

Professional Accountability and Ownership among Nursing Staff

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Abstract

Background: In clinical nursing practice, professional accountability is a notion that impacts decision-making, safety standards, staff values. It is connected to both legal and ethical aspects of the profession. **The aim of the study:** To assess nursing staff's perception of professional accountability and ownership. **The research design:** A descriptive - correlational design was used. **The subjects:** All (n=247) nursing staff working at El Mogama Eltyby Hospital affiliated to The Health Insurance Authority. **The tools:** Two tools for data collection were used, Nursing Staff's Perception of Professional Accountability Questionnaire and Nursing Staff' Ownership Scale. **The results:** More than two thirds (72.9%) of nursing staff had a high perception level of professional accountability. About half (47.0%) of nursing staff had a high level of ownership. **The conclusion:** There was a highly statistically significant positive correlation between nursing staff perception of professional accountability and their ownership. **The recommendations:** Health care facility management provide educational programs, seminars and workshops for nursing staff about professional accountability and ownership to increase their opinion about professional accountability and ownership.

Keywords: Nursing staff, Ownership, Professional accountability.

Introduction

The art and science of nursing is collaborating with patients, families and communities to advance physical, mental, and spiritual wellbeing (Sessanna, Askew & Pomeroy, 2021). Meeting the health needs of society is achieved through a dynamic, therapeutic, and educational process (Davis et al., 2022). Nursing staff have vital function in supplying, enabling, supporting, and advancing the ideal treatment and result for the client

(Gutenbrunner, Stievano, Nugraha, Stewart & Catton, 2022). They have a legal liability and duty of care to their patients for their own actions, omissions and quality of care, as well as being accountable to their health care facility and regulatory professional rules (Birkeland, 2022; Smith, 2021).

Accountability is the restraining power of a certain authority that gives an account of actions, motivations, procedures and outcomes (Yauri Miranda, 2019). It

involves legal, ethical, employment and professional accountability (**Chesterton, Tetley, Cox & Jack, 2021**).

Professional accountability is a notion that affects decision-making, safety standards, staff values, and the provision of high-quality care in clinical nursing practice. It is connected to both legal and ethical aspects of practice (**Chesterton et al., 2021; Mohamed, Sharaf & Sleem, 2021**). It is not simply about taking the blame when something goes wrong. Professional accountability is about delivering on a commitment related to responsibility to an outcome, not just a set of tasks. It takes an initiative with strategic follow-up (**Pagan et al, 2023**).

Professional accountability involves four dimensions as professional accountability toward self, colleagues, patient and toward profession (**Mohammad et al., 2021**). Professional accountability toward self involves nursing staff can control their own emotion when dealing with others, live in safety and stability and have a desire to organize and achieve the daily duties. Professional accountability toward colleagues refers to nursing staff can build good relationships with their colleagues which based on trust, understanding and respect and providing solutions to the problems facing their colleagues. Professional accountability toward patient in which nursing staff help patient to receive health care requires, and protect them from harm through national safety requirement application (**World Health Organization, 2021**).

Professional accountability toward their professions in which nursing staff do their professional duties firmly and keep on

health facility rules, principles and resources. Professional accountability is all about taking ownership of the decisions and actions take to achieve a stated goal or objective. Creating a culture of professional accountability is necessary to encourage nursing staff to take the ownership of their results and the consequences of this result to contribute to health care facility success by completing important work (**Mohammed, Farghaly, Mabrouk & Abd El Rahman, 2018**).

Ownership means taking responsibility for the timely and high-quality outcomes of one's actions. It entails taking the initiative to produce favorable results at work, acting without waiting for approval from others, and showing concern for the result. So nursing staff need to be accountable and own the results of their actions (**Strachan, 2020**).

Ownership is formed by the interactions among three elements which are values, feeling in control, and taking responsibility. Nursing staff make a decision, perceive that they are in control, and they take greater initiative in their own work. Taking responsibility means that nursing staff is responsible for their work and feel more confident about the patient and health care facility, and expect to attain higher goals (**Chen, Dong & Lin, 2020; Guarana & Avolio, 2022**).

