments are characterized by a culture of collaboration, communication, accountability, effective shared decision making, and recognition combined with adequate staffing and credible, visible leadership ⁽²⁾.

Shared governance is also a factor in the Magnet hospital designation that creates a model for supporting nursing decisions and plays a part in quality and productivity of the health care system ⁽⁷⁾. Furthermore, the implementation of professional nursing shared governance has been proposed as essential to produced many positive outcomes in a variety of settings as increased nurse satisfaction, improve quality patient care, contain costs, and retain nursing staff ^(19,5).

Significance of the Study

In an economically constrained health care system, it's a challenge to develop and maintain a professional practice model of nursing as shared governance approach. Examining professional shared governance among nurses at Mansoura University Hospital and Specialized Medical Hospital is important because of the impact of attention on human factors in nursing. Nursing shared governance has been widely used to empower nurses in practice settings for decades. Furthermore, improving empowerment of staff nurses may help in bringing about a positive change in the healthcare system, as affects nurse work satisfaction levels, improves retention of nurses, and the quality of patient care. As well as acceptance and implementation of the Professional Shared Governance (PSG) model have resulted in decreased nursing turnover, increases nurses' perceptions of opportunities for professional growth, promotion and enhanced patient outcomes in many health care organizations ⁽²⁰⁾.

2. Research questions

1. What are the perceptions of nurses regarding the professional shared governance?
2. What are the perceptions of nurses regarding their working empowerment?
3. What is relationship between nurses' perception of professional shared governance and their working empowerment?

3. Aim of the study:

The present study aims to examine the relationship between nurses perceptions of professional shared governance and their working empowerment at Mansoura University Hospital and Specialized Medical Hospital

4. Subjects and Methods

Design:

Descriptive correlational design was utilized in the present study

Setting

The study was conducted at all general surgical inpatient departments at Mansoura University Hospital and all general medical inpatient departments at Specialized Medical Hospital that affiliated to teaching university

hospital

Subjects

All nurses working in the previous mentioned units and available at the time of data collection were included in the study (n= 133), with at least one year experience were included in the study and oriented to work conditions to express their opinion about professional shared governance and their working empowerment in their work setting.

Tools of data collection

Two tools were used for data collection, namely; Index of Professional Nursing Governance (IPNG) and Conditions of Work Effectiveness Questionnaire

I- Index of Professional Nursing Governance (IPNG). It consists of two parts: *First part*: includes demographic characteristics of nurses as; unit, age, qualification, years of experience and marital status. *Second part* was developed by Hess ⁽²¹⁾ who describes nurses' perceptions about who governs and control over nursing practice in their professional environment. This instrument includes the 86 questions divided under six themes. The first theme is *Professional control* that defined who has control over professional practice in the organization (13 items). Second theme is *Organizational influence* that defined who participates in governance activities within the organization (14 items). Third theme is *Organizational recognition* that defined who controls nursing personnel and related structures (22 items). Fourth theme is *Facilitating structures* that defined who determines and participates in governance decisions within the organization (10 items). Fifth theme is *Liaison* that defined who influences the resources that support professional practice (15 items). Sixth theme is *Alignment* that defined who sets and negotiates conflict within the organization (12 items).

Responses were perceived regarding 86 questions to be rated on a 5 point Likert scale. It contains the following response possibilities: 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.

II- Conditions of Work Effectiveness Questionnaire (CWEQ). It was developed by Laschinger et al. ⁽²²⁾ that used to measure nurses' perceptions of empowerment. The questionnaire includes 19 items used to assess perceptions of access to 6 subscales empowerment. Four subscales reflect the dimensions of structural empowerment (opportunity, information, support, resources), and two subscales measure formal and informal power. The first 4 subscales, each of which contains 3 items. However, Formal power is measured by a fifth CWEQII subscale of 3 items. The sixth subscale is labeled Organizational Relationship Scale; it includes 4 items that measure informal power.

The scores for each item in the CWEQ-II range from 1 to 5, where 1 = none and 5 = a lot. The questions are positively worded, and a higher score indicates a higher level of structural empowerment. In the present study, the Cronbach's alpha for the CWEQ-II total score was 0.88.

