Effect of Head Nurses' Educational Program about Professional Shared Governance on Nurses' Structural Empowerment

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Abstract

Background: Professional shared governance allowed nursing staff to engage in shared decision-making that has an effect on practicing nursing and improving quality of care. **Aim**: The study aimed to evaluate the effect of head nurses' educational program about professional shared governance on nurses' structural empowerment. **Subjects and Method: Design:** Quasi experimental study design was utilized to accomplish aim of the present study. **Setting**: The study was conducted at Tanta International Teaching Hospitals. **Subjects**: All head nurses (n=41) at Tanta International Teaching Hospitals. Also, stratified proportional sampling of nurses (n=250). **Tools**: Four tools were used; I: Head nurses' professional shared governance knowledge questionnaire; II: Head nurses' professional shared governance self-report; III: Nurses' perception of head nurses' professional shared governance structure questionnaire; IV: Nurses' structural empowerment questionnaire. **Results**: Pre-educational program, majority (87.8%) of head nurses had low knowledge level regarding professional shared governance, also 90.2% of them had unsatisfactory level of practice related it. The majority (82.4%, 88.0%) of nurses had low level of perception about head nurses' professional shared governance and structural empowerment. While post-educational program high percent (82.9%) of head nurses had high knowledge level and 85.4% of them had satisfactory level of practice. Also the majority (84.4%, 84.8%) of nurses had high level of perception regarding head nurses' professional shared governance and structural empowerment. **Conclusion**: The study showed a statistically significant correlation between head nurses' professional shared governance and nurses' structural empowerment post- educational program. **Recommendations**: Hospital administrators implement regular periodical enhancement programs for head nurses to maximize their professional shared governance practices, which empower their nurses.

Keywords: Educational program, Head nurses, Knowledge and practice, Professional shared governance, Structural empowerment.

Introduction

The changing context of society and healthcare setting requires a restructuring of hospital management that highlighted collaboration, a defined knowledge base, autonomous practice, and shared decision ***making*** **(BuljacSamardzic, Doekhie, & van Wijngaarden, 2020)**. So, healthcare environment and head nurses play a crucial role in encouraging their nursing staff' contributions for organizational work and creating a supportive atmosphere for daily professional practice **(Abd Elmawla, Shabaan, & Abo Ramdan, 2020).** Additionally, head nurses empower them to adapt to a changing workplace and promoting their involvement in decision-making **(Abdallah & Mostafa, 2021).**

In a hospital circumstance, head nurses are crucial to achieving objectives related to empowerment, problem-solving, creativity, teamwork, and decision-making, they must practice and use a variety of nursing practice professional models, empower nurses and provide high-quality patient care by implementing nursing professional shared governance models and fostering a positive work environment **(Mostafa & Mostafa, 2024).**

Professional shared governance is perceived as a model that provides nursing staff with the structure to participate in shared decision-making that impact nursing practice, care quality, professional development, and research across all frameworks and roles **(Maged, Bassiouni, & Atalla, 2021).** It acts as a coach for establishing, achieving changes and getting ready for a desired future. Furthermore, professional shared governance is considering an approach to build a partnership, create ownership, facilitate equity and accountability between nursing staff and the work environment. It also, changes the organization from a bureaucratic or hierarchy structure to a more relational partnership **(Speroni et al., 2021).**

Professional shared governance is essential which facilitates decision-making at the point of service and involves all nurses in promoting the organization's mission and vision, by maintaining the balance of power. It also fosters cooperation between nurses and management on matters pertaining to professional nursing practices **(Kanninen, 2023).** In addition, professional shared governance is considered a significant factor for the magnet recognition program, which offers a means of attaining high quality performance and better patient outcomes, also reflect on improving nursing staff satisfaction and retention. So, professional shared governance is a first step toward professional

nursing excellence **(Reitter, 2021).**

The professional shared governance consisted of six recognized dimensions that are designated for applying it in healthcare organization specifically; control over personnel which addresses the organizational construction in place related to hire, performance appraisal, punitive actions, and recommendation of salaries and benefits **(PorterO'Grady 2019).** Moreover, access to information which head nurse has access to data pertinent to governance matters related to budget and costs, goals and objectives of organization, also, opinions of nurses, patients, and physicians **(Ahmed, ElSayed & EL Demerdash, 2023).**

Also, influence over resources that concerned with those who have an impact asset that facilitate professional practices within hospital. Participation in committee that enables the head nurses to participate in the organizational decision-making and governance activities at various levels **(Kanninen, 2023).** Furthermore, control over practice; exactly, patient care rules and procedures, quality and care produce, training, and research in practice. Additionally, ability to set goals and conflict resolution which the head nurse's ability to set goals and resolve conflicts through negotiation at different organizational levels **(Jaber et al., 2022).**

In order to lead and direct nurses, the head nurses must own a variety of professional skills as application of professional shared governance which leads to retraining head nurses, involving nurses, and creating a decision-and-action model that is appropriately staff-focused **(Faubion, 2023).** This achieves several advantages as improved team cohesion, communication, and decision-making and increased nurse autonomy. It is also a highly significant innovation and evidence-based strategy to improve nurses' empowerment **(Hamdan & Jaafar, 2024; Larsen, 2023).**

Empowerment is the process of acquiring the power necessary to make decisions and use of existing expertise to improve healthcare setting performance. Therefore, nurses are cared for by enriching their knowledge and skills and developing their capabilities to make appropriate decisions **(Elbab, Abd elrahman, & Abd elbaset, 2020).** Powerful head nurses can give nurses a sense of empowerment to lead more effective staff functioning and increase nurses' autonomy as well as being positively linked to professional creativity of nurses and organizational outcomes **(Mostafa & Mostafa, 2024).**

