IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 8, Issue 6 Ser. VIII. (Nov - Dec .2019), PP 08-16
www.iosrjournals.org

Knowledge and Perceptions of Shared Governance and Their Relation to Autonomy of Professional Nurses

AbeerAbdallah Ali[1], Mahasen Ismail Abdelmegeed[2], Sahar Ahmed Abood[3]
[1,3](Nursing Administration, Department, Faculty of Nursing, Minia University, Egypt)
[2](Nursing Administration Department, Faculty of Nursing, Cairo University, Egypt)
Corresponding Author: AbeerAbdallah Ali.

Abstract:*Creating a culture that promotes quality, nursing excellence, and professional decision-making can be demonstrated within the structure of shared governance. Moreover, nurses whom had high autonomous decision making become experienced and more effective for nursing profession.* ***Aim:*** *The current study aimed to assess knowledge and perceptions of shared governance and their relation to autonomy of professional nurses.* ***Design:*** *A descriptive correlational research was utilized.* ***Setting:*** *The study was carried out at five of Minia University Hospitals located in Minia City, Egypt.* ***Sample:*** *Nurses participated in the study were a probability sample of professional nurses (no=78) drained from the total baccalaureate-prepared nurses who were working in the five hospitals of the study.* ***Tools:*** *Two tools were used; Nurses Knowledge and Perceptions of Shared Governance Questionnaire and Nursing Professional Autonomy Scale.* ***Results:*** *More thantwo thirds of professional nurse had a satisfactory level of knowledge and more thanhalf had high perceptions of Shared Governance. There was statistically significant positive correlation between each of nurses' knowledge and perceptions of shared governance level and their level of perceived autonomy over patient care decisions, while there was no statistical significant correlation found between either level knowledge or perceptions of shared governance and both the level of perceived autonomy over unit operations or total autonomy.* ***Conclusion:*** *Creating a culture that promotes professional nursing autonomy can be demonstrated within the context of shared governance structure.* ***Recommendations:*** *Shared Governance should be integrated into the philosophy of hospitals in order for empowering nursing staff participation in the decision making process and promoting their professional autonomy.*

Key words: *Shared governance, Knowledge, Perceptions, Professional autonomy.*

Date of Submission: 02-12-2019 Date of acceptance: 18-12-2019

I. Introduction

The changing context of society and healthcare called for a restructuring of hospital administration that emphasized collaboration, a defined knowledge base, autonomous practice, and shared decision making. Nurses are the closest to patients and the point of care. In addition, professional nurses hold scientific knowledge upon which to provide care across the continuum of healthcare services. Moreover, nurses have the unique ability to partner with other health care professionals in redesigning the healthcare system.[1]

The first governance model for nursing called "shared governance" was designed in the 1980s, generated from social and behavioral management theories, based on the assumption that nurses, as the main frontline health workers, are more qualified to assess and decide which are the care needs of patients, based on parameters of clinical practice guidelines.[2,3,4,5]

Shared governance is a model of professional nursing practice that engages nurses in decisions that affect their practice[6]. It is a structural framework that based on the principles of equity, accountability, partnership, and ownership in which nurses can express and direct their activities with more professional autonomy[7]. The philosophy of shared governance established on the concept of decentralized management, which supply hospital with autonomy and improving the sense of empowerment[8].

Shared governance emphasized professional nurses involvement in governance decisions by keeping their right to control their practice and expanding their authority to some parts as schedule, budget, and evaluating personnel, which were already controlled only by managers. Also, shared governance is known as the governance model based on the accountability system in which there is sharing power, and decision making with the nursing staff.[9]

Autonomy is an essential attribute to achieve professional status and can be developed individually or in groups.[10, 11] Autonomy has been described as having the authority to make independent decisions and to take actions in accordance with one's discretion and professional knowledge. To function autonomously, however, nurses must develop the expertise that allows them to exercise sound clinical judgment and exert control over

their practice as well, certain satisfiers must be met, for example, resources must be provided and autonomy supported to achieve an adequate level of competency. [12]

Significances of the study

In the context of nursing, professional governance corresponds to the processes and structures that provide autonomy, control and authority to nurses regarding the nursing practices within an organization in addition, with a huge effort to register and keep nurses in their workforce for encountering the competitive environment and overcoming the increasing nursing shortages, the organizations had to involve nurses in their clinical decision making, the core focus of shared governance concept, considering that the simple use of authority and shared decision making would help and support nurses to take clinical decisions correctly which in turn have a direct relation and effect on their practice.

Sequentially, a considerable attention has to be paid by hospitals for supporting and enhancing professional autonomy of their nursing staff, who encompass the largest group of hospitals' workforce. An effective strategy to enhance autonomy of professional nurses is using the concept of shared governance, in which frontline healthcare providers being more active and empowered participants in decision making processes.

