

THE EFFECT OF SHARED GOVERNANCE TRAINING PROGRAM ON NURSE MANAGERS' AWARENESS AND ORGANIZATIONAL COMMITMENT

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Abstract

Background: The critical concept of nursing shared governance is shared decision making between the bedside nurses and nurse leaders, which include areas such as resources, nursing research, evidence-based practice projects, new equipment purchases, and staffing.

Aim: of this study was to examine the impact of shared governance training program on nurse managers' awareness and organizational commitment.

Design: A quasi experimental research was utilized.

Setting: The study was carried out at the New Kasr El Aini Teaching Hospital, which is affiliated to Cairo University.

Subjects: A convenience sample of all nurse managers' at the selected hospital (n=45).

Tools: Three tools were used for data collection; Index of Professional Nursing Governance Questionnaire (IPNG), Shared governance awareness tool and Organizational commitment questionnaire.

Results: There was traditional professional nursing governance among the studied nurse managers ($\bar{x} \pm SD = 44.42 \pm 16.93$), there was highly statistical significant difference ($\chi^2 = 86.23, p = 0.00$) among the studied nurse managers regarding level of total shared governance awareness between the different time periods, there was statistical insignificant difference ($f = 0.33, p = 0.72$) among the studied nurse managers regarding total organizational commitment between the different time periods.

Conclusion: based on the results of the present study it can be concluded that there was no statistically significance relation between shared governance and organizational commitment.

Recommendations: it is a priority to apply the shared governance or adopting suitable governance model that focuses on strong leadership and a sound shared governance infrastructure; for allowing a professional practice environment.

Key words: shared governance, organizational commitment, nurse managers.

Introduction

Nowadays, healthcare delivery systems are confronting great evolution and rapidly growth of new innovations, information technology and new communication systems. This evolution resulted in more rapid and dramatic changes in healthcare organizational structure and the way it operates (Nasr, El-sayed and Ibrahim, 2018). Many work redesign efforts have been refocused to overcome this evolution by enhancing quality of care and increasing productivity (Farghaly and Nabil, 2019). For this purpose, great attention has been directed toward nurses who are the key frontline elements in serving patients to ensure providing high quality of care and improve outcomes. Healthcare managers and leaders recognize that high quality care is perfectly delivered by nurses who are being more motivated in their work environment. Also, by those nurses who are committed to healthcare organization and empowered to carry out their professional practice. This only can be done through generally creating an attractive satisfying organizational environment and specifically enhancing participation in decision making; implementing nursing governance (Wilson, 2013; Cohen, 2015; Farghaly & Nabil, 2019).

Any Organizations need effective managers and employees to achieve their objectives. They cannot succeed without their personnel efforts and commitment. Commitment of employees can be an important instrument for improving the performance of organizations (Bahrami et al, 2016). Organizational commitment is the psychological attachment felt by the person for the organization; it will reflect the degree to which the individual internalizes or adopts characteristics or perspectives of the organization. Organizational commitment therefore is the degree to which an individual psychologically attaches and identifies with an organization and correspondingly acts out in behavior resulting in involvement with the organization (Farris, 2012).

Highly committed employees are marked by their greater support to the organization in order to reinforce its global success. However, to retain the employees in any organization, managers should provide facilitative and pleasant work environment and support them. It is also the main responsibility of the management to provide training programs about self-monitoring and the skills to improve the personality characteristics of employees through appropriate channels (Danish et al, 2013). Commitment from executive health care team impacts on implementing and sustaining nursing's involvement in organizational decision-making processes and governance and on the other side successful implementation of shared governance leads to a greater commitment to the organization (Williams, 2014).

Significance of the study

It is certain that consequences of shared governance will benefit both staff nurses and the whole organization which on turn impact positively on patient outcome. Shared governance in nursing is a way of providing individuals with a position for decision-making in their performance, like that of managers. (Anderson, 2011).