Structural empowerment is creating organizational conditions

that are necessary for growth and access to power nurses contribution in shared decision making **(Moura et al., 2020).** It described as centered on the idea that head nurse can influence the professional practice of nurses by providing an innovative environment that supports collaboration and professional development, it is the ability of head nurses to influence and motivate their nurses to achieve organizational goals, through motivating its dimensions **(ALGhwary et al., 2024).**

The structural empowerment is based on six dimensions that in conjunction with access to opportunity to learn and grow within the organization as well as the opportunity to increase knowledge and skills. Also, access to information and possessing the formal and informal knowledge required to be effective in the workplace (technical knowledge and expertise needed to accomplish the job and an awareness of organizational policies and decisions). Moreover, Access to support and receiving feedback and guidance from superiors, peers and subordinates **(Saleh, Eshah, & Rayan, 2022).**

Additionally, access to resources and the capacity to acquire the financial means, materials, time, and supplies required to complete the task **(Terkamo Moisio et al., 2022).** Furthermore, formal power is derived from specific job characteristics, and it has a direct association with processes necessary to achieve the organizational purpose and goals, since formal power is linked to nurses' flexibility and adaptability and may mediate the effect of any variable associated with job performance quality **(ALGhwary et al., 2024)**. Also, **informal power** is obtained from social networks and the development of workplace social networks' communication and information channels, it is governed by different processes than formal power such as the personal relationships within organization **(Khatun, Latif, Nesa, & Mallick, 2020).**

Significance of study:

Nursing staff ability to perform their professional tasks is often significantly impacted by significant changes made to the health care environment. It is challenging to create and maintain a nursing practice model as a professional shared governance approach in order to retain nurses, improve patient care outcome and supply the necessary recourse and support **(Abdel Latif, El-Demerdash, & Hasanin, 2023).** Professional shared governance provides structure and context for the delivery of healthcare and grants nurses authority over their professional practice. These systems increase the accessibility of information and resources, emphasize the value of workforce

empowerment, provide nurses with a fulfilling work environment, and improve patient satisfaction **(Olender, Capitulo, & Nelson, 2020).** Therefore, this study is central in order to assist the head nurse in determining how to better integrate the professional shared governance model into their clinical practices in order to improve nurse empowerment and improve their practice.

Aim of the study

Evaluate the effect of head nurses' educational program about professional shared governance on nurses' structural empowerment.

Research hypothesis:

- **H_1**: Head nurses' knowledge and professional shared governance practice is expected to be enhanced after implementation of the educational program.
- **H_2**: Nurses' perception about professional shared governance and structural empowerment is expected to be enhanced after implementation of the educational program.

Subjects and method:

Study design:

Quasi experimental study design was utilized to accomplish the aim of the present study.

Setting:

The present study was conducted at Tanta International Teaching Hospitals, which affiliated to Minister of Higher Education and Scientific Research in departments including General Surgery, Neurological, Pediatric, Orthopedic, Cardiothoracic, Medical, Oncology, Vascular and all Intensive Care Units (Anesthesia, Neonates, Medical, Cardiac, Pediatric, Burn, Renal dialysis and Bone Marrow Transplantation). Bed capacity was 465 beds.

Subjects:

The study subjects were consisted of two groups; all (n=41) head nurses in the previously mentioned setting and nurses (n=250) worked at the previously mentioned setting at time of data collection. The total study sample was calculated using Epi. Info. Microsoft to ensure obtaining an adequate and representative size were N= population size (612), Z= confidence level at 95% (1.96), d= margin of error proportion (0, 05). The total number of sample was be 250 out of 612 nurses who were enrolled during data collection time, the sampling was stratified proportional sampling of nurses in which the stratum was based on the departments.

Tools

Four tools were used to accomplish the aim of this study including:

Tool 1: Head Nurses' Professional Shared Governance Knowledge questionnaire. This tool was developed by the researcher guided by related literature (**Maged et al., 2021; Ali, Abdelmegeed & Abood, 2019);** to test head nurses' knowledge

about professional shared governance. It was include the following two parts:

Part one: It included head nurses' personal characteristics as age, sex, qualified degree, years of experience, department and attaining training program about shared governance.

Part two: It included head nurses' professional shared governance knowledge test. It included 40 questions.

Scoring system:

Each question was taking score (1) for correct answer and (0) for wrong answer. Levels of head nurses' knowledge were taking scores based on cut-off points as follows:

- High head nurses' knowledge level > 75%.
- Moderate head nurses' knowledge level 60 - 75%.
- Low head nurses' knowledge level < 60%.

Tool II: Head Nurses' Professional Shared Governance Self-Report

This tool was developed by the researcher guided by related literatures **(Ali et al. 2019; Abou Hashish & Fargally, 2018; Swihart & Hess, 2019)** to assess head nurses' actual practice of their professional shared governance. It included 71 items. It was divided at six dimensions as following; Control over personnel (16 items), access to information (11 items), influences over resources (16 items), participation in committees (8 items), control over practice (11 items), and the ability to setting goals and conflict resolution (9 items).

