The Relationship between Professional Nursing Governance and Head nurses' Leadership Competencies

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Abstract

Background: Effective professional nursing governance supports continuous nursing development through training and education. This development is crucial for building leadership competencies, and enabling nurses to adapt to changing healthcare environments and take on leadership roles. **Aim:** To investigate the relationship between professional nursing governance and head nurses' leadership competencies at Shoubrakhit General Hospital. **Design:** A descriptive, correlational research design was used to conduct this study. **Setting:** The study was conducted at Shoubrakhit General Hospital, which is affiliated to the Ministry of Health and Population, with bed capacity (n=200) beds included all Intensive Care Units (ICUs) and inpatient care units (medical and surgical). **Subjects:** two groups were included; all head nurses and their assistants (n=26), and Staff nurses were randomly selected (n=230), who were working in previously mentioned settings and who were available at the time of data collection. **Tools:** two tools were used. Tool one: Index of Professional Nursing Governance. Tool two: Leadership Competency Assessment Scale. **Results:** There were low level scores of total professional nursing governance and nearly two-thirds of the studied subjects got high scores of traditional nursing governance while the studied subject had a moderate level scores of total perception of head nurses' leadership competencies. **Conclusion:** There were highly positive statistical significant correlation between total professional nursing governance and total leadership competencies of head nurses. **Recommendations:** Hospital administrators should adopt and implement one of shared governance model to support nursing practice and improve patients' care quality through strengthening leadership competencies, and communication skills and empowering nursing staff to acquire strong work experience.

Keywords: Professional nursing governance, Leadership competencies, Head nurses, Staff nurses.

Introduction

Healthcare organizations face a variety of work issues which is a crucial challenge for nursing leaders (**Wang et al., 2022**). The effectiveness and success of any organization are in need of the quality of its leaders whose competencies allow them to navigate through these difficulties of health organizations so as to achieve transformation and strategic change (**Fernandez & Rainey, 2017**). Nursing leaders' responses to changes in healthcare delivery include appraising nursing care and reformation of nursing delivery systems to lessen costs, improve patient and employee satisfaction, and improve patient outcomes (**Roberts-Turner et al., 2014; Kanninen et al., 2022**).

According to **Hess (2017),** professional governance is defined as a "multidimensional organizational characteristic that encompasses the structure and processes by which professionals direct, control, and regulate goal-oriented efforts". As well as, **Start et al., (2024),** defined professional nursing governance as "the formal operating structure, relationships, and behavioral requisites that codify the professional activities of nursing within any organization". Hess identified six dimensions in the index of professional nursing governance (IPNG) that describe governance in the organization namely: control over practice, influence over resources, control over personnel, participation in committee structures, access to information, and the ability to set goals and negotiate the resolution of conflict at diverse organizational levels (**Hess, 2010; Hess et al., 2011**).

Professional governance has become a critical element in the nursing discipline with significance of requiring health care organizations to assume empowering governance structures and shared decision-making(**Dans et al., 2017**). Numerous studies over the years have revealed that professional governance can lead to empowered personnel and quality care (**Olender, Capitulo, & Nelson, 2020**). Using PG structures to create a more empowering work environment improves staff involvement in decision-making

process, which in turn improves professionalism among nurses and the whole standards of care (**Twigg& McCullough, 2013**, **Start et al., 2024**)

According to **Heinen et al., (2019),** leadership competencies is defined as "an important tool that frontline nurse managers can practice to initiate changes in nursing to affect the attitudes of their subordinates". According to **Hahn and Lapetra (2019),** leadership competencies is defined as "the ability to inspire individual and organizational excellence, create a shared vision and successfully manage change to attain an organization's strategic ends and successful performance".

Leadership competencies is a significant domain of competencies essential at all levels of management **(Chase, 2010).** Head nurses are crucial to any health care organization. Their significant position is characterized by varying degrees of rigor and scope which need them to possess the vital leadership competencies to ensure effectiveness and efficiency at the unit (**Erjavec & Starc, 2017**). The appropriate leadership competencies help avoiding errors, waste and confusion (**Paarima et al., 2022**). The five competency areas are Analytic Competencies, Personal Competencies, Organizational Competencies, Positional Competencies and Communication Competencies. The common core competencies required for head nurses are the assessment and intervention skills, communication skills, relationship skills, critical thinking skills, human caring and leadership skills, management skills, and teaching skills (**Ruben 2006; Ruben, De Lisi, & Gigliotti 2023**).

Significance of the study

The existing nursing shortage has emerged the need for professional shared governance in nursing and providing an atmosphere where nurses are involved in decision-making processes. Such an environment can improve patient outcomes and increased job satisfaction (**Al-Faouri, Ali, & Essa, 2014; Gonzalez García et al., 2020**). The competencies needed for professional nursing governance by work teams and the competencies for shared governance by nursing leadership serve as necessary inputs to the process of shared governance. Nursing leaders must continue to recognize and sustain their leadership competencies to empower nurses (**Barden et al., 2011**, **Joseph & Bogue 2016**).