The nurse manager plays a crucial role in the success of their clinical area so, it's important that the board of directors and senior management understood the concepts and benefits of shared governance to enhance their participation in it. Later their knowledge and awareness about this concept will empower staff nurses, increase nurse engagement and organizational citizenship behavior and make them happy. Those who are happy in their jobs take greater ownership of their decisions and are more vested in patient outcomes. Therefore, employees, patients, the organizations, and the surrounding communities benefit from shared governance.

From the previous perspective, there is a contradiction with the reality in Egypt as it was noted that there were minimal evidence on the nurse manager's role in shared governance and their satisfaction with it. There minimum participation and involvement in decision making which could be related to lack of awareness about this concept. In Egypt a study conducted by Fargally, (2017) where it emphasized the hospital administrators' important role for providing supportive organizational structures and leadership practices for increasing participation of nursing staff in work design, problem-solving, conflict resolution, committees and organizational decision-making as "key ingredients to a successful organization" in turn, lead to a healthy and magnet-like work environment. So this training program aimed to increase the nurse mangers' awareness about shared governance and its benefits .On turn that will enhance their ability to apply it in their clinical area.

Finally, the benefits that the organization gains after applying shared governance are organizational commitment which has direct impact on the staff retention. This was evident from a study done by **Al-Faouri, , Al Ali & Essa (2014)** which concluded that the implementation of shared governance leads to positive changes including increased control over nursing practice, decreased turnover and a greater commitment to the organization .

Aim of the study

The aim of this study was to examine the impact of shared governance training program on nurse managers` awareness and organizational commitment.

Research hypothesis

The following hypotheses were formulated:

H1. There will be a statistical significant difference in mean scores of shared governance awareness among nurse managers immediately after implementation of the program and three months later as compared to before program scores.

H2. There will be a statistical significant difference in mean scores of organizational commitment among nurse managers immediately after implementation of the program and three months later as compared to before program scores.

Research design

A quasi-experimental design with one group pretest-posttest was used to achieve the aim of the current study.

Setting

This study was conducted at the New Kasr El Aini Teaching Hospital, which is affiliated to Cairo University.

Sample

A convenience sample of 45 nurse managers' who managing all units at the selected hospital was recruited to carry out the present study.

Theoretical framework

The Adult Learning Theory - Andragogy of Malcolm Knowles was utilized as a theoretical frame work

Validity and reliability

The modified tool was tested for face validity and reliability. Internal consistency and reliability were determined using Cronbach's alpha for organizational commitment questionnaire and demonstrated good reliability with Cronbach's alpha (Alpha=0.81). Index of Professional Nursing Governance Questionnaire (IPNG) internal consistency and reliability were determined using Cronbach's alpha (0.97).

Ethical consideration

A primary and final official approval was obtained from the research ethical committee, Faculty of nursing Cairo University, to conduct the proposed study. Also an official permission from the administrative personnel in the selected hospital was obtained to carry out the study.

Tools of data collection

Three tools was used for data collection in this study

1. The first tool (Shared governance awareness questionnaire): it was developed by the researcher. It consisted of two parts. The first part is personal characteristics and includes variables that can affect shared governance awareness such as gender, past experience, qualifications. The second part is shared governance awareness which include fourteen forced choice questions. Responses are either correct or incorrect. Correct answer scored one while incorrect answer scored zero. Total score from zero to five means low awareness level, score from six to ten means moderate awareness level and score from eleven to fourteen means high awareness level

2. The second tool was Index of Professional Nursing Governance Questionnaire (IPNG): it was developed by Hess, (2017) and has been utilized to measure nursing governance. It contains 50 items divided into six dimensions: personnel, information, resources, participation, practice and goals.

The scores are based on a 5 -point Likert scale. The scale ranges from 1-5 including:

1 = Nursing management/administration only.

2 = Primarily nursing management/administration with some staff nurse input.

3 = Equally shared by staff nurses and nursing management/administration.

4 = Primarily staff nurses with some nursing management/administration input .

5 = Staff nurses only.