Methods of Data Collection

1. A permission to conduct the study was obtained from the director of Mansoura University Hospital and Specialized Medical Hospital.
2. Tools of data collection were translated into Arabic and were tested for its content validity and relevance by a jury consisted of 5 academic staff in Nursing Administration Department at Mansoura, and 7 staff nurses from different inpatient units at Mansoura University and Specialized Medical Hospital. The necessary modifications were performed.
3. A pilot study was conducted on 34 of staff nurses (whom are not included in the study) working at both study hospitals in order to ascertain its clarity and feasibility.
4. Reliability: using Cronbach's alpha, the internal consistency of the patient safety climate survey was 0.88.
5. The questionnaire was distributed to the study nurses Each sheet took 20-30 minutes to be answered. Data collected in two months starting June 2014.
6. 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. Oral consent to participate was assumed by attendance of filling questionnaire sheet.

Statistical analysis

Data summarized using number and percentages for categorical variables. For comparative purpose, score are presented as absolute values and as percentages from the maximum score of each topic. This maximum score depends on the number of items of each topic. Comparison of means was done using t-test for independent samples. The r-test was used for correlation analysis between quantitative variables like professional shared governance and work empowerment. The threshold of significance was fixed at the $p < 0.05$, 0.01 level for interpretation of results of tests of significance.

5. Results

Table 1: Demographic characteristics of study subjects

Demographic characteristic	Study nurses (n=133)	
	No	%
Hospital		
- Mansoura University	84	63.2
-Specialized Medical	49	36.8
Age (in years)		
< 25	27	20.30
25-	76	57.14
35≥	30	22.56
Mean ± S.D 29.5338 ±7.63619		
Qualification		
B.Sc degree	42	31.6
Technical	20	15.0
Diploma degree	71	53.4
Years of experience		
<5	48	49
5≥	50	51
Unit		
Surgical	84	63.2
Medical	49	36.8

In **Table 1** depicts about approximately a half of the study subjects working in Mansoura university hospital in surgical unit and 57.14 of them were in the age group ranged from 25 to 34 years old. Almost of all nurses in the study (53.4%) held a Diploma program and 15% has technical institute. As for years of experience, (51%) of nurses in the study hospitals had more than 5 years of experience.

Table 2: Mean, standard deviation, of Nurses' perception Regarding Professional Shared Governance Subscales (n=133)

Subscales	Max.score	Study nurses (n=133)	
		Mean ± S.D	% *
Control of personnel	75	42.360±4.938	56.48
Access to information	55	8.097±2.215	14.72
Influence over resources	65	29.398±3.954	45.23
Participation in committee Structures/ organizational structure	45	18.473±2.748	41.05
Control over professional practice	70	32.616±4.025	46.59
Goal setting & conflict resolution	30	17.255±3.302	57.52
Total	340	148.203±9.288	43.59

* Percentages are calculated relative to maximum score.

Table 2 shows descriptive statistics of nurses' perception regarding professional shared governance subscales. The total nurse' professional shared governance mean score was 148.203 representing **43.59%** of maximum score. The item of nurses' goal setting & conflict resolution had the highest mean score 57.52 % of maximum and followed by control of personnel. While the least level of nurses' access to information was **14.72%** of maximum score.

Table 3: Mean, standard deviation, of nurses' perception regarding work empowerment subscales (n=133)

Staff Nurse Empowerment (CWEQ-II)	Max.score	Study nurses (n=133)	
		Mean± S.D	% *
Opportunity	15	8.097±2.215	53.99
Information	15	8.157±1.910	54.38
Support	15	8.157±.910	54.38
Resources	15	8.721±2.244	58.14
Formal Power	15	9.293±1.953	61.95
Informal Power	20	11.834±2.620	59.18
Total CWEQ	95	54.263±5.837	57.12

* Percentages are calculated relative to maximum score.

Table 3 shows descriptive statistics of nurses' perception regarding work empowerment subscales. The overall mean score of total work empowerment among study nurses was 54.263 representing 57.12% of maximum score. The highest mean score was observed 11.834 for nurses' informal Power representing 59.18% of maximum score. The nurses' perception for access to information and support were relatively equal mean

score 8.157 representing 54.38% of maximum score for each of them.