Ownership is necessary to enhance a positive work environment and higher levels of productivity. It encourages nursing staff to be more creative and innovative in their work; they are more likely to be proud of their accomplishments and take responsibility for their mistakes. This leads to come up with new ideas and ways to

improve their nursing profession which result in increased efficiency and effectiveness and improve sense of commitment to the health care facility (Abbas, et al., 2022; Sharma, 2022).

Ownership comprises of three dimensions that are autonomy, belongingness and connectedness (Farzinfar, Konjkav Monfared, & Tabataba'i-Nasab, 2023; Olckers & Booyesen, 2021). Autonomy refers to keeping nursing staff is responsible for their decisions in their work and use a personal judgment in carrying their work; Belongingness dimension refers to feeling that health care facility like part of them, comfortable in health care facility and consider it alike second home for them. Connectedness dimension refers to nursing staff wellbeing linked to their health care facility wellbeing, consider problems at work as their own and doing best when required by their health care facility (Farzinfar et al., 2023; Ibrahim et al., 2022).

Significance of study

Professional accountability is foundational to professional nursing practice and is a hallmark of professionalism (Swiggart et al., 2020; McPherson & Wendler, 2020). Nursing staff are both answerable and liable for the caliber of their work. Patient safety concerns and nursing errors may arise from variations in the practice patterns of nursing staff members who hold divergent views on professional accountability (Rubio. et al 2020; Hussein& Abou Hashish, 2023). Ownership is relation with the health care facility and helps to develop a sense of mine or ours feeling towards the health care facility. Nursing staff whose exhibit possessive ownership in health care

organizations may undertake responsibilities, risks and accountability for their action and thus influence the success of the health facility. It influences performance since it encourages a sense of belonging. So this study will assess the professional accountability and ownership among nursing staff.

Aim of the study to: Assess the professional accountability and ownership among nursing staff.

Research Questions:

- 1-What are the levels of nursing staff professional accountability and ownership?
- 2- What is the relation between nursing staff professional accountability and ownership?

Research design:

A descriptive-correlation research design was used in this study. This design was used to identify and describe the behavior of the subject where correlation research determines whether a relationship or association exists naturally between two or more variables (Sabra, Mohamed& Abd Elaal, 2021).

Setting:

The present study was conducted at El Mogama Eltyby Hospital affiliated to The Health Insurance Authority. El Mogama Eltyby Hospital was established in 2009 in Tanta city Gharbia Governorate. El Mogama Eltyby Hospital in all 200-beds capacities 126 inpatient and 74 outpatients, divided into 12 departments including several intensive care units such as Cardiac Care (21) bed, Adult Intensive Care Unit (20) bed. It also includes inpatient departments such as Ophthalmic (10) bed, Orthopedic (12) bed, Urology (8) bed, Surgical& vascular (18) bed, Oncology (10) bed, Chest (10) bed and Internal Medicine Department

(17) bed and outpatient departments such as Emergency (12) bed, chemotherapy unit (40) bed, Operation (6) bed and Dialysis (16) bed. In addition to different associated services such as laboratory, blood bank, sterilization, unit, laundry and kitchen

Subjects:

The subjects of this study was included all (n=247) nursing staff working in the following departments distributed as: Emergency (36), Cardiac (25), Dialysis Unit (17), Operation (48), Adult Intensive Care Unit (26), Ophthalmic (11), Orthopedic (12), Urology (17), Surgical (18), Oncology (14), Chest (12) and Internal Medicine (11).

Tools of data collection

The data of the study was collected through using the following two tools:

Tool I: Nursing Staff's Perception of Professional Accountability Questionnaire

This tool was developed by the investigator guided by **Farghaly & Abd El Rahman (2018)** and **Rahmatollahi & Zenouzagh (2021)**. It aimed to assess nursing staff opinion regarding professional accountability. It contains two parts as follow:

Part one: Personal characteristics of nursing staff included age, gender, marital status, qualification, department, years of experience and position.

