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Shared Governance As Perceived By Nurses' Manager and Its Relation to Work Engagement

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Abstract: ***Background****: Inspiring A Shared Governance Environment In Hospitals Help All Nurses To Be Positively Participating With Administrative Authority In Decisions, Which Influence Practice; As Well As Guarantee That Nurses Become More Involved In Decisions; In Which Positively Improve Their Work Engagement.* ***Aim*** *Of This Study Was To Determine Shared Governance As Perceived By Nurses' Manager And Its Relation To Work Engagement.* ***Design****: A Descriptive Correlational Research Was Utilized.* ***Sample****: All Nurses' Manager (N=162).* ***Setting****: Minia University Hospitals And Ministry Of Health Hospitals At Minia City. Two Tools Were Used; Index Of Professional Nursing Governance, And Work Engagement Scale.* ***Results****: This Study Revealed That The Nurses' Manager Of Nurses Have Low Shared Governance With Mean Score (165.9+ 44.4), The Highest Percent Among Them Were For The Primarily Management/ Administration With Some Staff Input; And The Total Scores Of Shared Governance Indicated The Using Of Traditional Governance Among Nurses' Manager (69.1%). Regarding Their Work Engagement, It Was Noted That Half Of Nurses Have Low Levels Of Work Engagement. Also, There Was As Positive Statistical Significant Correlation Between Shared Governance And Work Engagement.* ***Conclusion****: Approximately Majority Of Nurses' Manager Had Low Perception About Shared Governance, While Half Of Them Had Low Work Engagement With Positive Statistically Significant Correlation.* ***Recommendation;*** *For Providing High Quality Patient Care Services, The Hospital Should Have The System Of Sharing And Participation Among The Health Care Providers.*
Key Words: *Shared Governance, Work Engagement, Nurses' Manager.*

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I Introduction

Drastic And Excessive Changes In The Environment Of Nurses' Work Within The Health Care Sector Predominantly Have Crucial Outcomes For Health Team Professional To Accomplish Their Practice **(Mahmoud, 2016)**. A Senior System Of Healthcare Services Has A Challenge To Establish A Model For The Professional Practice Of Nursing Which Could Be Utilized And Become Easily Comprehended By All Levels Of Nurses And Across All Structures Of The Organization. Thus, The Organizations Ought To Promote The Using Of Different Professional Models For Practicing Nursing Which Will Evidence Clinical Practice For Nurses By Empowering Healthcare Providers And Providing High Quality Of Patient Care By Sharing In Decisions **(Bamford-Wade & Moss, 2010; Brody Et Al., 2012)**.

Moreover, A Line Of Reasoning That Enhances The Organization Views Is How It Will Assist And Support The Cooperation Between Managers And Their Employees. Scientists Have A Long Debate That There Should Be An Effort To Narrow Gaps Between Organizational And Individual Effectiveness. This Donates That When Organization Has To Achieve Their Goals, Managers Have A Commitment To Deal With Their Employees Fairly. As According To The Hierarchy Of Employee Needs, Their Involvement In Organizational Decision-Making Have An Appropriate Place Which Enhances The Using Of Shared Governance **(Irawanto, 2015)**.

Shared Governance Is Considered As A Model That Supply Nurses With The Structure From All Settings And Roles To Engage In Shared Decision Making Which Have An Effect On Practicing Nursing, Improving Quality Of Care, Developing Profession, And Research. It Acts As A Coach For Making And Achieving Changes And Preparing For A Desired Future. As A Carrier, Nurses Are Accountable For The Outcomes Of Their Personnel Work And Their Sharing In The Organization Decisions **(University Of Virginia, 2018)**.

Shared Governance Had Been Introduced In The 1970s, It Was Generated From Social And Behavioral Management Theories And Detected Its Path Into The Nursing Arena In The 1980s **(Wilson, 2013)**. The Literature Depicts More Than One Term That Used Interchangeably To Portray Shared Governance Such As Shared Decision Making, Collaborative Models, And Shared Leadership. Shared Governance Is Defined As The

Expansion Of Using Power, Monitoring, Supervision And Authority To Put Nurses' Staff In The Correct Line Over Their Clinical Practice **(Fray, 2011)**.