Aims of the Study

Investigate the relationship between professional nursing governance and head nurses' leadership competencies at Shoubrakhit General Hospital.

Research question

What is the relationship between professional nursing governance and head nurses' leadership competencies at Shoubrakhit General Hospital?

Materials and Methods

Design: A descriptive, correlational research design was used to conduct this study.

Setting: This study was conducted at Shoubrakhit General Hospital, which is affiliated to the Ministry of Health and Population, with bed capacity (n=200) beds. This hospital is considered one of the main hospitals at El Beheira Governorate. The study included all Intensive Care Units (ICUs) and inpatient care units (medical and surgical), (N=13), as follows: (1) ICUs, namely: General, neonate, pediatric and emergency care units; (2) Inpatient care units includes: medical units, namely: general medical (A and B), obstetric, pediatric, and fever units; and lastly, surgical units, namely: general surgical (A and B), operation and dialysis units.

Subjects: two groups of subjects were included in this study.

a) All head nurses and their assistants (n=26), who were working in the above mentioned settings and who were available at the time of data collection, with at least one year of experience.

b) Staff nurses were randomly selected (n=230), who were working in previously mentioned settings and who were available at the time of data collection, with at least one year of experience. They were divided based on Epi info (7); as follows: professional nurses (n=36) and technical nurses (n=194).

Tools: The study used two tools for data collection:

Tool I: Index of Professional Nursing Governance (IPNG): It was developed by **Hess (1994)**; then updated by **Weaver et al., (2017)**; to assess level of professional nursing governance environment. It consists of 50   items divided into six dimensions,   namely: (1) control over professional practice (8-item); (2) influence over resources (8-item);   (3) official   authority or control   over   personal (12-item); (4) participation in committee structure (8-item); (5)

access to information (9-item); and lastly, (6) ability to set goals and conflict resolution (5-item). Responses were measured on a 5-point Likert scale ranging from "1" nursing administration only; "2" primarily nursing administration with some nurses' input; "3" equally shared by nurses and nursing administration; "4" primarily nurses with some nursing administration; to "5" nurses only. Scoring ranged from (50-250); where (50 to149) reflecting traditional management decision making environment; (150 to 199)reflecting an environment, which utilizes professional nursing shared governance decision making between nurses and management; and (200 to 250) reflecting nurses as the decision makers group, self – governance.

Tool II: Leadership Competency Assessment Scale (LCAS). It was developed by **Tongmuangtunyatep et al., (2015)**; and was adapted by the researcher. It is used to examine the leadership competencies of head nurses. It consists of 52 items divided into five factors, as follows: (1) leadership (15 items); (2) health care environment management (7 items); (3) policy implementation and communication (13 items); (4) management (8 items); and finally, (5) professional ethics (9 items). Responses were measured on 5-point Likert rating scale, ranging from (1) never done to (5) always done. Scoring ranged from (52-260); where: (52-155) indicating poor competence; (156-207) indicating moderate competence; and (208-260) indicating good competence.

In addition to that, demographic characteristics data sheet was developed by the researcher, and included age, gender, educational qualification, working unit, years of both nursing and unit experiences and marital status.

Methods

1. An official permission was obtained from the Dean, Faculty of Nursing – Damanhour University and the responsible authorities of the study setting, after explanation of the purpose of the study.
2. The two tools were translated into Arabic, and tested for its content validity and translation by five experts in the field of the study. Accordingly, there was no modifications done.
3. A pilot study for the two tools was carried out on (10%) of total sample size, (n=3) for head nurses and (n=23) for staff nurses, who were not included in the study sample; to ascertain the relevance of the tool, to test the wording of the questions, clarity and applicability of the tools.

Based on the findings of the pilot study, no modifications were done.

4. The two tools were tested for its reliability, using Cronbach's Alpha coefficient test, where tool I: Index of Professional Nursing Governance was (α=0.9); and tool II: Leadership Competency Assessment Scale was (α=0.94); indicating excellent reliability.
5. Data collection was conducted by the researcher through hand- delivered questionnaire to study subjects, after individualized interview with each one for about (5) minutes to explain the aim of the study and the needed instructions were given before the distribution of the questionnaire in their settings. Every subject took from (20) to (30) minutes to fill out the two tools. Data collection took a period of three months from 25 of March 2023 to 20 June 2023.
6. The two tools were delivered to both study subjects (head nurses and nurses); in order to promote self-evaluation and peer /subordinates' evaluations to ensure unbiased responses.
7. Data obtained was analyzed using the SPSS program.

Ethical considerations:

- The research approval was obtained from the ethical committee at the Faculty of Nursing-Damanhour University, prior to the start of the study, research code was (70 - e).
- An informed written consent was obtained from the study subjects after explanation of the aim of the study.
- Privacy and confidentiality of the collected data was maintained during implementation of the study.
- Anonymity regarding data collected was considered.
- Right to refuse to participate or withdraw from the research was assured during the study.

