Strengthening Nurses Clinical Leadership in Saudi Hospitals

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Abstract
Background: *Health care is provided via a complex industry through different systems, organizations and individuals· This industry facing challenges that required clinicians and nurses to be aware of this industry and engaged in the health system policies and design to ensure the best delivery of care.*
Study aim and objectives *this study aims to analyze nurse's clinical leadership in the Saudi governmental hospitals and the context shaping the practices in Saudi Arabia and propose an approach for strengthening leadership among nurses.*
Methodology: *A conceptual framework adapted from Warwick road map of leadership used to analyze the current practices of nurse's leadership and factorsassociatedwith the low nurse's clinical practices. An analytical tool by Walley and Wright were used to appraise the identified strategies with regards to the context of SA . **Findings:** Several factors are found to be associated with the low nurse's clinical leadership practices such as: lack of robust nursing governance and nurses scope of practices, low involvement of nurses professional in the national and organization level in taking decision regarding the health services, health system design and scope of practices. Also, the nursing educational and professional development programs were lack a leadership development plans and programs. Accordingly, it was found that nurse's staff lacks the leadership competencies to deal with such complex health care system with diverse cultural, social and up to date knowledge demanded. **Recommendations**: On the national level: it is recommended to establish a Nursing Council to govern the nursing career and involve nurses professional in the politics to take decisions regarding the health system, education and community health, also, establishing and accrediting agency for nursing education was recommended. On the organizational level: hospitals are recommended to start the journey toward shared governance recognitions, universities and nursing institutions are recommended to establish focus groups to enhance student enrolment and improve the educational contents. On the nurse's individual level a program of transformational leadership training and competencies development are recommended to strength the nurse's leadership skills and capacities.*
Key words: *Nurse's clinical leadership, Saudi governmental Hospitals, Conceptual framework.*

I. Introduction

Health care is provided via a complex industry through different systems, organizations and individuals[1].. This industry facing challenges that required clinicians to be a ware of this industry and engaged in the health system policies and design to ensure the best delivery of care[2]. Accordingly, this study will focus on the clinical leadership nurse's concerns and review their practices in SA.

Leadership in the past was seen as management role where within that leader should hold an authority and all managers should be skillful in leadership and demonstrate leadership capabilities[3]. Nowadays, it is believed that leadership is exist throughout an organization, at all levels and not exclusive to managers only[4]. In healthcare, Oliver defines leadership as "the ability to explore personal and team motives/beliefs in accomplishing a change or perceived vision of success" [3]. Based on Firth-Cozen study this definition and attributes should be shared between managers and clinician and it should be applied from the executive staff to the frontline staff and that what clinical leadership aim to[4-5]. Thus clinical leadership defines as is "the ability to influence peers to act and enable clinical performance; provide peers with support and motivation; play a role in enacting organizational strategic direction; challenge processes; and to possess the ability to drive and implement the vision of delivering safety in healthcare" [6].

There is a common trend of shifting the health system management from administrative leadership centered where the system management by managers and partial times of clinicians to system management centered by engaging the clinicians and front line professionals in the services management where they manage

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the services within their ward work to sustain efficient and effective healthcare system[6-7,1]. Nurses are the clinical staff who considered as the core of patient care as they coordinate the patient care with the other clinical team such as physicians, dieticians and pharmacist[8].

Nurses in SA forms 50% of the clinicians providing 80% of the health services, 30% are Saudis, with this shortage of local nurses and culturally diverse workforce this requires a high skills of clinical leadership to maintain the high standards of performance and high quality of care[9-11]. Saudization program to tackle shortage problem still not enough alone to strength nurse's clinical leadership and to achieve this, MOH initiated clinical leadership program to strength nurses skill but it was exclusive to the nurse's head and managers and held for one time only as workshops[12-13]. The actual requirement is to empower nursing education and profession to sustain their behaviors among the challenges they face and to sustain the healthy environment for nurses to provide the best care delivery[14].

Accordingly, there is a high demand for an efficient and effective leadership to achieve high standards of care which could not be achieved by isolating the clinician from leading the health services. Therefore, this study will examine the nurse's leadership by analysing the circumstances and context of Saudi Arabia and suggest the framework to strengthening the leadership practices.

AIM
To analyze nurse's clinical leadership in the governmental hospitals and the context shaping the practices in Saudi Arabia and propose an approach for strengthening leadership among nurses.

Objectives
1. To identify and describe a framework for assessing clinical leadership among nurses in Saudi Arabia
2. To review the existing clinical leadership practice of nurses in Saudi Arabia based on factors associates with the context of nursing and identifying strength and weaknesses.
3. To assess and propose, through review of good practice in the literature, strategies to develop nurse's clinical leadership in Saudi Arabia.