The scoring system:

Head nurses' responses were measured in 5 points Likert Scale ranged from 1-5. Where (1) head nurses' professional governance with nursing management only; (2) primarily nursing management with some nurses input; (3) equally shared by nurses and nursing management; (4) primarily nurses with some nursing management input and (5) with nurses only. The total scores was calculated by summing all categories into levels of head nurses' professional shared governance. Total score was calculated and classified based on cut-off point.

-Satisfactory practice ≥ 80%.

-Unsatisfactory practice < 80%.

Tool III: Nurses' Perception of Head Nurses' Professional Shared Governance Structure Questionnaire. This tool developed by the researcher and guided by related literatures **(Hess, 2010; Maged et al. 2021; Swihart & Hess; Mohamed & Saad, 2019)** to assess nurses' perception regarding head nurses' professional shared governance in clinical practices. It included the following two parts:

Part one: It was included nurses' personal characteristics as age, sex, qualified degree, years of

experience and department.

Part two: It was included (71) items to assess nurse' perception regarding head nurse' professional shared governance, it was included the same six dimensions as tool II.

Scoring system:

Responses of nurses were measured in 5 points Likert Scale ranged from 1-5 as tool II. The total scores calculated by summing of all categories of nurses' perception and classified based on cut-off point as following:

-High nurses' perception of professional shared governance > 75%.

-Moderate nurses' perception of professional shared governance 60 - 75%.

-Low nurses' perception of professional shared governance < 60%.

Tool IV: Nurses' Structural Empowerment Questionnaire. It was developed by **Laschinger, (2012)** and related literatures **(Wu et al., 2021; MacPhee, SkeltonGreen, Bouthillette, & Suryaprakash, 2012)**. It was included (51) items to assess nurses' level of structural empowerment, it was consisted of six dimensions divided as following; access to opportunities to learn and grow (7 items), access to information (8 items), access to support (8 items), access to resources (7 items), formal power (7 items) and informal power (14 items).

Scoring system:

Responses of nurses were measured in 5 points Likert Scale ranged from 1-5. Where (1) none (2) limited (3) some (4) quite a lot and (5) a lot. The total scores was calculated by summing all categories into levels of nurses 'structural empowerment **(Mahfouz, Ebraheem, & Mahdy, 2019).**

-High structural empowerment level > 75%.

-Moderate structural empowerment level 60 - 75%.

-Low structural empowerment level < 60%.

Method

1. An official permission clarifying the purpose of the study was obtained from the Faculty of Nursing and was submitted to the responsible authorities of the selected setting for permission to carry out the study.
2. **Ethical consideration:**

a) Approval of the Faculty of Nursing scientific research ethical committee was obtained, **(Code. No: 121/11/ 2022).**
b) All participants were informed about the purpose of the study.
c) An informed consent was taken from each participant in the study including the right to withdraw at any time.
d) The researcher ensured that the nature of the study didn't cause any harm for the entire sample.

3. Tools of the study were developed by researcher based on

related literature and translated into Arabic language.

3. Tools were tested for its content validity and relevance by jury of five experts in the area of specialty. The content validity index value for tool II was **96.3 %** and for tool IV was **98.8 %.**
4. A pilot study was carried out on 10% of sample (n=4) of head nurses and (n=25) of nurses for testing clarity and applicability of tools and they weren't excluded from the total study subjects for general benefit. The time taken for completing each questionnaire was 20-30 minutes. Reliability of tools was tested using Cronbach's Alpha Coefficient Factor, its value was **(0.943)** for tool II and **(0.862)** for tool IV.
5. Data collection was done within six months, starting from the beginning of July 2023 to the end of January 2024.
6. The educational program was conducted in four phases as follows: assessment phase, planning of the educational program phase, implementation of the educational program phase, and finally evaluation phases.

Phase I: Assessment

Pre-test was conducted to assess head nurse' levels of knowledge regarding professional shared governance through filling tool (I), head nurse' self-report regarding professional shared governance through filling tool (II). Also, assess nurses' perception regarding head nurses' professional shared governance and level of structural empowerment through filling tool (III, IV).

Phase II: Planning of the educational program

The educational program was developed by the researcher.

Aim of the educational program:

Enhance head nurses' knowledge and practices after educational program about professional shared governance.

General objectives of the educational program:

The educational program enhances the head nurses' knowledge about professional shared governance and practice it effectively in their work as possible.

- **Content of the educational program:**

The nursing intervention program included five sessions for head nurses:

- First session: Definition and importance of professional shared governance.
- Second session: Principles and dimensions of professional shared governance.
- Third session: Types (models) and benefits of professional shared governance.
- Fourth session: Process (implementation) and role of head nurses of professional shared governance.
- Fifth session: Barriers to success professional shared governance

and how to overcome it.

- **Preparation of the educational program:**

The educational program included five sessions and was carried out in the previously mentioned setting. The total number of head nurses are (n=41) divided into six groups. Each group consisted of seven head nurses nearly. The content was presented at five days per group, three day per week. The duration of each session ranged from 45-60 minutes.

- **Teaching - Learning strategies:**

Selection of teaching methods were governed by studying the subject themselves and content of the program. The methods used in teaching the program were interactive lectures, group discussion, scenario and example from work situations.

Teaching aids

PowerPoint Presentation (PPT), handouts, and videos were included and utilized as teaching aids in the educational program.

- **Phase III: Implementation of the educational program**
- The educational program started by informing the head nurses about objectives of the educational program and building positive relationships to encourage their participation and more involvement in the program.