A Method Of Formulating Empowerment And Creating Structures Is The Shared Governance, As Philosophy Demand Acknowledgment And Application Of Shared Governance Principles **(Porter O'Grady, 2011)**. 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. Shared Governance Was Also Defined As The Governance Based On The Accountability System In Which There Is Sharing Power, And Making Decision With The Staff Of Nursing **(Al-Faouri Et Al., 2014)**.

Furthermore, Shared Governance Is A Group Of Practices Where Employees Within A Given Hospital Participate And Share In The Process Of Decision-Making; Especially The Decisions Which Concern Their Institution And Can Affect Their Everyday Activities And Practices **(Blount Et Al., 2007 & Roach, 2009)**. Sharing Decisions And Authority Is A Process That Can Be Viewed As An Excellence Or A Right Which Supports The Up-To-Date Administrative Models **(Fontaine Et Al., 2008)**. Also, As A Part Of The Shared Governance; Philosophy Is Established On The Concept Of Decentralized Management, Which Supply Hospital With Autonomy And Improve The Sense Of Empowerment **(Abdelkader Et Al., 2012)**.

Shared Governance Focuses On Four Main Principles That Serve As Its Cornerstones. Conjointly, When One Of Shared Governance Principles (Partnership, Accountability, Equity, And Ownership) Combines Into A Team's Behavior, One Makes The Environment Of Professional Work More Empowerment **(Wilson, 2013)**.

Partnership Is Viewed As Developing Cooperation Among Employee; Accountability Can Be Achieved When All Employees Have A Pure Understanding Of Their Role And Take Full Responsibility For Their Activities And Decisions. Regarding The Equity, It Is When All Employees Must Have An Egalitarian Stake In The Outcomes Of The Services And The Quality That They Provide; Ownership Is Based On The Having A Successful Organization, That Depends On How Well Each Staff Member Of The Healthcare Providers Carry Out Their Jobs Effectively **(Bates, 2004; Swihart And Porter-O'Grady 2006; Wilson, 2013)**.

For This, Inspiring A Shared Governance Environment In Hospitals Help All Nurses To Be Positively Participating With The Administrative Authority In Decisions, Which Can Influence Their Practice; And Improve Decentralization; As Well As Can Reinforce Organizational Structure And Professional Practice To Have More Cooperation Between Their Employees. Also, It Guarantees That Nurses Are More Involved In Decisions Regarding Their Practice Which Positively Improve Their Work Engagement **(Hess, 2004; Fallis And Altimier, 2006)**.

Work Engagement Was Defined As Remuneration, Cheerful State Of Prosperity While Person Being At Work, And Have A State That Is Characterized By Vigor, Dedication, And Absorption. Particularly Work Engagement Become Relevant Today, As Hospitals Militate To Deliver Safe And High Quality Care And Improve Patient Outcomes With High Effective Cost **(Schaufeli, And Bakker, 2004)**.

More Specifically, Engagement Is Distinguished By Energy, Participation, Sharing And Effectiveness, Which Can Prevent The Employee Sense Of Burnout That Characterized By Attrition, Irony And Failure To Accomplish Work **(Schaufeli, 2012)**. For This, The Person Who Had High Engagement With His/ Her Work And Practice, Become Inevitably Less Feeling Of Burnout. Also, Work Engagement Can Be Considered As Concept Negatively Related To Burnout **(Makikangas Et Al., 2013; Kutney Et Al. 2016)**.

A Positive, Fulfilling, Work Related State Of Mind Which Is Characterized By Vigor, Dedication, And Absorption Is Known As Work Engagement. The Mental Flexibility And High Levels Of Power At Work, The Readiness To Use The People's Effort In Their Work, And Facing Difficulties With Insistence Are All Representing Vigor. Secondly, Dedication Is Pointing Out To Be Strongly Immersed In Own Work, And Having A Sense Of Importance, Revelation, Fervency, Appreciation, And Defying. Thirdly The Absorption Refers To Being Completely Focusing And Happily Immersed And Being Occupied In Own Work. Recently The Most Of Academic Studies Is Based On The Utrecht Work Engagement Scale (UWES) Which Is Simple, Clear, Brief, Valid And Reliable Questionnaire, And Is Based On Combination Of Vigor, Dedication, And Absorption As A Definition Of Work Engagement **(Harter Et Al., 2002; Barden Et Al., 2012)**.

