Texila International Journal of Nursing
Volume 5, Issue 2, Jul 2019

Registered Nurses Perception of Shared Governance with Index Professional Nursing Governance Tool Perception of Shared Governance

Article by Shila Sajan[1], Al Faisal W[2]
[1]*Oncology Department, Dubai Hospital, Dubai Health Authority, Dubai, UAE*
[2]*School Health Section, Public Health Protection Department, Dubai Health Care Cooperation, DHA, Dubai, UAE*
E-mail: Vjshila@yahoo.com[1]

Abstract

The present study explores how registered nurses perceive shared governance and how they implement in their workplace, especially on how they lead or how they are being led. The analyses of survey data provide us with valuable information specific to nurse's perceptions in a different work environment. It might forecast aid in innovative decision-making processes.

Method: *A descriptive survey with Hess Index of professional nursing governance was used in the study. All RNs working on the clinical side and in the administrative area are selected to participate in the study. Data were analyzed using SPSS version 20.*

Results: *Data analysis in the study revealed RN s perception towards the type of governance was determined by the mean score and find out that shared governance is practiced as per the guidelines set up by the IPNG Tool. As per the objective of my study, it revealed that there is no significant difference in the perception between administrative nurses and clinical side nurses in all IPNG subscale, It can be due to the difference in the number of participants, as 13% of administrative nurses only participated in a survey whereas 87% were clinical nurses. Comparing the clinical specialty with subscales showed a significant difference in participation, goals, and practice where P value is < 0.05, and also related to education. But no significant difference noticed among age or gender.*

Conclusion: *This study seeks to understand the relationship between different perceptions and views related to shared governance.*

Keywords: *Registered nurse, Shared governance, Perception, Index Professional Nursing Governance, decision making, empowerment.*

Introduction

Nursing is one of the most lucrative professions in the world. According to ANA, by 2022 demand for nursing profession increases by 20.2 % as there is a need for 3.44 million nurses, Reason behind the nursing shortages are Baby Boomer population, Retirement, Migrating to other countries, no career growth or promotion, Effective nursing, attribute to improve work environment, ensuring greater nurse satisfaction reducing the nurse turnover and rendering the high-quality patient care (Marquis & Huston 2015: 146). As the healthcare system is improving day by day a strong leadership is needed to implement new innovations and to find solutions for new and complex problems of management. This project emphasis to integrate the RNs into the organizational hierarchy and involving them in the policy and decision –making process.

This study emphasizes the importance to ascertain how registered nurses perceive shared governance and how they implement in their workplace, especially on how they lead or how they are being led. Research studies indicates high autonomy ,decentralized organizational structure ,supportive management , increase staff confidence ,professional growth help them to develop personal and professional skills leading them to facilitate new knowledge and skills and create a pathway for communication, increase professionalism and accountability (Broughton, 2003, Kramer & Schmalenberg, 2003, Aroskar et al. 2004, Agnes et al. 2011).

DOI: 10.21522/TIJNR.2015.05.02.Art008
ISSN: 2520-3126

Defining a research problem

To identify the Registered nurse's perceptions about Shared Governance using IPNG Tool by PICO elements, where P–indicates RN, I-participation in a survey-comparison of RN with demographics, units, qualifications etc., O- the perception of RN regarding shared governance.

This study emphasizes the RNs working in all departments of (medical & clinical services) Hospital, gets an opportunity to share the RN perceptions, who control over nursing practice and involve them in the decision-making process within the organization. Empowerment and awareness of these perceptions by stake holders can lead them to address the value and strengthen RNs control over nursing practice at all level which will support retention/recruitment of RNs. The timely organizational restructuring understands the RNs perception aboutwhogovernstheprofessionalpracticeenvironmentincludingwhohascontrolover nursing practice. Shared Governance concept arises to support the RNs perception and empower them in their practice.

Thesis statement and hypothesis

The general hypothesis of shared governance provides structured clinical problem-solving skills with leadership building competencies. This project mainly emphasis in empowering nurses to lead a change necessary to develop a more elective and sustainable nursing team. In this study, the IPNG tool is used to determine the type of governance in Hospital. The comparison between the perception of nurses working in different units, perceptions of nursing executives, experience, educational back ground related to shared governance in Hospital.

The following specific hypotheses.

- The hypotheses of no difference of the perceptions of governance between the units of the hospital.
- The hypotheses of no difference of the perceptions of governance between various levels of experience.
- The hypotheses of no difference of the perceptions of governance.
- between various levels of education and certifications.
- The hypotheses of no difference of the perceptions of governance between age groups.
- The hypotheses of no difference of the perceptions of governance between genders.