II. Methodology
This study is an in-depth study based on analysis of secondary sources of data. The clinical leadership among nurse's context and practices in SA will be reviewed and analyzed based on the conceptual framework. After that, the literature review based on the secondary data which includes relevant experience from other countries will be used to propose strategies to strengthening leadership practices among nurses.

FIGURE1. CONCEPTUAL FRAMEWORK
Adapted from Warwick roadmap of leadership
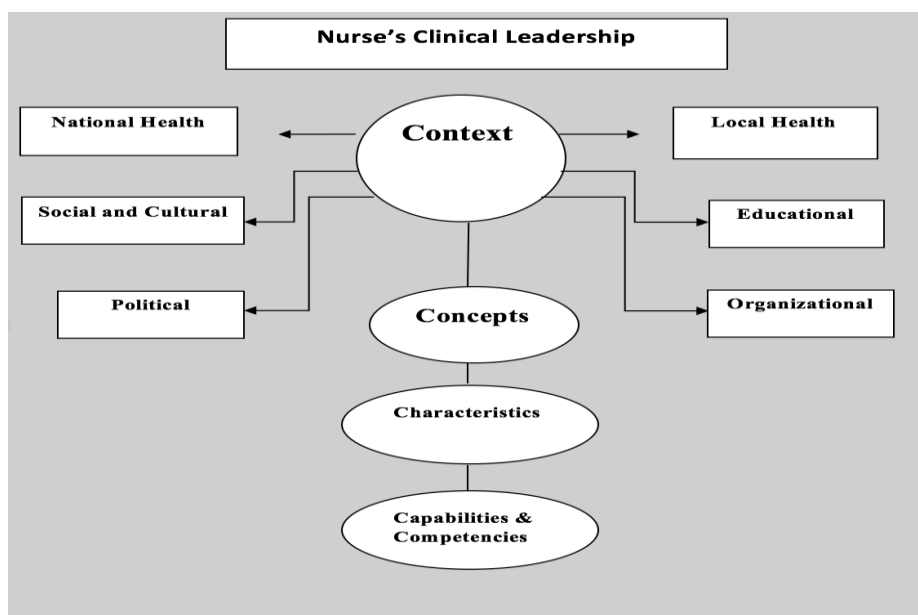
Description of the conceptual framework
Context
Clinical leadership is influenced by the wider health system not only the bed side professional work and patient care process. With this regards, the following contexts will be analyzed.

THE NATIONAL HEALTH CONTEXT
This section will provide information about how the national health system is organized: its structure, health policies, governance, and nursing workforce and how this has contributed to the current nurse's clinical leadership[15-16].

THE LOCAL HEALTH CONTEXT
After that, local health context will state how it affects nurses leadership through the interrelationship between commissioners, regulators and nurses professionals such as local authorities, professional organizations[15].

THE SOCIAL AND CULTURAL CONTEXT
The social and cultural context will be analysed to explore how the nurses recognized by the health system, society, their colleges. Also nurses leadership practices will be analysed with regards to the cultural factors in SA where there is diverse cultural workforce and with regards to the social and cultural variety among Saudi Populations[2].

THE EDUCATIONAL CONTEXT
Education system is a crucial element that has a great impact on the leadership practices which will be analysed from the view of the undergraduate and postgraduate programs, professional continuous improvement programs and the nursing education regulations[6].

THE ORGANIZATIONAL CONTEXT
This context will address how organizational structure and culture affects nurse's leadership practices and How nurses influence institutional policies and decisions[15].

CHARACTERISTICS OF LEADERSHIP
The author will review the current formal and informal leadership practices among nurses and their impact and how this should be considered and addressed in the leadership strengthening model.

LEADERSHIP CONCEPT
According to this framework the author will briefly describe how nurses in SA perceive the leadership. It assesses how they interpret leadership is it the leadership by positions or a leadership by interpersonal skills, social process and emotional intelligence[15].

CAPABILITIES AND COMPETENCIES
After author recognized the perceived concept about leaders and the context they working in, the capabilities of recognized leaders will be analyzed and assessed from personal skills, characteristic, knowledge and the leadership styles they practiced[15]. As a result, this assumed to formulate capacities to interact with the health system context on their level, team level, functional level and organizational level which will be reviewed[18].

Justification of the conceptual framework
The conceptual framework used in the study was selected after a review of the leadership literature in healthcare and adjusted. It is Warwick road map of leadership adapted for the use in this study[15]. In the absence of a clinical leadership framework in Saudi Arabia and in order to build a framework for enhancing the clinical leadership practices among nurses we need to analyze the situation in a wide picture. In addition, under this absence of leadership policies, we need to review the current leadership practices by nurses understand and conceptualize how far leadership practiced and perceived among Nurses in SA. Therefore, this framework was chosen because it is a holistic contains the determinant of the good work environment which are the individual, organizational and external system that affects nurses work[17].