Furthermore, Work Engagement Has A Special Attentiveness; Because Engaging Employees In Work Had A Lot Of Benefits As; It Enhance The Higher Job Of Employee And Higher Performance, Effective Job With Positive Attitudes, Higher Psychological Welfare, And Professional Job Behavior **(Makikangas Et Al., 2013)**.

Significance Of The Study

With A Huge Effort To Register And Keep Nurses In Their Workforce, The Organizations Had To Involve Nurses In Their Clinical Decision Making. As, The Nurses' Involvement In Organization Decision

Making Considered To Be The Focus Of The Shared Governance Concept; As Well As The Simple Use 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. Shared Governance Concept Is A Structural Framework That Is Based On The Principles Of Equity, Accountability, Partnership, And Ownership In Which Nurses Can Express And Direct Their Activities With More Professional Autonomy.

Thus, The Organizations That Boost Their Employees' Engagement Can Be More Successful And Marketed Than The Other Organizations In Terms Of, Low Burnout Of Their Staff, Job Satisfaction And More Retention, Citizenship, High Profitability Index, And Effective Performance Of Their Staff. Sequentially, For Encountering The Competitive Environment And Possibility Of Nurses Shortages, The Hospitals Have To Seek Their Interest In Supporting And Enhancing An Environment Of Engagement Among Nurses, Who Encompass The Largest Ratio Of The Hospital Workforce. An Effective Strategy To Enhance The Nurse Engagement Is Using The Concept Of Shared Governance, In Which Frontline Healthcare Providers Are More Active And Empowered Participants In Decision Making.

II Aim Of The Study

- To Determine Shared Governance Perception Among Nurses' Manager And Its Relation To Work Engagement

Research Questions

1. What Is The Perception Of Nurses' Manager About Shared Governance?
2. What Are The Levels Of Work Engagement Among The Nurses' Manager?
3. Is There A Relation Between Perception About Shared Governance Among Nurses' Manager And Their Work Engagement?

III Sample And Methods

Research Design

Descriptive Correlational Design Was Utilized In The Current Study.

Sample

All Nurses' Manager At Minia University Hospitals And Ministry Of Health Hospitals, With Total Number (162)

Setting

The Study Was Carried Out At Two Categories Of Hospitals Including Minia University Hospitals And Ministry Of Health Hospitals. The Minia University Hospitals Include (Minia University Hospital, Pediatric And Obstetric Hospital, Urology University Hospital, And Cardiothoracic Hospital) And Ministry Of Health Hospitals Includes (Ophthalmology Hospital, Minia General Hospital, Fever Hospital, Chest Hospital, And Misr El-Hora Hospital) At Minia City, Egypt.

Data Collection Tools: Two Tools Were Used In The Present Study As Follows:

Tool I: Index Of Professional Nursing Governance (IPNG)

The IPNG Tool Was Developed By **Hess (2011)**. It Includes 86 Items To Measure Shared Governance. The IPNG Contains 6 Subscales As Follows; The Control Over Personnel Includes (22 Items), Access To Information Includes (15 Items), Influence Over Resources Supporting Practice Includes (13 Items), Participation In Organizational Decisions Includes (12 Items), Control Over Practice Includes (16 Items), And Goal Setting And Conflict Resolution Includes (8 Items). The IPNG Tool Was Measured By Using A 5-Point Likert Scale As Follows (1=Management/Administration Input Only; 2=Primarily Management/ Administration With Some Staff Input, 3=Equally Shared By Staff And Management/ Administration, 4=Primarily Staff With Some Management/Administration Input; And 5=Staff Input Only).

Scoring System: Traditional Governance Was From 86 To 172, Shared Governance From 173 To 344, While Self-Governance From 345 To 430. The Interpretation Of The IPNG Scores Is As The Following: Traditional Governance: From 86 To 172 Represents Management/Administration Input Only; Shared Governance: 173 To 257 Represents Primarily Management/ Administration With Some Staff Input, 258 Represents An Equal Share By Staff And Management/ Administration, And 259 To 344 Represents Primarily Staff With Some Management/Administration Input; And Self-Governance Score Of 345 To 430 Represents Staff Input Only.