Aim of the study

This study aimed to assess knowledge and perceptions of shared governance and their relation to autonomy of professional nurses.

Research Questions

1. What are the levels of nurses' knowledge and perceptions of shared governance?
2. What is the level of autonomy among the group of professional nurses?
3. Is there a relation among professional nurses' knowledge and perceptions of shared governance levels and their level of autonomy?

II. Material And Methods

Research design: A descriptive co-relational design was utilized in this study.

Setting: The study was conducted at five of Minia University Hospitals located in Minia City, Egypt including: (The Main University Hospital, Gynecology, Obstetrics and Pediatrics Hospital, Cardio-Thoracic Hospital, Renal and Urology Hospital in addition to the Dental Hospital)

Study Duration: From January to September 2019.

Subjects

The study was carried out on a probability sample of (78) nurse drained from the total no (100) of baccalaureate prepared nurses working at the previously mentioned hospitals during the study conduction period. Nurses included in the study were those with "at least three years" of clinical experience who freely accepted to participate in the study. Nurses with long leaves and those who refused to participate were excluded.

Tools of data collection:

Two tools were used in this study as follows: -

Tool 1: Nurses Knowledge and Perceptions of Shared Governance Questionnaire. It was consisted of three parts as follows:

Part I;included the socio-demographic characteristics of the studied sample such as (age, gender, current job position and years of nursing experience).

Part II;included 20 items developed by the researcher based on the literature reviewto identify nurses' knowledge of shared governance on 2 responses (1) as I don't know and (2) as Yes I know. Total score of knowledge (> 60%) considered as **"**satisfactory**"** level and otherwise considered as **"**unsatisfactory**"** level.

Part III;included 18-items adapted by the researcherfrom**(Rundquist, 2014)**[13] to measure nurses' perceptions of shared governance on 3-point Likert scale ranged from (1) as disagree, (2) as neutral and (3) as agree. The score was reversed for negative items. Total scores of (18-30) indicate **"**low**"**, while scores (31- 42) considered as **"**moderate**"** and scores (43-54) considered as a**"**high**"** level of perceptions. The higher score indicated that shared governance is perceived as favorable administrative system by the group of the studied nurses.

Tool 2: Professional Nursing Autonomy Scale:

This tool was adapted by the researcher from the instrument originally developed by**(Blegen, 1993)**[14] and used by **(Mrayyan, 2005)**[15] to measure nurses' autonomy over patient care and unit operations decisions on

a 5-point Likert scale ranging from (1) "Nurses have no authority nor accountability" to (5) "Nurses have full independent authority and accountability". The modified scale included 41 items (20 items for autonomy over patient care decisions subscale) and (21 items for autonomy over unit operations subscale). Total score of the scale ranged from (41 - 205) with scores of (41 - 95) indicated that participated nurses perceived their professional autonomy as "low" and from (96 - 150) indicated "moderate", while from (151 - 205) indicated a "high" level of autonomy.

Validity and reliability

Tools of the study was translated into Arabic by the researcher to match the nature of participants' work environment. Its content validity were revised and validated by a panel of five experts in nursing administration field. Accordingly, wording of some items were modified. The reliability analysis of the study tools was done using alpha Coefficient to measure the stability of its internal consistency; it was (0.72) for nurses knowledge and perceptions of shared governance questionnaire, while the test value for the autonomy scale was (0.89). These values considered statically acceptable.

Pilot Study

A pilot study was done on 10% of participants (8 nurses) who selected randomly from the five hospitals where the study was carried out in order to check the applicability of tools, identify obstacles and problems that may be encountered during data collection and the estimate time needed to fill the questionnaires. In the light of the pilot study' findings, no major changes occurred in tools' content or no. of items. So, nurses participated in the pilot study were included in the total sample and the study tools were put in its final form.

Ethical considerations

- Ethical Approval from the Research Ethics Committee, Faculty of Nursing, MiniaUniversity was obtained.
- A verbal consent was obtained from participants before collecting the data after explaining the aim of the study.
- Participation in the study was on voluntary basis and stating the possibility to withdraw at any time.
- Privacy and confidentiality of participants' information was assured through reassuring the participants that their anonymity was maintained and the collected data wouldn't be used except for the purpose of scientific research.

Research Procedures

- An official permission was obtained from the Dean of Nursing Faculty, Minia University and from Managers of the five hospitals where the study was carried out after clarifying the aim and procedures of the study to eligible individuals.
- The researchers distributed the tools to professional nurses individually in their work departments at the hospitals.
- The filling time for the questionnaires was talking about 15-20 minutes.
- The researcher checked the tools to ensure the completeness of it all parts.
- Data collection was done during the morning, and afternoon shifts according to nurses and researchers' time. Data collection period lasted for 6 months from January to June 2019.