Therefore, to improve nurses work and strength their leadership practices it is important to empower nurses over the content of their practices and the context of the work environment[19]. Thus, this conceptual framework was chosen in this dissertation.

Use of the conceptual framework

The conceptual framework will be used to analyze the current nurse's leadership practices with regards to the contexts clarified and associated factors with the low nurse's clinical leadership practices.

Description of analytical tool

Walley and Wright (2010) introduced different parameters that determine the quality and feasibility of interventions, this framework contains the following.

Effectiveness, Organizational feasibility Political, cultural and social feasibility, Financial feasibility, Gender and equity considerations and Sustainability

Sources of data

The principal source of information collected in this dissertation is from secondary data such as:

Online electronic databases

Research papers and articles derived from electronic databases such as Business Source Premier, Ovid, Proquest, CINAHL and Web of science through the University of Leeds online library and Google Scholar. Unpublished document and Grey literature Using Grey Literature Report Database for programs reports, governmental report and other documentation in clinical leadership.

Other sources

World Wide Web were used to get access to Saudi Government published documents, Ministries Documents and online books.

Selection criteria

Search terms

The next table will provide examples of search terms used in chapter three in the situation analysis with linking words, number of hit and included material.

PLACES TO SEARCH FOR INFORMATION	BUSINESS SOURCE PREMIER, OVID, PROQUEST, CINAHL AND WEB OF SCIENCE		
SEARCH TERMS USED	LINKING WORDS	NUMBER OF HITS	NUMBER OF INCLUDED ARTICLES
Nursing Work environment Saudi Arabia	AND	5487	47
Nursing, Shared Governance Organizational, Decisions, Autonomy, Professionalism Recognition, Saudi Arabia	AND, OR	1243	
Health Reforms, Nursing Role Saudi Arabia	AND	582	
Nursing Participation, Involvement, Empowerment, Health Policies, Political, Saudi Arabia	AND ,OR	1974	
Social , Cultural, Conditions Nursing, Skills, Leadership, Management, Hospitals, Saudi Arabia	AND ,OR	2010	

Subject gateway

Databases were used selected based on the subject of healthcare, Social Sciencesbusiness and allied health professional through the University of Leeds online library.

Website assessment criteria

Website used preferably be original (ended with edu, gov or org), has specific purposeand provide an in-depth information, universally accessible, provide accurate informationobjectively and up-to-date.

Publications with the listed criteria will be included:

Full text Articles, Peer-reviewed, Published in English, Date of Publications between 1985-2016, Publications with the listed criteria will be exclude: Articles on the administrative leadership.

III. Results and Discussion

Nursing national policies and governance

There is a lack of Nurses involvement in the national strategic decisions regarding the health services, health system design and workforce discourages nurses leadership by ignoring their voices, needs, opinion regarding the services which accordingly affects their satisfaction, performance and patient care outcome[9], no representatives from nursing colleges or nursing professionals in the Saudi Health Council (SHC) which is an agency responsible for setting health policies which reflects that the nurses are not engaged in designing services delivery and developing the training and continuing education programs[20].

In term of nursing governance, the General Directorate of Nursing (GDN) is responsible for setting nursing policies and procedures, standards of: nursing care, training courses and nursing scholarships, and it has branches in local level represented by Nursing Local Directorates (NLD) responsible for implementation and monitoring[21]. Their members are nurses' experts, though, theses policies have not been legislate description on the national level as the scope of practice of physicians and dentist and no legal nursing power is existed[22]. However, Nurses professionals working in the hospital settings have no voice or influence in setting these standards which are crucial in promoting their leadership, autonomy and enhance nurse's recognition. This shows the needs for supervisory and legislative body that has power and authority to engage nurses in setting their scope of practices and policies regarding their career, rights, social and economic matters[11,22].

Nurses and Society

Culturally, experienced an underestimation and poor attitude toward nurses specially women who chose this career as they are lower status than other career and there will be a conflict between their work and their family and conservative life because of the long working hours, night shift, working with men and lack of child care in the working settings[14,23,24,25].

However, these attitudes and beliefs vary between rural and urban areas and across the regions. In some parts of SA, people prefer local nurses, as they are Arabic and Muslims, each gender prefer to be treated by their identical gender, however no conflict were reported in case of reverse[23,25,26]. In other regions, they prefer expatriate nurses as they are more experienced than local nurses and this could be due to the employment conditions of expatriates is to have two years' experience while the Saudis nurses are employed without experience[11]. More than this bad image, a violent attitude was reported toward nurses and no action from nurses were taken neither of the lack of skills to deal with such situation or their fear from firing[27].

This relation between society and nurse with the lack of competencies in dealing with such situations affects the health outcome and both sides satisfaction[10]. Further more, addressing community needs, cultural and social characteristic required clinical leadership cultural competence which is "an integration of knowledge, attitudes skills that enhances cross-cultural communications and effective interactions" [28].