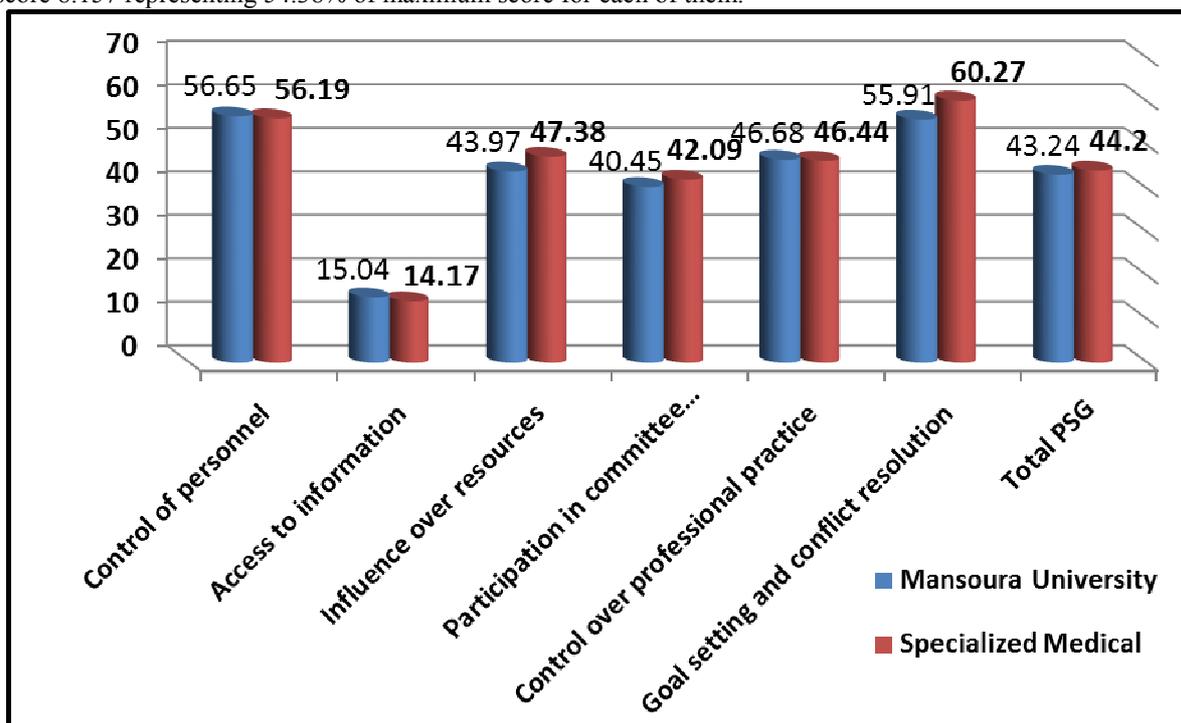


Figure 1. Percentage of staff nurses' perceptions in relation to Professional Shared Governance (PSG) at both university hospitals.

Figure 1 shows percentage of nurses' perception regarding professional shared governance at both study hospitals. This table revealed that the highest percentage of professional shared governance was 60.27% reported for goal setting and conflict resolution in specialized hospital and followed by 56.19% was reported for control of personnel. While the least percentage was reported for access to information in both study hospitals.

Table 4: Relationship between Nurses Professional Shared Governance and their work empowerment

Shared governance subscales	Staff Nurse Empowerment	
	r	P value
Control of personnel	.184	.034*
Access to information	.225	.009**
Influence over resources	.152	.081
Participation in committee Structures/ organizational structure	.181	.037*
Control over professional practice	.055	.528
Goal setting & conflict resolution	.069	.431
Total	.318	.000**

* Correlation is significant at the 0.01 level

** Correlation is significant at the 0.05 level

Table 4 shows relationship between nurses' professional shared governance and their work empowerment. The results in this table revealed that these were a significant correlation between most components of professional shared governance and work empowerment as perceived by study nurses in the selected settings ($r = .318, p < 0.001$). The table also shows control over professional practice and goal setting & conflict resolution were not significantly correlated with work empowerment.