Phase IV: Evaluation of the educational program

- Post- test to assess head nurses' levels of knowledge regarding professional shared governance immediately after implementation of the educational program through tool (I).
- Head nurses' self-report to assess their levels of actual practice regarding professional shared governance three months later using tool (II).
- Assess nurses' perception regarding head nurses' professional shared governance and level of structural empowerment three months later using tool (III, IV).

Statistical analysis of the data

Data was 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 and Shapiro-Wilk test was used to verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean and standard deviation. Significance of the obtained results was judged at the 5% level.

The used tests were; Chi-square to compare between different groups, Fisher's Exact or Monte Carlo correction for Correction for chi-square, McNemar and Marginal Homogeneity Test Used to analyze the significance between the different stages, Student t-test for normally distributed quantitative variables, F-test (ANOVA) was used to

compare between more than two groups, Paired t-test was used to compare between two periods, and Pearson coefficient To correlate between two normally distributed quantitative variables

Results

Table (1) represents head nurses' personal characteristics. The table reveals that high percent (75.6%) of head nurses were at age group >35years, while 24.4% of them were at age group ≤35 years with mean age 37.56 ± 3.53 and all of head nurses were females. Regarding educational qualification the most (97.6%) of head nurse had Bachelor of Science in Nursing degree. According to years of experience, 90.2% of head nurse had 10-<20 years with mean years of experience 14.02 ± 3.36.

Regarding head nurses' departments, they were distributed in sixteen departments, 9.8% of them were distributed equally at two departments including Orthopedic and Medical departments. All head nurses did not receive any training courses about shared governance.

Table (2) shows nurses' personal characteristics. The table reveals that more than half (53.6%) of nurses were at age group <30years, while 32.0% of them were at age group 30-<40 years with mean age 31.25 ± 6.07. The majority (95.6%) of nurses were females. Regarding educational qualification more than half (56.0%) of staff nurse had Nursing Technical Institute Diploma, while 28.8% of them had Bachelor of Science in Nursing degree. According to years of experience, around two thirds (62.0%) of nurse had <10 years with mean years of experience 9.84 ± 6.63. Concerning their departments, nurses were distributed in sixteen departments, 6.8% were distributed equally at eight departments including Orthopedic, Cardiothoracic, Medical department, Oncology, Neonates, Medical (ICU), Cardiac (CCU), and Burn. The majority (87.2%) of nurses did not delegate non-nursing tasks and just 12.8 % of them are delegate to non-nursing tasks.

Table (3) reveals total levels and mean scores of head nurses' knowledge about professional shared governance pre and post-educational program. As shown in the table, there was a statistically significant difference between total levels and mean scores of head nurse' knowledge of professional shared governance pre- and post-educational program at p=0.001. While pre-educational program the majority (87.8%) of head nurses showed low level of knowledge regarding professional shared governance with mean ± SD. (14.98 ± 6.07).Whereas post-educational program the majority (82.9%) of head nurse had high level of knowledge regarding

professional shared governance, with Mean ± SD. (35.66 ± 3.64).

Table (4) shows levels of head nurses' practice regarding professional shared governance pre- and post- three months of educational program. It observed that there was statistically significant difference between head nurses' practice levels on all dimensions of professional shared governance pre, and post three months of educational program at p=0.001. In pre-educational program 90.2% and 87.8% of head nurses had unsatisfactory levels of practice on control over nursing personnel, setting goals and resolving conflict, respectively. While, post three months of educational program the majority (87.8%) of head nurses had satisfactory levels of practice on participation in committees, followed by 85.4% of them had equally satisfactory levels of practice on access to information and control over practices. According to total head nurses' practice 90.2% of them were unsatisfactory practice level pre-educational program, while 85.4 % of them were satisfactory practice level after three months of educational program.

Table (5) clarifies nurses' perception regarding head nurses' professional shared governance dimensions pre and post three months educational program. As shown in the table, there was a statistically significant difference between levels of nurses' perception of all head nurses' professional shared governance dimensions pre- and post-educational program at p= 0.001. According to pre-educational program 84.8% and 80.8% of nurses had low perception levels on influences over resources and participation in committees, respectively. In comparison with the post three months educational program, the majority 84.8% and 84.0% of them had high levels of perception regarding setting goals and resolving conflict and control over practices respectively, with a statistical significant difference at $p < 0.001$. According to total nurses' perception at pre-educational program, the majority (82.4%) of nurses had low level of perception about head nurses' professional shared governance. Otherwise at the post three months of educational program the majority (84.4%) of nurses had high level of perception regarding head nurses' professional shared governance.

Table (6) reveals levels of nurses' perception regarding structural empowerment dimensions pre and post three months of educational program. A statistically significant difference was found between nurses' perception levels on all dimensions of structural empowerment pre and post three months of educational program at p=0.001.

According to pre-educational

program 82.8% and 80.0% of nurses had low levels of access to resources, support, respectively. Whereas 88.4 % and 84.8% of nurses had high levels of informal power, access to support, respectively post three months of educational program. Regarding total nurses' perception, high percent (88.0%) of nurses had low level of structural empowerment pre-educational program, while 84.8% of nurses had high level of structural empowerment post three months of educational program.

Figure (1) demonstrates a statistically significant correlation between total head nurses' professional shared governance knowledge and their total professional shared governance practice pre- and post-educational program. ($r=0.485$, 0.684), respectively at ($p < 0.001$).

Figure (2) shows a statistically significant correlation between head nurses' professional shared governance practices and nurses' structural empowerment post-educational program ($r= 0.038$) at ($p = 0.014$).