Nurses Within the Diverse Cultural Workforce

Saudi health system is one of the trans-cultural environments is seen with expatriates forms 60% of nurses[22]. Reports have shown that expatriate nurses in SA facing difficulties in building relationships with their peers as physicians and other professionals, due to the difference in culture, and sometimes they face difficulties in dealing with patients due to a language barrier where some hospitals overcome this by providing translation services[29-30].

Genrally, expatriates and local nurses have revealed they are not culturally competent in this multicultural workforce[31]. This indicates the needs to train nurses to be aware of different backgrounds, cultures, races and lifestyles and consider these in their way of service providing and this is the core of nurse's clinical leadership[32].

Nurses and Other Professionals

In SA, the image of nurse's rule is physician's assistants or employees of doctors with a reported assaults on nursing staff from physicians[22,27].

Nursing Undergraduate Education

Currently, there are there are 21 diploma nursing institues, 25 colleges nursing for males and females providing nursing education. It is compulsory now that all nurses should gain the bachelor degree after diploma[24,25]. However, the student enrollment still low in comparison with other specialties due to the poor image of nurses, shift schedules and low retention in the bachelor degree[14,33].

In term of leadership skills development during these programs, these institutions teach modules in healthcare management, although a few has put a clinical leadership module in their curriculum such as the University of Tabuk and Princess Norah bint Abdurrahman University[34-36].

Besides, nursing faculties are the personnel responsible for setting the program curriculums, no

systematic or obligatory involvement of nursing professionals from outside the universities. However, most of these nursing faculties are expatriates due to the shortage of the nursing local educators, and the majority has no field experience in the Saudi health system which give us an insight of the gap between education and professional groups[26].

This lack of clinical leadership skill in the modules, gap between education and practices all associated with low clinical leadership practices[14]. This should be addressed because retention and production of the competent nurses needs to be educated by following the curriculum based competencies, skills and knowledge[16].

Nursing Postgraduate Education

The epidemiological transition of disease of Saudi society increase the demand of specialist nurses as they are the largest group of professionals in the healthcare system providing around 80% of the health services[11]. Some of the Saudi universities provides postgraduate Diploma and Master in Nursing in addition to the scholarship by MOH[12,34]. However, none of these programs specialized in cardiac nursing or diabetic nursing as cardiovascular disease and diabetes are the most prevalent disease and the leading causes of death in Saudi Arabia[37].

With the change in the health care system as provided earlier ,nurses clinical leadership is a demand could be approached throughout specialized specialties[14,33]. Robertson and Baldwin (2007) reported that positive effects have been observed in the patients' outcomes with broader significant impact on the processes of care and systems by the specialist nurses who offer leadership and present a significant effect on the education and training of concerned health care staff and possess a principle role in leadership. Therefore, the leadership can be considered in this context as a wider demonstration of shaping of healthcare programme and policy planning, clinical decision making, project management and formation of partnerships[38].

Professional Training And Continues Education

In Saudi Arabia, professional training and continuous medical education (CME) is compulsory for professionals for licensing and relicensing, and it is regulated by the SCHS. It was reported that CME courses do not a guarantee professional improvement since that only a few courses has an exam at the end, Furthermore, not all hospitals have a continues education department and for those hospitals that have these units, it is run by a physician[39].

However, one study has shown the effectiveness of the residency programs in developing the nursing autonomy, professionalism, leadership skills and addressed the gaps between the academic and career environment[40]. Thought CME is considered to be a fast growing educational strategy in SA it lacks regulating the CME fees and absence of leadership competencies development plan with a main concentration on the technical skills development of nurses[39].

Nursing Educational Programs Accreditation

The National Commission for Academic Accreditation and Assessment (NCAAA) is the authorized body for accrediting the undergraduate and postgraduate educational organizations and programs. It encourages, supports the educational organizations to get the national and international accreditation[41].

However, NCAAA accreditation is not compulsory for the institutions and programs to run[5], if it is a compulsory this will enhance the quality of nursing programs and encourage them for sustaining and maintaining a high standards of education[33].

Organizational Behavior Context

In the MOH hospitals, the dominant model of management is the centralized management where decision making took by leaders omitting the involvement of the front line nurses which limits the staff professionalism, autonomy, and innovations[42]. This phenomenon has reflected on the health system as it is characterized as a physician- centered and command-based, not a collaborative based system[43]. Also, it was reported that nurses in some Saudi hospitals are experienced low engagement, high bureaucracy in making decisions and policies and lack of recognition on the level of the organization. On the other hand, Abo shaiqah study shows that nurses have high skills in communicating with patients and involve them in taking decisions which indicate the leadership and autonomy of nurses[44]. However, the organizational culture of the passive participatory role of nurses in making a decision and low recognition will lead to low leadership practices and decrease autonomy and there was a call from MOH in one conference conducted to start implementing the Magnet Hospitals programs, however only two hospitals has gained the recognition of magnet hospitals and achieved empowering nurses[12,42].