Tool II: UTRECHT Work Engagement Scale (UWES)

This Tool Was Developed By **Schaufeli And Bakker (2004)**. It Tool Contain 9 Items And It Was Used By The Researchers To Measure Work Engagement Of Participating Nurses; It Was Divided Into Three Subscales, 3 Items For Each Subscale. The Three Subscales Which Were Described As The Attributes Of Work Engagement Were Vigor, Dedication, And Absorption. Each Item Was Measured By Using A 7-Point Likert Scale (Never Equal 0, Almost Never Equal 1, Seldom Equal 2, Sometimes Equal 3, Often Equal 4, Very Often Equal 5, And Finally Always Equal 6). The Scoring System Ranges From 0 To 102, The Higher Score, The Higher Level Of Work Engagement.

Validity And Reliability:

The Tools Were Submitted To A Panel Of Five Experts In The Field Of Nursing Administration At Minia And Assuit University To Confirm Its Validity.

Reliability Of The Tools (Tool I And Tool II) Was Performed And Calculated Statistically. The Internal Consistency Of The Tools Were Measured By Using Cronbach's Alpha Test.

The Cronbach's A Values Was Measured For Total IPNG Tool And It Was (A = 0.95), As Well The Cronbach's A Values Was Measured For Total UWES-9 And It Was (A=0.91).

A Pilot Study:

It Was Conducted On 10% Of The Sample (16 Nurses' Managers) After The Creation Of The Study Tools Before Conducting The Actual Data Collection. The Aim Of The Pilot Study Was To Test The Feasibility And Applicability Of The Study Tools. The Pilot Study Was Used Also To Determine The Time Needed For Filling The Tools. The Pilot Study Data Were Included In The Main Study Sample During Collection Of Data.

Ethical Considerations

- Faculty Of Nursing, Minia University Ethics Committee Approval Was Obtained.
- After Clarifying The Aim And Procedures Of The Study For Both The Directors Of Minia University Hospitals, And Ministry Of Health Hospitals; An Official Permission Was Taken.
- Before Collecting The Data And After Explaining The Study Aim; A Verbal Consent Was Obtained From Participants.
- Participants Were Assured That They Have The Right To Withdraw From The Study At Any Time Without Any Rationale.
- Data Were Assured Confidentiality And Used Only In Research. The Researchers' Contact Information Were Provided To Participants
- Plagiarism Was Avoided And Intellectual Property Rights Were Maintained.

Procedures:

- The Study Tools Were Distributed To Nurses' Manager Individually In Their Workplace At The Hospitals By The Researchers.
- An Estimated Time For Filling For The Questionnaire Was About 30 Minutes.
- Each Tool Was Checked By The Researchers To Ensure That Nurse Manager Had Completed The All The Questions.
- Data Collection Was From October To December 2017 And It Was Done During The Morning, And Afternoon Shifts According To Nurses' Manager And Researcher's Time.

Statistical Analysis:

Data Entry And Statistical Analysis Were Done Using SPSS Version 20.0. Data Were Presented Using Descriptive Statistics In The Form Of Frequencies And Percentages For Qualitative Variables, Mean And Standard Deviation, And Spearman's Rank Correlation Coefficient For Quantitative Variables. Data Were Considered Statistically Significant At P-Value <0.05.

IV Results

Table (1): Shows The Personal Data Of The Nurses' Manager At Both Minia University Hospitals (N=76) And Ministry Of Health Hospitals (N=86). The Mean Age Of Nurses' Manager Were (37.5 ± 7.9) Years, And The Majority Of Nurses' Manager Were Female (86.4%). Regarding Years Of Experience In Nursing The Mean Score Among Nurses' Manager Was (16.4 ± 8.6 Years), And Years Of Experience In Department Had Mean Score Of (8.6 ± 7.1 Years) Among Them.

In Table (2): It Was Noted That The Highest Mean Score Was For Influence Over Resources Subscale (42.8+ 12.7), Followed By Access To Information Subscale (28.7 ± 8.7), The Third Subscale Was Control Over

Practice With Mean Score (28.2 ± 9.6), Fourth Subscale Was The Control Over Personnel With Mean Score (27.1 ± 7.5), And The Lowest Mean Score (17.2 ± 7.7) Was For The Subscale Participation In Organizational Decisions. The Total Mean Score Of Shared Governance Was (165.9 ± 44.4) With Maximum (283) And Minimum (86).