Statistical Analysis:

- The collected data was revised, categorized, coded, computerized, tabulated and analyzed using Statistical Package for Social Sciences (SPSS) version 25.0. Reliability of the tools was determined by Cronbach's alpha and presented in descriptive and association forms. The necessary tables were then developed. P value ≤ 0.05 was considered statistically significant, and P value ≤ 0.01 was considered highly statistically significant. The following statistical measures were used:

a. Descriptive statistics: Included frequency, percent and Mean with Standard Deviation (**Mean ± SD)**, Min-Max, and Mean percent

score to describe and summarize the scale and categorical data.

b. **Analytic statistics:** Chi-square test was used to examine the relationship between variables. The Pearson correlation coefficient test was used to explore the relationship between professional nursing governance and head nurses' leadership competencies. A correlation matrix is a square matrix showing the correlation coefficients between two variables. Correlation coefficients measure how strong and in which direction two variables are linked in a straight line. Multivariate regression is a technique that estimates a single regression model with more than one outcome variable. When there is more than one predictor variable in a multivariate regression model. Monte Carlo simulation is a model used to predict the probability of a variety of outcomes when the potential for random variables is present.

c. **Graphical presentation:** Bar graphs were done for data visualization using Microsoft Excel.

Results

Table 1 shows that regarding to age, mean±SD of head nurses was 42.58±8.415; compared to 33.56±9.590 for staff nurses. Near half of head nurse had from 40 to less than 50 years old (46.2%); while, near half of staff nurses had from 20 to less than 30 years old (48.2%). According to working unit, above two thirds of head nurses working in intensive care units (69, 2%); in addition to, the majority of staff nurses working in intensive care units (80.9%). In relation to gender, all head nurses were female and the majority of staff nurses were female (96.1%). As for educational qualification, above two thirds of head nurses had Bachelor Degree of Sciences in Nursing (69.2%); compared to 61.7% of staff nurses had Diploma of Technical Nursing Institute.   Pertaining to years of nursing experience, mean±SD of head nurses was 3.423±0.902; compared to12.59±9.318 for staff nurses. Nearly two thirds of head nurses had more than 15 years of   nursing   experience (65.4%); and about one third of staff nurses had more than 15 years of   nursing   experience (33.5%). According to years of unit experience, mean±SD of head nurses was 2.961±0.999; whereas, for staff nurses was 2.473±1.224. Above one thirds of head nurses had more than 15 years of unit experience (38.5%); whereas, nearly two thirds of staff nurses had from 5 to less than 10 years of the unit experience (64%). In relation to marital status, the majority of head

nurses and nurses were married (96.2%, 86.1%), respectively.

Figure 1 explains that nearly two thirds of study subjects got high scores of traditional nursing governance (66.4%); compared to nearly one third for self-nursing governance (32%) and only 1.6% for shared nursing governance.

Figure 2 explains that less than half of study subjects, got moderate scores of total perception of leadership competencies of head nurses (44.90%); compared to more than one third, got poor scores for total perception leadership competencies of head nurses (38.30%) and only 16.80%, got good scores for total perception leadership competencies of head nurses.

Table 2 shows that there was   statistical significant relationship between studied subjects' professional nursing governance and years of nursing experience, where (P=0.041); however there were no statistical significant relationships between total studied subjects' professional nursing   governance   and   educational qualification , working unit, age, marital status, gender, years of unit experience, where (P=0.593, 569, 0.474, 0.391, 0.217, 0.186), respectively.

Table 3 shows that there was   statistical significant relationship between studied subjects' professional nursing governance and years of nursing experience, where (P=0.041); however there were no statistical significant relationships between total studied subjects' professional nursing   governance   and   educational qualification , working unit, age, marital status, gender, years of unit experience, where (P=0.593, 569, 0.474, 0.391, 0.217, 0.186), respectively.

**Table 4** states that there were highly positive statistically significant correlations between total professional nursing governance and total leadership competencies of head nurses. As well as, there were highly positive statistical significant correlations between all professional nursing governance dimensions, where (P=0.000). Furthermore,   there   were   highly   statistical significant correlations between all leadership competencies of head nurses dimensions where (P= 0.000).