Part 2: Nursing staff Professional Accountability Structured Questionnaire

It included 49 items divided into four dimensions as follows:

- Professional accountability related to self-included 16 items.
- Professional accountability related to colleague included 9 items.

-Professional accountability related to patient included 12 items.

-Professional accountability related to profession included 12 items.

Scoring system

Nursing staff responses were measured on a five points Likert Scale ranging from (1-5); Where strongly disagree (1) disagree (2), little agree (3), agree (4) and strongly agree (5). The total scores calculated by cut off points and summing scores of all categories. The total scores represent varying levels as follows:

-High professional accountability level >75%.

-Moderate professional accountability level 60% - 75%

-Low professional accountability level < 60%.

Tool II: Nursing Staff Ownership Scale:

This tool was developed by the investigator guided by **Shukla & Singh (2015)** and **Olckers (2013)**. It was used to assess nursing staff opinion regarding ownership. It included 22 items divided into three dimensions as follows:

-**Autonomy** included 5 items.

-**Belongingness** included 11 items.

-**Connectedness** included 6 items.

Scoring system

Nursing staff responses were measured on a five points Likert Scale ranging from (1-5); Where strongly disagree (1), disagree (2), little agree (3), agree (4) and strongly agree (5). The total score calculated by cut -off points and summing scores of all categories. The total scores represent varying levels as follows:

-High ownership level >75%

-Moderate ownership level 60% - 75%

-Low ownership level < 60%

N.B: strongly agree +agree = agree

Strongly disagree +disagree = disagree

Methods

1. An official permission to conduct the study was obtained from the Dean of Faculty of Nursing Tanta University to the Administrator of El- Mogama El-Teby Hospital.

2. Ethical considerations:

a) Consent of the ethical committee of the Faculty of Nursing was obtained at (15-6-2022).

b) Nature of the study didn't cause any harm or pain to the nursing staff.

c) Nursing staff consent to participate in the study was obtained after explanation about the privacy and the confidentiality of information obtained from them, nature of the study and their right to withdraw from the study at any time.

d) Confidentiality and privacy was taken into consideration regarding data collection. A code number used instead of names.

3. Tools I and II were translated into Arabic and reviewed with the supervisors and submitted to five experts in the area of specialty to check their content validity and clarity of questionnaire.

4. The five experts were from Faculty of Nursing Tanta University, five experts were

5 Assistant professor from nursing administration. The experts' responses were represented in four points Likert Scale ranging from (1-4); 1 = not relevant, 2 = little relevant, 3 = relevant and 4 = strong relevant.

5. Necessary modification were done including; clarification, omission of certain items and adding others and simplifying work related words. The face validity value

of tool (I) part (II): Nursing staff's perception of professional accountability were 68.8 % and tool (II) Nursing staff ownership instrument were 47%.

6. Reliability of tools was tested using Cronbach Alpha Coefficient test. Reliability of tool (I) nursing staff's perception of professional accountability = 0.898 and reliability of tool (II) nursing staff ownership scale = 0.900.

7. A pilot study was carried out on a sample (10%) of nursing staff (n= 25) nurses, and were excluded from the main study sample during the actual collection of data. The pilot study was done to test clarity, sequence of items, applicability, and relevance of the questions and to determine the needed time to complete the questionnaire. According to feedback from pilot study, the tool was modified by the investigator.

8. Data collection phase: the data were collected from nursing staff by the investigator. The investigator met the respondents' nursing staff in different areas under study during working hours to distribute the questionnaire. The subjects recorded the answer in the presence of the investigator to ascertain that all questions were answered. The data was collected over period of six months started from 1/10/2022 until 30/3/2023.

9. The estimated time needed to complete the questionnaire items from nursing staff was (20 -30) minutes.

Statistical analysis of the data

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to

verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean, standard deviation and median. Significance of the obtained results was judged at the 5% level. The tests used Spearman coefficient to correlate between two distributed abnormally quantitative variables and Cronbach's Alpha Reliability Statistics was assessed using Cronbach's Alpha test.