Table (3): Shows That The Highest Percent Among Nurses' Manager (67.9) Were For Primarily Management/ Administration With Some Staff Input, As Well There Was (0%) No Percent For The Staff Only Input Degree.

Figure (1): Illustrates That The Two Thirds (69.1%) Of Nurses' Manager Had Perception Of Using Traditional Shared Governance, While No One (0%) Had Perception Of Self-Governance.

In Table (4): It Was Observed That About The Half (51.9%) Of Nurses' Manager Had Low Level Of Work Engagement, And Only (16%) Had High Level Of Work Engagement. **Table (5)**: Shows The Correlation Between Work Engagement And Shared Governance Among Nurses' Manager, As It Was Noted That There Is A Positive Correlation Between Them.

Table (6): Shows The Relation Between The Personal Data Among Nurses' Manager And Their Total Score Of Shared Governance. As The Age Group Used Traditional Shared Governance Were (40-47) Years; While The Highest Percent Age Group Who Used The Self – Governance Were (48-55) Years With Statistically Significant Difference Between Age And Shared Governance Was ($P=0.028^{*}$). Also, It Was Found That There Is A Statistically Significant Difference Between Gender And Total Score Of Shared Governance In Favor To Female Nurses' Manager ($P=0.01^{*}$).

Table (1): Personal Data Among Nurses' Manager

Personal Data (N=162)	**No.**	**%**
Hospital Name		
Minia University Hospitals	76	46.9
Ministry Of Health Hospitals	86	53.+1
Age (Years)		
23- 31	40	24.7
32- 39	58	35.8
40- 47	42	25.9
48-55	22	13.6
Mean ± SD	37.5 ± 7.9 Years	
Gender		
Male	22	13.6
Female	140	86.4
Years Of Experience In Nursing		
Less Than 10 Years	38	23.4
10- 19	58	35.8
20- 29	50	30.9
30- 39	16	9.9
Mean ± SD	16.4 ± 8.6 Years	
Years Of Experience In Department		
Less Than 10 Years	94	58.0
10- 19	48	29.6
20- 29	20	12.4
Mean ± SD	8.6 ± 7.1 Years	

Table (2): The Mean Scores Of Shared Governance Dimensions Among Nurses' Manager

Dimensions Of Shared Governance (N=162)	**Min- Max**	**Mean ± SD**
The Control Over Personnel	13- 48	27.1 ± 7.5
Access To Information	14- 57	28.7 ± 8.7
Influence Over Resources	22- 74	42.8 ± 12.7
Participation In Organizational Decisions	10- 42	17.2 ± 7.7
Control Over Practice	15- 46	28.2 ± 9.6
Goal Setting And Conflict Resolution	12- 47	21.7 ± 9.1
Total Shared Governance	86-283	165.9 ± 44.4

Table (3): The Frequency Distribution Of Nurses' Manager According To Shared Governance Scale

Shared Governance	Management/ Administration Input Only		Primarily Management/ Administration With Some Staff Input		Equally Shared By Staff And Management/ Administration		Primarily Staff With Some Management/ Administration Input		Staff Input Only	
	N.	%	N.	%	N.	%	N.	%	N.	%
• The Control Over Personnel	8	4.9	82	50.6	70	43.2	2	1.2	0	0.0
• Access To Information	38	23.5	118	72.8	6	3.7	0	0.0	0	0.0
• Influence Over Resources Supporting Practice	6	3.7	92	56.9	58	35.8	6	3.7	0	0.0
• Participation In Organizational Decisions	42	25.9	72	44.5	36	22.2	10	6.2	2	1.2
• Control Over Practice	26	16.1	64	39.5	66	40.7	6	3.7	0	0.0
• Goal Setting And Conflict Resolution	38	23.4	68	42.0	44	27.2	12	7.4	0	0.0
Total (N=162)	2	1.2	110	67.9	46	28.4	4	2.5	0	0.0