Literature review

The literature thumbnail control over nursing practice, and to understand the concept of shared governance in a different area is very efficient to the RNs professional practice environment, as it correlates to job satisfaction, recruitment/retention and indirectly affect patient outcomes. A literature search was undertaken using the idioms shared governance, perceptions, empowerment, decision making, and job satisfaction. The database used we as CINHAL, MEDLINE, Research gate, Pub med, etc.

Shared governance as formal programs should involve professional nurses in governance decisions by having the right to control over their professional practice and extending their authority to such areas as budgeting, scheduling, and evaluating personnel, which were previously controlled exclusively by managers (Hess 2004).Porter-O'Grady (2001) describes four principles of shared governance: partnership, accountability, equity, and ownership. According to Evans (1999) sharing authority with staffs provide considerable benefits to include input from stakeholders closest to problems, staff members may feel increased value and they were able to face challenges and to resolve problems. Shared governance provides a pragmatic concern for the hospital the need to provide a continuing education and the value to strengthen the nursing, Nursing leadership, as well as bedside care nurses, need more education on the importance of participation in organization-wide and unit-based council participation. Wilson, K. L. (2014). Transformational leadership combined with shared governance to engage in principles of "partnership, equity, accountability, and ownership" can sustain changes to effectiveness in nursing. Four

"I" s: idealized influence, inspirational motivation, intellectual stimulation, individual consideration continuous learning and professional respect among nurses discuss the need for sharing of strategies and action processes utilized by nurse leaders Bam Ford-Wade, A., Moss, C. (2010). Shared governance promotes collaboration with shared decision making and accountability. CNO maximizes transformational leadership with in a shared governance structure to improve workforce development, resource management, and best practice. The shared governance structure is designed to encourage collaborative goal, encourages empowerment by preserving individuals voice in decision making and described staff that took positions in shared governance becoming leaders in the hospital environment Burkman, K., Sellers, D., Rowder, C., Batchelleer, J. (2012). 5 professional principles shared that are essential to shared governancesuccess:1. Professions are driven by practice and practitioners2. It's aboutstructure3. Accountability is the centerpiece of professional work4. Appropriate locus of control for accountability must be designed into the shared governance structure. 5. Management Porter-O'Grady, T. (2012). IPNG survey has strong reliability and validity and correlating the scale scores to measures of satisfaction obtained from the National Database of Nursing Quality Indicators (NDNQI) survey. A tool used for over15 years that assess governance as a multidimensional concept, a tool that measures progress in the journey to reach shared governance & a tool that measures shared decision making perceptions of nursing, leadership and other allied Lamoureux, J., Judkins Cohn, T., Butao, R., McCue, V.,& Fatima, G. (2014). The IPNG should be utilized to measure nurses' perceptions of shared governance. Leaders can use the results to determine areas of strengths and weaknesses. Results support the validity of the IPNG as a reliable instrument for measuring the distribution of professional nursing governance in hospitals. Hess, R. (1998).

This literature review for this study examined several areas that influence the perceptive area of shared governance, an understanding of shared governance and empowerment and this suggest that in any organization the core responsibility is to develop an environment of work effectiveness that ensures 6 subscales needed to accomplish their work. In short individuals with power and opportunity feel empowered and happy and further brings productivity in their work.

Method

The quantitative descriptive survey design was used to identify the type of governance. The setting of the study was one of the Ministry Hospital (Al Qassimi Hospital) in UAE and it is located in Sharjah. The hospital bed capacity includes 235 in-patient beds and covered different specialties. The target population for this study was all registered nurses employed in the study setting. The inclusion criteria are: a) All registered nurses English speaking and practicing in bedside care and administration; b) Working during data collection period; c) Completed 1 year of service in that organization and the exclusion criteria includes Assistant nurses and other allied health care workers and also those who are unable to read English were excluded from the survey even though they are responsible for a different aspect of nursing services.

Design, Setting, Sample

(a) Design

This study used a descriptive quantitative survey study is designed to investigate the perception of Registered Nurses employed in Al Qassimi hospital in the United Arab Emirates regarding who controls the professional practice and decision-making process in the clinical environment.

Loiselle, Profetto –Mc Grath, Polit and Heck (2007) contend that descriptive creates an opportunity for researches to provide a description of the phenomenon. They also suggest that a descriptive study can provide information for the purpose of both quantitative and quantitative research.