Table (1): Percentage distribution of head nurses' personal characteristics (n = 41)

Personal characteristics of head nurse	Head nurses	
	No.	%
Age (years)		
≤35	10	24.4
>35	31	75.6
Min. – Max.	30.0 – 50.0	
Mean ± SD.	37.56 ± 3.53	
Sex		
Male	0	0.0
Female	41	100.0
Qualification degree		
Bachelor of science in nursing	40	97.6
Master degree	1	2.4
Years of experience in nursing (years)		
<10	3	7.3
10-<20	37	90.2
≥20	1	2.4
Min. – Max.	7.0 – 25.0	
Mean ± SD.	14.02 ± 3.36	
Department		
General Surgery	3	7.3
Neurological	2	4.9
Pediatric dep.	2	4.9
Orthopedic	4	9.8
Cardiothoracic	2	4.9
Medical dep.	4	9.8
Oncology	2	4.9
Vascular	2	4.9
Anesthesia	3	7.3
Neonates	3	7.3
Medical (ICU)	2	4.9
Cardiac (CCU)	3	7.3
Pediatric (PCU)	2	4.9
Burn	2	4.9
Renal dialysis	2	4.9
Bone marrow transplantation	3	7.3
Attaining training program about shared governance		
Yes	0	0.0
No	41	100.0
Participation in hospital committees/activities		
Yes	10	24.4
No	31	75.6

SD: **Standard deviation**

Table (2): Percentage distribution of nurses' personal characteristics (n = 250)

Personal characteristics of nurses	Nurses	
	No.	%
Age (years)		
<30	134	53.6
30-<40	80	32.0
≥40	36	14.4
Min. – Max.	22.0 – 45.0	
Mean ± SD.	31.25 ± 6.07	
Sex		
Male	11	4.4
Female	239	95.6
Qualification degree		
Bachelor of Science in Nursing	72	28.8
Nursing Technical Institute	140	56.0
Technical Secondary Nursing School Diploma	38	15.2
Years of experience in nursing		
<10	155	62.0
10-<20	58	23.2
≥20	37	14.8
Min. – Max.	1.0 – 25.0	
Mean ± SD.	9.84 ± 6.63	
Department		
General Surgery	16	6.4
Neurological	16	6.4
Pediatric dep.	16	6.4
Orthopedic	17	6.8
Cardiothoracic	17	6.8
Medical dep.	17	6.8
Oncology	17	6.8
Vascular	16	6.4
Anesthesia	16	6.4
Neonates	17	6.8
Medical (ICU)	17	6.8
Cardiac (CCU)	17	6.8
Pediatric (PCU)	14	5.6
Burn	17	6.8
Renal dialysis	10	4.0
Bone marrow transplantation	10	4.0
Are non-nursing tasks delegated		
Yes	**32**	**12.8**
No	218	87.2
What is it (n = 32)		
CUSTODY officer	8	25.0
dietary sheet for all patients	3	9.4
Patients assignment	8	25.0
Receive medication from pharmacy	4	12.5
Responsible for discharge files	9	28.1

SD: **Standard deviation**

Table (3): Total levels and mean scores of head nurses' professional shared governance knowledge pre and post-educational program (n = 41)

Total levels and mean scores of head nurses' professional shared governance knowledge	Head nurses' knowledge				Test of Sig.	p
	Pre		Post			
	No.	%	No.	%		
High	1	2.4	34	82.9	MH= 77.000*	<0.001*
Moderate	4	9.8	6	14.6		
Low	36	87.8	1	2.4		
Mean ± SD. (0 – 40)	14.98 ± 6.07		35.66 ± 3.64		t= 22.143*	<0.001*
Min. – Max. (0 – 1)	0.37 ± 0.15		0.89 ± 0.09			

SD: **Standard deviation** **t: Paired t-test** **MH: Marginal Homogeneity Test**
p: p value for comparing between **Pre** and **Post**
*: Statistically significant at p ≤ 0.05

Table (4): Head nurses' professional shared governance practice dimensions pre and post three months educational program (n = 41)

Head nurses' professional shared governance dimensions	Head nurses' practice								McN	p
	Pre				Post three months					
	Satisfactory practice		Unsatisfactory practice		Satisfactory practice		Unsatisfactory practice			
	No.	%	No.	%	No.	%	No.	%		
Control over nursing personnel	**4**	**9.8**	**37**	**90.2**	**32**	**78.0**	**9**	**22.0**	**26.036***	**<0.001***
Access to information	**7**	**17.1**	**34**	**82.9**	**35**	**85.4**	**6**	**14.6**	**26.036***	**<0.001***
Influences over resources	**10**	**24.4**	**31**	**75.6**	**34**	**82.9**	**7**	**17.1**	**28.249***	**<0.001***
Participation in committees	**7**	**17.1**	**34**	**82.9**	**36**	**87.8**	**5**	**12.2**	**27.034***	**<0.001***
Control over practices	**8**	**19.5**	**33**	**80.5**	**35**	**85.4**	**6**	**14.6**	**25.037***	**<0.001***
Setting goals and resolving conflict	**5**	**12.2**	**36**	**87.8**	**34**	**82.9**	**7**	**17.1**	**27.034***	**<0.001***
Total	**4**	**9.8**	**37**	**90.2**	**35**	**85.4**	**6**	**14.6**	**29.032***	**<0.001***

McN: McNemar test p: p value for comparing between Pre and Post *: Statistically significant at p ≤ 0.05

Table (5): Nurses' perception regarding head nurses' professional shared governance dimensions pre and post three months educational program (n = 250)