Statistical analysis

Data entry and statistical analysis were done using SPSS 22.0. Data were presented using descriptive statistics in the form of frequencies and percentages for numerical data. Means and Std. Deviation, 2-independent t-test, ANOVA and Spearman's rank Correlation Coefficient were used for comparisons and correlations among the study variables . Statistical significance was considered at p-value <0.05.

III. Results

Table no. (1) represents the frequency distribution of the study sample according to their socio-demographic characteristics,it shows that,(57.7%)of the participated nurses were in the age group "31-40 yrs." . The majority of them (71.8%) were females and (82.1%) working as nurse managers. The large proportion (55.1%) had "11-20"years of experience.

Table no. (1): Frequency distribution of the study sampleaccording to their socio-demographic characteristics (n=78).

Socio-demographic Characteristics		No.	%	Mean ± Std. Deviation
Age	≤ 30 yrs.	29	37.2	1.68 ± .570
	31- 40 yrs.	45	57.7	
	>40 yrs.	4	5.1	
Gender	Females	56	71.8	1.72 ± .453
	Males	22	28.2	
Job position	Nurse Managers	64	82.1	1.82 ± .386
	Staff Nurses	14	17.9	
Years of nursing experience	≤ 10 yrs.	32	41.1	1.63 ± .561
	11- 20 yrs.	43	55.1	
	> 20 yrs.	3	3.8	

Figure (1): Illustrates that the more than two thirds (70.5%) of nurses had a" "satisfactory**"**level of knowledge about shared governance, while (29.5%) had "unsatisfactory **"**level.

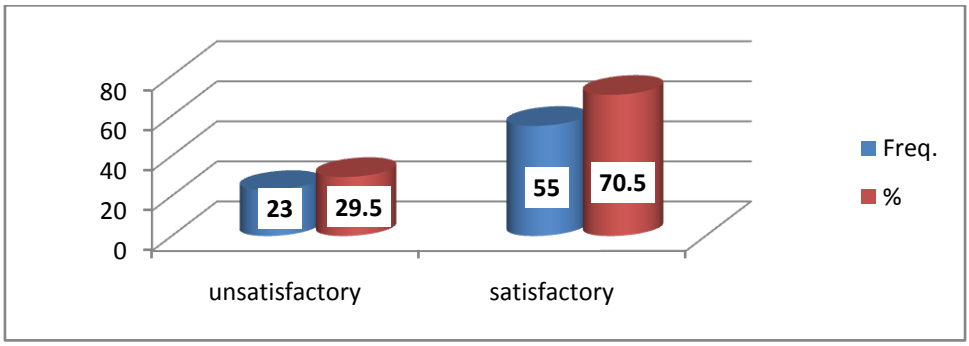

Figure (1): Frequency distribution of nurses' knowledge of shared governance (n=78)

Figure (2): Illustrates that more than half of nurses (51.3%) had a "high**"** perceptionsof shared governance level, while (43.6%) had "moderate **"**level and only (5.1%) had "low **"** level of perceptions.

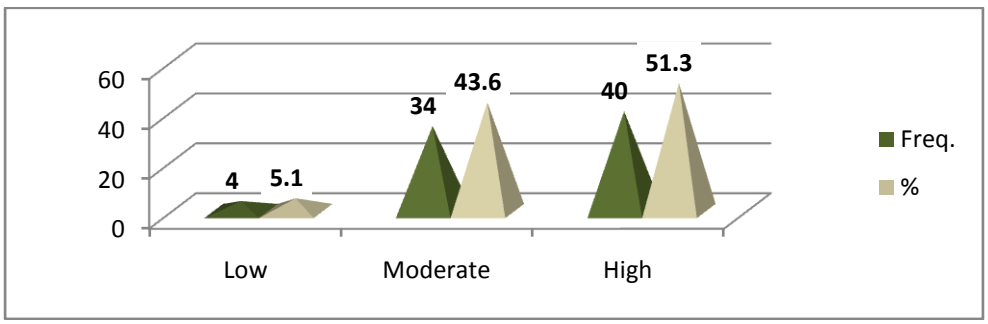

Figure (2): Frequency distribution of nurses' perceptions of shared governance (n=78)

Figure (3): Indicates that, the majority of the participated nurses perceived their autonomy level as "moderate " wither thelevel of autonomy over patient care decisions and over unit operations or the total autonomy level with the following percentages (55.1 %; 56.4% & 59.0%) respectively.