By reviewing the current situation, it is clear that the dominant leadership form is the formal leadership carried out by nurse's managers or head nurses since no evidenceshows informal leadership practices. A

research on the head nurses leadership styles in SA have shown that they use the democratic way in taking decisions giving a high autonomy to the staff nurses and increased their satisfaction, also the majority used the situational, transformational and transactional leadership style[45,46].

It impacted on the leadership practiced by nurses in most of the public hospital, where the nurses conceive the leaders as the nurse head or nurse manager and command-based as well and most of literature in Saudi Arabia when they study leadership they do researches on the nurse's head and managers[47].

With the previous review of the context of leadership in SA and nurses practices the points we are stressing here that the variety in education in term of clinical leadership preparation means that the nursing graduates are not equally prepared to act as leaders in their career which emphasis the importance of nursing residency programs and training[40].

ANALYSIS OF STRATEGIES OF STRENGTHENING NURSES CLINICAL LEADERSHIP

The findings will assess interventions to strength the nursing clinical leadership, retrieved and adapted from the Middle East and international literature. These interventions will be explored using the following arrangement:

The national strategies addressing nursing governance and political issues; Organizational strategies to support clinical leadership, Nursing education; and Nurse's individual strategies to strength nursing clinical leadership competencies. An appraisal of these strategies will be provided using the analytical tool of Walley and Wright (2010).

PROBLEM, CAUSE AND EFFECTS TABLE

THE PROBLEM		
Low practices of nursing leadership among Nurses in Saudi Hospital		
CAUSES		EFFECTS
NATIONAL HEALTH SYSTEM	No nurse's representative in the HSC. Absence of national nursing regulatory body and scope of practices. Lack of a national development plan of the local nursing workforce. Lack of empowerment of nurses over the content and context of their practice. Lack of legal nursing power. Lack of national nursing workforce leadership development plan.	Poorer patient outcome, low satisfaction and burnout[19]. Nursing regulation inconsistencies if excised among hospitals and accordingly nurse's performance[9]. Low Autonomy[22]. Inconsistencies in the nursing vision, values regarding clinical leadership practices in the absence of National development plan[2].
SOCIAL & CULTURAL FACTORS	Poor image of nursing career and society violence. Lack of skills and competencies in dealing with different nationalities and cultures. Employment insecurity & its impact on taking decision toward violence incidence. Lack of professional recognition.	Low nurses satisfaction, low enthusiasm and performance & high turnover[33]. Low student enrollement[48]. Low patient satisfaction and low quality of care[31]. Culture conflict and ineffective communication[22,24].
EDUCATIONAL SYSTEM	Low student enrollment in nursing programs. No leadership modules are compulsory. No involvement of nursing professionals in setting nursing curricula. Absence of demanded nursing leadership courses in CME. Absence of a compulsory accrediting and regulating body of the nursing programs curricula.	Nurses shortage, long working hours, burnout, low patient outcomes. Low academic preparation and training for leadership roles. law commitment to the leadership requirement in setting curricle.
POLITICAL AND LOCAL SYSTEM	No member of the legislative council represents nursing. Health issues are not allowed to be discussed on the municipal council.	Lack of political empowerment of nurses. Lack of nurse's involvement in designing health system.
ORGANIZATIONAL CONTEXT	High bureaucracy in making decisions. Physician centered system. Low involvement of nurses Low recognition.	Low autonomy[22]. Low satisfaction[49].
NURSING LEADERSHIP CHARACTERISTICS	Formal leadership is the dominant form. Transformational, situational and transactional leadership styles were used by nurses managers.	Leadership are practiced by only senior nurses not by all levels of nurse's staff. Low autonomy and low professionalism[44].

Registered Nurse Association of Ontario RNAO in Canada have an established framework for nurse's political action. This framework for nurses and student who are registered in the association to go further in the process of raising any concerns and issues. This framework does not consider empowering nurses and nursing students only, it considers and empower the patients as well to have their voice heard and considered as recommended by WHO in the advocacy of health[50].

APPRAISAL OF NURSING GOVERNANCE AND POLITICAL EMPOWERMENTSTRATEGY
Technical Feasibility
Nurses will need to be highly skilled in interpersonal communication, assessment and planning as RNAO guidelines and this could be achieved through the recommended individual strategies.

Organizational Feasibility
This strategy could be achieved since we have a nursing directorate in the local levels in each city and it is linked to the general nursing directorate in the ministry of health so Nursing Council could be established under nursing directorate. Also we have experienced establishing the child abuse policies but this was initiated by the government and then ministry of health has established their own policies in the alignment with this policy[51].

Social, Cultural and Political Feasibility
The writer thought that this intervention will be appreciated by the community since it is seen the communities raising many issued via media channels and social media.