Results

Table (1): Illustrates distribution of the nursing staff according to their personal characteristics. As noticed in this table, the age of nursing staff ranged from 17-55 years under thirty years old was (55.5%) and (44.5%) above thirty years old. The majority (94.7%) of nursing staff were females and (91.5 %) of them were married. Regarding their qualification, high percent (70.9%) of them had nursing technical institute, while only (22.7%) has associate degree and (6.5 %) had bachelor degree. About (19.4%) of nursing staff working in operation room, while the lowest equal percent (4.5%) of them working in Internal Medicine and Ophthalmic department. Regarding their years of experiences range from Min – Max (1.0 – 35.0) with Mean \pm SD. 11.46 ± 6.94 . Most (92.7) % of nursing staff feeling heavy work load, while (7.3) % feeling moderate work load. All (100%) of nursing staff worked full time in current work and most (94.7%) of them had management support.

Figure (1): Illustrates total levels of nursing staff professional accountability. As evident from the figure more than seventy (72.9%) of nursing staff had a high level of professional accountability. While, 26.3% and 2% of them had a moderate and low

level of professional accountability, respectively.

Table (2): Shows levels of nursing staff professional accountability dimensions. The table noticed that the highest percent (68.8%, 68.4%) nursing staff's had a high level of professional accountability related to themselves and their patients, respectively. While, more than one third (36%) of them had a moderate level related their profession, respectively.

Figure (2): Illustrates total levels of nursing staff ownership. Near to fifty percent (47.0%) of the nursing staff had a high level of ownership. While, 42.5% and 10.5% of them had a moderate and low level of ownership, respectively.

Table (3): Shows levels of nursing staff ownership dimensions. The table showed that more than half (54.3%, 53.0%) of nursing staff had a high level of nursing autonomy and connectedness of ownership, respectively. About 35.6% of them had a moderate level of connectedness and 42.9% of them had a moderate level of belongingness of ownership

Table (4): Clarifies correlations between nursing staff's opinion of professional accountability and their ownership. As noticed from this table there are a positive significant statistically correlations among all dimensions of nursing staff professional accountability and ownership at ($p < 0.05$, $p < 0.01$, and $p < 0.001$)

Table (1): Distribution of the nursing staff according to their personal characteristics.

Nursing staff personal characteristics		No.	%
Age (years)	<30	137	55.5
	≥30	110	44.5
	Min. – Max.	17.0 – 55.0	
	Mean ± SD.	31.68 ± 6.83	
	Median	30.0	
Gender	Male	13	5.3
	Female	234	94.7
Marital status	Married	226	91.5
	Un married	21	8.5
Qualification in Nursing	Associate Degree	56	22.7
	Nursing Technical Institute	175	70.9
	Bachelor Degree	16	6.5
Department	Emergency	36	14.6
	Cardiac Care	25	10.1
	Dialysis	17	6.9
	Operation	48	19.4
	ICU	26	10.5
	Ophthalmic	11	4.5
	Orthopedic	12	4.9
	Urology	17	6.9
	Surgical	18	7.3
	Oncology	14	5.7
	Chest	12	4.9
	Internal Medicine	11	4.5
Years of experience	Min. – Max.	1.0 – 35.0	
	Mean ± SD.	11.46 ± 6.94	
	Median	9.0	
Position	Nursing staff	234	94.7
	Head nurse	13	5.3
Training	No	247	100.0
Participation in hospital committees	No	247	100.0
Work load	Heavy	229	92.7
	Moderate	18	7.3
What basis you are currently working in	Full time	247	100.0
Are there management support	Yes	234	94.7
	No	13	5.3