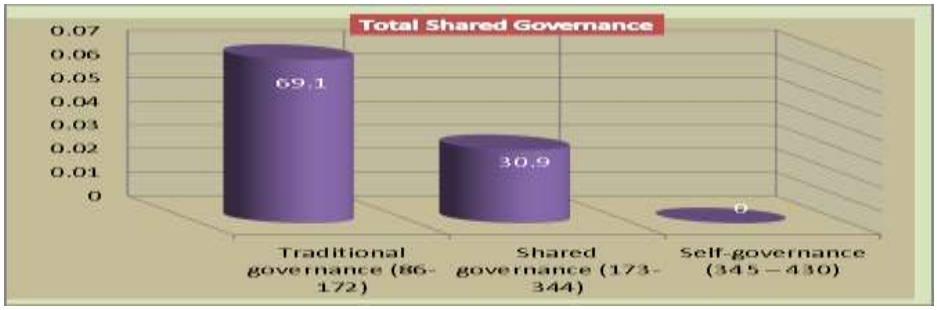

Figure (1): The Total Score Of Shared Governance Among Nurses' Manager (N=162)

Table (4): The Frequency Distribution Of Work Engagement Levels Among Nurses' Manager

Work Engagement Dimensions	Work Engagement Levels					
	Low		Moderate		High	
	N.	%	N.	%	N.	%
Vigor	90	55.6	42	25.9	30	18.5
Dedication	80	49.4	58	35.8	24	14.8
Absorption	88	54.3	54	33.3	20	12.3
Total (N=162)	84	51.9	52	32.1	26	16.0

Table (5): Correlation Between Dimensions Of Shared Governance And Dimensions Of Work Engagement Among Nurses' Manager

Dimensions Of Shared Governance	Dimensions Of Work Engagement						Total Score Of Work Engagement	
	Vigor		Dedication		Absorption			
	R	*P* – Value	R	*P* – Value	R	*P* – Value	*R*	*P* – Value
• The Control Over Personnel	0.350	0.042*	0.498	0.035*	0.498	0.000**	**0.327**	**0.003****
• Access To Information	0.096	0.394	0.249	0.031*	0.359	0.001**	**0.336**	**0.002****
• Influence Over Resources Supporting Practice	0.018	0.873	0.033	0.767	0.002	0.986	**0.028**	**0.805**
• Participation In Organizational Decisions	0.029	0.800	0.028	0.805	0.016	0.889	**0.028**	**0.803**
• Control Over Practice	0.243	0.029*	0.506	0.001**	0.350	0.042*	**0.402**	**0.000****
• Goal Setting And Conflict Resolution	0.102	0.366	0.359	0.000**	0.025	0.824	**0.052**	**0.646**
Total (N=162)	**0.245**	**0.450**	**0.441**	**0.000****	**0.424**	**0.000****	**0.469**	**0.00****

Table (6): Relation Between Personal Data Of The Nurses' Manager And Their Total Scores About Shared Governance

Personal Data (N=162)	Traditional Governance		Shared Governance		X^2	*P* – Value
	N.	%	N.	%		
Hospital Name						
Minia University Hospitals	48	42.9	28	56.0	5.117	0.163
Ministry Of Health Hospitals	64	57.1	22	44.0		
Age (Years)						
23- 31	24	21.4	16	32.0		
32- 39	44	39.4	14	28.0		
40- 47	22	19.6	20	40.0	9.071	0.028*
48-55	22	19.6	0	0.0		
Gender						
Male	8	7.1	14	28.0	6.407	0.01*
Female	104	92.9	36	72.0		

**P ≤0.05*

V Discussion

Nurses Are The Largest Group Of Healthcare Workforce, Who Has Critical Role In Providing An Effective Care That Ensures Patient Safety. Moreover, There Should Be Effective Health Care Services To Assist Nurses In Providing And Maintaining The Delivery Of Effective And Safe Care To Patients. Therefore, The Efficient Environment That Support Nurses In Providing Care In An Effective Manner Should Be Provided By The Hospitals As It Is Positively Inverted To Its Place In Labor Marketing **(American Association Of Colleges Of Nursing, 2017; Institute Of Medicine, 2017)**.

The Work Environment And The Sharing Of Nurses In Organization Decision Making Had Been The Center Of Shared Governance **(Hess, 2011)**. As, In Shared Governance There Are A Decentralized Authority, And Participation In Decision Making Especially Clinical; As Well As Providing Nurses The Permission To Make The Decisions Which Have A Direct Effect On Their Practice **(Overcash And Petty, 2012; Barden Et Al., 2012)**. Moreover, In Shared Governance The Principles Of Partnership, Equity, Accountability, And Ownership; Allow Nurses To Voice, Run And Achieve Their Practice With More Professional Autonomy **(Porter-O'Grady 2003)**.