Demographic characteristics	Head nurses (N= 26)		Staff nurses (N= 230)		Total (N= 256)	
	No	**%**	**No**	**%**	**No**	**%**
1) Age:						
• 20-	2	7.6	111	48.2	113	44.1
• 30-	8	30.8	62	27.0	70	27.3
• 40-	12	46.2	46	20.0	58	22.7
• ≥50	4	15.4	11	4.8	15	5.9
Mean ±SD	**42.58±8.415**		**33.56±9.590**		**34.48±9.848**	
2) Working Unit:						
• Medical	4	15.4	20	8.7	24	9.4
• Surgical	4	15.4	24	10.4	28	10.9
• ICU	18	69.2	186	80.9	204	79.7
3) Gender:						
• Male	0	0.0	9	3.9	9	3.5
• Female	26	100.0	221	96.1	247	96.5
4) Educational qualifications:						
• Diploma of Secondary Technical Nursing School	2	7.6	52	22.7	54	21.1
• Diploma of Technical Nursing Institute	5	19.2	142	61.7	148	57.8
• Bachelor of Sciences - in Nursing	18	69.2	30	13.0	48	18.8
• Post- graduate studies	0	0.0	6	2.6	6	2.3
5) Years of nursing experience:						
• <5	1	3.8	66	28.7	67	26.2
• ≥5-	4	15.4	66	28.7	70	27.3
• ≥10-	4	15.4	21	9.1	25	9.8
• ≥ 15	17	65.4	77	33.5	94	36.7
Mean ±SD	**3.423±0.902**		**12.59±9.318**		**13.34±9.509**	
6) Years of unit experience:						
• <5	2	7.7	107	46.5	109	42.6
• ≥5-	7	26.9	57	24.8	64	25.0
• ≥10-	7	26.9	22	9.6	29	11.3
• ≥ 15	10	38.5	44	19.1	54	21.1
Mean ±SD	**2.961±0.999**		**2.473±1.224**		**9.48±7.595**	
7) Marital status:						
• Single	0	0.0	21	9.1	21	8.2
• Married	25	96.2	198	86.1	223	87.1
• Widow	0	0.0	9	3.9	9	3.5
• Divorced	1	3.8	2	0.9	3	1.2

Table 1: Demographic characteristics of studied subjects, working at Shoubrakhit General Hospital, (N=256).
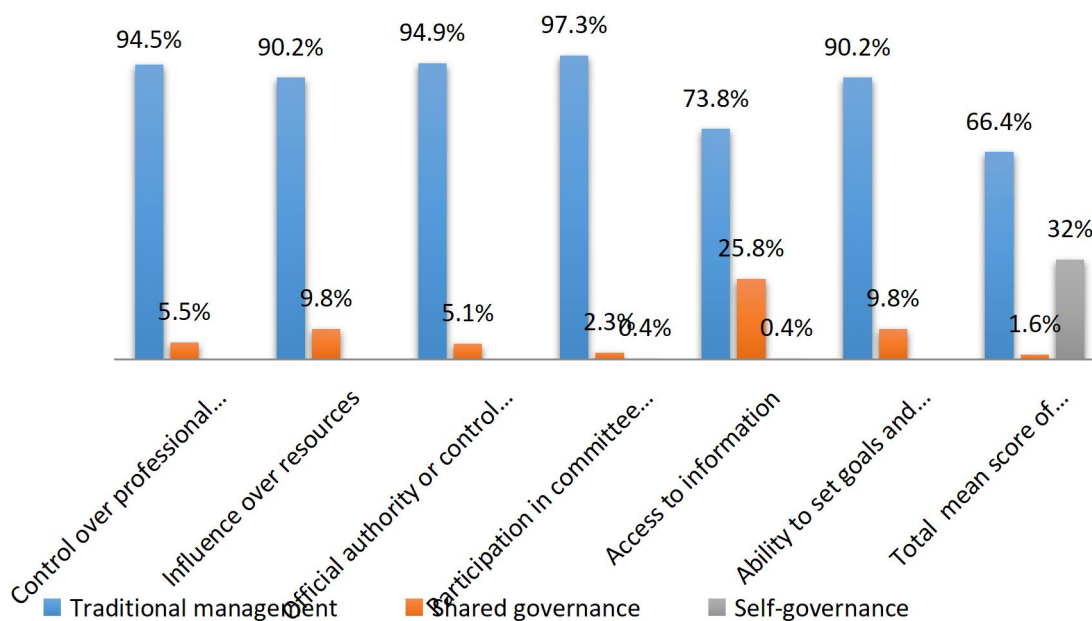
Low score < 33.3%; moderate score ≥ 33.3% - ≤ 66.6%; high score ≥ 66.6% - 100%
Figure (1): Distribution of professional nursing governance among studied subjects, working at Shoubrakhit General Hospital
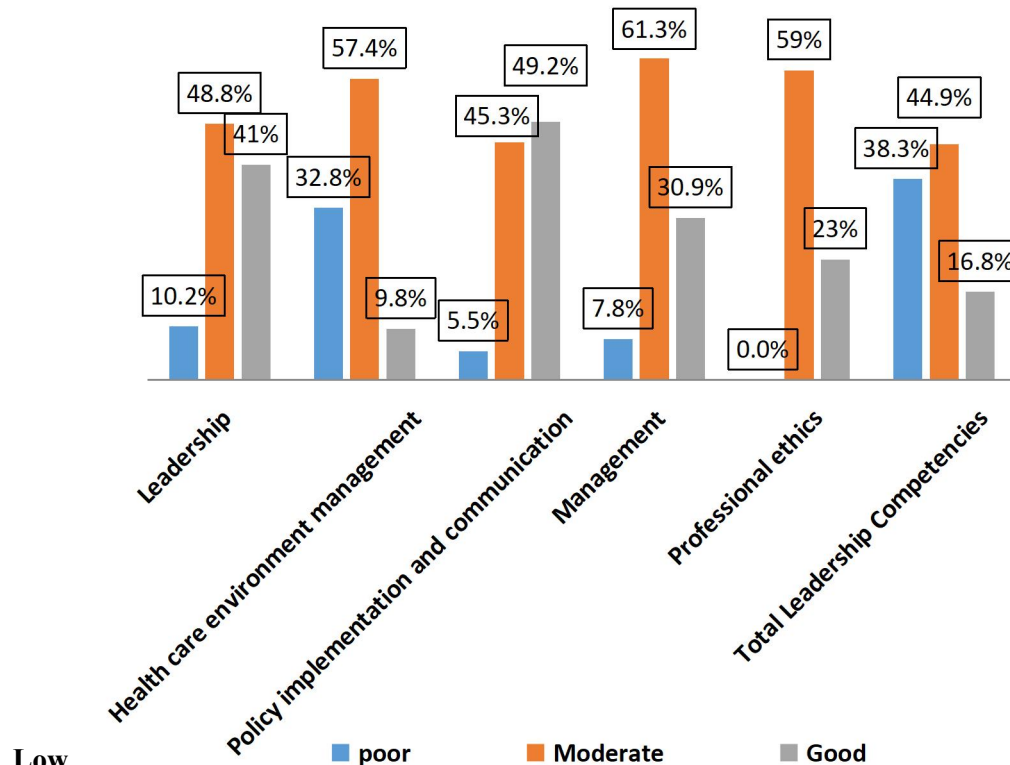
Low score < 33.3%; moderate score ≥ 33.3% - ≤ 66.6%; high score ≥ 66.6% - 100%
Figure (2): Distribution of head nurses' leadership competencies among studied subjects, working at Shoubrakhit General Hospital.