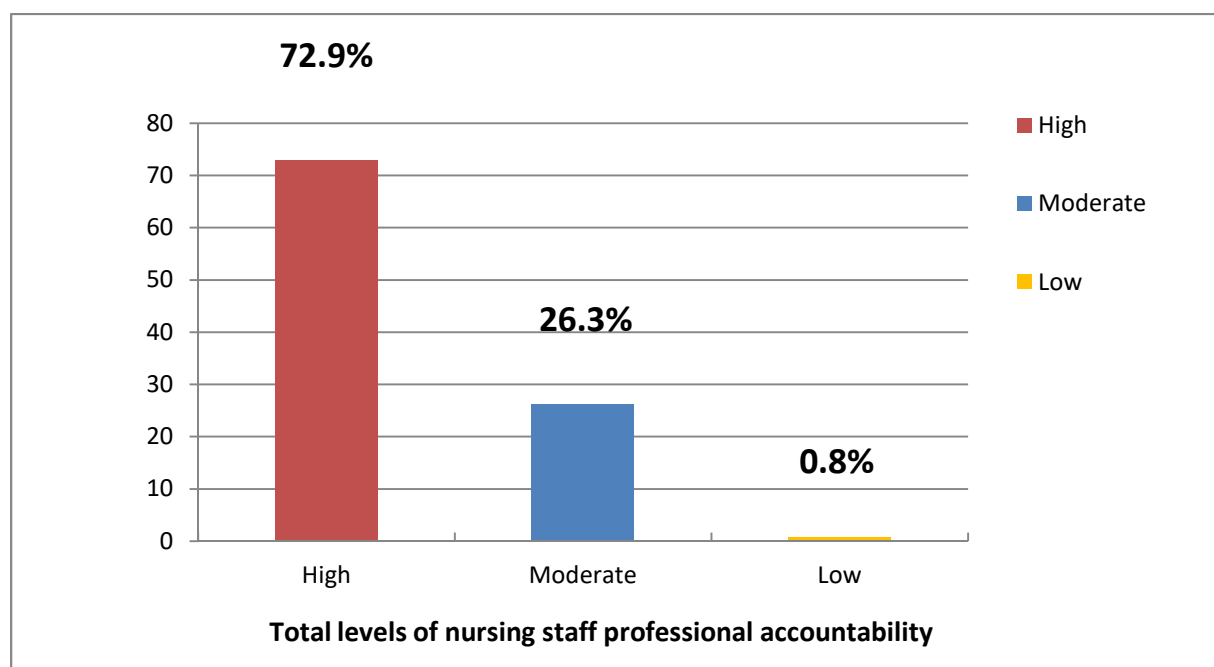


Figure (1): Total levels of nursing staff professional accountability

Table (2): Levels of nursing staff professional accountability dimensions (n=247)

Professional accountability dimensions	Levels of professional accountability					
	High		Moderate		Low	
	No.	%	No.	%	No.	%
Related to them selves	170	68.8	72	29.1	5	2.0
Related to their colleagues	165	66.8	76	30.8	6	2.4
Related to patients	169	68.4	75	30.4	3	1.2
Related to their profession	153	61.9	89	36.0	5	2.0