This Study Revealed That Most Of Nurses' Manager Had Low Shared Governance Perception By Using The Traditional Governance. This Was Due To The Ineffective Use Of Resources And The Misuse About Concept Of Sharing Opinions In Decisions. This Was In Congruence With **Wilson (2013)** Who Found That, The Overall Governance Scale Scored Low Minimum Score Than "173" Although There Was A Shared Governance Structures In Hospitals Of His Study Subjects, Which Indicates The Use Of Traditional Governance, In The Meaning That; Decisions Are Primarily Made By Management And Administration.

The Low Score Of Nurses' Manger In Shared Governance Might Be Related To The Poor Use Of Staff Participation In The Organizational Decisions, Which Indicates The Lack Of Shared Governance Utilization In The Hospitals. **Anderson (2000)** Measured The Nurses' Perception About Shared Governance; He Observed That Nurses Who Had Shared Governance In Their Setting, Had Significantly Higher Scores About The Perception Of Overall Shared Governance, Empowerment, And Job Satisfaction Than Nurses In The Non-Shared Governance Setting.

Also, The Mean Score Of Nurses' Manager About Shared Governance Was (165.9 ± 44.4) Which Indicated The Use Of Traditional Shared Governance, This Was In Line With **Glasscock (2012)** Who Revealed That The Mean Overall Governance Score In His Study Increased From 148.86 Pre-Implementation To 154.46 Post-Implementation; As The Increase Was Not Statistically Significant Based On The Independent Samples Test. Moreover, This Was Consistent To **Mahmoud (2016)** Who Found A Low Mean Score Of Shared Governance In Both Hospitals Of Study As The Total Nurse' Professional Shared Governance Mean Score Was 148.203 Representing 43.59% Of The Maximum Score.

This Study Revealed That The Highest Mean Score Was For Influence Over Resources Subscale, Followed By Access To Information Dimension, And Then The Control Over Practice. This Result Was Not Congruent With **Mahmoud (2016)** Who Declared That The Highest Mean Score Between Shared Governance Subscales Was For Nurses' Goal Setting, Then Conflict Resolution And Followed By Control Of Personnel; While The Lowest Level Of Nurses' Was The Access To Information Subscale.

Also, This Result Did Not Agree With **Al-Faouri Et Al., (2014)** And **Afeef Et Al., (2010)** Who Mentioned That Nurses Had High Mean Scores For The Access To Information Subscale. Also, The Findings

Of The Current Study Was Consistent With **Seada & Etway (2012)** Who Reported That Nurses Perceive Many Fields That Are Nearer To Be Equally Shared With Their Administrators As Access To Information.

As Well, **Glasscock (2012)** Found That The Only Statistically Significant Subscale Was The Participation In Organizational Decisions; While In This Study It Was The Dimension That Had Lowest Mean Score (17.2 ± 7.7) Among The Six Subscales. Furthermore, **Cohen (2015)** Used The IPNG In His Study To Assess The Shared Governance At A Community Hospital, And Found That Total Shared Governance Mean Score Was (151.04+ 35.38). The Low Nurse's Perception Score Of 151.04; Indicates The Use Of Traditional Governance Which Depends On Management And Administration For Decision-Making And Control.

Moreover, **Wilson (2014)** Used The IPNG Score For The Two Groups (One Who Participated In Shared Governance And One Group Didn't Participate). Wilson Found That The Nurses' Perceptions About Shared Governance Were With The Lower Range Of Shared Governance Perception; In Which Decision-Making Is Controlled Primarily By Management/Administration With Some Staff Input. Also, He Mentioned That The IPNG Total Score For Nurses Whose Participate In Shared Governance Councils (Group One) Was Higher (182.59) Than Those Not Participating (166.0) (Group Two).