DOI: 10.21522/TIJNR.2015.05.02.Art008
ISSN: 2520-3126

Data collection

The specific tool focused on measuring shared governance perception of direct patient care nurses is the IPNG (Index of Professional Nursing Governance). The IPNG tool is the most reliable and valid tool for measuring governance as a multidimensional concept (Anderson 2011: Hess 2011). The IPNG tool consists of 50 into six dimensions of governance. The item asks about the who has -control, decision, power, or influence over various aspects of the organization.

Data analyses

Governance Distribution, IPNG/IPG3.0shortform.

Classification	Dominant Group
Traditional Governance	
50–10	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

Governance Subscale Distribution, IPNG/IPG

3.0 short form

Control Over Personnel(12items)

Traditional Governance	
12–24	Management/administration only Shared Governance
25–35	Primarily management/administration with some staff input
36	Equally shared by staff and management/administration
37–48	Primarily staff with some management/administration
Self-Governance	
49–60	Staff only
Access to Information (9items)	
Traditional Governance	
9–18	Management/administration only Shared Governance
19–26	Primarily management/administration with some staff input
27	Equally shared by staff and management/administration
28–36	Primarily staff with some management/administration
Self-Governance	
27–45	Staff only
Influence Over Resources (9items)	
Traditional Governance	
9–18	Management/administration only Shared Governance
19–26	Primarily management/administration with some staff input
27	Equally shared by staff and management/administration
28–36	Primarily staff with some management/administration
Self-Governance	
27–45	Staff only

Hess (2004) describes the IPNG as “5 0 item survey instrument that measures nurse’s perceptions about who governs the professional environment including control over practice.

Section1of the IPNG questionnaire consists of 11questions that provide demographic information about the respondents. As Loiselle et al.(2007)describe, nominal data "involves using the numbers simply to categorize attributes'' and provides examples of variables that are nominally measured like gender, age, education, experience etc. .Loiselle et al. (2007) purpose of a quantitative data analysis is to provide meaning and explores a deeper understanding from respondents perceptive.

Ethical consideration

To maintain privacy and confidentiality, participant's personal identification is not required. An informed consent is prepared and participants are requested to participate in this study and requested to read the information sheet before signing the consent. Following completion of the research, all data will be securely stored and complied with all ethical principles to protect the rights, safety, and welfare of participant in the study. Ethical committee approval obtained from MOH and the survey tool permission was obtained from shared governance CEO. Permission to conduct the study was obtained from the Director of Nursing of the studied hospital to collect necessary data.

Results

The aim of the study was to determine the perception of RN about shared governance using the IPNG tool. After completing the data collection, the data were cleaned and coded, the data were verified and fed into the software SPSS (statistical package for social science) with version 20 to perform tabulation and statistical analysis which includes frequencies, percentage and different multiple statistical measures like Kruskal-Wallis Test, Chi Square Test & Mann Whitney test. The quantitative data analysis includes descriptive statistics related to the demographic section in relation to gender, age, education level, experience, clinical area and their perceptions in subscale. Each dimension or subscale has a score computed from the sum of the items that comprise that subscale. There is also a total score computed for the whole scale. These scores are compared to a benchmark that indicate the type of governance the organization is perceived to have as per the people who works in it. The very low score indicates a propensity for traditional governance where the decision-making authority is for administration whereas a very high score indicates a propensity for the staff to have self-governance. The survey is mainly focused on the journey towards shared governance and the actual evolution of nurse's perception of governance (Journal of Research in Nursing 2014, vol 9 (1) 69-87.)

As per the measurement of Professional Governance: Scoring guidelines and Benchmarks, the total IPNG score obtained from the 235 participants in the survey was 121, which means it falls under the category of shared governance (range 101-200) and also every 6 dimensions also falls within the shared governance range table -1.

Figures and tables

Table 1. The IPNG sub-scale, total means and shared governance ranges

Factor subscales	Shared Governance Range*	Current Study Mean (SD) Total IPNG
Total IPNG score	101-200	121.8
1. Nursing personnel (12 items)	25-48	25
2. Access to information (9 items)	19-36	22
3. Resources supporting practice (9 items)	19-36	22.8
4. Participation (8 items)	17-32	19
5. Practice (7 items)	15-28	19.4
6. Goals and conflicts (5 items)	10-20	13.6

DOI: 10.21522/TIJNR.2015.05.02.Art008
ISSN: 2520-3126

Table 2. Distribution of participants by gender – shows the distribution of participation by gender the respondents of the study were 75.7 percent female and 24.3 percent male