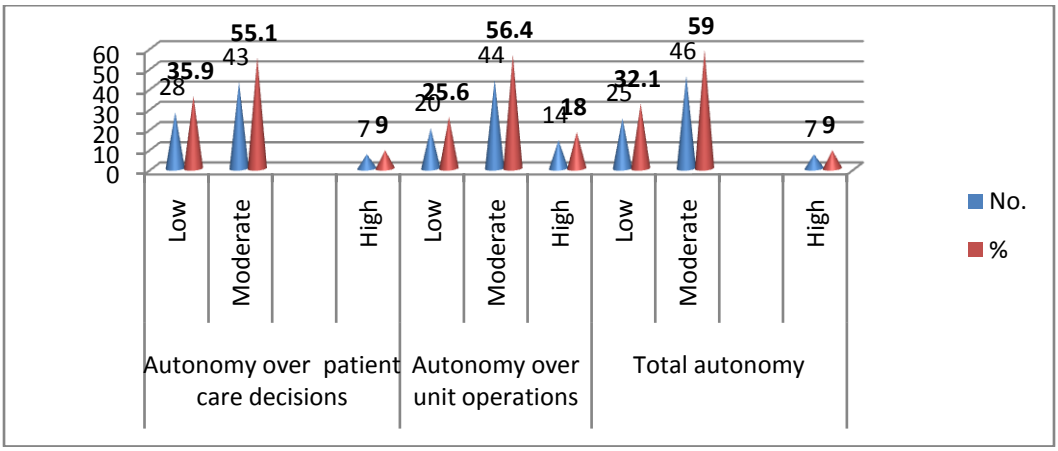

Figure (3): Frequency distribution of nurses' level of autonomy from its three perspectives (n=78)

Clearly notable from table (2) that,the level of nurses'knowledge was varied with statistical significance according to their age, years of nursing experience and job position. While, it didn't varied statistically according to gender. **This table** also shows that, there was a statistical significant difference in the level of perceived autonomy over unit operations among the participated nurses according to their gender, However, all of the perceptions of shared governance level, the level of total autonomy and the level of perceived autonomy over patient care decisions had no statistical significant differences with any of nurses' socio-demographic characteristics.

Table no. (2): Differences in the level of nurses' knowledge and perceptions of shared governance as well as in their level of autonomy in accordance to socio-demographic characteristics (n=78).

Socio-demographic characteristics		Total Knowledge	Total perceptions	Subscales of autonomy		
				Autonomy over pt. care decisions	Autonomy over unit operations	Total autonomy
		Mean ± Std. Deviation				
Age	≤ 30 yrs.	1.86 ±.351	2.52± .688	1.83 ±.539	1.79± .620	1.72±.528
	31-40 yrs.	1.58±.499	2.40± .539	1.64± .679	1.96±.673	1.78±.670
	>40 yrs.	2.00±0.000	2.75± .500	2.00±0.000	2.50 ± .577	2.00±0.000
f (p-value)		4.658 (0.012*)	0.830 (0.440)	1.18 (0.312)	2.51(0.116)	.374 (0.689)
Gender	Females	1.64 ±.483	2.45 ±.570	1.70 ±.658	2.04 ±.687	1.79±.653
	Males	1.86±.351	2.50 ±.673	1.82± .501	1.64± .492	1.73±.456
t (p-value)		1.912 (0.056)	.590 (0.555)	1.216 (0.224)	2.51 (0.018*)	.191 (0.849)
Job position	Nurse Managers	1.66±.479	2.45 ±.589	1.73 ±.648	1.97 ± .642	1.81±.614
	Staff Nurses	1.93±.267	2.50 ±.650	1.71± .469	1.71 ± .726	1.57±.514
t (p-value)		2.011 (0.044*)	.368 (0.713)	.073 (0.941)	1.341(0.180)	1.031 (0.194)
Years of experience	≤ 10 yrs.	1.88 ±.336	2.53 ±.671	1.75±.568	1.81± .592	1.66±.545
	11- 20 yrs.	1.56 ±.502	2.40±.541	1.70± .674	1.95± .722	1.84 ±.652
	> 20 yrs.	2.00 ±0.000	2.67±.577	2.00± 0.000	2.00± 0.000	2.00 ±0.000
f (p-value)		5.62 (0.005* *)	.655 (0.522)	.357 (0.701)	1.18 (0.314)	1.062 (0.351)

*=p-value is statistically significant at the < 0.05 level.**=p-value is high statistically significant at the < 0.01 level.

As evident in table no. (3), there was statistically significant fair positive correlation between both levels of knowledge and perceptions of shared governance. Also, it is observed from the table that, there was statistically significant fair positive correlation between both of knowledge and perceptions of shared governance level and the level of autonomy over patient care decisions. However, there was no statistical significant correlation found between either the knowledge or perceptions of shared governance level and both the level of total autonomy and the level of perceived autonomy over unit operations.