Regarding the scores obtained on IPNG questionnaire:

Traditional Governance 50 – 100 Management/administration only

Shared Governance

101 – 149

primarily management/administration with some staff input

150

Equally shared by staff and management/administration

151 – 200

primarily staff with some management/administration

Self-Governance

201 – 250

Staff only

1. The third tool was organizational commitment: this questionnaire was adopted from Mohamed and Ezz El Din, (2011) to measure affective, continuance and normative organizational commitment. A likert scale of 1= strongly disagree; 2= disagree; 3= neutral 4= agree; and 5= strongly agree was used to measure participant degree of agreement and disagreement regarding three types of organizational commitment. Regarding the scores obtained on organizational commitment questionnaire: - score from zero - 10 referred to low level of organizational commitment. Score from 11-20 referred to moderate level of organizational commitment, score from 21--30 referred to high level of organizational commitment.

Data collection procedure

Procedure was carried out on four phases:

1. Assessment phase:

Assessment was prior to designing the program. The assessment phase started with unit managers' self-expressed needs .To validate the results of the identified needs; the investigator assessed the participants' knowledge using shared governance awareness tool. Participants' shared governance was measured using Index of Professional Nursing Governance Questionnaire (IPNG). Also organizational commitment assessed using Organizational commitment questionnaire.

2. Planning phase:

Based on the assessed results, the investigator designed the training program to meet the participant's needs. The program goal was to improve shared governance awareness of nurse managers. The program content was identified; consequently the number and time of sessions were planned beside identification of evaluation methods.

3. Implementation phase:

After designing the program, it implemented for nurse managers according to the program plan. Also, issue the program schedule after consultation with nurse managers to coordinate the sessions and frequency time.

4. Evaluation phase:

In this phase, after implementing the shared governance training program, posttest was done immediately to evaluate the participants' knowledge and commitment also measure the effectiveness of the program immediately after the program implementation, then follow up evaluation was done at the end of the fourth - month post-program using the same tools.

Results

Table (1) showed that all the studied nurse managers were females, more than half (55.6%) were 40-< 50 years old, more than two thirds (71.1%) had baccalaureate degree in nursing , more than half (53.3%) were head nurses, more than two thirds (71.1%) had 1-10 years in current position , near half (48.9%) of them had 21-25 years of hospital experience. All the studied nurse managers didn't attended any training course about shared governance.

Table (2) showed that the studied nurse managers use traditional governance ($\bar{x}\pm SD= 44.42\pm 16.93$).

Table (3) showed that there was highly statistical significant difference ($\chi^2= 86.23$, $p=0.00$) among the studied nurse managers regarding level of total shared governance awareness among different program phases.

Table (4) showed that there was statistical insignificant difference ($\chi^2= 3.21$, $p=0.52$) among the studied nurse managers regarding level of total organizational commitment among different program phases (it was moderate level).

Table (5) showed that there was statistical significant positive correlation ($r = .31$, $p = 0.04$) among the studied nurse managers between total organizational commitment and total shared governance awareness at follow up phases.

Table (1) Frequency distribution of the studied nurse managers' personal characteristics (n= 45).

Personal Characteristics		No.	%
Sex:	Male	0	0
	Female	45	100
Age:	20 to less than 30 years	0	0
	30 to less than 40 years	6	13.3
	40 to less than 50 years	25	55.6
	50 and more	14	31.1
Educational degree:	Baccalaureate	32	71.1
	Higher diploma.	5	11.1
	Master	8	17.8
Job title:	Head Nurse	24	53.3
	Supervisor	17	37.8
	Assistant director	1	2.2
		3	6.7
	Educator		
Experience years (current position)			
	1-10 years	32	71.1
	11-20 years	12	26.7
	> 20 years	1	2.2
	$\bar{x}\pm SD$	8.93±6.13	
Experience years (hospital):	10-15 years	6	13.3
	16-20 years	7	15.6
	21-25 years	22	48.9
	26-30 years	10	22.2
		$\bar{x}\pm SD$	22.33±4.43
Training attendance	Yes	0	0
	No	45	100.0

Table (2): Mean score of index professional nursing governance among the studied nurse managers (n= 45).