Table 2: Relationship between studied subjects' demographic characteristics and their professional nursing governance working at Shoubrakhit General Hospital. (N=256).

Demographic characteristics	Professional nursing governance						X^2 P
	Low (N= 252)		Moderate (N= 4)		Total (N= 256)		
	No	%	No	%	No	%	
1) Age:							
• 20-	111	44.0	2	50.0	113	44.1	
• 30-	69	27.4	1	25.0	70	27.3	0 .313
• 40-	57	22.6	1	25.0	58	22.7	0.474
• ≥ 50	15	6.0	0	0.0	15	5.9	
2) Working Unit:							1.127
• Medical	24	9.5	0	0.0	24	9.4	.569
• Surgical	27	10.7	1	25.0	28	10.9	
• ICU	201	79.8	3	75.0	204	79.7	
3) Gender:							
• Male	9	3.6	0	0.0	9	3.5	1.522
• Female	243	96.4	4	100.0	247	96.5	0.217
4) Educational qualifications:							
• Diploma of Secondary Technical Nursing School	54	21.4	0	0.0	54	21.1	1.025
• Diploma of Technical Nursing Institute	146	57.9	2	50.0	148	57.8	0.593
• Bachelor of Sciences - in Nursing	46	18.3	2	50.0	48	18.8	
• Post- graduate studies	6	2.4	0	0.0	6	2.3	
5) Years of nursing experience :							
• <5	124	49.2	4	100.0	67	26.2	4.063
• ≥5-	65	25.8	0	0.0	70	27.3	0.041*
• ≥10-	39	15.5	0	0.0	25	9.8	
• ≥ 15	24	9.5	0	0.0	94	36.7	
5) Years of unit experience:							
• <5	167	65	4	100.0	109	42.6	
• ≥5-	60	23.8	0	0.0	64	25.0	2.020
• ≥10-	14	5.6	0	0.0	29	11.3	0.186
• ≥ 15	14	5.6	0	0.0	54	21.1	
6) Marital status:							
• Single	21	8.3	0	0.0	21	8.2	3.003
• Married	220	87.3	3	75.0	223	87.1	0.391
• Widow	9	3.6	3	75.0	9	3.5	
• Divorced	2	0.8	1	25.0	3	1.2	

*Significant P≤0.05   MC: Monte Carlo test

Table 3: Relationship between studied subjects' demographic characteristics and leadership competencies of head nurses, working at Shoubrakhit General Hospital. (N=256)