This Study Also, Showed That More Than Half Of Nurses' Manager Had Low Levels Of Work Engagement; This May Be Attributed To Low Level Of Shared Governance And Weak Participation In The Decision That Relate To Their Practice. Also, There Was A Spirit Of Team Work Among Nurses And Their Managers. And This Is The Role Of Head Nurses And Supervisors In The Hospitals; In Which They Have To Support Their Nursing Staff With Sufficient Resources As Well Supporting Them To Have Active Role In The Decisions That Related To Their Practice.

This Was In Line With **Bjarnadottir (2011)**, Who Found That There Is An Important Concept Of Building Flexible Teams To Enhance The Work Environment Among Nurses, And It Might Be The Head Nurse' Role To Build A Team With Their Staff, And To Provide Mutually Positive Support Among Staff Nurses As Well As Providing The Training According To Need. Also, **Montgomery Et Al. (2015)** Found That The Teamwork Had A Positive Effective Association With Work Engagement Among Nurses.

Also, This Study Revealed A Statistically Significant Correlation Between Work Engagement And Shared Governance Among Nurses' Manager. As, When Nurses Participate And Share In Decision That Is Related To Their Practice, It Positively Acquire Them The Feeling Of Engagement In Their Work. This Was In Line With **Siller Et Al. (2016)** Who Found A Significant Positive Relation Between Work Engagement And Shared Governance, Which Indicate That When Perception Of Shared Governance Among Nurses Increase; Their Work Engagement Increases.

In The Current Study, Regarding The Three Subscales Of The IPNG Which Includes; Control Over Practice, Access To Information, And Control Over Personnel There Was A Statistically Significant Relation With The Three Subscales Of The UWES-9 Which Are; Vigor, Absorption And Dedication. An Important Factor That Enhance The Nurses' Engagement In Their Work Is Their Effective Participation In Making Decision And Control Over Their Work Are **(Demerouti Et Al., 2000; Freeney And Tiernan, 2009).**

Moreover, This Study Showed That The Control Over Practices Subscale Was The Most Statistically Significant Over Work Engagement; And This In The Researcher's Point Of View Might Be Due To That Control Over Practice Depends On The Empowerment, Teamwork, And Activities That Enhance The Personal Bonds In The Work Environment And Engagement. This Was Not In The Same Line With **Siller Et Al., (2016)** Who Found That The Influence Over Resources Had The Highest Relation With The UWES-9 Of Work Engagement; Because This Subscale Measures Staff Nurses' Engagement And How They Can Obtain Resources That Support Their Practice In The Unit And Hospital **(Rivera Et Al., 2011)**.

Regarding The Relation Between The Total Score Of Shared Governance And The Participants' Personal Data; A Statistically Significant Difference Was Found Only In Favor To Age And Gender. **Wilson (2013)** Found In His Study That The Nurses With Age Group (41-50) Had Low Score Of Shared Governance. As Well, The Nurses In Age Group (21-26) Reported Lowered Perception Of Shared Governance. This Indicated That Whether, Nurse's Age Was Young Or Old; They Have Low Perception Of Shared Governance, While, **Al-Faouri Et Al., (2014)** Found A Significant Relationship Between Nurses' Experience And Their Perception Of Shared Governance.

VI Conclusion

Shared Governance Has A Strong Belief To Be An Essential Component Of The Modern Organizations That Needs To Be Preserved And Enhanced. At The Same Time, There Is A Variety Of Concerns Among Nurses' Manager About How Shared Governance Is Practiced Today. Therefore, The Practice Of Shared Governance Among Nurses' Manager Should Be The Focus Of The Administrative Authority In Hospitals; Which Will Enhance The Nurses Work Engagement; In Order To Have An Effective And Safe Patient Care.

Recommendations

- For Providing High Quality Patient Care Services, The Hospital Should Have The System Of Sharing And Participation Among The Health Care Providers.
- Shared Governance Is A Complex Concept That Demanding Actions From Multidisciplinary Persons Who Have The Administrative Authority
- The Board Hospital Members Are Responsible For The Institutional Policies To Be Effective; That Include Shared Governance. Therefore, They Are Accountable For Ensuring That Shared Governance Reflects On Patients' Care And Supports Institutional Progress.
- There Is Still A Need For Further Researches To Assess The Shared Governance Perception Among All Staff Nurses Levels And Its Relation To Staff Commitment, Empowerment Or Citizenship.

Conflict Of Interest

The Authors Have No Conflicts Of Interest

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