6. Discussion

Hospitals are continuously seeking opportunities to improve their performance by providing innovative, quality-based, cost-effective care ⁽¹⁾. Shared governance have been integrated in nursing infrastructures as a means of providing a transformational framework for direct care nursing staff and improving an organization's overall performance. Shared governance activities give direct care nurses an opportunity to partner with nursing management to achieve optimal patient outcomes and to increase nurse job satisfaction, productivity, and retention It provides the framework for a collaborative environment of nursing leaders and direct care nurses ⁽²³⁾.

Shared Governance (SG) for empowering nurses in practice settings has been widely used for decades ⁽²⁴⁾. The present study examined the relationship between nurses perceptions of professional shared governance

and their working empowerment. The main results of the current study revealed there was statistically significant positive correlation between nurses perceptions of professional shared governance and their working empowerment. This is agree with **Speroni et al.** ⁽²⁵⁾ & **Erickson et al** ⁽²⁶⁾ who suggested empowerment can increase over time as a shared governance professional practice model develops within an organization. And **Brandt et al.** ⁽⁵⁾ concluded that Unit Shared Governance implementation resulting in staff empowerment and satisfaction.

Again staff empowerment is fundamental to professional shared governance, including both the state of empowerment itself and the structures that facilitate it ^(10,27). Findings of the present study agree with **Anderson** ⁽²⁸⁾ who concluded that nurses in the shared governance setting had significantly higher scores in overall governance, empowerment, and job satisfaction than nurses in the non-shared governance setting.. In addition to **Malleo & Fusilero** ⁽⁶⁾ described methods used to implement models of shared governance in nursing and its preliminary benefits that will be achieved.

Shared governance models are characterized by management and staff working collaboratively in decision-making, at both a unit level and organizational level⁽²⁷⁾. Principles of shared governance have been integrated in nursing infrastructures as a means of providing a transformational framework for direct care nursing staff and improving an organization's overall performance ⁽¹⁾. The three core principles associated with shared governance are as responsibilities for nursing care delivery must reside with clinical staff, authority for nurses to act must be recognized by the organization, and accountability for quality patient care and professionalism must be accepted by the clinical staff ⁽²⁸⁾.

Professional nursing governance refers to the role nurse's play in decision-making and accountability for patient care ⁽²⁹⁾. This involves the organizational processes and structures that effect the interplay of control and influence that staff and management encounter⁽³⁰⁾. Shared governance provides the framework for a collaborative environment of nursing leaders and direct care nurses. Together, they can formulate a partnership of shared decision making for clinical and operational practices ⁽¹⁾.

Internationally, nurses are the largest profession in healthcare. Involvement and influence in decision-making is required to facilitate continuous change, improvement and growth for nursing profession and for serving it. For this to occur, appropriate structures and processes that provide and encourage involvement in decision-making are essential ⁽²⁷⁾. Staff members are developed, directed, and empowered to find the best way to accomplish goals and achieve desired outcomes. Structural empowerment is the component of the Magnet model that addresses how the workplace environment supports exemplary professional practice, new knowledge, and improved outcomes ⁽¹⁹⁾.

Findings of the present study revealed control of personnel has been positively related with nurses' work empowerment. This is indicating nurses and administration were involved equally in decisions related to control over professional practice. And nurses perceived adequate input or control in the following area that directly affect the bedside care of the patient, patient care standards, quality assurance, and educational development. This is the same view of **Al-Faouri ,et al.** ⁽³¹⁾ who concluded the accreditation programs at the study setting which gave opportunity to nurses to participate in identifying patient care stander needed, and apply quality improvement project and due to implementation of evidence based practice project recently in the hospital. As well as the study done by **Afeef et al.** ⁽³²⁾ reported nurses perceptions of their work environment being more closely related to shared governance structure.

Findings of the present study revealed that a high significant correlation between access to information and their work empowerment. Significant relationships were found between nurses' perceptions of empowerment and access to opportunity, information, support, and resources. And study nurses perceived 14.72% shared access to information in areas. This result could be due to nurse not participant in quality activities at all levels, not held orientation program for all newly employed nurses, annual training plan for nursing department within hospital. This is inconsistency with **Al-Faouri et al.** ⁽³¹⁾ and **Afeef et al.** ⁽³²⁾ who found nurses perceived a more shared access to information such as access to recent advances in nursing practice, and hospital strategic plans for the next few years.