Nurses' perception of head nurses' professional shared governance dimensions	Levels of nurses' perception												Test of Sig.	p
	Pre						Post three months							
	High		Moderate		Low		High		Moderate		Low			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Control over nursing personnel	23	9.2	39	15.6	188	75.2	195	78.0	30	12.0	25	10.0	MH= 394.500*	<0.001*
Access to information	60	24.0	0	0.0	190	76.0	204	81.6	46	18.4	0	0.0	McN= 357.000*	<0.001*
Influences over resources	38	15.2	0	0.0	212	84.8	200	80.0	30	12.0	20	8.0	MH= 369.000*	<0.001*
Participation in committees	15	6.0	33	13.2	202	80.8	196	78.4	43	17.2	11	4.4	MH= 381.000*	<0.001*
Control over practices	20	8.0	54	21.6	176	70.4	210	84.0	15	6.0	25	10.0	MH= 399.500*	<0.001*
Setting goals and resolving conflict	4	1.6	60	24.0	186	74.4	212	84.8	28	11.2	10	4.0	MH= 452.000*	<0.001*
Total	**13**	**5.2**	**31**	**12.4**	**206**	**82.4**	**211**	**84.4**	**25**	**10.0**	**14**	**5.6**	**MH= 432.000***	**<0.001***

McN: McNemar test MH: Marginal Homogeneity Test
p: p value for comparing between Pre and Post
*: Statistically significant at p ≤ 0.05

Table (6): Nurses' perception regarding structural empowerment dimensions pre and post three months educational program (n = 250)

Nurses' structural empowerment dimensions	Nurses' perception levels												MH	p
	Pre						Post three months							
	High		Moderate		Low		High		Moderate		Low			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Access to opportunity to learn and grow	55	22.0	8	3.2	187	74.8	189	75.6	38	15.2	23	9.2	399.000*	<0.001*
Access to information	55	22.0	0	0.0	195	78.0	205	82.0	35	14.0	10	4.0	370.500*	<0.001*
Access to support	33	13.2	17	6.8	200	80.0	212	84.8	0	0.0	38	15.2	377.500*	<0.001*
Access to resources	31	12.4	12	4.8	207	82.8	201	80.4	34	13.6	15	6.0	392.000*	<0.001*
Formal power	40	16.0	58	23.2	152	60.8	196	78.4	41	16.4	13	5.2	373.500*	<0.001*
Informal power	47	18.8	16	6.4	187	74.8	221	88.4	20	8.0	9	3.6	404.000*	<0.001*
Total	**10**	**4.0**	**20**	**8.0**	**220**	**88.0**	**212**	**84.8**	**26**	**10.4**	**12**	**4.8**	**451.500**	**<0.001***

MH: Marginal Homogeneity Test
p: p value for comparing between **Pre** and **Post**
*: Statistically significant at $p \leq 0.05$

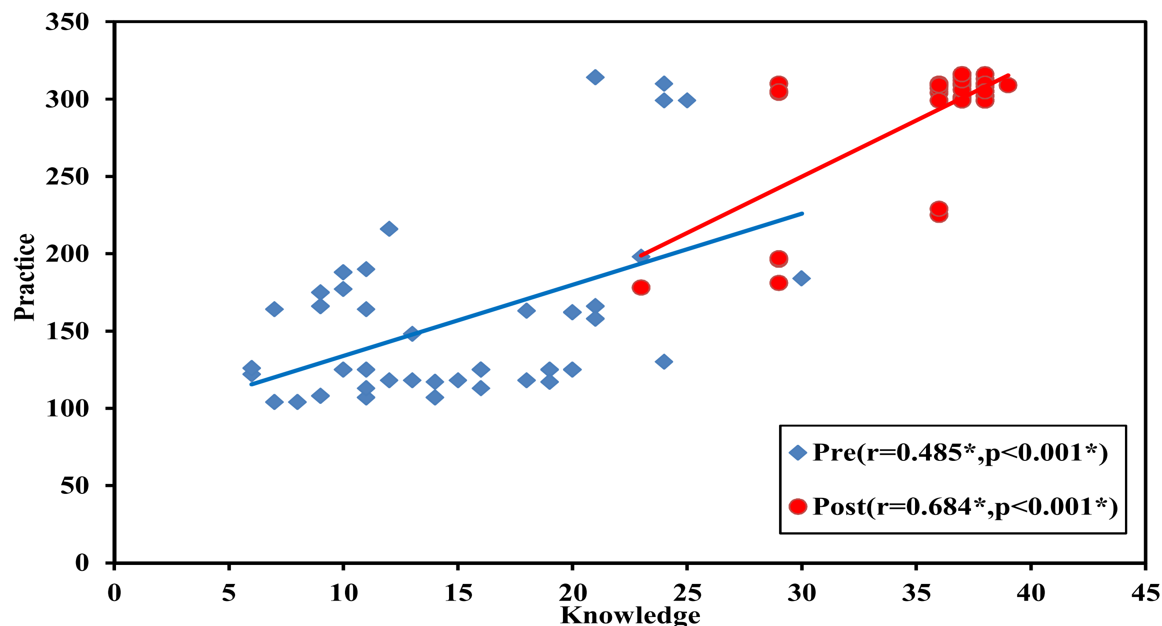

Figure (1): Correlation between total head nurses' professional shared governance knowledge and their total professional shared governance practice pre and post-educational program (n = 41)