		Frequency	Percent	Cumulative Percent
Valid	Female	178	75.7	75.7
	Male	57	24.3	100.0
	Total	235	100.0	

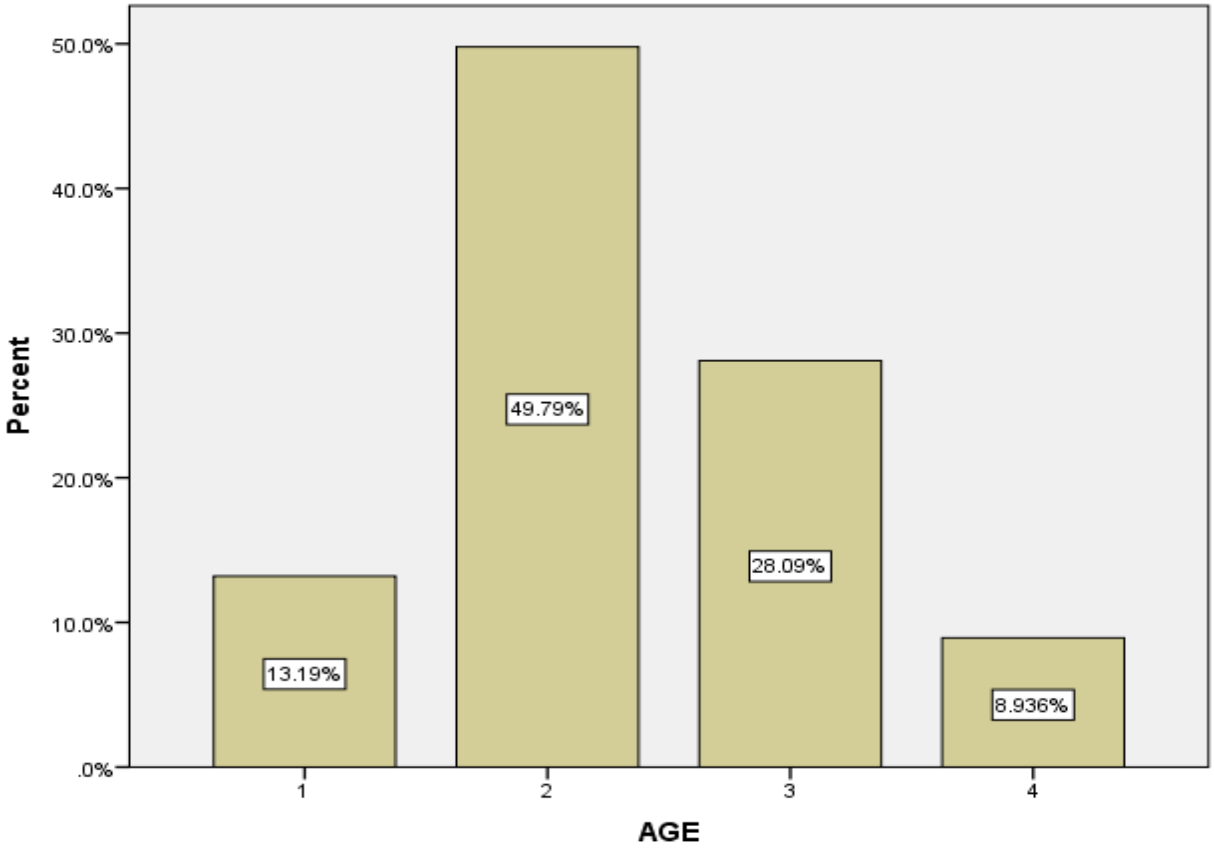

Figure 1

Distribution of participant by age –shows the distribution of respondents by age. The participants' age ranged from 26 through 60 years. The highest number of participants is between the age group of 31-40 years.