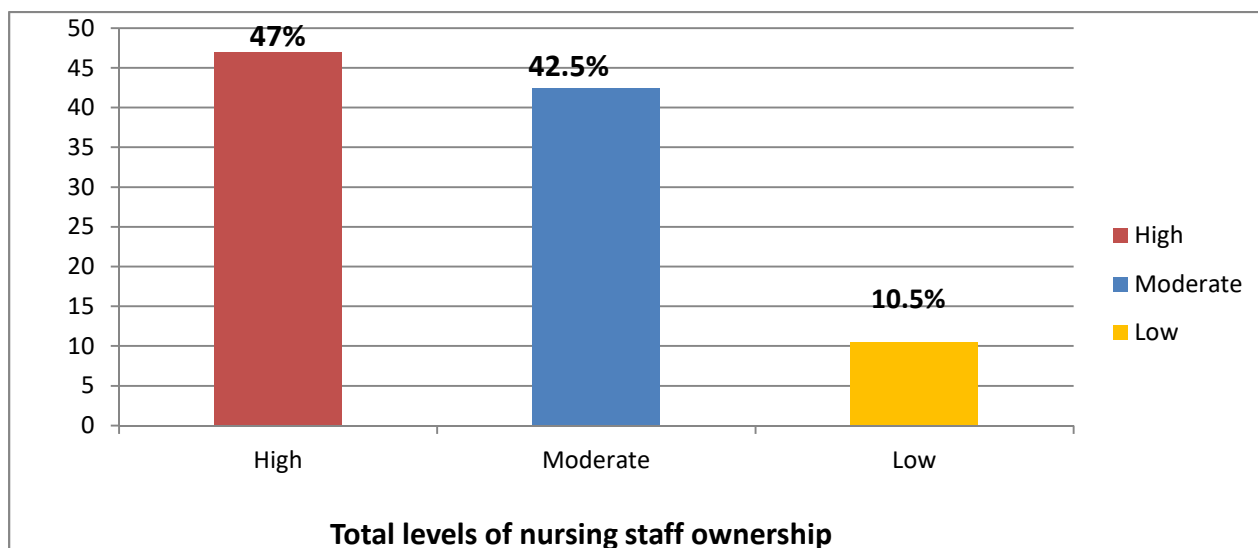


Figure 2: Total levels of nursing staff ownership (n =247)

Table (3): Levels of nursing staff ownership dimensions (n = 247)

Nursing staff ownership	Levels of nursing staff					
	High		Moderate		Low	
	No.	%	No.	%	No.	%
- Autonomy	134	54.3	101	40.9	12	4.9
- Belongingness	102	41.3	106	42.9	39	15.8
- Connectedness	131	53.0	88	35.6	28	11.3

Table (4): Correlation between nursing staff professional accountability and their ownership

Nursing staff ownership		Nursing staff professional accountability				
		Toward themselves	Toward their colleagues	Toward patients	Toward their profession	Overall
-Nursing autonomy	r	0.287*	0.262*	0.285*	0.389*	0.371*
	p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
-Belongingness	r	0.286*	0.282*	0.264*	0.372*	0.364*
	p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
-Connectedness	r	0.336*	0.209*	0.217*	0.395*	0.360*
	p	<0.001*	0.001*	0.001*	<0.001*	<0.001*
-Overall	r	0.343*	0.295*	0.292*	0.436*	0.416*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Discussion

The results of this study found that about seventy of nursing staff had high level of professional accountability. This is because they are liable for their actions, had autonomy in their role, utilize the input from their supervisor's or instructor's evaluation to enhance their nursing care, dedicated to innovation, continual quality performance improvement, and perfection. Moreover, nursing staff were responsible for gaining the knowledge needed to provide for the patients are concerned about patient care, and had an ethical duty to put into practice changes that will enhance the standard of patient handling.

This result goes in the same line with finding was consistent with **Hussein & Abou Hashish, (2023)** who confirmed that most of nursing staff believed that They were responsible for recording mistakes, finishing incident reports, and contacting doctors to address or handle the circumstances.

The findings of the current research showed that over sixty nursing personnel demonstrated a significant degree of professional responsibility to toward their colleagues. This is due to they are collaborated effectively with the work team to achieve their goals, carefully listen to their colleagues and help them with their affairs. Also, they are contributed to provide effective solutions to the problems facing their colleagues, encourage their colleagues to develop professionally.

This result was supported by **Arootah, (2022)** who confirmed that most of staff must had a professional accountability toward their colleagues leading to encourages them to give a high performances and engaged at work.

The study showed that over sixty of the nursing staff had a high level of professional accountability toward patients. This result could be related to they are help patient to be involved in his or her own care decisions, assist patients to get health care that they

require, help patients to understand their rights and ensure that these rights are respected. They can protect patients' autonomy and dignity through compliance with their rights, maintain quality of the healthcare through compliance with hospital polices. Also, they act as patient advocates legally when they are perceived to be in danger.

This result was consistent with **Aryal, (2022)** study who confirmed that most nurses had a professional accountability toward patients which patients had rights to receive high equal quality care. Also, the current results contradictory with **Rubio & Navarro, (2019)** finding who revealed that low percent of nurses had lack of professional accountability and not being accountable for their negligence which evidence on poor standards of care.