Gender and Equity Feasibility
By improving the nurse's competencies specially communication and cultural competencies this strategy will be able to address the needs of the communities with regards to the gender, religion and different social groups.

ESTABLISHING NATIONAL ACCREDITING AGENCY FOR NURSING EDUCATION AND NURSING PROFESSIONAL DEVELOPMENT
This agency could be responsible to the NCAAA and work cooperatively with suggested nursing council to avoid any conflict in standards and to align their standards to the nurse's scope of practices and leadership competencies.

APPRAISAL OF ESTABLISHINGNURSING ACCREDITING AGENCY STRATEGY IN SA
Effectiveness
This strategy will effective in increasing the quality of the outcomes of nursing programs and will enhance the student enrollment in the nursing colleges and professional development programs.

Organizational feasibility
With the availability of NCAAA it will be feasible with the technical skills of the staff to customized accreditation standards for nursing education and professional development programs with the necessary arrangement with SCHS in MOH.

Social, cultural and political feasibility
This strategy will be appreciated by the student and their family since the awareness of the accredited colleges and programs are raised and attract more student. since we can see the communities raising many issued via media channels and social media.

SHARED GOVERNANCE AND MAGNET HOSPITAL RECOGNITION STRATEGY
Shared governance is defined as "a model of nursing practice designed to integrate core values and beliefs that professional practice embraces, as a means of achieving quality care" [52]. It is the "extension of power, control and authority to the frontline nurses and clinicians over their work" [53]. It is based on four principles partnership, accountability, equity, and ownership. Lastly, Ownership which is the integration of personal objectives with team objectives and with organizational objectives. It is working on is that 90% of decisions are taken by clinical practitioner[54].

IV. Conclusion

This framework has facilitated discovering the factors that associated with the weaknesses of the nursing clinical leadership. This study revealed the factors associated with the low nurse's clinical leadership such as the low involvement of nurse's staff from the frontline of care in nursing governance, public health policies, designing the model of care, leading and sharing their organizations in leading health services. Also, some gaps in related nursing education and professional development programs identified in relation with leadership. In addition to the lack of cultural, social, managerial competencies were identified and discussed.

V. Recommendations

SHORT TERM RECOMMENDATIONS (WITHIN 1-2YEARS)

Propose establishing the recommended Nursing Council with the responsibilities and power to legislate nursing scope of practices, nursing policies, engage with SHC in setting public policies, designing the healthcare model, with the coordination between different stakeholders regarding nursing issues.

Propose a framework to politically involve nurses in raising health issues with engagement of students and communities under the umbrella the recommended Nursing Council and the CC.

LONG TERM RECOMMENATIONS (WITHIN 5 YEARS AND ABOVE)

Set nursing political involvement pilot project with a representative sample of nurses and students and based on the pilot project results, this project with the required modifications should be scaled up on stages to involve all the regions.

A periodic monitoring and evaluation of the nursing committee and the nursing political involvement project should be conducted

A periodic Nursing Committee election should be conducted.

Acknowledgements

References

[1].   Solomon, R. 1987. *Leadership in nursing for health for all*. Geneva: British Life Assurance Trust for Health and Medical Education [Online]. [Accessed 1 September 2016], Available from: http://apps.who.int.

[2].   Watts, C. 2014. *Healthcare in Saudi Arabia Increasing capacity, improving quality.* Geneva: The economist, intelligence unit [Online]. [Accessed 4 July 2016]. Available from: https://www.eiuperspectives.economist.com.

[3].   Nuffieldtrust, 2011. *Canadian experience suggests that health service change requires political leadership as well as honesty about the need for budget cuts* [Online]. [Accessed 7 August 2016], Available from: http://www.nuffieldtrust.org.uk.

[4].   Firth-Cozens, J. and Mowbray, D. 2001. Leadership and the quality of care. Quality in Health Care. **10**(2),pp.ii3–ii7.

[5].   NCAAA, 2015. *Handbook for Quality Assurance and Accreditation in Saudi Arabia*. Riyadh: National Commission for Academic Accreditation & Assessment (NCAAA) [Online]. [Accessed 17 August 2016], Available from: http://www.ncaaa.org.sa.

[6].   Daly, J., Jackson, D., Mannix, J., Davidson, P. and Hutchinson, M. 2014. The importance of clinical leadership in the hospital setting. *Journal of Healthcare Leadership*[Online]. **6**(3), [Accessed 22 July 2016], Available at: https://www.dovepress.com

[7].   Robertson-Malt, S. and Chapman, Y. 2008. Finding the right direction: The importance of open communication in a governance model of nurse management. *Contemporary Nurse*. **29**(1),pp.60-66.