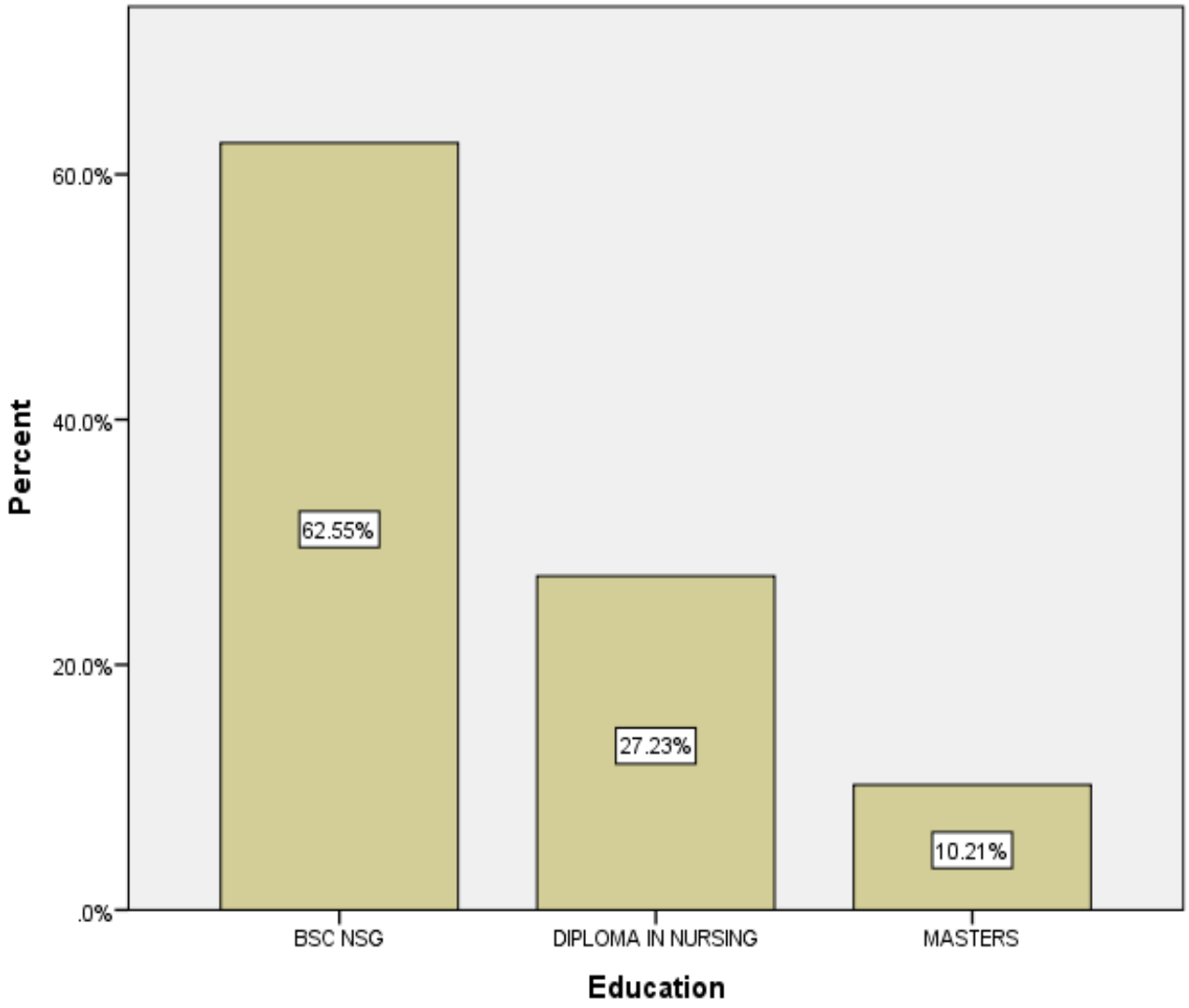

Figure 2

Distribution of Participants by Level of Education -shows the distribution of the participants by their levels of education. In my study 62.6 percent participant were BSC nurses, 27.2 percent diploma nurses and 10.2 percent have the master degree.

Distribution of Participants by Years of Service - The participants' years of service at their current position ranged from 1 through 40, with a majority (34.9 percent) serving 11-20 years and 9.4 percent serving for more than 40 years.

Table 3. No of years that you have been practicing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-10yrs	72	30.6	30.6	30.6
	11-20 yrs	82	34.9	34.9	65.5
	21-30 yrs	59	25.1	25.1	90.6
	>40 yrs	22	9.4	9.4	100.0
	Total	235	100.0	100.0	

DOI: 10.21522/TIJNR.2015.05.02.Art008
ISSN: 2520-3126

Table 4. Kruskal-Wallis Test - to differentiate the perception of participation according to gender

	Personal	Information	Resources	Participation	Practice	Goals
Chi-Square	.852	.676	.322	.691	.052	.827
df	1	1	1	1	1	1
Asymp. Sig.	.356	.411	.570	.406	.819	.363
a. Kruskal Wallis Test						
b. Grouping Variable: SEX						

Table 4 indicate Gender is not affecting any of the subscale or gender doesn't have any significance with the subscale.