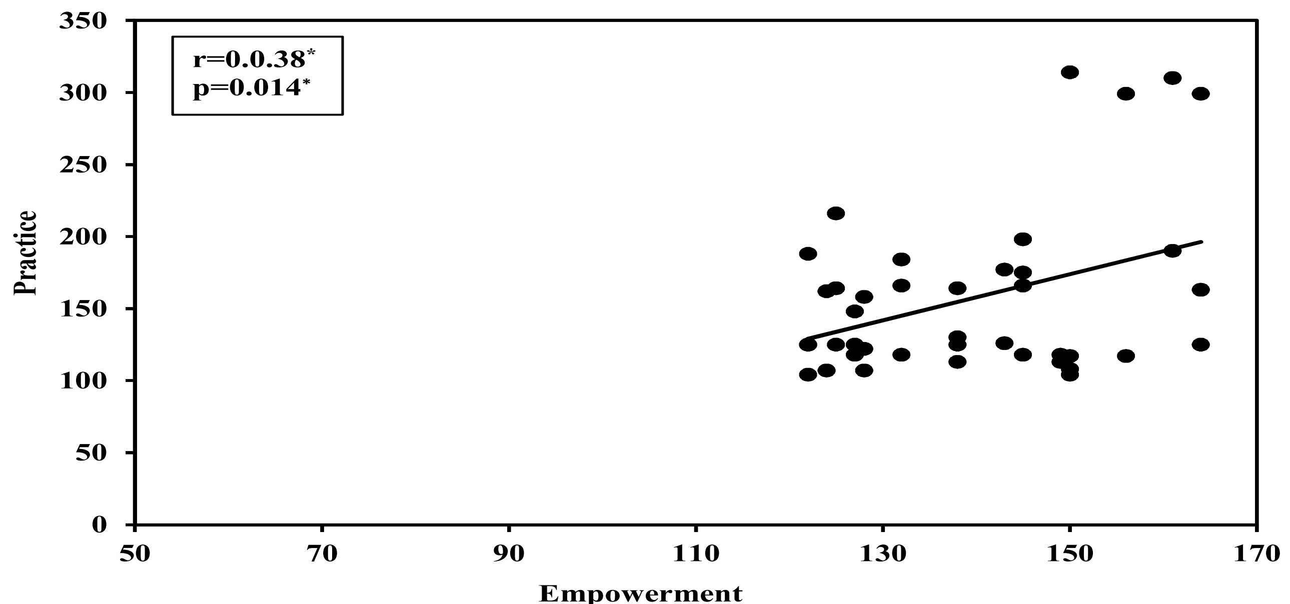

Figure (2): Correlation between head nurses' professional shared governance practices and nurses' structural empowerment post-educational program

Discussion

Shared governance has been integrated into nursing structures to provide a transformational framework for direct nursing staff and improve an organization's overall performance, which can be promoted as innovative management design **(Brennan & Wendt, 2021).**

The pre-program results of the present study showed the majority of head nurses had low level of overall knowledge regarding professional shared governance, while post program they had high knowledge level of it. This result may be due to the head nurses didn't have the opportunity to attend training program or workshops about shared governance or participate in hospital committees/activities to share in decision making. As well as, they didn't work to increase their professional knowledge and advanced study in their specialized field, which majority of them had only Bachelor degree. Whereby they were engaged in educational program execution and learnt how to use it in their practice and receive assistance in integrating professional shared governance knowledge into their management approach through the use of real situations and scenarios. This result supported with **Kanninen, (2023) who** found that professional nursing shared governance has not been studied and wasn't well known among head nurses.

Abdel Latif et al., (2023); Hamdan and Jaafar, (2024) reported the majority of head nurses had a poor knowledge regarding professional shared governance at pre- education preprogram phase and that increased at immediate post to good knowledge of it. In the same line, **Sanchez et al., (2024)** concluded that overall mean of shared governance knowledge of head nurses improved at post-application of

the educational program than pre-application, so the health organizations continued to expand the role of implementing shared governance to increase quality, collaboration and engagement.

Regarding head nurses' professional shared governance practice and their nurses' perception regarding their head nurses' professional shared governance. The high percentage of head nurses had an unsatisfactory level of professional shared governance practice, also most nurses had low level of perception at pre-educational program about their head nurses' professional shared governance. This explained by lack of theoretical knowledge of head nurses and time constraints to implement professional shared governance successfully in their practice, besides it might be related to resistance from head nurses to change in leadership style which, traditional leadership was used by most head nurses.

These findings were supported by **Knight, (2021)** who mentioned that interventions take time to notice that professional shared governance is an ongoing and fluid process that requires continuous assessment and reevaluation to be flexible and adaptive to the environment rather than a one-time implementation procedure. Furthermore ,**Kanninen,HäggmanLaitila,TervoHeikkinen, and Kvist, (2021)** they discovered that head nurses perceived little shared governance and displayed a traditional management, which top-level managers control on all shared governance practices.

A statistically significant improvement of head nurses' practice and their nurses' perception about head nurses' professional shared governance and its dimensions were detected post three months of educational program. This indicated that head nurses were willing to take responsibility for acquiring specific skills to apply professional shared governance in their practices and encourage engaging their nurses in the shared governance councils and process.

ELsayed, Abed, and Abd Elwahab, (2023) who agreed with the current result and mentioned that overall scores of the professional shared governance for head nurses was at the lower level before educational program, but after receiving the program they noticed improvement of head nurses shared governance practices enrich them with knowledge about it. Also, **AlHammouri, Rababah and Ta'an, (2021); Hamdan and Jaafar, (2024)** revealed that, the overall mean score of professional shared governance practice for nursing staff increased and had satisfactory level of shared governance post-implementation of educational program.