[8].   CC, 2016. *Consultative council (CC) - council of min*isters [online]. [Accessed 20 June 2016], Available from: https://www.shura.gov.sa

[9].   ACN, 2015. *Nurse Leadership*. Canberra: Australian College of Nursing (ACN) [Online]. [Accessed 1 September 2016], Available from: https://www.acn.edu.au.

[10].   *Almalki, M., FitzGerald, G. and Clark, M. 2011a. The nursing profession in Saudi Arabia: an overview. International Nursing Review, 58(3), 304-311.*

[11].   Habib, K. 2011. Saudi nursing still away from the development plans. *ASHARQ AL AWSAT* [online]. [Accessed 20 June 2016], Available from: http://archive.aawsat.com

[12].   MOE, 2016. The Ministry of Education. *Mohe.gov.sa.* KSA: Ministry of Education(MOE) [Online]. [Accessed 18 July 2016], Available from: https://www.mohe.gov.sa.

[13].   MOH, 2013b. *The Annual Health Statistical Book*. KSA: Ministry of Health (MOH) [online]. [Accessed 18 August 2016], Available from: http://www.moh.gov.sa/Ministry/Statistics/book/Pages/default.aspx

[14].   Kelly, P. 2010. *Essentials of Nursing Leadership & Management* [Online] 2nd ed. New York: Delmas. [Accessed 1 September 2016], Available from: https://books.google.co.uk.

[15].   Hartley, J., Martin, J. and Benington, J. 2008. Leadership in healthcare a review of the literature for health care professionals, managers and researchers 1st ed. Coventry. Warwick Business School.

[16].   ICN, 2016. Leadership for Change™ - International Council of Nurses. *International Council of Nurses*. [Online]. [Accessed 1 September 2016], Available from: http://leadership.icn.ch/lfc/.

[17].   D'Souza, E., Stewart-Pyne, A., Hogg, P. and Yang, A. 2013. *Developing and Sustaining Nursing Leadership Best Practice Guideline* 2nd ed. Ontario: Registered Nurses Association of Ontario (RNAO) [Online]. [Accessed 7 August 2016], Available from: http://rnao.ca.

[18].   CCL, 2015. *The leadership development roadmap. A Guide for Developing Successful Leaders at All Levels*. Center for Creative Leadership (CCL) [Online]. [Accessed 4 September 2016], Available from http://www.ccl.org.

[19].   Maben, J., Al-Thowini, K., West, E. and Rafferty, A. 2010. Uneven development: Comparing the indigenous health care workforce in Saudi Arabia, Bahrain and Oman. *International Journal of Nursing Studies*. **47**(3),pp.392-396.

[20]. CHS, 2014. *Council functions. Council of Health Services* [online]. [Accessed 11 June 2016], Available from : http://www.chs.gov.sa

[21]. MOH, 2016. Nursing Specialties. *Ministry of Health.* KSA: Ministry of Health (MOH) [Online]. [Accessed 7 June 2016], Available from: http://www.moh.gov.sa.

[22]. Aldossary, A. 2013. The role legitimacy of nurses in Saudi Arabia. *Journal of Health Specialties.* **1**(1),p.28.

[23]. Alkothami, M., Williams, H. and Pullen, A. 2013. The influence of social and cultural factors on the turnover intentions of Saudi female nurses. *Nascent Connections 2013, Proceedings of Business School Postgraduate Research Conference.* Swansea University.

[24]. Almalki, M., FitzGerald, G. and Clark, M. 2011a. The nursing profession in Saudi Arabia: an overview. *International Nursing Review,* **58**(3), 304-311.

[25]. Manojlovich, M. 2007. Power and Empowerment in Nursing: Looking Backward to Inform the Future. *OJIN: The Online Journal of Issues in Nursing.* **12**(1),p.Manuscript 1.

[26]. Alamri, M. 2011. Higher Education in Saudi Arabia. *Journal of Higher Education Theory and Practice.* **11**(4),pp.88-90.

[27]. Ashry, M. 2002. Work-related assaults on nursing staff in Riyadh, Saudi Arabia. *Journal of Family and Community Medicine.* **9**(3), pp.51-56.

[28]. Huber, D. 2006. *Leadership and nursing care management.* Philadelphia: Saunders.

[29]. Almutairi, A. and McCarthy, A. 2012. A multicultural nursing workforce and cultural perspectives in Saudi Arabia : an overview. *The Health.* **3**(3),pp.71-74.

[30]. Bozionelos, N. 2009. Expatriation outside the boundaries of the multinational corporation: A study with expatriate nurses in Saudi Arabia. *Human Resource Management,* **48**(1), 111-134.

[31]. Almutairi, A., Gardner, G. and McCarthy, A. 2013. Perceptions of clinical safety climate of the multicultural nursing workforce in Saudi Arabia: A cross-sectional survey. *Collegian.* **20**(3), pp.187-194.

[32]. Ahmad, A. 2012. Macro-environment influences on health service strategy in Saudi private sector hospitals: an empirical investigation. *IBR.* **5**(5).