Table 5. Kruskal-Wallis Test - to differentiate the perception of participation according to education

Test Statistics [b]						
	Personal	Information	Resources	Participation	Practice	Goals
Chi-Square	19.403	9.266	13.591	5.581	5.699	7.189
df	2	2	2	2	2	2
Asymp. Sig.	.000	.010	.001	.061	.058	.027
a. Kruskal Wallis Test						
b. Grouping Variable: Education						

It is apparent from the table that there is a significant difference between the educations, results from this study indicated a significant difference in the perception of RN was noticed in persona, resources, and goals comparing to their education. In this study the participant more are RNs that had attained a baccalaureate degree in nursing as their highest level of education.

Table 6. Mann-Whitney Test to analysis the difference of perception between nursing administrators and clinical side nurses with 6 subscales

Test Statistics						
	Personal	Information	Resources	Participation	Practice	Goals
Mann-Whitney U	2597.000	2965.000	2678.000	2883.500	2402.000	2685.500
Wilcoxon W	23918.000	24286.000	23793.000	24204.500	23723.000	23800.500
Z	-1.139	-.064	-.864	-.303	-1.710	-.845
Asymp. Sig. (2-tailed)	.255	.949	.387	.762	.087	.398
a. Grouping Variable: Title of your present position						

It is apparent from the table that there was no significant difference among the administrators and clinical side nurses

Table 7. Chi-Square Test to analyze the perception of different clinical specialty with subscale

Clinical specialty			
	Observed N	Expected N	Residual
Medical	83	58.8	24.3
Maternity	43	58.8	-15.8
Critical Care, ICU	56	58.8	-2.8
Surgical	53	58.8	-5.8
Total	235		

Test Statistics

	Clinical specialty:
Chi-Square	14.923[a]
Df	3
Asymp. Sig.	.002

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 58.8.
b. According to the test as the P value is < 0.05 there is a significant difference between the clinical specialty

Summary of the results

The results of this study revealed the type of governance followed in the organization and to examine the areas influencing our understanding of shared governance.SG is vital for effective leadership and creation of learning organization however the results show registered nurses are involved in decision making and have good control in the professional environment.

Discussion

Perception of RN'S working under Ministry Hospital has good control over the practice environment and also involved in decision-making processes. The mean IPNG score for shared governance 101-200, and in the current study the mean score was 121.5 which suggest a high score of shared governance.

Analyzing each subscale to determine the type of governance, Subscale -1 contain 12 items related to who control personnel and related structure like hiring, promoting, evaluating, recommending, salaries, formulating unit budgets and positions, conducting disciplinary action and terminating nursing personnel the shared governance range 25-48 in the current study the mean score is 25 indicating the decision is shared equally by staff and nursing administration . According to Hess 1998 many organizations falls above the SG range indicating of traditional governance, in my study the personnel falls under the borderline range of SG. A study conducted by Ibrahim et al (2014) the personnel belongs to shared governance with mean score -69 (88 item tool) reflecting that RN is involved in decision-making processes related to administrative issues.

Subscale -2, information contain 9 items related to who has influence over governing activities like organizational financial status, strategy plan etc. as per the benchmark guidelines the SG range 19-26, the study explores 22 which falls within SG range, which indicate that nurses perceive more access to information related to policy, practice and strategy plan for next coming year . The current study result is consistent with findings of Butts et al (2007) where the mean score for access to information is 32 (31-60, 88 item score) and also in the study conducted in Jordanian nurses where the mean score is 33.5 which falls within SG range.

Subscale -3 influence over resources have 9 items and relates to who influences resources supporting professional practice, it monitors and secure supplies, recommend and consult with other organizational services, determine daily assignments, regulates admission, discharge, transfer, referrals etc. in this study a summary of the response indicates that the skill and knowledge provide power to assist the RN to control the resources in a good way which is reflected in mean score 22 (19-27 SG range) .The narrative response in the study ensures the RNs ability to secure the supplies cost effectively, monitor the admission, discharge, transfer process and ensuring appropriate unit needs are met and enabling the RN to delegate the care accordingly.

As per the review of literature subscale 2 & 3 illustrated that lack of support and respect perceive by RNs negatively have the impact in accessing the information and resource in workplace (Aiken et al., 2001a;Baumann et al., 2001; CNAC, 2002; CHSRF, 2006a, 2006b; Geiger Brown et al., 2004; McGillis Hall, 2003; Spence Laschinger et al., 2001; Tourangeau et al., 2006) . This study emphasis ongoing collaborative efforts are needed to incorporate the RNs perception into professional practice, this will

DOI: 10.21522/TIJNR.2015.05.02.Art008
ISSN: 2520-3126

enhance the RN control over nursing practice and RN are recognized and respected in the organizational structure.