Table no.(3): Correlations among the levels of nurses' knowledge and perceptions of shared governance and the level of autonomy (n=78):

Spearman's correlation			Subscales of autonomy			Total level of perceptions
			Autonomy over pt. care decisions	Autonomy over unit operations	Total autonomyLevel	
Subscales of shared governance	Total level of Knowledge	r (p-value)	.310** (0.006)	.014 (0.903)	.174 (0.128)	.404** (0.000)
	Total level of perceptions	r (p-value)	.304** (0.007)	.047 (0.681)	.166 (0.148)	--

**Correlation is significant at the ($p < 0.05$) and is highly significant at the ($p < 0.01$) level.

IV. Discussion

As we progressing rapidly with an ongoing liberalization, and globalization in all areas, it is necessary to have a change in health care settings, including hospital organization.[16] Moreover, as nurses account for the largest proportion of hospital staff and directly interact with patients and caregivers while providing medical services, they therefore directly affect the productivity and image enhancement of the organization, as well as the quality and safety of patient care.[17]Furthermore, there should be effective health care services to assist nurses in providing and maintaining the delivery of effective and safe care to patients.

For this, hospitals should promote work environment that support nurses in providing care in an effective manner which positively inverted to its place in labor marketing. [18,19,20]The work environment and the sharing of nurses in organization decision making had been the center of shared governance.[21] In shared governance the principles of partnership, equity, accountability, and ownership allow nurses to voice, run and achieve their practice with more professional autonomy.[22]

Findings of the current study concerning socio-demographiccharacteristics showed that, the study sample consisted of (78) professional nurses; the large proportion of them were within the age group"31- 40 yrs.". Regarding their gender, the majority were females, while males constituted about a quarter of the total sample. According to their current job position, the majority were working as nurse managers while, near to a quarter of them were direct care nurses "Staff nurses". In relation to years of nursing experience, more than half of them had "11-20 yrs. " followed by those who had "≤ 10 yrs." while, the smallest portion had "> 20 yrs.".

In regard to the levels of nurses' knowledge and perceptions of shared governance the current study reported that, more thantwo thirds of the participated nurses had a "satisfactory" level of knowledge and more thanhalf of them had "high" level of shared governance perceptions. This findings wasn't in accordance with Abdelkader et al.[8] who concluded that, participants of their study have low level of knowledge and perceptions regarding the basic principles of shared governance.

When separately regarding the perceptions of shared governance level, findings of the current study reported that approximately majority of the participated nurses had a "high" followed by those whom had "moderate" level of perceptions toward shared governance indicating that shared governance is perceived as a favorable administrative system by the group of participated nurses.This finding was in accordance with finding of El-ashkar[23] which revealed that, nearly two thirds of nursing staff had moderate level of perception regarding professional shared governance. This finding was also in accordance with finding of El-Shal[24]which revealed that, the participated head nurses had a high level of perceptions toward shared governance.

On the other hand, this finding wasn't in accordance with finding of Abood&Thabet[20]'study which indicated that, approximately majority of nurse managers had low perception about shared governance. In addition, this finding wasn't in line with Mahmoud[25]who found a low mean score of shared governance among nurses who were working in both hospitals of her study.

As well, this finding was in disagreement with Seadaand Etawy[26,]study as its results revealed that, nurses had lowest mean scores regarding their perception of shared governance in all subscales of Index of Professional Nursing Governance (IPNG) which indicating that staff nurses dose not perceive that they have professional control over their work environment as their work environment mainly controlled by nursing administrator only or primarily by nurse administrator with some staff input.

Concerning the differences in the level of nurses' knowledge and perceptions of shared governance, findings indicated that, the level of nurses' knowledge was varied with statistical significance according to their

age, years of nursing experience and job position in the favor of nurses who aged "above forty" years old and who had "more than twenty" years of nursing work experience and in those who were working as "staff nurses". However, the level of knowledge didn't varied statistically according to gender.

From the researchers point of view, these findings might be resulting from the fact that experience which is gained over time with growing age from exposure to many different work situations is directly related to broadening of nurses professional knowledge base. In addition, B.Sc. nurses appointed as staff nurses in the hospital settings included in the study were mainly new graduates whom had slightly fresh nursing information which may the contributing factor in their high mean score of total knowledge of shared governance.

In regard to the level of perceptions, it was found that it had no statistical significant difference with any of nurses' socio-demographic characteristics. These findings were accorded with Fargally[27] in that, there was no statistical significant difference between professional nursing governance levels as perceived by nursing staff and each of gender, age and job title. These findings were also supported by Rundquist[13] studyasthe analysis of its data revealed that none of the four demographic variables (years of nursing experience, years of work as a nurse manager, educational qualifications and certification) were statistically significant varied among the survey responses.

These results also was consistent with Wilson[5] in that, no statistically significant differences in the perceptions of governance among the subjects according to their gender. These results also was similar to Al-Faouri et al.[9] who reported that, there was no difference between staff nurse and nurse manger in regarding perception of shared governance.Moreover, these results agreed with findings of Seadaand Etawy[26] which showed that there were no statistically significant differences between sex and the perception of shared governance. Additionally, these results also agreed with Barden et al.[2] as no statistical significance found between the background variables of gender, age, employment status, or years practicing nursing and all of the IPNG subscales.