In contrast to this study findings **Mohamed and Saad, (2019**) who found that the minority of nurses perceived a high level of professional shared governance and reported that the decision was primarily taken by head nurses. Also**, Choi, (2021**); **Choi and Kim, (2019**) who found that the level of shared governance indicated primary involvement from nurse managers in dimensions of shared governance.

According to structural empowerment, a high percentage of nurses had low level of perception regarding structural empowerment pre-educational program about professional shared governance for their head nurses. This may be due to

that head nurses didn't understand how to delegate duties effectively for their nurses, denial in the comments and thoughts of nurses, and not had authority to supply necessary resources for nurses, also didn't have any background about professional shared governance to empower their nurse.

Along with present study, **Hassan, El Sayed, and Eid, (2023**) they revealed that nurses had low level of empowerment due to low level of participation in decision making and autonomy. **Ibrahim, (2023); AlGhwary et al., (2024)** they found that nurses perceived structural empowerment as moderate to low on average.

While, in the post three months of educational program the results of this study revealed that nurses had a high level perception of structural empowerment after head nurses' professional shared governance program. This finding reflects that head nurses acquired the skills of encouraging their nurses to share ideas and ensure that they are well appreciated, also increase of nurses' engagement in decision-making through using delegation and allowing for them to collaborate on patient care with team members and receiving helpful feedback. In this context**, Tan and Conde, (2021); Van Outer, (2024)** observed that score of all structural empowerment increased after the intervention of professional shared governance and noticed that nurses who feel empowered are motivated to be more engaged in their practice leading to better retention rates, and increased structural empowerment foremost better outcomes for patients and the organization. Moreover, **Hassan et al., (2023)** stated that when head nurses had the capacity to demonstrate empowerment in their practice through providing learning, training and coordination that leads to higher team performance and using effective delegation technique.

Correlation between professional shared governance and structural empowerment

The present study revealed there was a statistically significant correlation between total head nurses' professional shared governance knowledge and their practice at pre- and post-educational program. This may be due to the willingness of head nurses to know about professional shared governance. Besides, improvement of their knowledge regarding it leading to effective utilization of professional shared governance skills demonstrated higher performance and contributed to their growth as shared leader. So, the head nurses' practice for professional shared governance impact on the clinical practice, encourage nurses to be represented in hospital administration committees, and support their participation. Therefore, the effectiveness of the head nurses' professional shared governance knowledge increased and consequently, their performance level also improved.

Those findings were supported by, **Abdel Latif et al., (2023)**; **McPherson, (2022)** who found highly a statistically significant correlation between total head nurses' professional shared governance knowledge and their practice, where increased the mean scores of all the shared governance dimensions among head nurses throughout the program phases.

Also, these results agreed with **Drexler, (2020)** showed positive correlation between head nurses' professional shared governance knowledge and their practice, and concluded that head nurses' knowledge and practice about shared governance improved and it was highly statistically significant.

The current study exposed correlation between head nurses' professional shared governance and nurses' structural empowerment post-educational program. Which can be interpreted by that empowering of head nurses for their nurses in decision-making through a shared governance process that allowed them to make decisions regarding their professional practice.

This finding is supported by **kinann et al., (2021)** who said that the implementation of professional shared governance fosters a more empowered work environment by increasing involvement in decision-making. In the same concern, **Sarıköse, and Çelik, (2023)** they showed a positive correlation between professional shared governance and structural empowerment scores through enhancing the work environment for increasing nurses' participation in decision-making. Furthermore, **Choi, (2021)**; **Quek et al., (2020)** they stated that the practice of successful professional shared governance required adequate structure empowerment from resources, support and information are needed, and personnel must be encouraged to participate through role of head nurse as mentors or supporters. Moreover**, Olender et al., (2020); McPherson, (2022)** who mentioned that implementation of professional shared governance practice by head nurses lead to increased awareness for their nurses about it and make empowerment scores among nurses increased progressively and significantly

Conclusion

Based on the findings of the current study, it can be concluded that head nurses' knowledge and practice of professional shared governance are enhanced after implementation of the educational program. Also, there are improvements of nurses' perception about their head nurses' professional shared governance and structural empowerment post-educational program for their head nurses compered to pre-program.

Recommendations

On the line of the findings of the current study the following recommendations are suggested for:

Hospitals administrators

- Arrange an orientation program for preparation of newly appointed head nurses about strategies for implementing professional shared governance.
- Conduct regular periodical enhancement programs and workshops for head nurses to maximize their professional shared governance practices.
- Consider implementing shared governance as a means of empowering and involving the staff members.

Head nurses

- Make a conscious effort to participate in the mission and vision of the organization and ensure that it aligns with nurses' personal beliefs and intentions.
- Offering empowered behaviors through engagement and sharing nurses in decision-making, offering constructive feedback, giving nurses' autonomy, and enhancing goal accomplishment.

- Having the abilities to coordinate the process of change, innovate, and adapt quickly to nurses' requirements.
- Offering nursing staff chances for professional development and training, particularly in the areas of strategy planning and goal-setting

Nursing education

-Review and modify nursing curriculum to provide more opportunities for nursing students to be aware of the importance of professional shared governance.

Further research is needed on:

-Imbedding modern models of leadership as professional shared governance, organizational values and methods to empower staff and interacting with them.

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