Demographic Characteristics	Low (N= 98)		Moderate (N= 115)		High (N= 43)		Total (N= 256)		X^2 P
	No	%	No	%	No	%	No	%	
1) Age:									
• 20-	43	43.9	57	49.6	13	30.2	113	44.1	
• 30-	24	24.5	34	29.6	12	27.9	70	27.3	9.792
• 40-	26	26.5	19	16.5	13	30.2	58	22.7	0.134
• ≥ 50	5	5.1	5	4.3	5	11.7	15	5.9	
2) Working Unit:									
• Medical	10	10.2	9	7.8	5	11.6	24	9.4	
• Surgical	5	5.1	13	11.3	10	23.3	28	10.9	11.104
• ICU	83	84.7	93	80.9	28	65.1	204	79.7	0.025*
3) Gender:									
• Male	3	3.1	6	5.2	0	0.0	9	3.5	5.597
• Female	95	96.9	109	94.8	43	100	247	96.5	0.005*
4) Educational qualifications:									
• Diploma of Secondary Technical Nursing School	21	21.5	25	21.8	8	18.6	54	21.1	34.52 0.001**
• Diploma of Technical Nursing Institute	66	67.3	65	56.5	17	39.5	148	57.8	
• Bachelor of Sciences - in Nursing	10	10.2	20	17.4	18	41.9	48	18.8	
• Post- graduate studies	1	1.0	5	4.3	0	0.0	6	2.3	
5) Years of nursing experience:									
• <5	28	28.6	31	27.0	8	18.6	67	26.2	13.529
• ≥5-	23	23.5	34	29.6	13	30.2	70	27.3	0.035*
• ≥10-	9	9.2	12	10.4	4	9.3	25	9.8	
• ≥ 15	38	38.8	38	33.0	18	41.9	94	36.7	
6) Years of unit experience:									
• <5	45	45.9	51	44.4	13	30.2	109	42.6	
• ≥5-	25	25.5	26	22.6	13	30.2	64	25.0	9.921
• ≥10-	9	9.2	13	11.3	7	16.3	29	11.3	0.028*
• ≥ 15	19	19.4	25	21.7	10	23.3	54	21.1	
7) Marital status:									
• Single	8	8.2	12	10.4	1	2.3	21	8.2	10.77
• Married	84	85.7	98	85.2	41	95.4	223	87.1	0.046*
• Widow	4	4.1	4	3.5	1	2.3	9	3.5	
• Divorced	2	2.0	1	0.9	0	0.0	3	1.2	

Significant P≤0.05   high significant p ≤ 0.001

Table 4: Correlation matrix of professional nursing governance and leadership competencies of head nurses among study subjects, working at Shoubrakhit General Hospital. (N=25

		Professional Nursing Governance							Leadership Competencies of head nurses					
		Influence over resources	Professional practice	Conflict	Control over personal	Committee structure	Access to information	Total PNG	Leadership	Environment management	Communication	Ethics	Management	Total LC
Influence over resources	r	1	.512	.555	.718	.218	.617	.814	.216	.213	.204	.132	.143	.208
	P		.000**	.000**	.000**	.000**	.000**	.000**	.001**	.001**	.001**	.035*	.023*	.001**
Professional practice	r		1	.430	.566	.251	.470	.670	.264	.270	.232	.207	.185	.262
	P			.000**	.000**	.000**	.000**	.000**	.000**	.000**	.000**	.001**	.003**	.000**
Conflict management	r			1	.661	.201	.661	.758	.242	.169	.178	.123	.151	.202
	P				.000**	.001**	.000**	.000**	.000**	.007**	.004**	.049*	.016*	.001**
Control over personal	r				1	.230	.694	.883	.239	.244	.198	.132	.154	.220
	P					.000**	.000**	.000**	.000**	.000**	.001**	.035*	.014*	.000**
Committee structure	r					1	.238	.445	-.050	-.052	-.064	-.051	-.092	-.068
	P						.000**	.000**	.424	.411	.306	.414	.143	.276
Access to information	r						1	.813	.349	.264	.235	.155	.133	.267
	P							.000**	.000**	.000**	.000**	.013*	.035*	.000**
Total PNG	r							1	.270	.253	.232	.171	.167	.251
	P								.000**	.000**	.000**	.006**	.007**	.000**
Leadership	r								1	.792	.736	.567	.637	.859
	P									.000**	.000**	.000**	.000**	.000**
Environment management	r									1	.861	.718	.796	.917
	P										.000**	.000**	.000**	.000**
Communication	r										1	.792	.856	.945
	P											.000**	.000**	.000**
Ethics	r											1	.854	.858
	P												.000**	.000**
Management	r												1	.905
	P													.000**
Total LC	r													1
	P													

r : Pearson Correlation   **. Significant at the 0.01 level (2-tailed).*. Significant at the 0.05 level (2-tailed).

Interpretation of   r: Weak (0.1-0.24); Intermediate (0.25-0.7); Strong (0.75-0.99) Perfect (1)

Discussion

Quality care is best delivered by staff nurses who are committed to the organization and empowered to practice their profession with no restraints and full autonomy through the implementation of professional nursing governance and shared governance models **(Cohen, 2015).** Leadership competencies are necessary to be engaged with nursing governance structures to have a powerful collaborative work environment within healthcare organizations **(Xu X et al., 2022).** As a result, this study aimed to investigate the relationship between professional nursing governance and head nurses' leadership competencies.