Index of Professional Nursing Governance	Minimum	Maximum	Mean	SD
Control over professional practice	7.00	26.00	8.84	3.43
Influence on resources	8.00	21.00	8.73	2.48
Official authority (control over personnel)	11.00	36.00	13.16	4.58
Participation in committee structure	8.00	23.00	8.69	2.95
Access to information	9.00	30.00	10.07	4.12
Ability to set goals and conflict resolution	5.00	15.00	5.93	2.14
Total nursing governance	49.00	142.00	55.42	16.93

Table (3): Comparing studied nurse managers' level of awareness about shared governance in different program phases (n= 45).

Shared Governance Awareness level	Pretest		Posttest		Follow up		Chi square test	
	No.	%	No.	%	No.	%	χ²	p
Low	32	71.1	0	0	11	24.4		
Moderate	13	28.9	2	4.4	10	22.	86.23	.00
High	0	0	43	95.6	24	53.3		

Table (4) Comparing studied nurse managers' level of organizational commitment in different program phases (n= 45).

Total Organizational Commitment level	Pretest		Posttest		Follow up		Chi square test	
	No.	%	No.	%	No.	%	χ^2	p
Low	2	4.4	3	6.7	0	0		
Moderate	35	77.8	36	80	38	84.4	3.21	.52
High	8	17.8	6	13.3	7	15.6		

Table (5) Correlation between awareness about shared governance and organizational commitment among the studied nurse managers in different program phases.

Items	Pearson Correlation	Total Shared Governance Awareness		
		Pretest	Posttest	Follow up
Total Organizational Commitment	R	-.03	.10	.31
	P	.83	.51	.04

Discussion

The present study showed that the participants of the study were females this might be due to the majority of the hospital managers and nursing staff are females in generally it's woman-dominated profession, as well as the male nurses are relatively new in nursing career especially at baccalaureate level in Egypt and they are few in managerial level or not present at all as in the current situation.

Regarding the participants educational level, the results revealed that all the participants were having Baccalaureate of Nursing Science. This might be due to hospital policy is hiring nursing manager with Baccalaureate degree in nursing as a minimum requirement to hold such administrative position. This finding is contradicted with the study of AL-Jazaery & Khaleel (2016) who studied head nurses' performance regarding staff management at the units of Al-Najaf AL-Ashraf City Hospitals in Iraq and found that only (16.3%) of head nurses in their study's participants had Bachelor of Nursing Science.

The findings of the present study revealed that the highest percent of the study sample's years of experience was from 21 to 25. It means the participants were within the productive age group. In addition to their years of experience in current position was from 1 to 10 years, this means that all of the study participants have enough experience that helps them to acquire relevant managerial skills that reflected positivity on job performance. This finding was consistent with the research of Salama & Abdo (2018) who studied the effect of management training program on nurse managers' performance at Cairo university hospitals; they found that 91% of nurse managers were in management positions for more than five years.

The results of current study revealed that the studied nurse managers use traditional governance. This might be related to traditional governance was the governance pattern identified by nurse managers at the selected hospital. This pattern of governance is the most governmental healthcare institutions such as university hospitals .. Also, might be related to many factors as most managers have resistance to change, lack of knowledge about nursing governance, nurse`s heavy work load could affect nurses' participation in decision making. Moreover, it can be due to the top-down nature of mandated changes and organizational hierarchy within hospitals of sharing opinions in decisions.

However , the previous results was congruent with Maged, Bassiouni& Atalla(2021), who studied the relationship between nursing governance and shared leadership style in Alexandria main hospital .They found that majority of the participants practiced the first level of nursing governance; traditional governance level . Also, Kamel and Mohammed (2015) who studied shared governance and its relation to nurses` empowerment in Benha and Menoufia university hospitals revealed that the total mean score of nursing governance was indicative of traditional governance.

Toussaint & Gerard, (2010) who reported in revolutionizing healthcare to save lives and transform the industry that traditional governance has proven to be a major flaw in healthcare management. Also, the result of the present study was supported by Wilson (2013) who conducted a study about evaluating shared governance for nursing excellence in University of Nevada, Las Vegas and reported that the organization has not yet achieved a baseline measurement within the shared governance range.