Subscale -4 Participation in committee structure, this subscale determines who participates in committee structures and able to addresses policies and procedures for clinical practice, able to plan budget and expenses for the organization, unit and nursing departments. The results of the survey indicates RN perceive somewhat shared ability to participate in committee structure as the mean score achieved is near to borderline 19 (SG range 17-32), this study is supported by Howell et al (2001) states that nurses are having more influence in sharing access to information and resources with nursing management and administration . Several studies show that hospital had unfavorable nurse practice environment, so limited opportunity is provided to nurses in participating in hospital affairs Tourangeau et al. (2005) &Lake and Friese (2006).

Subscale -5, This subscale reflects who controls the professional practice environment, focusing on implementing professional practice environment by the administrators, as a result, retain RN and enhance job satisfaction level. The RNs should be aware and involved in the preparation regarding the standard, policy and procedure, staffing level, qualifications, and incorporating research into practice resulting in a quality of nursing practice and nurse's satisfaction with clinical practice. SG score for control over nursing practice ranges 19-36, whereas the current study indicates 22.8 overall mean of this subscale which means the RN perceived a more shared structure related to control over the professional practice environment. Fryar Anderson (2000) and George et al. (1997) indicate that nurses who do not participate in a shared governance structure have limited participation in control over professional practice. According to Howell et al (2001) indicated nurses participate more in shared governance structures where they are involved in decision making and committee structures. RNs perceive they have good control over assessing or determining the educational needs and incorporating evidenced-based research idea into nursing practice.

Subscale -6 Goal setting and conflict resolution, it examines who has the ability to set goals and negotiate conflict at various organizational levels. , In the current study, the mean score for SG range from 10-20 13.6 indicate most of the area of this subscale, RN perceive the ability to control conflict and able to set goals. Howellet al. (2001) in their study using the IPNG tool report nurses have a more shared ability to set goals and manage conflict with management/administration. Budd, Warino, and Patton (2004) RN involve in collective bargaining strategies have effective means for nurses gaining control over practice. Green and Jordan (2004) suggest that engaging nurses in decision making, work redesign, and conflict resolution enhances nurse empowerment within the work environment. The multidisciplinary approach in the organization is required in negotiating conflict strategies.

Conclusion

The present study provides a vivid picture towards an understanding of nurse's perception regarding the type of governance and able to find out who controls the working environment, how much they are satisfied with the governing structure. A survey tool developed by Bob Hess was adapted and used for this research. Results in the study supported that RN perceives more participation shared equally with staff and nursing administration in the organization. Kruskal-Wallis Test, Mann Whitney test and Chi-squared Test was used in this study to compare the proportion of two different groups and it is the most common test for the significance of the relationship between two categorical variables. A significant difference in this study was noticed in analyzing the perception with clinical specialty and also with education.

Limitation and recommendation

The limitation of the studies include lower number of participations from administrative side, compared with clinical side RN. Second obstacle as the survey questionnaire is lengthy and time consuming the response done by the participant may not be correct, they may have attended it for the sake of filling. Third obstacle can be the lack of knowledge pertaining to shared governance and how it can impact in the working environment.

Shared governance is a journey to nursing excellence it cannot be implemented overnight. It required

great deal of consideration and careful planning. To implement this process needs training and education. The IPNG tool doesn't provide elements to access staff autonomy, satisfaction etc. There should be a bulletin circulated throughout the hospital where they can freely write about their concern.

References

[1]. Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital Nurse Hospital nurse staffing and patient mortality, nurse burn out, and job dissatisfaction. Journal of the American Medical Association, 288(16), 1987-1993.Retrieved from http://jama.ama-assn.org/content/288/16/1987.full.pdf+html.

[2]. Allen, D. E., Bockenhauer, B., Egan, C., & Kinnaird, L. S. (2006). Relating outcomes to excellent nursing practice. Journal of Nursing Administration, 36(3), 140-147.

[3]. American Association of Colleges of Nursing. (2011). Nursing shortage fact sheet. Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursingshortage.

[4]. American Nurses Credentialing Center (2008). The ANCC Magnet Recognition Program ®: Recognizing Nursing Excellence, Application Manual (2008 edition). Washington, DC: American Nurses Credentialing Center.