Regarding **the demographic characteristics** of the present study subjects, who participated in this study were 256 the total staff nurses and head nurses from Shoubrakhit General Hospital, where 230 staff nurses and 26 head nurses were available at the selected hospital during data collection. Near half of the head nurses were from 40 to less than 50 years old, while nearly half of the staff nurses were from 20 to less than 30 years old. The majority of staff nurses and above two-thirds of head nurses were working in intensive care units. As well as all head nurses and the majority of staff nurses were female. Above two-thirds of head nurses had a Bachelor's Degree of Sciences in Nursing compared to more than half of staff nurses who had a Diploma of Technical Nursing Institute. About years of nursing experience, nearly two-thirds of head nurses and about one-third of staff nurses had more than fifteen years of nursing experience. As well as, above one-third of head nurses had more than 15 years of unit experience; whereas, nearly two-thirds of staff nurses had from 5 to less than 10 years of unit experience. Finally, the majority of head nurses and staff nurses were married.

Regarding the **professional nursing governance**, the studied subject had low level scores of total professional nursing governance, and nearly two-thirds of the studied subjects got high scores of traditional nursing governance. This may be related to the duty schedule and nursing shortage may impact nurses' decision-making along with a rise in nurses' workload without compensation. Moreover, lack of nurse preparedness for shared governance. This result is in the same line with **Kamel and Mohammed (2015)** who revealed that the majority of the studied nurses perceived higher levels of traditional governance. As well as, **Sayed et al., (2019)**, **Maged, Bassiouni, and Atalla, (2021)** , and **Atalla et al., (2023)** reported that the traditional governance has the highest level among governance pattern identified by nurses. On the other hand, these findings contradicted with **Jones (2017)**, who reported that there was strong professional shared governance. In addition, **Mohamed and Saad (2017)**, and **Ali and Helal (2018)** indicated the presence of professional shared governance. As well as, **Qasim et al., (2022)** revealed that nurses in his study practiced professional shared governance.

Regarding the highest percentage score of the professional nursing governance dimensions was related to participation in the committee structure. This may be related to that nurses are involved in different hospital management committees including infection control, education and training, and quality committees. This result was contradicted by **Kamel and Mohammed (2015)**, **Sayed et al., (2019)**, and **Attalla et al.,(2023),** who reported that participation in committee structure got the lowest scores. As well as the lowest percentage score of the dimensions was related to access to information. This may be related to high patient-to-nurse ratios, which lead to time constraints, limiting nurses' ability to seek out and utilize information, poor communication channels between healthcare teams. This finding was in concurrence with **Mahmoud (2016)** who concluded that access to information got the lower mean percent score. While it contradicted with **Atalla et al., (2023)** who showed that access to the information dimension achieved the highest score.

Regarding **the leadership competencies of head nurses**, the studied subject had a moderate level scores of total perception of head nurses' leadership competencies. This finding may be related to that head nurses are confronted by many work environment challenges like duty schedule, nursing shortages, and hospital renewal and restructuring plans making them try to go a line with the required strategic hospital change despite inadequate resources of the organization which may contribute to moderate competencies. This result was similar to a study carried out by **Dikic, et al., (2019)** and **Ahmed and Abd Abd-Elghani (2021)** indicated that first-line nurse managers had a moderate level of competency. On the other hand, this result is contradicted by **Ibrahim et al., (2024)** who revealed that near half of nurses reported that the head nurses had a high level of leadership competencies. Also, **Mahdi and Faraj (2022)** in Iraq found that the highest proportion of studied

nurse managers had good levels of leadership competencies.

As well as; the highest percentage score of the dimensions of head nurses' leadership competencies was related to management competency. This may be related to the strong organizational skills of the head nurse which enables her to manage multiple tasks and responsibilities regarding the unit's culture, regulating goals, indicators, and outcomes of nursing services. This result is supported by **Azizollah et al., (2016)** who found that using management knowledge, problem-solving skills, and human relations management were the most applicable roles for first line nurse managers. Also, **Elhami et al., (2018)** revealed that the best overall competency and most skills frequently used by first-line nurse managers were related to management competency. Moreover, **El-Sayed, (2021)** reported that the most applicable core competencies skills were management skills. As well as the lowest percentage score was related to policy implementation and communication competency. This may be related to head nurses' lack of information and evaluation abilities, insufficient resources and severe workloads that further limit their participation. This result is in the same line with **Ibrahim et al., (2024)** who found human capital and communication had the lowest mean score. While contraindicated with **Mostafa and Mahfouz (2021)** who showed that the highest percentage of head nurses had a good level of communication skills.

The findings of the present study revealed that there was no statistically significant relationship between the studied subjects' total professional nursing governance and all demographic characteristics except years of nursing experience. All study subjects who got a moderate perception of professional nursing governance had nursing experience of less than 5 years, this may be due to newly graduated nurses being more interested and excited to know the organization's governing system, trying to be aligned with the work environment. This result is in the same line with **Qasim et al., (2022)** who indicated that the only significant sociodemographic characteristic associated with professional governance was years of nursing experience. In the same line, **Al-Faouri et al., (2014)** found a significant difference in nurses' perception of shared governance and experience. Also, **Atalla et al., (2023)** stated that the total score of the index of professional nursing

governance (IPNG) was significant with nursing and unit experience.