Regarding nurse manager`s awareness about shared governance, the findings of this study revealed that there was highly statistical significant difference among the them in difference program phases. This finding approved the first hypothesis. It means improvement in the level of nurses` knowledge of shared governance followed implementing the educational program (immediately, post and follow up) compared to before program implementation. From the researcher point of view the changes in professional nurses' knowledge of shared governance after receiving the training program might be attributed to the effectiveness of the shared governance educational program content and activities which enrich them with knowledge base about the concept.

This result, reported by the present study, was in harmony with results of the study conducted by Rundquist, (2014) and Al-Jubouri et al., (2021) who conducted a study about nursing managers' perceptions, knowledge and commitment to shared governance in USA. He demonstrated a statistically significant change in the participants` knowledge and perceptions from pre-test to post-test. This result was also in line with (Glasscock, 2012) who conducted a study regarding implementation of shared governance in USA. She revealed that, the mean overall governance score in his study increased at post-implementation of a governance structure than pre-implementation.

Concerning nurse manager commitment level, the current study revealed that the majority of the participated nurse managers had a "moderate" level of organizational commitment during the different program phases (pre, immediately post and follow up). This could be because the highest percent of nurse managers spend from 21 to 25 year in the organization which in turn make them emotionally and psychologically attached to their organization and familiar with different systems, socially communicate with all people in the organization. The previous result was congruent with Nasr, El-sayed, Ibrahim (2018) who studied the relationship between shared governance and organizational commitment among nursing managers in Port Said. They found that more than two-thirds of them (72.9%) were committed to their organizations.

Also, the finding found improvement of commitment mean scores in immediately post and follow up phases compared to preprogram mean score, but this difference was statistically insignificance .This finding answered the second hypotheses.

Furthermore the findings of the present study indicated that there was statistical significant positive correlation among the studied nurse managers between total organizational commitment and total shared governance awareness at follow up phase. From the researcher point of view this results could be due to increase the nurse

managers level of knowledge about shared governance concept and they told me that they didn't share in decisions they only receive it, all of these might affect their level of commitment.

These results congruent with Moore & Wells (2010) who conducted a study about the way for improvement to shared governance structure and they clarified that there was a significant correlation between shared governance and organizational commitment. And disagreed with Nasr, ELSayed, Ibrahim 2018 who studied the relationship between shared governance and organizational commitment among nursing managers in Port Said. They indicated that there was no statistically significant correlation between nursing managers' shared governance and their organization commitment.

Conclusion

The finding of the present study concluded that: shared governance training program for nurse managers at the selected hospital was effective in improving their awareness and commitment. That's to say, regarding nurse manager's awareness about shared governance there was a statistical significant difference of nurse manager's awareness mean scores in immediately post and follow up phases in relation to preprogram mean score. Regarding nurse manager commitment level, there was improvement of commitment mean scores in immediately post and follow up phases compared to preprogram mean score. Also, the findings of the present study concluded that the vast majority of the studied nurse managers use traditional. Additionally that there was statistically significance relation between shared governance and organizational commitment at follow up phase.

Recommendation

Based on the study findings the following was recommended:

Health care administrators should:

- Provide nurse managers with opportunities to attend educational and training programs, conferences, workshops and online meetings that focus on nursing governance practices, professional and interpersonal leadership skills to promote effectiveness and efficiency of organizational performance.
- Develop policies to ensure the presence of staff nurses at all levels of decision making.
- Disseminate an organizational culture of shared governance that is based on a commitment to mutual values.
- Adopt or develop suitable model of shared governance and train nursing staff (managers and staff nurses) about its implementation.

First line nurse managers should:

- Attend training programs, workshops and conferences about shared governance practice.
- Implement strategies that promote nursing governance through provide staff nurses with equal opportunities of participation in decisions concerning unit management.
- Providing resources (information and opportunities) for staff nurse to research, analyze, develop, and implement a model of nursing care that supports their professional control over nursing practice. This can be done through collaboration between nursing administration, and staff nurses.
- Advocate for nurses' rights to participate in decisions concerning nurses and nursing management at all levels.

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