[33]. ANCC, 2016. American Nurses Credentialing Center (ANCC) Magnet Recognition Program®. *Nursecredentialing.org.* [Online]. [Accessed 10 September 2016], Available from: http://www.nursecredentialing.org/Magnet.

[34]. Takase, M., Maude, P. and Manias, E. 2005. Impact of the perceived public image of nursing on nurses' work behaviour. *Journal of advanced nursing.* **53**(3),pp.333-343.

[35]. Miller-Rosser, K., Chapman, Y. and Francis, K. 2006. Historical, Cultural, and Contemporary Influences on the Status of Women in Nursing in Saudi Arabia. *The Online Journal of Issues in Nursing.* **11**(3),p.1.

[36]. O'Neil, M. and Dixon, J. 2011. Managing a health system through an economic downturn. *Nuffield Trust and the Canadian Health Services Research Foundation.* London: Nuffield Trust, p. 1.

[37]. Tumulty, G. 2001. Professional Development of Nursing in Saudi Arabia. Journal of Nursing Scholarship. 33(3),pp.285-290.

[38]. MOH, 2013a. *General administration of nursing.* KSA: Ministry of Health (MOH) [online]. [Accessed 10 June 2016], Available from: http://www.moh.gov.sa

[39]. RCN, 2009. *Specialist Nurses Make a Difference.* London: Royal College of Nursing (RCN) [Online]. [Accessed 26 August 2016], Available from: https://www2.rcn.org.uk.

[40]. Alkhazim, M., Althubaiti, A., Al-Ateeg, H., Alkhwaiter, M. and AlNasser, M. 2015. Delivering Effective Continuous Medical Education in Saudi Arabia: Some Critical Issues. *Health Professions Education.* **1**(1),pp.43-49.

[41]. Aldossary, R., Kitsantas, P. and Maddox, P. 2015. Residency Programs and Clinical Leadership Skills Among New Saudi Graduate Nurses. *Journal of Professional Nursing.* **32**(2),pp.152-158.

[42]. NCAAA, 2016. The National Commission for Academic Accreditation and Assessment (NCAAA). [Accessed 17 August 2016], Available from: http://www.ncaaa.org.sa/en/Pages/default.aspx.

[43]. Alghamdi, M. and Urden, L. 2015. Transforming the nursing profession in Saudi Arabia. *J NursManag.* **24**(1),pp.E95-E100.

[44]. Brown, C. and Busman, M. 2003. Expatriate health-care workers and maintenance of standards of practice factors affecting service delivery in Saudi Arabia. *International Journal of Health Care Quality Assurance.* **16**(7), pp.347-353.

[45]. Aboshaiqah, A. 2013. Nursing work environment in Saudi Arabia. *Journal of Nursing Management.* **23**(4),pp.510-520.

[46]. Abualrub, R. and Alghamdi, M. 2011. The impact of leadership styles on nurses' satisfaction and intention to stay among Saudi nurses. *Journal of Nursing Management.* **20**(5),pp.668-678.

[47]. Dorgham, S. and Al.Mahmoud, S. 2013. Leadership Styles and Clinical Decision Making Autonomy among Critical Care Nurses: A Comparative Study. *IOSR Journal of Nursing and Health Science.* **1**(4),pp.71-83.

[48]. Alhosis, K., Plummer, V. and O'Connor, M. 2012. Nursing Management in Saudi Arabia: evaluating strategies for succession planning. *Asia Paci c Journal of Health Management.* **7**(1).

[49]. Aljarrah, I. 2013. Associate nursing students' perceptions toward nursing profession in jordan. *European Scientific Journal.* **9**(6),pp.1857-7881.

[50]. ShwaihetNH,NasaifHA.Therelationshipofparticipationinshared governance to work satisfaction among cardiovascular nurses working in a tertiary hospital in Saudi Arabia. Clinical Nursing Studies. 2015; 3(4).

[51]. RNAO, 2015. *Taking action: becoming politically involved.* Toronto: Registered Nurses Association of Ontario (RNAO) [Online]. [Accessed 5 September 2016], Available from: http://rnao.ca.

[52]. Alkhamis, A. 2016. Framing health policy in the context of Saudi Arabia. *Journal of Infection and Public Health,* **9**(1), 3-6.

[53]. Fath, L. 2008. Shared decision making. *Paediatrics and Child Health.* **18**(1),pp.S90-S91.

[54]. Fray, B. (2011). Evaluating shared governance: Measuring functionality of unit practice councils at the point of care. *Creative Nursing,* **17**(2),87-95.

[55]. Wilson, E. 2013. Evaluating Shared Governance for Nursing Excellence. Doctor of Nursing Practice. PHD thesis, University of Neveda.

[56]. Bass, B. 1990. From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics.* **18**(3), pp.19-31.