In addition to **Bretschneider et al.** ⁽⁸⁾. concluded increasing nurses' access to information resources and decision making empowers them to effectively serve as leaders in our increasingly complex healthcare environments . In Magnet hospitals has shown that nurses are attracted to hospital work environments that foster good interdisciplinary relationships, promote autonomy, and support control over nursing practice. Shared governance provides a vital communication and decision making infrastructure. Shared governance provides a vital communication and decision-making infrastructure ⁽¹⁶⁾.

As regards to **influence over resources** nurses in current study perceived they have influence or formal authority in a variety of procedures including daily patient care assignments, monitoring and obtaining supplies. This is agree with **Al-Faouri et al.** ⁽³¹⁾ and **Afeef et al.** ⁽³²⁾ who found that nurses reported high mean scores of this subscale. As well as results of the present study agree with **Seada & Etway** ⁽³³⁾ who revealed that nurses perceive many areas that are closer to being equally shared with their administrators, while other activities

relating are being done only with administrator with limited staff inputs.

Findings of the current study indicated that nurses perceive to have 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. However, nurses perceive they have limited ability to participate in committees that relate to multidisciplinary professionalism, organizational budgets, expenses, and strategic planning. However, **Al-Faouri et al.** ⁽³¹⁾ who discovered that nurses from a non-shared governance setting had less participation in decision making than nurses in a shared governance structure.

As regards to control over professional practice nurses perceived control over their professional practice in their formal organization, this subscale had the maximum score, this indicating that decisions equally shared by staff nurses and nursing management. The result of the present study is inconsistency with result of study done by **Afeef et al.** ⁽³²⁾ & **Tourangeau et al.** ⁽³⁴⁾, 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** ⁽³³⁾ 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 regards to **Goal setting & conflict resolution** nurses have a more shared ability to set goals and manage conflict with management/ administration have a more shared ability to set goals and manage conflict with management/administration. In Jordan, a study of **Afeef et al.** ⁽³²⁾ have similar results. **Green & Jordan** ⁽³⁵⁾ suggested 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. **Al-Faouri et al.** ⁽³¹⁾

Several factors are essential to the success of a shared governance program, including support from managers and leadership, clear role delineation, and support for the time needed to participate. Successful shared governance programs are those in which participants are expected to make changes or take action to control outcomes. The flexibility for nurses to participate in different ways leads to increased participation and strength of the shared governance structure. Success is also influenced by recognition of contributions, accomplishments, and outcomes⁽³⁶⁾.

In many Magnet organizations, the shared governance model is the cornerstone of the forces of magnetism. This body of work suggests that healthcare organizations with shared governance models have stronger patient outcomes ⁽⁹⁾. Shared governance improves staff nurse feelings of empowerment. Studies support the contention that shared governance increases nurses' feelings of job authority accountability and responsibility. A variety of research articles suggest that shared governance positively impacts employee opinions and job satisfaction ⁽²³⁾.

7. Conclusion & Recommendations

Based on the study findings of this study nurses' professional shared governance play an important role to empower nurses in the selected study settings. Overall, the results of the present study were a significant relationship between nurses' professional shared governance and work empowerment. It was being observed that most nurses reported 14.72% for shared access to information. As well as findings of the present study revealed that a significant correlation between nurses' access to information and their work empowerment. While in areas control over professional practice and goal setting & conflict resolution were not effect on their work empowerment. Findings of the current study indicated that nurses perceive to have 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. Therefore, body of work suggests that healthcare organizations with shared governance models have stronger patient outcomes and improves staff nurse feelings of empowerment.

In the light of the findings, the following recommendations are suggested;

1. There is a need for nurse managers' to implement empowering strategies such as shared governance that afford staff nurses the opportunity to have control over nursing practice and promote quality nursing care.
2. Nurse administrators need to implement structures and strategies that promote the most efficient use of both human and material resources.
3. Nursing staff must be provided a practice environment that encourages accountability and empowerment.
4. It is important to examine the factors that leads to success of implementation a shared governance model and work empowerment
5. Skill development for both nurse managers and nurses in communication, collaboration, conflict management, group process and teamwork are important to participation in governance.
6. Support governance strategies by providing education and development of both managers and staff.

7. Further research is necessary to evaluate of the effectiveness of shared governance model and work empowerment to improve patient, staff, and organization outcomes.

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