There were highly statistically significant relationships between study subjects' total leadership competencies and educational qualification as the highest percentage of study subjects, who got high scores of total perception of leadership competencies of head nurses are holding Bachelor of Sciences - in Nursing which makes them the closest staff nurses to the head nurses due to their education and training, which typically emphasizes leadership, management, and critical thinking skills. This result is in the same line with **Ibrahim et al., (2024)** who found a statistical significant difference between nurses' educational qualifications and their perception of leadership competencies. On the contrary, this result is incongruent with **El-Sayed, (2021)** who found no significant relation between the total score of the frequency and importance of the application of core competencies elements and education level or receiving training.

As well as there were statistically significant relationships between studied subjects' leadership competencies with gender and marital status as the highest percentage of study subjects were females and married. These results may be related to a low number of males in the hospital which makes them a weak level of effect. In addition, married women often manage household responsibilities and decision-making alongside their professional roles. This experience may enhance their ability to recognize and appreciate leadership skills in others. This result was in the same line with **Paarima et al., (2022)** who found participant gender was significant with the leadership competencies of first-line nurse managers. Also, **Cruz (2017)** found that marital status was significant with competencies. On the contrary, **Heydari, Kareshki, & Armat, (2016)** found no significant differences between nurses' competencies with gender and marital status.

As well as, there were statistically significant relationships between the studied subjects' leadership competencies and years of nursing experience, years of unit experience, and working unit as the highest percentage of study subjects, who got high scores of total perception of leadership competencies of head nurses had 15 years and more of nursing experience with less than 10 years of unit experience and working in ICUs. This may be related to that the more experience you have, the better you understand how to deal with various scenarios. Furthermore, experienced nurses are preferred over inexperienced ones. This result was in the same

line with **Alshamlani et al., (2024)** who indicated a significant correlation between the overall leadership competencies of nurse executives and the length of experience as nurse executive. As well as **Alilyyani et al., (2024)** revealed a significant relationship between experience and leadership skills. On the contrary, this result is incongruent with **Mahdi and Faraj (2022)** who found no significant differences have been reported in leadership competencies about nurse managers 'years of experience.

In addition, there were highly positive statistically significant correlations between total professional nursing governance and total leadership competencies of head nurses. This may be related to, since head nurses and nurse administrators have an important role in providing supportive organizational structures with competent nursing leadership that increases the participation of nursing staff in the work environment. This result is in the same line with **Ali and Helal (2018)** who found statistical significant difference between the professional nursing governance and leadership competency. As well as, **Maged, Bassiouni, and Atalla, (2021)** illustrated that there was a statistical significant positive correlation between overall nursing governance and overall shared leadership. As well as this result is partially in the same line with **Keane (2017)** who indicated that nursing leadership competencies and effectiveness and satisfaction with leadership have been associated with a transformational leadership style which supports the same point of the current study, and he found a statistically significant relationship between transformational leadership style and the enculturation of shared governance.

Furthermore, there were highly positive statistically significant correlations between all professional nursing governance dimensions as well as between all leadership competencies of head nurses dimensions. These results may be due to governance frameworks typically promoting transparency and accountability. As well as, professional governance frameworks provide nurses with opportunities to take on leadership roles, influencing leadership development. This result is in the same line with **Aly and Ghoniem (2021)** who demonstrate a statistical significant positive correlation between all professional nursing governance dimensions scores. As well as this result is partially in the same line with **Ali and Helal (2018)** who found obvious positive strong correlations with high statistical significance differences respectively, between authority with ability, influences, and

control, then ability with influences. Other correlations were noted between control with influences and ability. As well as, **Ali and Helal (2018)** found that there were very strong positive correlations with high statistical significance differences respectively appeared between management and policy, leadership and policy, management and professional ethics, management and leadership, professional ethics and policy implementation, professional ethics, and healthcare environment management.

Conclusion

The findings of the present study concluded that a positive significant correlation was found between total professional nursing governance and total leadership competencies of head nurses at Shoubrakhit General Hospital.

Recommendations

Based on the findings of the current study, the following recommendations are suggested:

Hospital administrators should:

- Provide adequate preparation for head nurses through specific academic programs, leadership training, coaching, and mentorship to help them acquire the necessary skills, knowledge, and competence.
- Conduct training programs and conferences for head nurses to enhance their leadership skills and talents for delegating responsibilities and duties to staff nurses.

Head nurses should:

- Adopt strategies that provide nurses equal chances for training on nursing governance practices by fostering attending nurses meetings and listening to their opinions, ideas, views, and concerns.
- Convey staff nurses' voices about the unit's projected budget, actual expenses and desired changes in the hospital's strategic plan for the next few years.

Staff nurses should:

- Communicate openly with their head nurses to discuss their problems.
- Be an active part in the unit-related meetings and be an efficient member of the organization conferences, participating in decisions of appointing nursing personnel to management and leadership positions.

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