The findings of the current study showed that more than half of the nursing staff had a high level of ownership. This outcome can be due to nursing staff feel ownership and responsible for their health care facility, feel more involved in their patient's care, become more active and better prepared to make decisions. Also, they use their knowledge, beliefs, experiences and their sense of self-efficacy, competence, motivation, attitude, and behavior to help and improve patient care. Which shows more readiness to take the risk, promotion goals, accountable for what happens, sense of belongingness about working with the target of ownership.

This finding was consistent with **Taylor & Ladkin, (2022)** study that showed the most of the nursing staff had a high level of ownership and health care facility value encourages ownership and allows supervisors to trust and support their new nursing staff in safe conditions.

The findings of the current study indicate that more than half of nursing staff had a high level of autonomy. This result could be related to that nursing staff take responsibility for their

decisions in the hospital, allowed to use their personal judgment in carrying out their work, had the opportunity for independent thought and action, had the responsibility for deciding how and when the work is done, had the freedom to schedule their work.

In the same line **Ibrahim et al., (2022)** which the study proved that nursing staff's had high level of self-identity when they felt more belonging to work place which makes a nursing staff feels at home.

The findings of the study showed that more than forty of nursing staff had a high level of belongingness. This result could be related to that nursing staff proud to tell everyone know that this hospital is where their work, support their hospital's goals and policies, feel that hospital success is their personal success, consider their self a member of the hospital, feel safe and their values and the health care facilities are compatible. in this hospital, passionate about working in their hospital, feel that hospital is like a second home to them.

The present study finding agreed with **Punt, (2022)** who reported many of nurses had a low level of belongingness. The study results disagree with **Ching et al., (2022)** finding who presented that most nurses had a high level of belongingness to their work that make them feel like a part of the team and health care facility.

The findings of the present research revealed that over half of the nursing staff possessed a high level of connectedness. This result could be related to that nursing staff endeavor to bring improvement in their hospital through continuous renewal in their work field, fell that a positive comment about their hospital sounds like personal compliment, do their best when required by their hospital, like to represent their hospital at different forums as external work shop, fell that their personal wellbeing is linked to their hospital's

wellbeing, consider problems at workplace as their own problems.

Similarity, **Brown & Ana, (2021)** finding was supported the study proved that nurses had a low level of connectedness to health care facility. This result was contraindicated with **Fernando et al, (2022)** who found that most nursing staff had high level of connectedness with their health care facility.

The two variables in the current study had a very strong positive association in terms of statistics between nursing staff perception of overall professional accountability dimensions and overall ownership dimensions. This result indicates that nursing staff experience with professional accountability increases, the feeling of ownership increases. This result could be due to nursing staff taking accountability for the quality and success of both the output and outcomes of their work and nursing staff are doing the work and making sure that what there fit-for-purpose.

This finding was agreed with **Rosanne Raso, (2022)** who showed that nursing staff held responsible who in a world of rules feels like a reprimand. They feel empowering and they own their practice ownership is developed via dedication, participation, and other principles, so being held accountable.

Conclusion

It was determined based on the results of the current research that the present study confirms that more than seventy of nursing staff at EL-Mogama EL-Teby Hospitals had a high level of professional accountability. More than seventy of nursing staff had a high level of professional accountability. While, more than one quarter and low level of professional accountability.

Also, more than forty of them had a high level of ownership. There was a highly statistically significant positive correlation between nursing staff professional accountability and their ownership.

Recommendations

Based on the results of the current study, the following suggestions were made:

-Health care facility management provide educational programs, seminars and workshops for nursing staff about professional accountability and ownership to increases their opinion about professional accountability and ownership.

-Modify hospital policies to allow nursing staff to be more accountable for their work through no blames or sham policy toward their unintentional defects.

-Nurse manger provides a cooperative work environment to improve belongingness and connectedness.

-Nursing staff learn how to apply patient safety requirements to protect patient from harm.

-Improve job security through considering them as part from health care facility.

-Future research studies the relation between nursing staff ownership and their work load.

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