In contrast, these results wasn't in the same line with Aboodand Thabet[20] which reported a presence of statistically significant difference between both age and gender and the total score of perceptions of shared governance. As well, these resultsdiffered fromFargally[27]in that, there was a statistical significant difference between professional nursing governance levels as perceived by nursing staff according to years of work experience.

Regarding findings of the current study concerning the level of autonomy, it was noted that, the majority of the participated nurses had a "moderate" level of professional autonomy either in regard to their perceived autonomy over patient care decisions and over unit operations or their total autonomy. This result was supported by EL Housary[28]whose results concluded that, about half of nurses reported moderate level of job autonomy.

As well, results of the present study was in accordance withElksas[29] as results of this study revealed that, more than half of staff nurses had average level of professional nursing autonomy specifically regarding structural autonomy. Additionally, this result was supported by Al-Faouri et al.[9] who concluded that, registered nurses working in a Jordanian University Hospital perceive good control over their professional practice and shared decisional involvement of nurses and management in their work environment. This result was also supported by Disher[30] whose results indicated that, on average, the nurses had an average amount of access to autonomous self-governance.

Furthermore, this result was in accordance with results of Iliopoulouand While[31]which indicated that, participated nurses reported acting moderately autonomously as overall respondents reported acting with moderate autonomy. In addition, this result was also supported byMrayyan[15]who concluded that, nurses total work autonomy was moderate and they were more autonomous about decisions relating to patient care than unit operations.

In contrast,the result of the present study was differed from Gilman[32] who concluded that the advanced practice nurses (APRNs) participated in this study perceived a high level of autonomy. Also, this result disagreed with the study of DeSistoand Thomas[33] whose surveyed school nurses perceived themselves to have a high degree of autonomy which revealed that the school nurses had a high level of perceived control over their nursing practice.

With respect to differences in the level of nurses autonomy according to their socio-demographic characteristics it was found that, the level of perceived autonomy over unit operations was differed statistically only with nurses' gender in the favor of female nurses. While, both the level of perceived autonomy over patient care decisions and the level of total autonomy had no statistical significant difference with any of nurses' socio-demographic characteristics. Generally, This finding agreed with results ofIbrahim et al.[34]in that there was insignificant differences in autonomy among their participants according to age. This was also agreed with Iliopoulouand While[31]who concluded that, age did not contribute statistically significantly to predicting autonomy.

Despite, the level of perceived autonomy over unit operations might be significantly varied among the participated nurses favorably to females as a result of that most of the participated nurses were females who aged "more than thirty" years and who appointed as "head nurses" whose specified job responsibilities were relating to administrative operations of the nursing unit. While males constituted a small portion of the participants and many of them appointed as "staff nurses" whose specified job responsibilities were relating to direct patient care practices.

Finally, Results of the current study showed that, there was statistically significant fair positive correlation between nurses' level of knowledge and perceptions of shared governance. Also, a statistically significant fair positive correlation was found between each of the nurses' knowledge and perceptions of shared governance levels and their level of perceived autonomy over patient care decisions. However, there was no statistical significant correlation found between either the level of knowledge or perceptions of shared governance and both the level of perceived autonomy over unit operations and the level of total.

From the researcher' point of view,these results might be attributed to the fact that updates and refreshment of the individuals' knowledge base leads to improvements of one's thought and cognition which may led to the significant correlations between the levels of knowledge and perceptions of shared governance among participants of the current study.Although, the insignificant relation among the levels of knowledge or perceptions of shared governance and the level of autonomy might be as a result of clarity of views upheld by the professional nurses from discussions with the researcher during filling the study tools about areas of nursing responsibilities over which professional nurses should have some degree of authority, autonomy or control compared to what is actually done of restrictions in professional nursing autonomy either by organizational constraints, legal/professional practice parameters, work overloads or absence of specified job descriptions of nursing categories in their work place .

With taking into consideration that the current study was nearly the first one that examined the relationship between nurses' level of knowledge and perceptions of shared governance and their level of perceived professional autonomy according to reviews of the different databases searched by the researcher throughout the study conduction period, it was difficult to clarified its results in that regard (the presence or absence of a significant correlation among any of the study variables) in the light of results of any other previous studies.

V. Conclusion

Shared governance has a strong belief to be an essential component of the modern organizations so it needs to be integrated into the philosophy of Egyptian hospitals. Creating a culture that promotes professional nursing autonomy can be demonstrated within the structure of shared governance. Findings of the current study would have significance for advancing nursing science, research, education and practice as it adds to the body of knowledge contributing empirical evidence related to the enhancement of nursing autonomy based on the shared decision making authority and accountability with the partnerships among administration, management, and direct care nurses.