[5]. Anderson, E. F. (2011). A case for measuring governance. Nursing Administration Quarterly,35(3), 197-203.

[6]. Anthony, M. K. (2004). Shared governance models: The theory, practice, and evidence. Online Journal of Issues in Nursing, 9(1), 138-153.

[7]. Ballard, N. (2010). Factors associated with success and break down of shared governance. The Journal of Nursing Administration, 40(10),411-416.

[8]. Bamford-Wade, A., Moss, C. (2010) Transformational leadership and shared governance: an action study. J. Nursing Management, 18, 815- 821.

[9]. Bates, V. (2004). Association of Perioperative Registered Nurses Journal. Shared governance in an integrative healthcare network.80(3), 494-514.

[10]. Barden, A., Griffin, M., Donahue, M., & Fitzpatrick, J. (2011). Shared governance and empowerment in registered nurses working in a hospital setting. Nursing Administration Quarterly, 35(3), 212- 218.

[11]. Bretshneider, J., Eckhardt, I., Glenn-West, R. Green-Smolenski, J., & Richardson, C. (2010). Strengthening the voice of the clinical nurse: The design and implementation of a shared Governance model. Nursing Administration Quarterly, 24(1), 41-48.

[12]. Bureau of Labor Statistics (2012). The employment situation. Retrieved from http://www.bls.gov/news.release/empsit.nr0.htm

[13]. Burkman, K., Sellers, D., Rowder, C., Batchelleer, J. (2012). An integrated system's nursing shared governance mode: A system chief nursing officer's synergistic vehicle for leading a complex health care system. Nursing Administration Quarterly, 36(4), 353- 361.

[14]. Carabetta, M., Lombardo, K., Kline, N.E. (2013). Implementing primary care in the peri anesthesia setting using a relationship- based care model. J of Peri anesthesia Nursing, 28(1), 16-20

[15]. Campbell, S. L., Fowles, E. R., & Weber, B.J. (2004). Organizational structure and job satisfaction in public health nursing. Public Health Nursing, 21, 564-571.

[16]. Cohen, J. (1988). Statistical power analysis for the behavioral sciences (2nded.). Hillsdale, NJ: Lawrence Erlbaum.

[17]. Cropley, S. (2012). The relationship-based care model: Evaluation of the impact on patient satisfaction, length of stay, and readmission rates. JONA, 42(6) 333-

[18]. DeBaca, V., Jones, K., & Tornabeni, J. (1993). A cost-benefit analysis of shared governance. Journal of Nursing Administration, 23(7/8), 50-57.

[19]. Drenkard, K., & Swartwout, E. (2005). The effectiveness of a clinical ladder program. JournalofNursingAdministration,35(11), 502-506.

[20]. Fernandez, R., Johnson, M., Thuy Tran, D., B Psychology, C. M. (2012). Models of care in nursing: a systematic review. International Journal of EB Healthcare, 10, 324-337.

[21]. Fray, B. (2011). Evaluating shared governance: Measuring functionality of unit practice councils at the point of care. Creative Nursing,17(2),87-95. (q) www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/

DOI: 10.21522/TIJNR.2015.05.02.Art008
ISSN: 2520-3126

[22]. Hess, R. (1998). Measuring shared governance. Nursing Research, 47(1), 35-42.
[23]. Hess, R. (2004). From bedside to boardroom Nursing shared governance. The Online Journal of Issues in Nursing, 9(1).
[24]. Hess, R. (2011). Slicing and dicing shared governance in and around the numbers. Nursing Administration Quarterly, 35(3), 235-241.
[25]. Lamoureux, J., Judkins Cohn, T., Butao, R., McCue, V., & Fatima, G. (2014). Measuring perceptions of shared governance in clinical practice: Psychometric testing of the RN focused Index of Professional Governance (IPNG)Journal of Research in Nursing, 19(1), 69-87.
[26]. Newman, K. (2011). Transforming organizational culture through nursing shared governance. Nursing Clinics of North America, 46, 45-58.
[27]. Porter-O'Grady, T. (2012). Reframing knowledge work: Shared governance in the post-digital age. Creative Nursing, 18(4), 152-159.
[28]. Wilson, K. L. (2014) Nurses Perceptions of Shared Governance Two Years Post Implementation of a Councilor Shared Governance.
[29]. Winkelman, C., Kelley, C., Savrin, C. (2012). Case histories in the education of advanced practice nurses. Critical Care Nurse, 32(4): e1- e18.