VI. Recommendations

- Hospitals should have the system of sharing and participation among its health care providers for providing a high quality patient care services.
- Shared governance is a complex concept that demanding actions from multidisciplinary persons who have the administrative authority to be incorporated into Egyptian hospitals' philosophy.
- The hospital board members are responsible for formulating a set of institutional policies related to the principles and methods of shared governance implementation.
- Allowing nursing staff to be involved in the major organizational decisions and committees such as: quality, infection control, environment, and training committees would strengthens and promotes their professional nursing autonomy.
- There is still a need for further similar researches involving all nursing staff categories either in the same or in other hospital settings to help verifies and validates results of the current study.

References

[1]. Charland, J. B. (2015): "Organizational Context, Shared Governance Structure and Outcomes in Veteran Affairs Hospitals". Open Access Dissertations. Paper 344. http://digitalcommons.uri.edu/oa_diss/344.

[2]. Barden, A. M., Griffin M. T. Q., Donahue, M., Fitzpatrick, J. J. (2012). Shared governance and empowerment in registered nurses working in a hospital setting. The Journal of Nurse Administration, 35(3), 212-218.

[3]. Hess, R.G. and Swihart, D. (2013): Shared governance: What it can mean for nurses. Nursing Spectrum; 25(1):38-43. Nurse.com. Retrieved from http://ce.nurse.com/ce635/shared-governance/.

[4]. Santos, J.L.G., Erdmann, A.L., Andrade, S. R., Mello,A. L. S. F., Lima, S. B. S., Pestana, A. L. (2013): Nursing governance: an integrative review of the literature. Rev Esc Enferm USP; 47(6):1414-25.

[5]. Wilson, E. M. (2013): "Evaluating Shared Governance For Nursing Excellence" UNLV Theses, Dissertations, Professional Papers, and Capstones. 1909. http://digitalscholarship.unlv.edu/thesesdissertations/1909 .

[6]. Anderson, E.F. (2011): A case for measuring governance. Nursing Administration Quarterly, 35(3), 197-203. doi: 10.1097/NAQ.0b013e3181ff3f42

[7]. Porter-O'Grady, T. (2012): Reframing knowledge work: Shared Governance in post-digital age. Creative Nursing, 18(4), 152-159. doi: 10.1891/1078- 4535.18.4.152.

[8]. Abdelkader, R., Al-Hussami, M. O., , Al barmawi, M., Saleh, A., and Shath, A. Th. (2012): Perception of academic nursing staff toward shared Governance. Journal of Nursing Education and Practice, August 2012,Vol.2,No.3;DOI:10.5430/jnep.v2n3. ISSN 19 46 25-4040 E-ISSN 1925-4059 http://dx.doi.org/10.5430/jnep.v2n3.

[9]. Al-Faouri, I.G., Ali, N.A., and Essa, M.B. (2014): Perception of shared governance among registered nurses in a Jordanian university hospital. International Journal of Humanities and Social Sciences, 4(6), 254-262. Retrieved from www.ijhssnet.com.

[10]. Bularzik, A. H., Tullai-McGuinness, S., and Sieloff, C. L. (2013): Nurses' perceptions of their group goal attainment capability and professional autonomy: A pilot study. Journal of Nursing Management, 21, 581-590. doi:10.1111/j.1365-2834.2012.01381.

[11]. Ferreira E.B., Pereira M.S., Souza A.C.S., Almeida, C.C.O.F., and Taleb A.C. (2016): Systematization of nursing care in the perspective of professional autonomy. Rev Rene.; 17(1):86-92. Available at www.revistarene.ufc.br.

[12]. Shepherd L.M., Harris M.L., Chung, H, and Himes, E.M. (2014): Using the Awareness, Desire, Knowledge, Ability, Reinforcement Model to build a shared governance culture. Journal of Nursing Education and Practice, Vol. 4, No. 6 ISSN 19.

[13]. Rundquist, J. M. (2014): Nursing Managers' Perceptions, Knowledge and Commitment to Shared Governance. All Regis University Theses. Paper 181.

[14]. Blegen, M. A., Goode, C., Johnson, M., Maas, M., Chen, L., and Moorhead, S. (1993): Preferences for decision-making autonomy. Image: Journal of Nursing Scholarship, 25(4), 339–344.

[15]. Mrayyan, M.T. (2005): American nurses' work autonomy on patient care and unit operations. British Journal of Nursing, 14(18) , 962– 967.

[16]. Lee, K. L., and Yang, H. J. (2015): Effect of professional self-concept and professional autonomy on nursing performance. International Journal of Bio-Science and Bio-Technology Vol.7, No.5 (2015), pp.297-310 http://dx.doi.org/10.14257/ijbsbt.2015.7.5.27Healthcare and Nursing, 88, 141-144. doi: http://dx.doi.org/10.14257/astl.2015.88.29.

[17]. Kim, Y. N. (2012): "Professional self-concept structure model of the clinical nurse", Kosin University, Graduate Doctoral Dissertation, Busan. Retrieved on Sep., 1,2019 from Pro-Quest database.

[18]. American Association of Colleges of Nursing. (n. d.). Nursing shortage. Retrieved on Dec 20, 2017, from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage.

[19]. Institute of Medicine. (n. d.). To err is human: Building a safer health system. Retrieved on Dec 20, 2017, from http://iom.nationalacademies.org/Reports/1999/To-Err-is-Human-Building-A-Safer-Health-System.aspx.

[20]. Abood, S. A. and Thabet, M. (2018): Shared Governance as perceived by Nurses' Manager and its Relation to Work Engagement. IOSR Journal of Nursing and Health Science (IOSR-JNHS) e- ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 7, Issue 2 Ver. IX (Mar-Apr .2018), PP 61-70 www.iosrjournals.org.

[21]. Hess, R. G. (2011). Slicing and dicing shared governance in and around the numbers. Journal of Nursing Administration, 35(3), 235-241.

[22]. Porter O'Grady, T. (2011). Is shared governance still relevant? Journal of Nursing Administration, 31(10), 468- 473.

[23]. Elashkar, E. S. (2019): Perception of Shared Governance among Nursing Staff In Mansoura Health Insurance Hospital. Master Thesis, Faculty of Nursing, Zagazig University, Egypt. Available at www. eulc.edu.eg/eulc_v5/Libraries/Thesis/BrowseThesisPages.aspx.

[24]. El Shal, S. M. (2018): Nursing Personnel Perception toward Shared Governance and its relation to their job Empowerment. Master thesis, Faculty of Nursing, Benha University, Egypt. Available at www. eulc.edu.eg/eulc_v5/Libraries/Thesis/BrowseThesisPages.aspx.

[25]. Mahmoud, H. G. (2016). The Relationship between Nurses' Professional Shared Governance and Their Work Empowerment at Mansoura University and Specialized Medical Hospitals. Journal of Biology, Agriculture and Healthcare, 6(18), 13-21.

[26]. Seada, A. M. and Etway, E. A. (2012): Relationship between Staff Nurses' Perception of Professional Shared Governance and their Job Satisfaction. Sci.; 8(5):256-266]. (ISSN: 1545-1003): http://www.americanscience.org.

[27]. Fargally, S. M. (2017): Developing a strategy for improvement of professional nursing governance. Doctorate thesis, Faculty of Nursing, Alexandria University, Egypt. Available at www. eulc.edu.eg/eulc_v5/Libraries/Thesis/BrowseThesisPages.aspx.

[28]. EL Housary, N.M. A. (2017): Unit Nurse Managers' Role for Empowering Staff Nurses Job Autonomy. Master Thesis, Faculty of Nursing, Tanta University, Egypt. Available at www. eulc.edu.eg/eulc_v5/Libraries/Thesis/BrowseThesisPages.aspx.

[29]. Elksas, E. Is. Ib. (2017): Professional Nursing Autonomy and Organizational Support: Staff Nurses' Perspective. Master Thesis, Faculty of Nursing, Alexandria University, Egypt. Available at www. eulc.edu.eg/eulc_v5/Libraries/ Thesis/Browse Thesis Pages.aspx.

[30]. Disher, C. E. (2012): Registered nurses' access to autonomous self-governance structures and retention in long-term care. Doctor of health administration dissertation, University of Phoenix. Retrived from Pro-Quest database, UMI Number: 3570372.

[31]. Iliopoulou K.K. and While A.E. (2010): Professional autonomy and job satisfaction: survey of critical care nurses in mainland Greece. Journal of Advanced Nursing 66(11), 2520–2531. doi: 10.1111/j.1365-2648.2010.05424.

[32]. Gilman P. R. (2018): Relationships between APRN state practice authority, perceived autonomy, professionalism, and inter-professional team function among a national sample of APRNS in the U.S. A doctor dissertation, The University of New Mexico Albuquerque, New Mexico. Retrieved from Pro-Quest 10977879.

[33]. DeSisto, M. C. and Thomas, P. D. (2004): School Nurses' Perceptions of Empowerment and Autonomy. The Journal of School Nursing, Volume 20, No. 4.

[34]. Ibrahim, M. M., Abo El-Magd, M. H., and Sayed, H. Y. (2014): Nurse's psychological empowerment and perceived autonomy in university and teaching hospitals at Menofia Governorate/Egypt. Journal of Nursing Education and Practice, 4, 59-68. doi:10.5430/jnep. v4n9p59.

AbeerAbdallah Ali. "Knowledge and perceptions of Shared Governance and their Relation to Autonomy of Professional Nurses" IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.06 , 2019, pp. 08-16.